ENGAGING

Effectively joining with the family to establish common goals concerning child safety, well-being and permanency

“Engaging” is the ongoing ability to establish and sustain a genuinely supportive relationship with the family while developing a partnership, establishing healthy boundaries and maintaining contact as mutually negotiated.

“Engagement is about motivating and empowering families to recognize their own needs, strengths and resources and to take an active role in changing things for the better. Engagement is what keeps families working in the long and sometimes slow process of positive change… Research suggests that engagement in a helping relationship may be related to spending time with clients, communicating clearly, providing positive reinforcement and emphasizing client strengths.”

— Steib, 2004
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<thead>
<tr>
<th>Ideal</th>
<th>Developmental</th>
<th>Unacceptable</th>
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<tbody>
<tr>
<td>Calls the family to schedule the first appointment (a phone call is the preferred method of initial contact), unless a significant safety concern requires an unannounced home visit. Drop-in visits are used sparingly and only with a specific purpose that is clearly documented in the case record. If a drop-in visit is necessary because the family does not have a phone, the worker will ask family about their preference for scheduling the future assessment visits.</td>
<td>Usually calls the family to schedule the first appointment; will sometimes use drop-in visits to meet timeframe mandates.</td>
<td>Regularly conducts unannounced, drop-in home visits to initiate contact.</td>
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<tr>
<td>Uses language that shows respect (such as asking each family member how he/she would like to be addressed – first name, Mr./Mrs., nickname, etc.)</td>
<td>Avoids language that tends to inflame (such as “victim”, “perpetrator”, “abusive”, “neglectful”, poor parenting”, “dirty home”, “drug addict”)</td>
<td>Uses language that is judgmental, authoritative or pejorative in communication with the family. Uses labels or language that reflects stereotypes or belittles the family’s culture, history, situation or behaviors. Uses abbreviations or technical language without explaining their meanings.</td>
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<td>Respects family choices when scheduling contacts; incorporates family’s preference for day, time and location for the assessment visit (unless safety concerns are present); asks family about contact preferences, such as phone, email or text.</td>
<td>Determines a time and date for the visit and asks the family if this is mutually agreeable. Arrives at the appointment on time for scheduled contact; avoids cancellation of appointments. Inconsistently or selectively asks the family about contact preferences.</td>
<td>Schedules visits primarily according to the worker’s convenience for time and location, regularly misses appointments with family without notifying the family; does not ask the family about contact preferences.</td>
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<td>Uses protective authority only when necessary; engages law enforcement authority only when necessary to ensure child or worker safety, or as required by DCF Policy and Procedure Manual.</td>
<td>Overuses protective authority to ensure child or worker safety.</td>
<td>Primarily uses protective authority; does not balance protective authority with engaging families in a collaborative relationship. Demeanor with families is authoritative. Regularly uses law enforcement to gain access to the child, even when child safety is not an immediate concern.</td>
</tr>
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<td>Recognizes and verbalizes to the family members their strengths and skills.</td>
<td>Recognizes and verbalizes to the family members their obvious strengths and skills but does not consistently recognize underlying or less obvious family strengths, skills or resources.</td>
<td>Discusses only family challenges or problems and fails to recognize family strengths or resources that could be leveraged to address areas of concern.</td>
</tr>
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<td>Effectively uses strategies detailed in this profile to continuously explore and address family resistance and encourage participation and collaboration.</td>
<td>Inconsistently or selectively uses strategies detailed in this profile to encourage participation and collaboration when encountering family resistance.</td>
<td>Routinely avoids using strategies detailed in this profile to address and respond to family resistance, or prematurely requests pathway change when the family demonstrates resistance.</td>
</tr>
<tr>
<td>Listens actively to each family member and solicits perspectives from all involved (for example, by summarizing for the family members what the worker understood them to say) and encourages the family to tell their story without</td>
<td>Listens and sometimes seeks perspectives from family members; avoids assumptions; asks open-ended follow-up questions to clarify information.</td>
<td>Communication consists mostly of worker informing the family about his/her assessment conclusions and recommendations for services, without soliciting meaningful input from the family. Interprets the family’s statements from the worker’s perspective and/or</td>
</tr>
<tr>
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<td>interruption by allowing the family members to speak more than the worker.</td>
<td>summarizes inaccurately for the family. Demonstrates indifference about and/or disdain for the family members' voices in their story.</td>
<td>Activates interactions with family; does not involve family members in assessment, case planning, decision making or service plan implementation. Does not discuss progress or point out family strengths.</td>
</tr>
<tr>
<td>Actively involves children and parents or caregivers in all aspects of the case by using activities such as scaling, life circles, genograms, strengths and needs exercises and pointing out to the family what is going well. Uses these techniques with family members individually or together (e.g., child and parent together) as appropriate to the case situation.</td>
<td>Uses engagement activities or strategies inconsistently throughout the life of the case.</td>
<td>Avoids interactions with family; does not involve family members in assessment, case planning, decision making or service plan implementation. Does not discuss progress or point out family strengths.</td>
</tr>
<tr>
<td>Returns family calls within one business day.</td>
<td>Inconsistently returns family phone calls within one business day.</td>
<td>Takes more than two business days to return family phone calls.</td>
</tr>
<tr>
<td>Informs the family about what to expect from the agency, both verbally and in writing, including caseworker contact information and who to contact if the case worker is unavailable. Also provides team or supervisor contact information and consumer rights.</td>
<td>Provides written information to the family about what to expect from the agency, but inconsistently provides verbal explanation. Inconsistently provides written information to the family about what to expect from the agency but provides verbal explanation.</td>
<td>Does not inform the family about what to expect; does not provide family with contact information or sufficient information to make informed decisions.</td>
</tr>
<tr>
<td>Discusses with the family the agency’s and stakeholders’ role and responsibilities in the assessment and investigative processes.</td>
<td>Inconsistently or incompletely discusses with the family the roles and responsibilities of the agency and involved stakeholders.</td>
<td>Omits discussions with the family regarding agency and stakeholder roles and responsibilities.</td>
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</table>
Acknowledgments

This document was developed through the efforts of Ohio’s Differential Response Leadership Council and Statewide Implementation Team. These guiding bodies for Ohio’s Differential Response system work under the leadership of the Supreme Court of Ohio’s Advisory Committee on Children, Families and the Courts and its Subcommittee on Responding to Child Abuse, Neglect and Dependency.

Special thanks to the Practice Profiles Workgroup of the Statewide Implementation Team. These dedicated volunteers devoted numerous hours to the development of Ohio’s Differential Response Practice Profiles.

Members of the team included:

- Nan Beeler, Institute for Human Services
- Carla Carpenter, Ohio Department of Job and Family Services (Coheir of the Statewide Implementation Team)
- Stacy Cox, Champaign County Department of Job and Family Services (Co-chair of the Statewide Implementation Team)
- Nancy Mahoney, Clark County Job and Family Services (Ohio Quality Improvement Center-Differential Response Project Director)
- Trista Piccolo, Cuyahoga County Family and Children Services
- Darleen Shoppe, Trumbull County Children Services (Co-chair of the Ohio Differential Response Leadership Council)

The team was supported by the expertise of:

- Allison Metz, National Implementation Research Network
- Leah Bartley, National Implementation Research Network
- Caren Kaplan, Independent Consultant
Bibliography


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Michael B. Colbert, Director
Ohio Department of Job and Family Services
Office of Communications JFS 08301 (12/2013)
Equal Opportunity Employer and Service Provider