

Practice Review - 1: Engagement Efforts

Quality Service Review – VA Department of Social Services

ENGAGEMENT as defined by the Quality Service Review Protocol

ENGAGEMENT: Those working with the child and family (parents and other caretakers) are:

- Finding family members who can provide support and permanency for the child.
- Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child and family.
- Allowing the child and family to have a significant role, voice, choice, and influence in shaping decisions made about child and family strengths and needs, goals, supports and services.
- Focusing on the child and family's strengths and needs.
- Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning.
- Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.

Core Concepts

For the family change process to belong to the family, the child and family should have a sense of personal ownership in the plan and decision process. Engagement focuses on the diligence shown by the team in taking actions to find, engage, and build rapport with children and families and overcome barriers to families' participation. Having an active role and voice in developing goals and objectives, as well as in the development and implementation of plans, allows the family to be more fully engaged. Emphasis is placed on the agency making concerted efforts to obtain ongoing involvement by the family in all phases of service. Engagement should build on the strengths of the child and family and value their strengths, culture, views, and preferences.

Best practice teaches that:

- The family is approached from a position of respect and cooperation.
- The family is engaged around strengths and those strengths are utilized to address concerns for the health, safety, education, and well-being of the child.
- The family attends team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports. This includes discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family.
- Quality and frequent visits occur between agency worker and the child and family.
- The family is assisted in defining what it can do for itself and where the child and family need help.

Issues to Consider

1. What outreach and engagement strategies are team members using to build a working partnership with the child and family? Has the team offered special accommodations to the family as necessary to encourage and support engagement, participation, and partnership? Are diligent efforts continuing to look for and find family members who can provide support and permanency for the child over the life of the case?
2. Do family members report being treated with dignity and respect? Do they have a trust-based working relationship with those providing services? How well does the agency encourage family member participation?
3. To what degree does the family participate in and influence all phases of the service process? How are the child and family involved in the ongoing assessment of their needs, circumstances, and progress? Do the child and family routinely participate in the tracking and adjustment of the service arrangements and case planning?
4. Are worker visits with the child and family sufficient to ensure safety, permanence, and well-being and promote achievement of the case goals?

Quality Service Review Protocol
ENGAGEMENT EFFORTS

Levels of Practice	Core Conditions of Engagement & Relationship	Accommodations and Supports	Opportunities to Participate Voice & Choice
Good to Optimal	<p>The child and family have experienced good, consistent, culturally competent, outreach efforts. Engagement efforts are made continuously throughout the life of the case to find and engage the child, parents, family members and caretakers. Team members report that they feel integral to the team and the family considers the team its own.</p>	<p>Meetings are held regularly and at times convenient for the child and family. Accommodations are offered and provided to meet the family's needs including scheduling times and locations based on family convenience and support with transportation and child care.</p>	<p>The family has regular, ongoing opportunities to participate in assessment, planning, selecting providers, monitoring and evaluating service delivery. Team meetings are held regularly and at critical points with child and family present. If team members are unable to attend meetings, they provide input which is considered in making decisions.</p>
Marginal to Fair	<p>The child and family have experienced inconsistent to fair outreach efforts. Engagement efforts are somewhat inadequate to find and engage the child, parents, family members and caretakers. There is evidence that the team and family have a fair or marginal working relationship.</p>	<p>Meetings are sometimes scheduled at times convenient for the child and family. Some accommodations are offered and provided to meet the family's needs including scheduling times and locations based on family convenience and support with transportation and child care.</p>	<p>The family has occasional opportunities to participate in assessment, planning, selecting providers, monitoring and evaluating service delivery. The child and parent have a marginal role, providing a somewhat passive voice that acknowledges or accepts decisions made by the team on behalf of the child and family</p>
Poor	<p>There have been partial or no outreach efforts with some members of the family. There exists a mixed or inadequate working relationship with the key people involved with the case. There is no evidence of a working relationship between the team and family or that relationship is poor.</p>	<p>There have been little to no efforts to schedule meetings at times convenient for the child and family.</p>	<p>The family has minimal to no opportunity to participate in assessment, planning, selecting providers, monitoring and evaluating service delivery. Team meetings are not occurring and there is limited coordination. Information sharing does not occur among persons working with the family.</p>