

VOICES OF  
PREVENTIVE SERVICE:  
PERSPECTIVES OF  
CLIENTS AND WORKERS

A Report by Fordham University  
Graduate School of Social Service, in  
Collaboration with The Committee for  
Hispanic Children and Families, Inc.

## Foreword

The Hispanic population has significantly grown over the past two decades and is the fastest growing community in the country. Representing 28% of the population in New York City, Hispanics have become major contributors to the city's economy and workforce.<sup>1</sup> Yet, Hispanics continue to face formidable challenges in providing basic needs and support for their families. In fact, in New York City, Hispanics account for about 29.1% of the poverty rate as compared to 11.5% for whites.<sup>2</sup> Hispanic households are among the poorest in New York with 43% of households reporting incomes of less than \$25,000, as compared to only 23% of white households and 37% of African American households.<sup>3</sup> Consequently, Hispanic families are disproportionately disadvantaged in accessing vital benefits and entitlements that ensure well-being, health, education, and housing.<sup>4</sup>

Twenty-five years ago, The Committee for Hispanic Children and Families, Inc. (CHCF) was founded to address the unmet needs of Latino children and to give a voice to Latino families. Since 1982, CHCF has been dedicated to improving the quality of life for Latino children and their families, believing that the most effective way to serve Latino families is to build upon their strengths and foster self sufficiency. However, under the weight of poverty, homelessness, and poor health, the resilience of even the strongest Hispanic families is tested and many find themselves at the doorstep of New York City's Administration for Children's Services (ACS). In 2005, Hispanic children accounted for 39% of substantiated child abuse and neglect cases in New York City and represented 35% of the population entering foster care.<sup>5</sup> Despite these circumstances, the city's current investment in protecting Hispanic families is insufficient. At the present time, ACS funds only one Hispanic-led foster care agency and sub-contracts with only four Hispanic community based organizations to provide preventive services.

A comprehensive examination of the distinctive needs of Hispanic families who have been mandated to receive preventive services is critical—for a better understanding of how particular inequities affect them and to learn how the New York City child welfare system can better serve families through culturally competent services. Knowledge about the experiences of the social workers, their perspective of preventive services, and the dynamics of working with Hispanic families is

equally important in completing a comprehensive analysis of the preventive service system. Learning first-hand about the experiences Hispanic families live through while they're receiving preventive services—and about their social workers' practices and perspectives—can help guide the development of culturally competent service models.

With the support of the Annie E. Casey Foundation, Fordham University partnered with The Committee for Hispanic Children and Families, Inc. to facilitate a study about the delivery of preventive services to Hispanic families. The report, which is based on interviews with a cohort of Hispanic clients and their social workers, researched the dynamics of their relationship and how various factors made a difference in their lives and experience while receiving preventive services. Furthermore, the report offers a series of recommendations for ACS, in order to inform the development of effective and culturally competent services for Hispanic families.

Providing families with the adequate means and support systems to build stronger families is instrumental in reducing the number of child abuse and neglect cases. CHCF is proud to have been an integral part in the development of this report and anticipates that its publication will contribute to affecting positive changes in policy and practice that respond to the needs of Hispanic families.



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<sup>1</sup> U.S. Census Bureau, 2005 American Community Survey.

<sup>2</sup> Leviathan, Mark, "Poverty in New York City, 2005 More Families Working, More Working Families Poor", Community Service Society, Sept. 2006, [www.cssny.org/news/releases](http://www.cssny.org/news/releases).

<sup>3</sup> U.S. Census Bureau, 2005 American Community Survey.

<sup>4</sup> New York City Department of Health and Mental Hygiene, Date Accessed, October, 2006 and New York Department of Homeless Service, "Emerging Trends in Client Demographics".

<sup>5</sup> NYC Administration for Children's Services: Office of Research and Evaluation, March, 2006.



# VOICES OF PREVENTIVE SERVICE: PERSPECTIVES OF CLIENTS AND WORKERS

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This study focuses on the experiences of Hispanic families receiving preventive services. While some data is available about the success of preventive services in preventing the entry of children into foster care, little is known about what actually transpires between workers and clients. This information is essential to developing systems that ensure that culturally and linguistically competent services are delivered. The research on evidence-based medicine has made the point that no matter how presumably successful a proposed medical treatment is, it will only succeed if the treatment is consistent with the patients' values, and when he/she participates in the process. Thus, it is vitally important to learn how the patient understands the process if a successful intervention is to be made. Similarly, to develop effective preventive services, the perspective of the client must be well understood. The preventive service experience of the client, however, is not independent of his/her worker; therefore to fully understand a client's experience is also to know the worker's perspective.

This report outlines eleven recommendations derived directly from clients' and their workers' descriptions of their preventive service experience, followed by more detail on the nature of the study, and direct quotes that support the findings.

## RECOMMENDATIONS FOR PREVENTIVE SERVICES

**A better and more collaborative relationship between preventive service agency workers and ACS field staff must be developed. To fortify the collaborative relationship, case reviews, which include the ACS field office worker, the preventive service agency worker, and the client should be conducted after thirty days as a standard procedure.**

Currently, ACS is viewed by the preventive service agencies in negative terms. Workers report feeling degraded by ACS staff, who have rejected their recommendations with negative statements such as: “We pay you, you need to do what we told you.” A more collaborative relationship needs to be developed in which the worker includes the ACS field staff as a participant in planning with the family. Under the current system preventive service workers create a “we” and “them” relationship in which the ACS worker is cast as a negative, punitive force. This reinforces the tendency of clients to see their problem as an external issue. With the current dysfunction in the relationship between ACS field staff and preventive services workers, ACS is sometimes depicted as a scapegoat in order to engage clients, reinforcing clients’ natural tendency to blame others. This phenomenon of blaming ACS hinders what should be an important focus—how a client can grow, change, and adapt for the better within the system with which they are dealing. In addition, blaming ACS will only serve to further isolate immigrant families from what they already perceive to be an unresponsive government. Without the development of a more respectful relationship between ACS field staff and agency workers, based on their respective competences, any effort to develop a community based network will fail. Clients should see ACS and their agency workers as a unified force charged with working together to keep the families intact, rather than as forces which are at odds with one another, and with the client as well.

**The role of the preventive service agency should be redefined to be a neighborhood-based agency focused on family well-being. The mission of such an agency would include educating the community about available resources that help support families, and the provision of direct help to families under overwhelming stress.**

Increasingly, preventive services are implemented for those families that have reached a crisis point at which they are at risk of having their children removed, rather than to provide vulnerable families with increased support during stressful periods. These are services that most Americans who can afford to pay for take for granted. The issues that have brought these families to the attention of ACS often have their genesis in the families’ lack of access to resources such as housing, mental health, parenting classes, and other services. Families under severe environmental stress will act in dysfunctional ways particularly when they see no way out of their current situation. Clients have made it clear that they need both supportive counseling and help in accessing resources. Making information about

resources more available to all members of the community may avert the crisis that leads to ACS involvement for some vulnerable families, such as those that have limited English ability or are newly arrived to the country. One aspect of such an approach would be to conduct a careful assessment of the community resources that do exist and create new, or expand existing agencies' capacities to address unmet needs within that community. This can help fortify agencies that have reported they cannot meet the needs of non-ACS referred cases because they are at full capacity serving ACS referred cases.

**There should be a clearer operational definition of the preventive service worker's role in serving the client.**

Preventive service workers are tasked with helping families in crisis rebuild their lives so their children do not enter foster care. This is complicated by the complex psychosocial nature of the problems that families bring, requiring workers to devise a broad range of interventions and solutions. Preventive service workers' definition of their task reflected their individual ideologies about their roles. Some workers see their primary task as monitoring client compliance with the goals set by ACS, others see their role as giving advice, some view their role as an educational one, and still others perceive their role as an empowering therapeutic function.

Clients, on the other hand, are far clearer on the components that benefit Hispanic families, and of the role their workers should play in this process. These include:

- Workers who acknowledge the pressures caregivers face and take them into consideration in the setting of goals.
- Workers who collaborate with the family on the development of action steps and goals.
- Workers who are willing to provide information and advice but who do not impose their personal views upon the client.
- Workers who use a whole-family approach including the involvement of the "male in the household" in their work.
- Workers who are readily available and willing to do home visits.
- Workers who encourage the primary caregivers to participate in therapeutic groups, and preventive service agencies should provide these groups.
- Workers who incorporate their understanding of a client's cultural values and fully integrate the family's cultural framework in the development of the service plan.
- Interventions which include an appropriate mix of concrete services and counseling.

**The relationship between the case worker and Hispanic preventive service clients should be more personal in nature—one where the worker provides clients with advice on the range of options and information that will help the client make decisions on how to deal with the circumstances they face.**

Given the Hispanic value of *personalismo* a more syntonc culturally competent model is a more open personal relationship. Hispanic clients define the relationship in terms that sound more like the description of a supportive family member; one who listens, offers selective advice, shares information and conveys a sense of caring.

The traditional model of a professional relationship is not the most effective approach with Hispanic families who receive preventive services. Given the Hispanic value of *personalismo* a more syntonc culturally competent model is a more open personal relationship. Hispanic clients define the relationship in terms that sound more like the description of a supportive family member—one who listens, offers selective advice, shares information and conveys a sense of caring.

In fact, clients would refer to their worker as a “mother”, “sister” or “godmother”. If preventive services are to succeed, it is incumbent upon the worker to start where the client is, and begin to develop a personal relationship.

The personal relationship being sought by the client was not one in which the worker discussed their personal life experiences. Clients rejected the personal views of workers when they were presented as “what to do”. However, they were comfortable with the worker sharing information and advice which could be modified. Thus it is a relationship which is built upon basic humanity and collaboration. When workers presented advice which reflected their personal values this advice was not seen positively by the client.

**Preventive service workers should work collaboratively with the client in developing the goals and actions to be taken.**

It is important that workers recognize the significant stressors families are facing. Interviewees described economic problems, housing problems and difficulties in meeting all the demands placed upon them. Clients expressed a need for a more negotiated set of demands, prioritized in a way which reflects an understanding of the clients’ abilities. This will create a situation in which the client feels respected and the goals are more likely to be achieved. Clients feel empowered when they feel they have some control over their situation. When the family is receiving assistance with their problems, they want to feel that the worker is collaborating with them in addressing the concerns they have, and is not just monitoring or supervising them. Contrary to this desired approach, many clients felt that ACS does not pay attention to their individual circumstances and that their expectations are unrealistic.

**A mechanism should be developed through which clients can avail themselves of support, advice and counseling on an as-needed basis after their preventive service case is successfully terminated.**

Clients expressed concern about whom to go to with questions and how to get help in obtaining resources once their case was closed. Furthermore, they reported that they wished that preventive services had been available to them without having to go through ACS. While some clients wanted nothing to do with the agency, most reported that they felt the need to maintain their contact with the

agency. As committed as the families were to continuing the progress they made, many felt that it would be hard to do without occasional contacts with the agency. The many psychosocial pressures burdening these families suggest that they will need help in the future, and continuity can successfully keep families on track long after their case has officially been terminated. Without this safety net, families often come to a crisis point again before they can obtain help. If the agencies would provide a longer term support system, as needed, this would help in the development of a neighborhood-based preventive service system. In actuality, the study found that many workers are already doing this by maintaining contact with families on their own time.

**Preventive services workers and ACS field staff should be trained in how to deliver culturally competent practice.**

The study revealed that Hispanic workers assumed that their practice was culturally competent because they were Hispanic. While clients expressed that they do not like to be ordered to take specific actions, there is an obligation for workers, particularly with immigrant clients, to serve as a bridge to the larger society. The mediating function of the social worker is important in helping both to educate the client to the way in which problems are defined and solved in the U.S., and to help the client access formal supports. This requires the worker to be well versed in American culture, a situation that was not always evident in the descriptions of the preventive service process. It is equally important for the social worker to have an understanding of the client's culture.

The interviews showed ample evidence that most workers were culturally sensitive. What the study did not reveal was the conscious use of special qualities, such as the Hispanic commitment to family, as a vehicle to stimulate client change. More evident was the message that the worker claimed to respect the clients' culture but reinforced that they were in the U.S. now and needed to conform to American values. This negative approach is less effective in motivating the client to learn how to maintain and adapt their cultural values to the new environment, which is the essence of a worker's bridging function for this population of families.

**Hispanic clients should be provided service by workers who can speak Spanish.**

The workers' ability to speak Spanish is clearly of importance to Hispanic clients even when they are acculturated. The fact that the worker and client have a language in common is a personal bond that cannot be underestimated. The use of Spanish can be seen as one aspect of maintaining a personal contact on the level of identity as a person of Latino origin. When the worker was not Hispanic but spoke Spanish, the respect accorded the client by the worker having learned to speak Spanish, served as a bond between worker and client. This is not to suggest that a non-Spanish speaking worker cannot help a Spanish-speaking client, but rather that it is more difficult for such a worker to develop the common understandings that serve as the basis of a productive service interaction.

**The lack of available resources needs to be addressed.**

Preventive service clients need resources such as housing and medical care, as well as a counseling relationship. Given the many problems these families face, no amount of counseling alone will create and maintain well-being. There is a need for more access to day care, drug counseling, domestic violence counseling and mental health care. Too often workers' efforts were thwarted by a lack of resources to which they can refer clients who need them. The efforts of agencies to provide short-term financial assistance, clothing and other direct services were very much appreciated by clients, but were not viewed as substitutes for the longer term services they might need. In order to ensure families are receiving the support services they need to sustain long-term stability, the city must invest in building capacity of neighborhood-based preventive service agencies and expanding service delivery.

Depression in the Hispanic community is likely to be seen as connected to the loss of social networks rather than a sign of mental illness. Workers should help Hispanic clients develop support networks within their communities in order to help families alleviate some of the stressors families may experience.

**Preventive service workers should be trained in how to explore the client's social network, and help the client to strengthen that network.**

Almost all preventive service clients are socially isolated, as evidenced by the study. This is particularly true of immigrant families who may be cut off from their extended family who may still live in their country of origin. The clients expressed the need to communicate with someone who could identify with their situation and provide social support. One third of the families in this study either self reported or were reported by the worker to be depressed. Depression in the Hispanic community is likely to be seen as connected to the loss of social networks rather than a sign of mental illness. Workers should help Hispanic clients develop support networks within their communities in order to help families alleviate some of the stressors families may experience. One way to do this is to provide group services for clients which can help them develop a social network through mutual aid and shared experiences with others.

**Services specifically designed to help troubled teens should be developed.**

A disproportionate number of clients who reported a lack of progress had cases involving adolescent children with behavioral difficulties. A number of interviewed clients and client focus group participants reported that the preventive services had not been very effective in addressing the needs of adolescents. Common to almost all of those cases was the ineffective nature of the services provided to adolescent youth. Clients felt powerless in controlling their children especially when they felt they had been deprived of the only discipline methods they know, which may have involved corporal punishment and could be the reason they were involved in preventive services. In addition, parents reported

that their children threatened to call ACS and file a complaint if they felt they were being prevented from doing what they wanted. This threat is real in two of the interviewed cases, as their situation became known to ACS due to erroneous reports by the children. Some adolescents were helped by preventive services, and common among those cases was the workers' persistence in reaching out to those children. Effective work with adolescents is extremely difficult, however, and the study revealed a need to further develop worker skills in becoming more successful with adolescent children.

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## The Study

This qualitative study of Hispanic families receiving preventive services in New York City was funded by the Annie E. Casey Foundation and Fordham University Graduate School of Social Service, and conducted in collaboration with The Committee for Hispanic Children and Families, Inc. (CHCF). It was designed to explore how preventive services are defined, interpreted and experienced by both Hispanic clients and their preventive service workers. Beginning with an examination of clients' entry to the preventive service system, we endeavored to identify the components of practice critical to Hispanic families fully benefiting from such resources. The study also attempts to identify the impact that Hispanic culture has upon the treatment relationship. This effort acknowledges that Hispanics are not unicultural and consequently there may be many varying cultural reasons, as well as issues involving immigration, that may influence client access and acceptance of services.

Thirty-eight families and thirty-four workers from six private child welfare agencies with large Hispanic caseloads participated. The lower number of workers interviewed was due to family problems that prevented the workers being available to participate, and worker turnover. Permission to contact workers was obtained from each client prior to their worker being contacted. All cases were referred to the private agencies by the Administration for Children Services, which contracts with, and pays for, private agencies to provide preventive services. The families represented a variety of statuses including: families who had discontinued services, families who had a child placed in foster care, families who had been discharged as having successfully completed treatment and families who were currently receiving treatment. The families had been in treatment (sometimes intermittently) for a range of six months to more than five years. To summarize, the interviews with clients and workers covered the circumstances that had transpired to bring the family into the preventive service system, what had happened since that time, and the components that made for successful or problematic progress. A third of the interviews were conducted in Spanish and all the interviews were recorded, transcribed, coded, and analyzed. The report describes the perspectives of the client and worker, and focuses on the underlying components of successful treatment.

## REASON FOR SERVICE

The reasons given for the referral of these cases were typical of preventive child welfare cases in general. There were allegations of child neglect or abuse related to school absences, parental depression, domestic violence and excessive physical punishment. There were also child behavior problems, truancy and issues related to children with special needs. Less common were services provided to stabilize the family after a child returned from foster care. It was common for the families to report having confronted multiple stressors at the time of the referral. Referrals due to the substance abuse of the parent were less common than the mental illness of the parent. Depression, often described in terms of loss of social contact with others, was identified as a problem in nine of the thirty-eight cases. Similarly, domestic violence was reported in nine cases. Clients reported a sense of desperation due to depression, domestic violence or the multiple environmental stressors they faced.

*"I'm sold out, I don't know what to do, I'm about to give up. I said I'm about to give up my rights and anything, that's how bad it was."*

*"I said listen one of these days I'm just gonna take all those f-pills and just go to sleep forever."*

*"It's hard when you got a baby, and you got a one year old running around, you know what I'm saying, your son is in school. He (the man in the household) is working and you're trying to take care and maintain a house, and take them all to the doctor and you're doing everything yourself, getting up at six or seven o'clock in the morning and not going to bed till twelve, it can wear you out."*

On the surface, client and worker descriptions of what brought the client to the agency were remarkably similar with all but one of the families interviewed indicating that they had needed help. A closer analysis of the descriptions revealed that workers gave the categorical reason for the referral as the presenting problem. In contrast the clients gave a more detailed history of what lay behind the categorical label. Thus one mother spoke of how her own illness led to her child having a significant number of school absences while the worker simply gave the reason as "educational neglect." This difference is striking because it is important for clients and workers to begin their work together with a joint definition of the nature of the problem. For some client respondents that was not the case. Some workers appeared to have started their interaction with clients by defining the problem for the client as it was defined by ACS, whereas a more effective approach is to engage in a discussion with the client about how they see the problem and how they think it should be handled. Such an approach would have the effect of helping clients feel the preventive service worker is engaged with them rather than just acting as an extension of ACS.

Many clients spoke of an isolation from the social networks around them. The family network had been disrupted by immigration, family conflict, domestic

violence or some other circumstances. In a number of cases, the problems that brought them to the attention of ACS stemmed from the client's unwillingness to separate from an informal network that was taking advantage of them. Alternately, the difficulty was sometimes connected to the loss of someone in their limited support network. The issue of isolation is especially important to Hispanic clients because of a commitment to community and the common Hispanic belief that depression is due to such isolation. Many families expressed a sense of loss; a sense that they had no one to turn to.

*"I had five girls and their father left; I had my sister from Puerto Rico living with me at the time. She found a job and left me with her boy and my five girls home. After she left I had to receive public assistance and I was like really depressed. I had a very good neighbor since I've moved there, they are like family. They call me Titi (Auntie in Spanish) and they are the ones that come up and help me."*

*"Most of the time I feel like I'm a prisoner in my own home. I don't know why. I thought I was alone but I hear a lot of people felt like that too."*

It is apparent from these quotes that such clients needed help in establishing a system of support in their neighborhoods, someone who could serve as the listening ear they so desperately need. Perhaps for this reason clients, as is noted later, sought to make a personal connection to their workers. Workers must help clients build a support network, though not become their network. Too often what was described was an inadvertent process of making the client dependent upon the agency as their support system. The worker became the person to talk to when clients felt alone. While the workers provided a support network, they did not describe efforts to address the isolation problem directly by helping clients build a support network separate from the agency. Not surprisingly, clients attempted to maintain their connection when the case was closed.

Cases are referred with a set of predefined goals, which may or may not have client buy-in. If there is no client buy-in and the worker proceeds on the basis of the ACS goals, the joint goal-setting essential to relationship building and client empowerment does not occur.

## THE IMPACT OF ACS ON THE WORK

As the funding agency, ACS impacts case handling, and the preventive service worker's relationship with ACS field staff impacts upon case decisions. Cases are referred with a set of predefined goals, which may or may not have client buy-in. If there is no client buy-in and the worker proceeds on the basis of the ACS goals, the joint goal-setting, essential to relationship building and client empowerment, does not occur. Workers report that if they begin by focusing on an area other than the pre-determined goals, their work will be defined by ACS as inadequate. Preventive service workers respond to this evaluation of their work by feeling that they are not being accorded professional judgment. While both preventive agency workers and ACS staff theoretically have a common interest in addressing the situation that has been identified as placing the family at risk, agency workers

commonly expressed the view that ACS was more of a “block” than a support to their work with clients. Most often the differences between agency workers and ACS staff related to obtaining resources for the client, not the setting of goal priorities. Workers felt that they had a closer relationship with clients and therefore were better able to make an accurate assessment of the client’s reality than the ACS worker. Further, they felt that while this closeness allowed for identifying needed services, they did not have the power of ACS or the court to assure services were provided. Typical comments from workers were:

*“A lot of times we don’t agree with certain things that ACS is requesting of us, but—like parenting classes and they’ll say: ‘Well why wasn’t this done?’”*

*“ACS is very quick to make investigations of cases but doesn’t give support [to the family]. While the stepfather was asking for help, ACS was not providing help. It had to go to this level of a child being abused, for them to respond.”*

*“I advocated for her to continue but ACS is the one who pays, so if you don’t have any extreme [situation], like showing that she’s so depressed that she can’t function to take care of the children, then they won’t keep the homemaker there.”*

Similarly, workers indicated differences of opinion about whether a child should be removed.

*“We (preventive agencies) don’t have the power that ACS has...I have a case where the final order is to give the child to ACS and the only thing I could do was to escort him to ACS.”*

What was apparent in the interviews was that the relationship between agency workers and ACS was seen as tension laden rather than collaborative. This problem may be related to a difference in focus. The ACS staff person must always focus on child safety issues, while the agency worker should have a broader family focus. In terms of the three concepts of safety, well-being, and permanency, the emphasis of preventive workers seemed more strengths-oriented, seeing safety as a result of the well-being of the entire family.

Another apparent result of the distance between the preventive service worker and the ACS worker is that ACS staff are not always aware of the multiple pressures the client faces. Because clients are most often under tremendous strain when they enter this system, it is not always realistic to assume that the client can simultaneously do all the ACS designated tasks. While agency workers may prioritize allowing clients to defer some actions, they feel constrained by the fact that they need to report action in all goal areas. Among workers who did not modify plans there was a tendency for agency workers to end up identifying with the frustrations of the client.

*“The ACS worker has always been very demanding of her (the client) and hadn’t taken into account the fact that she is diagnosed [with] depression. She also is limited and the*

*ACS worker never really takes that into consideration. Her thing was always 'this is what you have to do and that's it' and there were times she wanted her to do too many things, things that even I would have been 'okay I'm tired and I can't deal with this'."*

Another worker described the situation in these terms:

*"I think she (the client) deals with a lot of agencies like ACS, where its just been, 'I want you to do this, I want you to do it in one week and this is why you have to do it' and when she doesn't understand why you are asking her to do this or she doesn't understand why she needs to do that service, it's just like 'you just need to do this, how could you not know why you need to do this' and nobody really takes the time to explain to her this is what's going on, this is not appropriate, so this is why you need this and you need that, its just do this and that's it."*

Given the disparity between what agency workers think is necessary or realistic for clients, and what ACS field office staff are demanding, it is easy for agency workers to collude with clients in defining ACS as the problem. There appears little attempt to work with clients to help them see ACS in a positive light, as the sponsor of the assistance the preventive agency provides. Rather there is a tendency to let clients continue to believe that ACS is only there "to remove kids."

When clients discussed ACS they did not talk in terms of a partnership with the preventive agency. They too saw the preventive agency as having less authority and therefore, even if they had a good relationship with the preventive service worker, they feared the outcome of their case. ACS was perceived as the agency that takes children away. In addition they felt ACS does not recognize the multiple pressures they faced, and was seen as being judgmental, unfair and unjust, insensitive, having unrealistic expectations and making unrealistic demands.

There were complaints about the ACS investigation being too invasive given the nature of the initially identified problem. For example, in one case all the children had to strip naked for inspection even when the initial complaint was about the child's truancy. There was a sense that ACS workers abuse their power and that there is nothing the client can do about this. ACS was not seen as a provider of helpful resources, but as an agency that does not help until the family is in crisis and then acts against the client. Thus, it is not surprising that clients expressed the desire for a system where they can get help without having to go through ACS to receive services and where ACS would collaborate more with other agencies. Typical comments about ACS were:

*"ASC is like really quick on taking the kid away, and it will take you like a year or two to get him back."*

*"If ACS would work together with these preventive services, things would be a lot better because I think there's a lot of cracks in between and this is where the kids get lost at. So I think a little bit more tightness, a little bit more togetherness, everybody knowing what's going on and happening, and listening to one another would help a lot..."*

*“He was the one with the drinking problem, and I yet had to go to the drinking program, which is ridiculous.”*

*“I didn’t make a complaint towards her (ACS worker) because since this was the first time I had this done to me. Of course, I am not gonna fight it off, because, like I said, (sniffling), fight it off and they are going to instantly take the kids away from you.”*

The situation as described by both workers and clients is dysfunctional because this disjointedness between ACS and the preventive service agencies sabotages any effort to develop a neighborhood-based child welfare service system designed to prevent abuse and neglect. The negative perception also impacts upon agency worker efforts to help. As one worker put it:

*“If ACS would work together with these preventive services, things would be a lot better because I think there’s a lot of cracks in between and this is where the kids get lost at. So I think a little bit more tightness, a little bit more togetherness, everybody knowing what’s going on and happening, and listening to one another would help a lot...”*

*“They (the client family) didn’t really know about ACS and so they didn’t really know what preventive services were. They were resentful for the services, they were scared, and they were terrified that their baby was going to be taken away from them for something they did not do.”*

The sentiment was echoed by a client:

*“When we spoke and I wasn’t really open like the way I am now with her. I mean, back then I still had that fear that they was going to take my children away from me.”*

This situation, plagued by misperception and misunderstanding, could be addressed by instituting a procedure where the client, preventive agency worker, and the field office worker would meet at the 30-day point to collectively review the case plan. Currently, such meetings are only done in elevated risk cases. It is also important to arrange training sessions in which ACS field staff and preventive agency workers can jointly develop a better understanding of their respective roles. One issue that needs to be discussed is the difference between the ACS focus on child safety/monitoring and preventive services workers’ overall focus on the creation of family stability.

## DEFINITION OF PREVENTIVE SERVICE

Clients and workers agreed that the purpose of preventive service was to help families stay together. Individual workers however differed widely about how that was to be done. The diversity did not seem to be the function of either the particular agency where the worker was employed or the worker’s level of training. Workers did agree on the need to explain ACS constraints to clients. Beyond that, workers’ definition of their role diverged. The workers definition of their role fell along a continuum where, at one end, they saw their job primarily as investigator

and monitor of the client's situation, and at the other end a psychotherapist who practices the client empowerment approach. For workers who focused on monitoring, the goal of child safety and meeting the ACS defined goals was primary.

To the degree that workers moved beyond a monitoring function, they were active in obtaining resources for the clients. Workers all reported the importance of being able to address the client's basic needs, such as their need for food, housing, and medical care, in order to successfully work with clients. Some workers seemed to define their role as principally working to obtain such resources.

Other workers went beyond a monitoring and/or resource development focus and saw their primary task as telling the clients what to do. Unfortunately, such workers tended to impose their personal value system upon the client. An example is found in the following excerpt from a workers' description of her work with the client:

*"We bump heads, and she gets mad with me a lot. I tell her 'You have five young girls. If you don't teach them to clean, what are they going to do when they get their husbands? Whose gonna marry them?'"*

The distinction between telling a client what to do and advising the clients about their options is important. Providing the client with information on resources and even sharing one's thinking was seen by clients as being important. What clients did not want was being told what to do under the guise of advice-giving. Workers who were clearer about this distinction would define their role as being an educator or guide.

*"I think its more teaching them how to set limits, what's an appropriate child-parent relationship, teaching them what's important, what isn't important, what's appropriate, what isn't appropriate. I mean that all falls under the term counseling."*

This educational approach fit well with the idea that all preventive service clients should take a parenting class. While parenting classes were appropriate and helpful to some of the families, for others it was not an appropriate intervention and workers knew it. The educational approach also had some value in helping immigrant families to understand the new society and in helping persons who had grown up in families in which physical discipline was used.

Another agency worker vision of the work involved seeing the workers' primary function as providing "support" to clients. That support might be helping the client obtain resources, being there when the client had to meet with authorities (e.g. administrators at their child's school), being a "friend" to the client, or being an emotional support to the client. This support was demonstrated by being available

Workers all reported the importance of being able to address the client's basic needs, such as their need for food, housing, and medical care, in order to successfully work with clients. Some workers seemed to define their role as principally working to obtain such resources.

to clients whenever they were in need, being persistent in reaching out to the family, making home visits, being trustworthy, and not judging the client.

Another group of workers described their work chiefly in terms of helping clients to problem solve. Finally, there were those workers who described their work with clients as “psychotherapy.” Of note, while this later group tended to have more education, among M.S.W. trained workers there were some who indicated “preventative doesn’t do clinical work.”

“It’s helping people make better, positive decisions, and learning how to take new goals and do what you need to do to achieve those goals.”

Workers who moved beyond a directive approach to a more therapeutic approach, engaged more with clients. Thus clients with workers doing “therapy” also received resources and support. Among the more engaged workers, there appeared to be a conscious movement towards more client autonomy and responsibility for ameliorating their situation. Workers talked

about this as a process of empowerment. The “therapy” end of the continuum reflected the belief that family well-being leads to family stability. Typical responses reflecting a family stability focus were:

*“Preventive is like a bridge that could take you from Point A to Point B without losing your family.”*

*“I showed her that I wasn’t there to remove nobody. My only interest was to keep the family there, to keep them close. That even though whatever negative situation came up, as a family they could resolve it without hitting, without cursing, without arguing. It was a family coming together, and none of them were perfect and they all made mistakes. And that they all somehow loved each other and when they needed each other they were there.”*

*“It’s helping people make better, positive decisions, and learning how to take new goals and do what you need to do to achieve those goals.”*

Importantly, few workers fell exclusively in one or another category. However, workers tended to define themselves at one point in the continuum, though the provision of resources was an activity undertaken at all points along the continuum. While the diversity of approaches might be perceived as a function of differences among clients, the study found no indication that this was the case. Rather the approach used seemed specific to the worker. Even if clients’ needs were to be matched to worker level of competence, the availability of the appropriate worker at the appropriate time would be problematic. The problem of worker turnover also affected the availability of workers when clients were in need. A more appropriate method to address client need would be to have greater clarity on what is needed under what circumstances, and for workers to be trained in how to modulate their approach to client need.

Client respondents described the function of preventive service agencies in a variety of ways, ranging from preventing ACS from taking their children away to a broader

supportive role. Agencies were seen as helping clients to get what they need through educating them about resources, providing referrals and advocacy. Still others saw the primary function of the preventive service agency as providing a support system for families.

*“Primarily, they provide emotional support...when you have a need for emotional support and encouragement or something, you’ll find someone who knows how to listen to you. They knew how to do that there.”*

While the client’s primary relationship might be with the worker, the clients had a sense that the whole agency was behind them. In fact, it was not infrequent for them to describe the agency and/or worker in family terms.

*“A lot of times if we needed someone and my counselor wasn’t available, you know, the head of the agency would always introduce herself to a lot of the clients, and a lot of these courses she would always come in and out of them, where she made her presence known and she was known enough, that if my counselor wasn’t available, she was the one to call. It wasn’t like I’m calling this total stranger—I knew who she was.”*

*“It feels like a family.”*

## THE PROFESSIONAL RELATIONSHIP

General belief dictates that the relationship between worker and client is at the heart of creating change. The extent to which the worker-client relationship sought by the Hispanic clients in the study reflects the commonly taught M.S.W. model of professional services, in which a “professional” distance between worker and client is maintained, is questionable. While workers were usually clear that they were not meant to be “friends” with the clients they felt they should be able to share with clients discussions not directly related to the work.

*“I like my clients to know that it’s business...it doesn’t [mean] you can’t laugh about a movie, you know, all that kind of thing.”*

*“Once in a while I would allow to go out of the normal counseling session and we would talk about a movie or something on a TV program, you know. She talked about her daughter with Barney and you know all this kind of stuff I could kind of engage in that with her.”*

Several other deviations from the traditional client-worker relationship were also highlighted by the workers. Workers indicated that they needed to be available to preventive service clients in crisis regardless of the time of day. Another deviation represented the willingness of the worker to make home visits. Both the rapid availability of the worker and the workers’ willingness to make home visits were seen by clients as the worker’s personal commitment to the family.

Clients were able to define what they saw as the components of a positive worker-client relationship. These components included: communication that was

open and honest, obtaining resources the client needed, a sense of being emotionally supported, and getting advice and information from the worker.

*"They have supported me emotionally...and they heard me. Every time I went with a situation, they heard me. They heard me with every situation that I brought...they supported and encouraged me, and counseled me."*

Clients talked about the primary importance of the availability of the worker and agency.

*"They are an agency that I could really depend on, I call even after hours, when the agency is closed. Like if you need someone to talk to for emergency, they have called me back...I think that overall, it's a very good agency."*

*"I mean there's times I need her and she's either ready to go home or on her way home, and she still assists me, you know. Or even from home if I leave a message and I need her to call me, sometimes she picks it up I guess and she even calls me from home. I think that's pretty much good and it shows me some kind of support in that way that whatever I need done you know she's there, so that's pretty well."*

The lack of availability was described by one client in the following way:

*"It's OK is all I can say about the program. They weren't there when it really counted... Ms X was a wonderful person, very sweet, don't get it wrong, she does trips for us. We went on a luncheon cruise and it was very nice. But, like I said, when it counts, because I had a lot of hair raising experiences where I know I needed support and I didn't get it."*

The receipt of advice was commonly cited by clients as an important part of the provision of preventive service. This value is perhaps consistent with the Hispanic client perception of the worker role as that of an authority figure, and therefore more receptive to the workers' instructions.

*"I tell you, she was the one who gave me good advice, she told me that I needed psychiatric help, she told me I needed help with alcohol, she was the one. She was the one who motivated me."*

*"They always have a word of support or they guide me, telling me: 'do this and this.' When I hear their advice, I think about what they say and I realize what I can do."*

*"Anyway, if it was not for them, maybe, I would not know what to do. Every time that I did not know something, I was calling that girl and asking. She said: Come here to the office and then she told me what I had to do."*

Other important factors were worker patience, workers' ability to listen in a non-judgmental way to what the client told them, worker recognition of the multiple reality pressures the clients face, and their ability to convey a sense of caring. An additional factor was the workers' persistence in reaching out to the client over time.

*"She had a lot of patience because she even came to our house when he (the previous worker) didn't want to come here, you know. That was the only way she would see what was going on."*

*"I wasn't happy in the beginning with them because I was in denial, you know, but I slowly came to realize that I had to be there."*

*"She's marvelous because she has treated me well, she has seen me in very difficult moments. She would ask me and tell me to 'take your time, whatever you need, what you feel' and I have been with her during this time and up until now, thank goodness, I get along well with her."*

Both client and worker respondents indicated the importance of the client feeling a personal, not just professional, relationship. Workers were not always comfortable with the personal relationship but acknowledged the need to allow clients to occasionally deviate to discussing a television show or other non-preventive service related subject during their interviews to promote a feeling of comfort. Clients were less concerned about maintaining a professional distance. They seemed almost to be trying to make the worker, and the agency, part of an extended family network. Workers who were not willing to make this accommodation were less likely to develop a strong worker-client relationship.

*"There you can vent and you can say anything, they listen, they understand you and they treat you very well. It's like if they were family, all the people, like if you had family."*

Family gender roles also played a part in the effectiveness of the workers' relationship with the family. Perhaps because all of the respondents were Hispanic, the importance of relating to the man in the household and the total family was seen by clients as important. Clients expressed a desire that the workers involve themselves with all members of the family, not just the identified client.

*"There you can vent and you can say anything, they listen, they understand you and they treat you very well. It's like if they were family, all the people, like if you had family."*

*"She was also Christian; she invited me to her church. I thought that was something nice. I think they (the agency) took that, as I was too comfortable with her."*

*"She's like a Godmother, like you know, well, like when I have something in my soul, I go to her, to the office, and she sits me and calms me sometimes I get things off my chest, you know, sometimes, or I want to take the bottle (drink alcohol) and I think a lot of my counselor, I have her number, and I call her."*

*"I see her like a mom. Someone that goes out of her way. She (the worker) told me that it doesn't matter, and that I should know that I have a sister here and whatever you want to tell me, I am here. I will never leave you behind, I am going to help you, that is what I am here for."*

For these Hispanic clients this personal, yet still professional, relationship seemed to be effective.

About one in five clients also expressed negative comments about the workers. The concerns included a disinterested worker, a lack of consistency, workers who did not follow-up, workers not telling clients about available resources, and workers who appeared too busy to provide needed help. Other concerns were expressed about worker competence. Competency concerns included workers who did not recognize the many pressures the clients faced, who appeared to be insufficiently trained and workers who did not work with the client in a collaborative way. Some workers were seen as imposing goals upon the client and/or imposing their personal standards on the client.

*“She basically would come here and sit and I want you to sign a paper that says, I came, and then she’d leave. And that’s when I went to the agency and told them I don’t want her to come back to my house no more...”*

*“I told her I don’t like it. I feel that you are too busy, don’t pay attention to me and want to leave because you have things to do.”*

*“I see her eyes all over the house. And when the beds were on the floor she said this has to be picked up.”*

*“I wish that those people like [worker’s name] had more experience, there were some times when I would tell her something, she mostly spoke about her life. And I didn’t like that. You understand? I think they should listen to us.”*

## LANGUAGE

Given that all of the clients interviewed were Hispanic, it is not surprising that a key factor seen as important to the development of the worker-client relationship was the workers’ ability to speak Spanish. Use of Spanish appeared to be equally important to both workers and clients. As one worker commented:

*“When I get a Spanish client I still feel good because I’m able to exercise my language. But like in English, I speak English because I learned English in this country, but with Spanish I’m able to exercise my language.”*

A client, who was equally comfortable in English and Spanish, makes a similar point:

*“I kind of felt a little more comfortable because I could speak to her both in Spanish and in English. The first person that interviewed me, I think she was Korean or something like that. With my current worker I felt a little bit better since I was able to translate this from Spanish to English really quick, and if there were to be something I couldn’t say in Spanish, I could say it in English.”*

Workers' inability to speak Spanish was seen as impacting upon establishing a working alliance, particularly if that alliance went beyond advice giving. A typical worker comment was:

*"The grandmother spoke very little English, she understood, but our communication part was hard. You know we had translators. I had a parent aide that would go with me when it was time to meet with the family, so that the grandmother could understand. There were different translators who would sit in. And for me, it was a little uncomfortable because, even if I ask a question, I wasn't sure of the responses that I was getting from her...I felt that they were sort of re-directing, summarizing what she was saying and not the full impact of how she felt emotionally and how much stress it was for her, because there was somebody else determining what she said to me. We didn't get the opportunity to really connect, as if I was talking to someone who really understood everything I said and we had developed our own bond. There was always somebody in between."*

Another worker noted:

*"We never would put a Spanish-speaking client with a person that does not understand Spanish, because that's not communication, that's like limited communication because the worker wouldn't understand what the client is saying, and the client won't understand what the worker is saying, and client is not going to get anywhere."*

The ability to speak Spanish seemed important even to Hispanic clients who had an excellent command of English. It seemed to help in the engagement process because it served as a bond between client and worker. An agency which has Spanish speaking workers, or assigns Spanish speaking workers to Hispanic clients seems to have an easier time engaging the Hispanic client. A client indicated that:

*"It was important that the case worker said there was a lot [of] Spanish speaking [workers] I think I needed the services—but there's still a lot of Spanish speaking—they have people that speak both Spanish and English, so I know most of them they speak my language, so I think that is important."*

In the focus group, participants made the point that because the family network is involved in the preventive services provided, the worker must be able to communicate with alternate caregivers. For this reason, the worker must be able to communicate in Spanish in order to be effective. The need for a Spanish speaking worker may also be related to Spanish speaking clients having experienced the limitations placed upon them by their lack of facility with the English language.

*"One day, I didn't take it (the physical abuse) anymore, and I said, no more. And, at that time, I had to muster a great deal of strength, because to do that it takes a lot of valor. Perhaps also it was also because this is not my country. I was afraid and nervous to call,*

The ability to speak Spanish seemed important even to Latino clients who had an excellent command of English. It seemed to help in the engagement process because it served as a bond between client and worker.

*because I don't speak perfect English, but I called and asked to speak with someone who spoke Spanish. Now I am at ease."*

This client's worker also noted the importance of language to her seeking help:

*"Her husband used to drink and he used to beat her up. Then they lost their apartment, they went in the shelter system, so she's creating much—very emotional issues related to her past especially that she's in a country where she doesn't know the language."*

The fear that one could not accurately convey one's concern is based in reality. When the client spoke Spanish, and the worker spoke only English, there were times when miscommunication did occur. One mother described her experience this way:

*"I had a social worker from ACS but she did not speak Spanish. So, we could not communicate well. So, I called her and I said that the lady, the one that rented me the room, after the incidents (of domestic violence reports), wanted her room back. So I asked her to help us find a place to move into. She misunderstood us. She thought that we were about to run away with the baby girl. So, she called the police."*

Her worker attributed the difficulties the client faced, not to language, but to problems addressing a new culture

*"You know coming here to this country for the first time and then getting involved with the city, I think that having a lot to do with her fears... You know when this happened with the child's father, and then getting strangers coming to your house, investigating and telling you what to do, I think that really scared her because you know in her country it domestic violence is common, but the rules are different. So she comes here and it's Americanized, you know, 'What am I going to do? They are going to take my child away, am I ever going to see her again?' So I think that had to do a lot with the cultural barrier."*

Given the different descriptions of the events one must ask oneself whether the differences were discussed. Differences in cultural perspective, while acknowledged, rarely appeared to have been the subject of discussion. The approach of workers seemed to have been that the client is in a new culture now and must conform to that new culture. Workers saw themselves as teachers who were there to tell the Hispanic client what is expected in the US culture. They did not describe themselves as helping clients see how their Hispanic values could be integrated into the US society and helping them see the benefits of such change and adaptation. Workers who spoke Spanish saw their task as simultaneously serving as a translator of language and of American culture.

*"[We are] trying to help them to understand what is going on...they don't know the language. We understand the language, but they don't know how to navigate through the system. They are afraid, maybe somebody is telling them if you go to that agency they will*

*report you, so sometimes it's very difficult. We have to be more efficient in putting more reports, and helping them to understand that we are helping—we are people that are going to help them in whatever situation they have no matter how they are, so that's what it is."*

Language differences lead not only to fear, but also prompted clients to question the information they receive from the professional. One mother described dissatisfaction with her interaction with an English speaking psychologist who she felt could not tell whether her son was a homosexual.

*"The psychologist spoke English and I don't know how to speak it and I was unsatisfied with his response. He found him to be fine. I thought he might be homosexual. He said that possibly yes, but that he couldn't figure out his feelings and that he was confused between man and woman. I wasn't happy because I wanted someone who spoke Spanish to do the evaluation."*

Interestingly, the workers who spoke Spanish had no question about their ability to serve as an accurate conveyer of information. This may be because they also saw themselves as the advocate for the client, and not just the translator of the message.

*"Most of my clients are Spanish speaking and in that sense I'm really helpful to them, cause like if we go to the school and meet with the teacher, and I have to translate to the parent—and tell them you know what—it's my main goal to go with them, then I go with them, if not I always encourage them to ask somebody that speaks Spanish, cause that's the only way they will know what is going on."*

One worker did note that speaking Spanish did not automatically mean that one understood the many Hispanic sub-cultures the clients came from.

*"Yes, well one of the things that we do here is help people with any immigration problems that they're having. All but one of our case planners speak Spanish so they—and they also come from cultures that are similar to the families like we have a lot of—we work with a lot of Dominican families and families from Puerto Rico and families from Guatemala, and we have staff who come from all those countries."*

Another worker noted:

*"If they [clients] go to another agency they have problem in communicating and sometimes they don't feel—they don't feel comfortable in another setting. Like here everybody speaks their language and most of us are coming from the countries they are coming from, and understand the ideas and values and beliefs more deeper than in other places. I know that this is a concern that isn't being addressed, and I have seen in other agencies they are making workers aware of the need to understand those cultures, but in here since most of our clients are like that, we try to fit into their lives—offering service in their own language, even the parenting skills is conducted in Spanish."*

Culture was often seen by workers and clients as something to be overcome rather than something to be built upon or discussed in detail. One client saw her alcoholism as connected to her childhood in Puerto Rico but gave no indication that her belief was discussed with the worker:

*"I used to even go [to AA] on Saturdays, because that was the day that, what was Friday, and Saturday, it's like how they used to say in Puerto Rico, 'When Fridays came, your parents used to drink.' So, they waited for Friday, they would bring it home after work to drink, so that is something that one inherits from when one is small. My parents used to drink a lot, so I used to chase beer cans as well. And it used to disorientate me significantly when I was small. And while my parents worked and were concerned with having a house made of cement and they weren't looking after me."*

Over time, most clients developed a trust in the worker whether the worker spoke Spanish or not.

## COUNSELING

During the initial interviews, the word "counseling" was repeatedly used by workers and clients. In subsequent interviews we explored what was meant by "counseling". It quickly became apparent that there was no unified definition of the word "counseling". Once again a continuum existed between direct advice (usually based on the workers own value preferences) and a classical psychotherapy oriented approach.

This diversity is reflected in the list of words used by workers in describing "counseling," including: telling, resolving, advising, providing, teaching, discussing, venting, listening, encouraging, and exploring.

"Counseling, it's more advocating and helping to direct the client and listening to them, listening is a very important skill."

Workers who took a more "therapeutic" stance to the work were more likely to describe their work as involving "listening", "letting clients vent" and "exploring their feelings". They saw their role as less directive and more one that involved the empowerment of the client. Counseling for them also included the element of support. This did not mean that the workers saw their task exclusively in terms of doing "therapy." There was also a recognition that helping clients obtain resources was a part of the work. As one worker put it:

"Counseling, it's more advocating and helping to direct the client and listening to them, listening is a very important skill."

Not surprisingly, counseling was described by clients in much the same terms as the positive worker-client relationship. It was seen as a process in which clients were listened to, received encouragement, support, advice, guidance and the

chance to explore past problems. There was a clear teaching component particularly related to helping clients learn more effective communication skills. Workers were seen as people who could help various members of the family communicate with each other and with the larger community.

*“She gave me a lot of counseling and guidance. She would tell me that this was not how things were to be. She told me that she knew I was a good mother, and that she knew that I was going to do more, better.”*

*“When I got problems with the kids I be so stressed, I got somebody to talk to about what happened, why I got stress, and when I got to go to the street to do something I don’t want to do, but I got somebody to come cause I need help with my children...”*

*“They helped teach me how I can speak with my husband, how to confront my problem with him. How to talk to him...”*

*“For me counseling is where they give you advice, where you’ll see things, and you learn about things, you learn how to take care of your children, how to value yourself, how not to get abused by your husband.”*

As important as individual counseling was to the client, the success of the preventive service was connected to the workers’ provision of assistance to the environmental pressures that the client felt. This meant not only obtaining resources, but also a willingness of workers to make home visits.

*“If a place is offering concrete services even though it might be distant, if they’re really helping you with your situation, you’re gonna bust your backside to try to get there, and comply with them. But just going someplace just to be going and ask the child maybe, ‘how do you love your parents—show me how’ and not offer no concrete services, you’re gonna be missing your appointments, you’re not gonna be satisfied.”*

*“There’s times that I really can’t take all the kids over there...so I find that [home visits are] good, cause I don’t have to stop what it is that I’m doing in the house and get the kids dressed, and go over there, and go through the drama.”*

*“Every time they would do a home visit they would speak to my kids, either individually or family counseling in the house here and ask my kids exactly how am I as a parent and then they would say whatever they had to say toward me and then I would also talk and say to my kids, ‘I wish you could change this way and stop doing this, stop the cursing, stop the hanging out.’”*

*“There is a lot of stuff that I had inside me for a long time and when they actually sat down to talk to you, they tried their best to get it out of you and they’ve done a good job and so I try to clear a few things out that I have been holding for a long time.”*

## ENGAGEMENT PROCESS

How workers described the engagement process is particularly important given the fact that all the clients participating in the study were referred by child protective service for mandatory preventive services. Workers tended to see positive engagement as connected to the client's ability to admit they are wrong and/or clients who want help. An "engaged" client was described as "compliant" and follows the advice and directions of the worker. The manner by which this compliance was obtained differed. Some workers obtained compliance through threats to re-involve child protective services or indicated that the only way to be free of child protective services was to follow the plan laid out for them.

Other factors associated with engagement were being honest with the client, being accessible to the client, going beyond the call of duty and being persistent in reaching out to clients.

*"If you comply with the things you have to do, I can submit the case to be closed, but you have to follow those recommendations, you have to reach those goals until like we are out of your life. If you don't cooperate, or the things get worse we have to report to ACS again."*

Other workers saw engagement as a process through which they established their value to the client by listening, trying to understand the client's needs, not judging, and meeting the clients' actual needs.

*"After she met me, and we spoke, she saw that I wasn't a bad person, that I was here to help and we were able to engage. I was able to listen to her and understand her and not judge her, like everybody used to do."*

Other factors associated with engagement were being honest with the client, being accessible to the client, going beyond the call of duty and being persistent in reaching out to clients.

*"You know, it's a constant reaching out to a client that needs, no matter what it is, if my clients are in crises, and I'm sitting at the desk and it's seven o'clock, I get off that phone and I go to them."*

Workers also noted that a number of factors hampered the engagement process. Workers felt that it was difficult to establish relationships with clients who were transferred due to worker turnover. Workers' roles as mandated reporter and being perceived as an extension of ACS were also seen as barriers to the working relationship. There was also a cultural reluctance to having "anyone in their business," feelings that the referral had been inappropriate, and workers and clients not agreeing on the goals. These later difficulties are also common among cases that are not preventive service cases.

Workers indicated that client resistance can be effectively met by readjusting case goals to incorporate client thinking, maintaining an empathetic stance by accepting

the clients' feelings, and not placing too much pressure on the client. Other workers suggested that clients should, in fact, be pressured by the threat of ACS action.

*"The parent definitely has to be part of that process because if you make your own goal the parents may resist. It's a collective effort."*

Finally, the importance of the workers' demonstration of respect for clients through their efforts to establish a collaborative relationship should be noted. Collaboration involved having clients and workers jointly agree on the problem and jointly establish goals to effect change. The relationship between the ACS worker and the preventive service worker, when seen as unequal partnership, impeded that process. One worker expressed to clients her commitment to collaboration with a client in the following way:

*"I'm not here to put you down, I'm here to work with you. We have to work as a team. It's not me alone gonna do the work you have to be able to put in something.' So we kind of just start off on that kind of beginning, like we're here to work together as a team."*

## CASE CLOSING

Goal directed work requires a clarity about what one is trying to achieve and, ultimately, a clarity on when a case should be closed. Workers indicated a case could be closed after the defined goals had been met. However, there were concerns that the many environmental pressures these clients face would continue to cause problems for them. The clients reported a variety of criteria for case closing including having received services for a specific period of time, having done "everything I was supposed to do," and becoming able to "resolve my own problems." Their vision of what life would be like after case closing varied from relief to worry and a desire to maintain their contact with the agency. Workers reported periodically calling the families to provide continued support. These contacts were clearly important to the clients.

*"When I get out of the agency I am going to give my substance abuse treatment more energy. I am not going to turn all that I have constructed into the garbage."*

*"When she was closing my case I was a little scared and I told her, I said, 'I'm gonna be scared. I'm gonna be on my own'...And she said, 'Well, I'm always here, just because they're closing the case don't mean I'm not gonna be here.'"*

*"She always calls me, even if the case is closed, to see how I am doing."*

Their vision of what life would be like after case closing varied from relief to worry and a desire to maintain their contact with the agency. Workers reported periodically calling the families to provide continued support. These contacts were clearly important to the clients.

*"She said that she was gonna speak to her supervisor to see if I can come back because she knows all the problems that I'm having, you know that I'm very overwhelmed and stressed out a lot, so she said that she was gonna speak to her supervisor and see if I can come back to the agency"*

Clients were asked how they had changed and what they saw as most helpful to them. In terms of change they felt that they had developed better communication within the family and had seen improvement in the behavior of their children as their own behavior changed. They also spoke of having improved their parenting, stopped the use of alcohol or drugs, having developed a belief in themselves and gained a higher level of hope for the future. They believed that these changes resulted from a trust-based relationship with their worker—one that included friendship, supportive listening, and having someone who believed in them. These relationship qualities were supported by workers' willingness to make home visits, to involve themselves with the whole family, not just with the identified client, and having a commitment which went beyond the worker to the whole agency. There were also clients who felt the best thing closing meant was that the agency and/or ACS were finally out of their lives.

"The best thing that she did for me—she believed in me. Because she believed in me from the beginning..."

*"Once I started going there, my mind opened up more, and, I had aspirations to do something with my life than just stay here. There is another world out there that, I have to go out there and check it out."*

*"The program really helped me; I was able to cope. I was able to express all the things that I really wanted to tell my children; I did it openly. I saw the change in my children."*

*"The best thing that she did for me—she believed in me. Because she believed in me from the beginning..."*

*"They offered friendship, you know, trust."*

*"When you get them (agency and ACS) out of your life, that's the best thing."*

Clients supported the use of groups, including parenting groups, as part of the service approach. Clients spoke of groups as a place where they learned that they were not alone in struggling with the issues confronting them. Furthermore, groups provided a place where they could get ideas from peers and a place where they could obtain hope that things could be different. It appeared groups were seen as helping to establish a support network.

*"I thought, I was the only one, you know, I wasn't. It wasn't like that. I mean when I got to the meetings, you know, yeah, I made friends."*

*"You have eight to twelve different parents, families, and you can actually get ideas from how one person may have handled it, and where you might say—that is not a bad idea—that is good to consider."*

*“And it made me see that there are other people with worst problems and they were doing things, they were helping themselves out...”*

It is important to realize that clients did not feel that change was something that happened solely due to the workers' actions. They acknowledged that they had to accept the need for change before change could occur. Some felt that the strength to change came from having God in their lives.

*“Its time-consuming, it takes you out of your life that you re-think a lot of things, cause you have to be ready for it, when you do it on your own. And when you don't do it on your own, you still have to be ready for it.”*

*“I mean you have to be honest because if you're going to go there and basically just get the services and not be honest with the person that is trying to help you then you're not going to get nowhere. I think that when you're honest with the people at [Agency], they can really be there for you and help you with whatever you need.”*

# Acknowledgements

A project such as this is the product of the efforts of many people. I express my thanks for the generous support of the Annie E. Casey Foundation and the Fordham University Graduate School of Social Service. My gratitude goes to all the clients, workers and their agencies. I also wish to acknowledge my debt to Leine Spohngellert M.S.W. who conceived of the project and was a Co-Principal Investigator during the first year and a half of the project and to Dr. Doris Correa-Cappello who also initially served as a Co-Principal Investigator specializing in Hispanic issues. She was replaced by Dr. Greg Acevedo and Dr. Manny Gonzalez of Fordham University. I am also indebted to the active collaboration of The Committee for Hispanic Children and Families, Inc. Elba I. Montalvo, the Executive Director at CHCF, continued her involvement over the three years of the project with further assistance provided by Joseph Semidei and Cristian Correa M.S.W., during the beginning stages, and Sandra Duque, a key participant in the completion of the project. Last, but not least, I want to acknowledge the work of Annie Paumgarten who conducted interviews and participated in the analysis and the development of the journal articles.