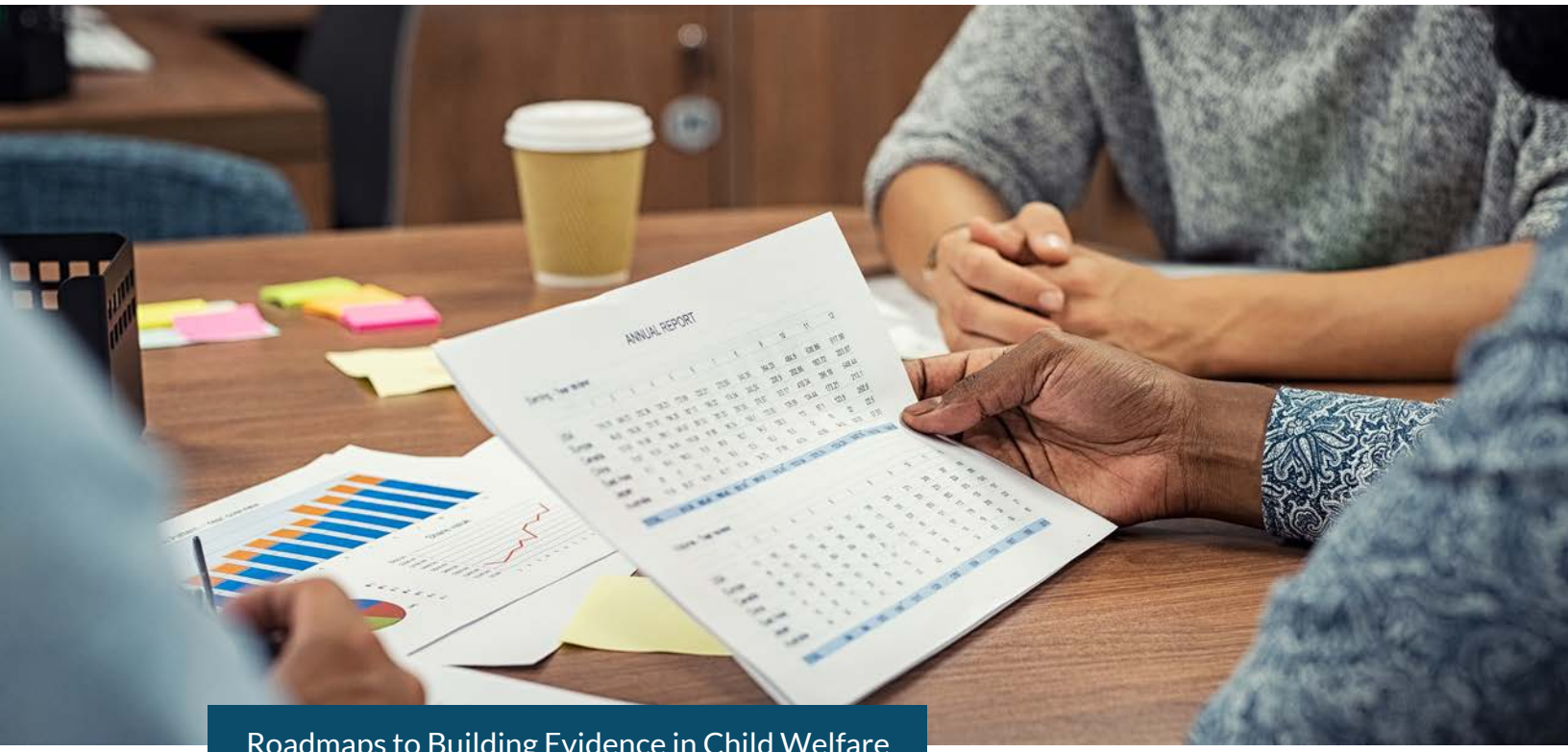

Roadmaps to Building Evidence in Child Welfare

RESEARCH REPORT

Engagement and Persistence in Child Welfare Services

Implications for Program Effectiveness

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Engagement and Persistence in Child Welfare Services

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Engagement and Persistence in Child Welfare Services

The child welfare field is committed to building evidence of the effectiveness of programs designed to strengthen families and prevent children's removal from their homes. Family engagement in and persistence through a program plays a critical role in the program's ability to positively effect change and demonstrate any changes through rigorous evaluation. From the design of a program through its evaluation, program developers, implementers, and evaluators can take several steps to identify and address barriers to engagement to better meet families' needs and strengthen the evidence base for the child welfare field.

The extent to which a program is effective depends in large part on participation. Even the highest-quality program cannot achieve the desired outcomes if people do not engage or actively participate. First and foremost, this affects children and families. But lack of initial and persistent engagement in a program also threatens the ability of program implementers and evaluators to produce evidence about the program's effectiveness (NIMH 2001). This report first summarizes the research on the extent of and reasons for low participation in services for families in the child welfare system and how participation affects evaluations. Next, it discusses ways to improve program and evaluation participation and how this supports a program's ability both to be effective and assess and document effectiveness.

Public child welfare agencies play an important role in engaging families, improving their chances of participating in services, and evaluating those services. Child welfare caseworkers sometimes provide services and are often also intermediaries to services, assessing families for eligibility or suitability and then encouraging participation. Relationships between agency staff and families involved with the child welfare agency are inherently coercive. As intermediaries, caseworkers must work especially hard to engage families, and agencies can promote their efforts through training and other supports. In addition, public agencies often contract with nongovernmental service providers, and those providers are often integral to the family engagement process.

Two types of interventions require engagement: (1) specialized programs meant to address one or more specific problems, which serve the caregiver and/or child (e.g., Nurse-Family Partnership, Multisystemic Therapy); and (2) interventions that are themselves engagement strategies, sometimes

called casework interventions (e.g., Motivational Interviewing,[1] Solution-Based Casework), which are designed to help the service provider or child welfare worker motivate families to engage with their case plan (sometimes including participation in specialized programs). Community-level interventions such as family resource centers fall into this category because they seek to engage families in a wide range of services for varying amounts of time, according to self-defined family needs. This report focuses on participation in specialized programs and their evaluations but also refers to engagement interventions as potential strategies for increasing participation in specialized programs.

What Is Engagement?

Engagement is a two-way interaction involving both the service provider and the person or family intended to participate in services (Staudt 2007). Either may initiate the interaction, but a provider successfully engages a person if the person engages in return. In concrete terms and in the context of child welfare programs, the person returns the engagement by participating. People make multiple decisions about participating in a service or a program. Isolating these decision points is critical because each one is an opportunity for service providers to engage potential participants or to inadvertently push them away. Individual engagement also involves adherence—the degree to which potential participants not only show up, but also participate during sessions (e.g., group discussions) and between sessions (e.g., "homework")—and cognition—which involves understanding of, and agreement with, the treatment's approach, purpose, and expected outcomes (Chacko et al. 2016; Gillespie et al. 2004).

Recruitment starts the engagement process and can be defined as the share of the target population that the provider approaches (following referral or self-referral) and intends to enroll (Hackworth et al. 2018; Matthews et al. 2011). The child welfare worker might initiate recruitment by identifying the family as eligible, discussing the program with the family, and making a referral. *Enrollment* can be indicated by a mutual agreement with the service provider that the person or family will participate in some set of activities, perhaps for a defined period or number of times marked by a date. It can also be defined as the share of those recruited who show up at least once. Enrolling does not guarantee that people or families will continue to participate. After enrollment, providers and child welfare workers often need to encourage participants to continue to participate, or *persist*, for them to benefit from the program. Conversely, *attrition* occurs when participants enroll but do not persist, dropping out somewhere along the way. Frequent provider and child welfare staff turnover can contribute to

[1] "Motivational Interviewing," Title IV-E Prevention Services Clearinghouse, updated December 2020, https://preventionservices.abtsites.com/programs/256/show.

attrition, leaving participants with inconsistent or intermittent engagement.[2] And despite best practice guidelines encouraging child welfare workers to engage families, organizational and institutional conditions can compete with those best practices (Smith and Donovan 2003). Resource limitations, time pressures, and heavy documentation requirements are some examples described in Michael Lipsky's (1980) seminal book about public service bureaucracies.

If the program has a defined endpoint, such as completion criteria or goals met, then the service provider has yet another opportunity to engage the participant toward that end. Many programs struggle with initial engagement, ongoing engagement, or reaching the finish line with participants. At each stage participation may be less than desired (Armbruster and Kazdin 1994; Chacko et al. 2016; Gomby 2000; Ingoldsby 2010; Masi, Miller, and Olson 2003). If a program's design does not have clear markers for enrollment, completion, or what constitutes sufficient ongoing participation, it is more difficult to pinpoint where engagement may have gone awry.

Why Are Engagement and Participation Important?

The consequences of low participation are straightforward: families' needs may not be met, their outcomes may be poor, and cancellations and no-shows are costly for service providers. When low participation stems from the program not identifying, misidentifying, or not reaching the population it intends to serve, it wastes program resources that could be better spent actually serving the intended participants (Bayder, Reid, and Webster-Stratton 2003; Boggs et al. 2004; Ingoldsby 2010; Spoth, Redmond, and Shin 2000).

Low program participation also hinders the child welfare field's ability to understand program effectiveness. Many randomized controlled trials suffer from low program participation rates, yet a rigorous design requires that all members of an intervention group be included when estimating effects, even those who do not participate and who only partially participate. Known as an intent-to-treat design, this evaluation method includes everyone the program intended to treat in the analysis, regardless of whether they actually enrolled, persisted, or completed the program. Intent-to-treat designs allow for making causal claims because they avoid the selection bias that occurs when including some people and not others in program impact analyses. However, if many people do not fully participate, program impact analyses may result in lower or no positive impacts. Both program

[2] "How Does Turnover Affect Outcomes and What Can Be Done to Address Retention?," Casey Family Programs, accessed July 15, 2021, https://www.casey.org/turnover-costs-and-retention-strategies/.

evaluators and program implementers should be prepared to look for and address engagement problems.

Scope of the Problem

Intervention literature recognizes that low initial engagement and attrition are significant threats to establishing evidence about programs and services. Research shows that child and family mental health interventions often experience high dropout rates (20 to 80 percent) (Ingoldsby 2010). Many implementation studies describe program fidelity without attention to participation unless a key component of the intervention is encouraging participation itself (e.g., multidimensional family recovery). In that case, designing an evaluation that randomizes prospective participants before asking them to participate allows for examination of who is most likely to engage and enroll. Some impact studies report the number of people treated among the number the program intended to treat but do not further examine who enrolls or persists. Many studies report only on those who participated in part or in full, ruling out the ability to understand who chose not to participate (Cosgrove, Lee, and Unick 2020; Huebner, Willauer, and Posze 2012), and undermining the rigor of a random assignment design.

Reasons for Low Participation

The literature identifies reasons programs fail to elicit sufficient participation, which can be categorized into program and service provider characteristics (including the quality of the service provider–participant relationship as well as organizational supports), individual participant characteristics, and community characteristics (Akin et al. 2017; Hackworth et al. 2018). Program implementers and evaluators should consider the potential recruitment, enrollment, persistence, and completion challenges along these dimensions when implementing and evaluating a program.

Program and Service Provider Characteristics

Programs often fail to accurately identify, locate, or engage the target population. Motivation is often cited as a factor affecting program participation (Ingoldsby 2010), yet programs must create compelling motivation for participants to be willing to participate. The busy and challenging circumstances of the families involved with child protective services (CPS) makes programs requiring considerable time commitments (e.g., multiple sessions per week, travel distances) less desirable and feasible to families.

Research suggests program characteristics related to participant motivation and engagement include culturally competent service providers, staff training and supervisory support, manageable provider caseloads, and content that matches participants' interests and needs (Ingoldsby 2010; Korfmacher et al 2008).

Service provider characteristics can also pose barriers or facilitators to engagement. In one study of parents overcoming addiction, participants identified fear, shyness, stigma, distrust, intimidation, and powerlessness as personal reasons for lack of engagement and therefore reported preferring service providers who are caring, nonjudgmental, strengths oriented, and supportive (Akin et al. 2017). Program requirements or rules also affect engagement. Children and young people in out-of-home care are also often asked to participate in family-based or individual programs and may disengage if they perceive the service as "too strict" or rigid in terms of rules (Curry et al. 2021).

Parents working with CPS to prevent having their children removed or to reunify with their children following a removal may feel especially vulnerable and mistrustful. A study conducted by Farrell and colleagues (2012) found that unstably housed parents involved with child welfare were more likely to accept and participate in a supportive housing program when offered the program through the housing department rather than CPS.

When families do access a program through their child welfare caseworker, the child welfare agency can impact engagement. Structurally, the child welfare system influences successful program recruitment, enrollment, and persistence. Caseworkers are tasked with building relationships with children and parents under profoundly stressful circumstances. Families may be worried about their privacy, wondering if the caseworker and service provider share sensitive information with each other or with the evaluator. Child welfare agencies' referral processes, caseworker trainings (e.g., on service offerings, engagement, confidentiality), and partnerships with service providers all shape how caseworkers interact with and offer services to families (Arild and Fossum 2013; Falletta et al. 2018). Frequent staff turnover can hinder the development of collaborative relationships between families and caseworkers (Cheng and Lo 2020) and thwart an agency's efforts to keep staff up to date on the menu of services available and eligibility for those services. Workers may have program preferences or biases that affect their willingness to refer families and encourage families to engage and persist in services. Organizational attention to race, class, and culture, along with delivery of trauma-informed practices, have been shown to increase service take-up (Cheng and Lo 2012; McBeath et al. 2014; Stephens et al. 2018).

Organizational barriers to service engagement also present challenges to families' participation in evaluation. Both the service provider and child welfare agency play a critical role in supporting program

evaluation. Depending on the type of data needed, an evaluation may require parent consent or youth assent to participate. The caseworker, often the first person to talk with the family about a program, may be asked to inform families about participating in an evaluation. They may also be asked to administer consent forms, enroll the family, and help the evaluator contact the family for data collection. If worker buy-in about the evaluation, training, or clear communication about confidentiality are not in place, family participation in the evaluation may suffer.

Participant Characteristics

Research finds parent and family sociodemographic characteristics affect engagement, although effects differ for initial enrollment and retention. For example, Chacko and colleagues (2016) found socioeconomic status (SES) affected engagement in a parent training program with lower SES leading to less engagement. However, another study found that parents with lower SES, once enrolled, persisted at rates similar to higher-SES parents (Hackworth et al. 2018). Single versus cohabiting caregivers had different engagement in a parenting program, with cohabiting caregivers more engaged than single caregivers (Dumas et al. 2007). Alcohol or drug addiction and mental health challenges may limit participants' ability or motivation to participate (Child Welfare Information Gateway 2018).

Child welfare case plans may require parents to complete multiple programs to either retain custody of their child(ren) or have their child returned to their custody. If parents perceive they have been assigned to general programs such as parenting classes rather than services customized for their needs, they may be less likely to participate. At the same time, most families involved with child welfare systems face challenges such as housing instability, unemployment or underemployment, and lack of reliable transportation and child care, among others. Meeting CPS's demands, in addition to meeting their daily needs, can be overwhelming for parents.

Specific target populations also engage with programs in different ways. For example, individual characteristics such as gender socialization and self-perceived parenting competence, as well as caseworker/systemic biases and gatekeeping by mothers, can affect father engagement (Gordon et al. 2012; Sonenstein et al. 2002). Other studies find fatherhood programs often struggle to engage participants and could benefit from addressing staff bias and developing outreach and informational resources specific to fathers (Washington 2019). Young people also engage in programs differently than adults. A recent review of the literature on engaging young people found little rigorous research to help guide programs but noted that financial incentives may be especially important, as well as programming that includes interaction with peers (Liberman et al. 2021).

Community Characteristics

Community characteristics can also influence participation. A study of postadoption services showed that limited access to competent professionals within the community poses a barrier to service access, especially in rural jurisdictions. Adoptive families viewed few mental health clinicians as adoption competent, which sometimes led families not to persist with services (Rushovich et al. 2019).

While limited, research has explored whether community-level social factors affect engagement in parenting programs (Hackworth et al. 2018). McCurdy and Daro (2001) found that neighborhood socioeconomic disadvantage is associated with lower reach and enrollment, while Berthelsen and colleagues (2012) and Cortis and others (2009) both found community-level factors such as poor public transportation, long distances to services, and isolation were barriers to enrollment. Strong social and community networks were found to increase program enrollment (Eisner and Meidert 2011; McCurdy and Daro 2001). In places with strong networks, participants might spread the word about a program they found beneficial, or members of the networks may encourage others to participate.

A Word about Persistence

Above we described numerous reasons for low program participation, which can include program persistence, or retention. A few other factors can specifically affect persistence. In particular, staff turnover can discourage participants from persisting in a program they have started, especially in programs that build on a strong service provider–participant relationship. This is true for services delivered one-on-one, such as counseling sessions, and for programs with a long series of group sessions like parent training, where the service provider can develop close bonds with participants. Likewise, if some parents drop out of the group, others may follow.

Another important factor affecting participant persistence is the extent to which the program can produce results in line with the participants' or others' (e.g., caseworkers) expectations. CPS timelines can be short and sometimes incompatible with programs requiring a trusting relationship to develop between the participant and practitioner. Participants can get discouraged if timelines are not aligned. And, as mentioned earlier, mismatch of services with participant needs may also discourage ongoing participation in services.

Solutions for Increasing Participation in Services

To increase participants' engagement and persistence in programs, program developers, implementers, and service providers should consider the following.

- **Developing a strong theory of change that clearly identifies the target population.** Program effectiveness depends foremost on a strong theory of change that identifies how and why the program or service should solve the specified problem (De Silva et al. 2014). Part of crafting the theory of change is stating clearly who should benefit from the program as designed—the target population. A well-defined target population can maximize participation. It should specify the characteristics, needs, and sometimes the circumstances of prospective participants. Engagement efforts can be designed with these aspects in mind. Conversely, an ill-defined target population can explain why prospective participants do not respond to a service provider's engagement attempts.
- **Attending to operational challenges within the child welfare agency to facilitate engagement.** Programs sponsored or promoted by the child welfare agency should train child welfare workers on program eligibility and benefits, the referral process, and following up on families' ongoing participation and completion.
- **Designing and implementing programs in partnership with people with lived experience.** The child welfare field has increasingly recognized the importance of engaging people with lived experience (i.e., young people, parents, caregivers) in service and system improvement.[3] Program developers can begin these partnerships in the early stages of program development and refinement to ensure their theory of change is grounded in the lived experiences of the people they seek to support. Although more research is needed, evidence suggests that hiring people with lived experience as part of the service delivery team may also increase participants' engagement in services (Eddie et al. 2019; Wright-Berryman et al. 2011).
- **Setting clear engagement expectations in the program manual for staff and participants.** A clear manual guides all aspects of program implementation, including all initial and ongoing

[3] US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Engaging, Empowering, and Utilizing Family and Youth Voice in All Aspects of Child Welfare to Drive Case Planning and System Improvement," memorandum for the State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act; State and Tribal Courts and Court Improvement Programs; Community-Based Child Abuse Prevention lead agency and other prevention partners; and Children's Justice Act grantees, August 1, 2019, https://www.acf.hhs.gov/sites/default/files/documents/cb/im1903.pdf.

engagement activities. The manual should clearly specify expectations for how service provider staff will reach out to and enroll participants in services, how they should convey program expectations with participants, and may also include specific strategies and activities to build rapport with participants.

- **Supporting high-fidelity implementation.** Good intervention fidelity may also facilitate initial and persistent participation. Fidelity to the intervention includes adhering to the program's key components and delivering them with competence. Competence involves delivering the program in an engaging way and being flexible and responsive to participants' reactions, culture, and preferences. For example, a program may call for parents to reward the child for certain behaviors, but the parents may not believe in using rewards and may disengage if this component is rigid. The service provider could suggest alternative ways for the parents to reinforce the desired child behavior and retain the parents' participation (Chamberlain 2020; Cross and West 2011; Perepletchikova, Treat, and Kazdin 2007).
- **Supporting participant agency and choice.** Both the service provider and program design itself can give participants agency and choice in how and how much they participate. Individual programs may be designed to allow some flexibility for providers to tailor supports to the participants' strengths and needs. Research also suggests that giving participants a choice between two interventions, when feasible, may increase ongoing participation (Finan et al. 2018). Individualized engagement plans can also support the engagement and retention of participants experiencing substance use or mental health needs.
- **Enhancing participant knowledge about programs.** Educating participants on the nature of services and what they can expect in frequency and content can support retention (Lindsey et al. 2014). This education can begin at the point of initial outreach, and service providers can develop a marketing plan that clearly conveys the benefits and expectations of participation and is tailored to the local community (Barnes-Proby et al. 2017).
- **Improving the quality of care can address participant motivation to participate.** When participants understand and see the benefits of services and form collaborative partnerships with service providers that meet their needs, they are more likely to remain engaged in services (Barnes-Proby et al. 2017). Service providers can better meet participants' needs by individualizing services to address practical (e.g., transportation) and psychological (e.g., other stressors) barriers to engagement (Ingoldsby 2010). Building staff competencies (e.g., around maintaining a strengths-based orientation) can increase engagement (Akin et al. 2017). Youth

engagement improves when staff build rapport, gain trust, and engage in frequent and consistent communication (Curry et al. 2021).

- **Providing concrete supports and/or incentives for participation.** By helping participants first address their immediate concrete needs, service providers can build rapport and ensure participants can devote time and attention to services. While numerous incentive strategies (e.g., stipends, meals, transportation, child care) are used by programs and agencies, limited rigorous research exists to determine which strategies are most effective. Some research has shown financial incentives to be helpful with initial enrollment but less beneficial for retention; however, Rostad et al. (2017) found that providing concrete supports for families with low socioeconomic status and child welfare involvement did increase engagement and retention.
- **Using culturally appropriate strategies and services.** Cultural differences in parenting practices, familial relationships, mental health, and other areas need to be considered during program development. Differing treatment options and modes of delivery may be needed to meet the cultural needs of a wide range of participants. Service providers can work with program developers and community stakeholders to adapt services to be more culturally appropriate for their communities (Axford et al. 2012; Barnes-Proby et al. 2017). Some programs have found that matching staff and families with similar cultural backgrounds (e.g., ethnicity, language) can increase engagement (Barnes-Proby et al. 2017). Outreach and marketing materials should also be culturally aligned with the community the program intends to serve. Evaluators can build critical evidence for the child welfare field by rigorously evaluating cultural adaptations to programs and culturally specific engagement strategies (Ingoldsby 2010).
- **Using engagement interventions as potential strategies for increasing participation in specialized programs.** Several studies have piloted the addition of engagement interventions to child welfare interventions, with evidence suggesting increased participation and retention in services. Examples include combining Motivational Interviewing and Parent-Child Interaction Therapy (Chaffin et al. 2009), integrating the Parent and Caregiver Participation Toolkit to SafeCare (Haine-Schlagel et al. 2020), and using the Training Intervention for the Engagement of Families in combination with Trauma-Focused Cognitive Behavioral Therapy (Dorsey et al. 2014).
- **Increasing the capacity to deliver services.** People may be more likely to participate when services are immediately available, and they do not have to wait for a slot to open. Increasing the number of service slots to meet demand is one solution, although it can be costly.

Colocating services or decentralizing services into satellite locations are other ways to remove time and transportation barriers for participants.

Challenges and Solutions to Participation in Evaluation

Depending on the evaluation design, program participants may be asked to take part in primary data collection activities, or the evaluators may use already available secondary data, such as child welfare administrative data without any additional engagement with participants (box 1).

BOX 1

Types of Evaluation Data

Primary data: "Collected directly from a data source (e.g., an individual involved in an impact evaluation) for the purposes of an evaluation without relying on already available data sources."

Secondary data: "Collected for a purpose other than the evaluation but are available for use in an evaluation."

Source: Mark Courtney, "Types of Data Used for Impact Evaluations," presentation at the Evidence Building Academy, Washington, DC, October 22, 2020.

When evaluators collect primary data, they may face challenges to engaging program participants in activities such as surveys, interviews, or focus groups. People may not see the value of participating in the evaluation, distrust the researchers, and/or fear the information shared will be disclosed (Mirick 2016). Some people may participate initially but not during follow-up rounds of data collection for various reasons (e.g., changes in contact information, disengaging from services). Recruiting people assigned to a control or comparison group in primary data collection is often difficult because of their lack of connection to the program being evaluated. In some situations, child welfare staff may serve as liaisons to this group for study recruitment purposes. Additionally, when data collection continues after case closure, families may be difficult to track and engage because they are no longer in contact with their child welfare caseworker or, potentially, their service provider. Evaluators should consider which methods of primary data collection will be most accessible and comfortable for participants when designing the evaluation—for example, people with limited reading ability may require in-person or phone interviews; technology barriers may limit participation in phone or web-based surveys; and people may feel uncomfortable responding to sensitive questions in-person (Courtney 2020).

To address these challenges, evaluators should consider the following:

- **Building the evaluation goals and expectations into program materials.** Evaluators can work with program implementers to share information on the evaluation with program participants during service delivery. This can include clearly explaining the evaluation goals and the points in time and ways in which people will be invited to participate in the evaluation. It may also help build trust and engagement in the evaluation process if people receive this information from the service provider with whom they have an established relationship.
- **Using participatory evaluation methods.** People may be more likely to participate in data collection when their community plays a role in designing and conducting the evaluation (Cargo and Mercer 2008). Program participants and community members can also help inform which data collection strategies are most likely to yield a high response rate based on their knowledge of the service population and the information gathered.
- **Training child welfare caseworkers and service providers on the purpose and value of the evaluation and how participant data will be kept confidential.** It is critical to train child welfare caseworkers when program referrals come through the child welfare agency rather than the community or self-referral. If caseworkers and service providers are well informed about and buy into the evaluation, they can better communicate that information to families, answer their questions, and respond to their concerns. Evaluators should be prepared to repeat training efforts as a periodic refresher or as staff turnover.
- **Ensuring consent information clearly explains the benefits and risks to participation.** Providing potential study participants (both treatment and comparison groups) with full information on the anticipated benefits and risks to participation may ease their concerns and increase participation in the evaluation. Evaluators should ensure the research or program staff administering consent forms can answer questions clearly in nontechnical language. Comparison group participants may need additional detail about the evaluation and its importance. Because they are not participating in the program, they may not be aware that they are part of an evaluation. Consent information should describe the value of contributing to the evaluation.
- **Dedicating the evaluation resources required to inform all participants of the study's value, maintain contact, and minimize nonresponse.** This includes but goes beyond explaining the benefits during the informed consent process. The effort needed for participant retention can be significant. It includes keeping in contact with study participants over the duration of the

study through communication customized for the participant groups (i.e. email, letters), providing monetary or other types of incentives, and minimizing participant burden (Brueton et al. 2011). Depending on the study design, evaluators can sometimes share interim results. Evaluators may choose to hire external data collectors with specialized skills whose focus is on achieving good response rates.

- **Using secondary data instead of primary data when appropriate and available.** When secondary data are available, of high quality (e.g., reliable, valid, thorough), and contain the information needed to answer the evaluation questions, evaluators may decide to use administrative data to minimize burden on study participants and costs. Depending on legal requirements in the jurisdiction and the Institutional Review Board reviewing the research, using administrative data often does not require additional individual consent for program improvement (i.e., evaluation) purposes. Although administrative data use can circumvent many engagement challenges identified above, data may not be available for families at all time points (e.g., if a family moves out of the jurisdiction before the study ends).
- **Collecting data about nonparticipants.** Those who choose to participate in part or not at all are as important as people who fully participate. Administrative data or other referral source data often include the full eligible population for the program and some information about them, such as demographic characteristics. Evaluators can use these data to identify what characterizes people who did not participate or did not fully participate. Implementers and service providers can use that information to adapt their engagement strategies. Administrative data are also often reliable sources for achieving data collection parity between treatment and comparison groups, if they do not depend on program participation.

Conclusions and Implications

Implementers and evaluators both want programs to improve outcomes for children and families. To meet this goal, programs must effectively engage those the program was designed to serve. If participants engage and the program is effective, evaluators can likely find those effects by conducting rigorous evaluations. Many solutions to poor program engagement described in this report apply to both increasing participants' engagement (i.e., recruitment, enrollment, and persistence) in services and engaging participants in the evaluative studies designed to examine program impacts.

Both implementers and evaluators should be prepared to prevent, look for, and address barriers to program engagement. Many barriers to engagement are program related and can therefore be

addressed in program development and implementation. Program developers and implementers should strive to use participatory approaches to planning, designing, and implementing programs. These approaches involve seeking input from community members and people with child welfare system experience. By engaging community members in participatory approaches, program implementers can also identify and address gaps in their practice to better engage participants whom they have historically struggled to engage.

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