

ATTENDANCE IS NOT ENGAGEMENT

Working with mandated and reluctant clients in social services—where communication skill helps, where it misleads, and where it must not be used

29%

Of people counted in Canada's 2024 homelessness survey had been in foster care or a group home—49% of Indigenous respondents

A decision-maker's white paper

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Executive summary

Social services measure what is easy to count. Attendance at meetings. Completion of required forms. Compliance with a service plan. These are recorded as engagement, and they are not the same thing.

The distinction is not academic. Canada had 61,104 children in out-of-home care as of March 2022. Indigenous children were 7.6% of children aged 0 to 14 and 53.7% of all foster children. In Canada's 2024 point-in-time homelessness count, 83% of the roughly 31,000 people surveyed met the definition of chronic homelessness, 33% identified as Indigenous, and 29% had been in foster care or a group home—rising to 49% among Indigenous respondents. British Columbia supports an average of 254,000 people a month on income or disability assistance, including 53,000 dependent children.

Behind each of those numbers is a sequence of conversations in which participation was required, agreement was recorded, and nothing changed. The plan was signed. The appointment was attended. The outcome did not move.

Motivational interviewing is often proposed as the answer. The evidence is more interesting than that, and more useful. In a meta-analysis of 22 studies with justice-involved people, MI significantly improved session attendance (SMD 0.22) and significantly reduced official recidivism (OR -0.30)—but did not significantly reduce dropout. The best-designed child-protection trial, which trained workers and supervisors together over twelve weeks, produced a small significant gain in MI skill and no significant difference in working alliance, goal attainment, family life satisfaction or parental distress.

There is also an ethical problem that this paper treats as central rather than peripheral. MI works by evoking a person's own reasons for change. In child protection, probation or conditional assistance, the outcome is already decided and the worker holds the power to remove a child or stop a payment. Used without transparency about what is not negotiable, MI becomes a more palatable delivery mechanism for coercion rather than an alternative to it.

The practical conclusion

- Stop counting attendance as engagement. Parents themselves describe engagement as competence, communication and care—not compliance.
- Expect MI to improve attendance and, in justice settings, recidivism. Do not expect it to reduce dropout.
- Name the mandate out loud. MI in a coercive setting is only ethical when what is non-negotiable is stated plainly.
- Use MI as a pre-engagement layer in front of an effective intervention, not as a standalone service.
- Do not deploy MI training into a workforce that cannot refer anywhere. Seventy-seven percent of surveyed BC child welfare workers cannot get timely access to the supports they would refer to.

The numbers at a glance

Indicator	Latest defensible figure	Meaning for leaders
61,104	Children in out-of-home care in Canada, 2022	A rate of 8.24 per 1,000; 2.72 in Ontario to 29.60 in Manitoba.
53.7%	Indigenous share of all foster children, 2021	Against 7.6% of the child population.
83%	2024 homelessness count respondents meeting chronic definition	Coordinated access now depends on assessment conversations.

Indicator	Latest defensible figure	Meaning for leaders
29%	Respondents who had been in foster care or a group home	49% among Indigenous respondents.
80%	BC child welfare workers saying caseloads prevent proper practice	Skill cannot substitute for capacity.
SMD 0.22	MI effect on session attendance, justice-involved people	Significant. Dropout effect was not.

1. What the system is actually measuring

A qualitative study of 40 parents involved with child protective services found that engagement was driven by three worker qualities: competence, communication and care. The authors explicitly criticized the standard measures—caseworker ratings of parent compliance with service plans, or attendance at meetings—as inappropriate indicators of engagement.

That is a small study, and it should be presented as a conceptual anchor rather than an effect size. But it names something every experienced worker recognizes.

What is recorded	What it does not tell you
The parent attended the meeting	Whether they said anything they actually meant
The service plan was signed	Whether they believe any part of it is achievable
The client completed the assessment	Whether they gave accurate answers or safe ones
The referral was accepted	Whether they intend to go
No complaint was made	Whether they have decided this system is not safe to disagree with

The structural version of the same problem

Canada's Reaching Home program now requires designated communities to operate coordinated access: a common triage and assessment process, a By-Name List, prioritization that must include depth of need, and a requirement that funded providers fill vacancies from the shared list rather than their own waitlists. Full compliance was required by 31 March 2026.

This makes the assessment conversation a load-bearing part of the operating model, not a courtesy. If a person under-reports their acuity because they do not trust the person asking, the prioritization is wrong, and the system allocates housing to the wrong person. A communication failure becomes an allocation failure.

2. Why these conversations are structurally different

In health care, the person usually came looking for help. In mandated social services, they frequently did not, and both parties know it.

Feature	Voluntary service	Mandated or constrained service
Who initiated contact	The client	The state, a court, or a condition of benefit
What is negotiable	The goal and the method	Often only the method
Cost of disagreement	Low	Potentially the loss of a child, income or housing
What a "yes" may mean	Agreement	A calculation about what is safe to say
What the worker holds	Expertise	Expertise and statutory power

The last row is the one that changes everything. A technique designed to elicit a person's own motivation operates differently when the person answering has reason to believe the wrong answer will be recorded and used.

3. What the evidence supports

Supported conclusions

- MI produces a real, small effect overall: a pooled effect size of 0.22 across 119 studies, durable from post-treatment out to 25 months.
- With justice-involved people, MI significantly improved session attendance (SMD 0.22) and significantly reduced official recidivism (OR -0.30) across 22 manuscripts.
- As a pre-engagement layer, MI works. A motivational pretreatment added to Parent-Child Interaction Therapy significantly improved retention—specifically among parents with initially low to moderate motivation.
- In return-to-work services, a Canadian cluster randomized trial rated at low risk of bias found 12.1% more previously unemployed claimants had returned to work at discharge in the MI group, with stronger effects from adherent clinicians.
- Training can shift worker behaviour: a Finnish study of child and family social workers found a significant improvement in empathy ($d = 0.61$) after four days of training plus three coaching sessions.

Claims the evidence does not justify

- That MI training changes family outcomes in child protection. A randomized trial with double randomization, training workers and supervisors together over twelve weeks, found a small significant skill gain ($d = 0.20$) and no significant difference in working alliance, goal attainment, family life satisfaction or parental distress.
- That MI reduces child maltreatment or out-of-home placement. A systematic review of 19 studies found few evaluations of placement effects and no evaluation of maltreatment effects at all.
- That MI reduces dropout in mandated settings. The justice meta-analysis found the dropout effect was not significant ($p = .08$).
- That MI beats other structured interventions. Against strong comparison groups the effect falls to 0.09 and is non-significant against CBT or twelve-step approaches.
- That MI is established practice in homelessness services. A European evidence summary of 11 studies rates MI for vulnerably housed persons as “unknown effectiveness,” with mixed results on engagement, retention and completion.

Read carefully, the justice finding is a warning as much as a result. If MI mainly produces attendance while leaving dropout unchanged, it is producing exactly the compliance-shaped outcome this paper warns against—unless the technical skill of evoking change talk is genuinely present.

4. The ethical problem, stated directly

Motivational interviewing's founder addressed this himself in 1994, situating MI on a continuum from passivity to coercion and positioning it as a middle way. He also addressed the charge that MI can be manipulative.

The tension does not resolve with reassurance. MI works by evoking the person's own reasons for change. In child protection, probation or conditional assistance, the worker already holds a predetermined outcome—the safety plan, the job search requirement, the housing plan—and the power to act on non-compliance. Evoking “autonomous” motivation toward a non-negotiable outcome, while holding that power, is not autonomy support. It is a more comfortable form of pressure.

What makes it defensible

1. Name what is not negotiable, first and plainly. “The court requires X. That part is not up to either of us. What is up to you is how we do it, and what support would make it possible.”
2. Do not use MI to manufacture agreement with something the person is entitled to contest.
3. Separate the mandate conversation from the motivation conversation, so the person can tell which one they are in.
4. Record what the person actually said, including disagreement, rather than recording the compliance you needed.
5. Accept that a competent MI conversation may end in a clear refusal. That is information, and it is more useful than a false yes.

5. What MI cannot fix

This section exists because omitting it would make the rest of the paper less credible, not more.

Housing supply

The Parliamentary Budget Officer estimates that achieving the 50% chronic-homelessness reduction target would require an additional \$3.5 billion a year—roughly seven times current federal spending—and that Reaching Home currently reduces homelessness by about 6,000 people, or 15%. Better conversations do not create units.

Poverty

Thirty-seven percent of respondents in the 2024 point-in-time count cited not having enough income for housing as the reason for their homelessness. In British Columbia, income assistance spending is forecast to rise from \$3.50 billion to \$4.25 billion between 2024–25 and 2027–28, while the employment services line stays flat at roughly \$31.1 million.

Caseload and referral capacity

Of more than 700 BC child welfare workers surveyed in 2025, 80% said excessive caseloads prevent them from properly performing their duties and 77% lack timely access to family and community support services. MCFD child welfare staff scored lowest of 29 government ministries on workforce engagement and below the government average on 71 of 73 measures.

This last finding has a direct operational implication. MI evokes motivation toward a next step. Where 77% of workers cannot access the service that next step requires, evoking the motivation is arguably worse than not evoking it. And training deployed into a workforce in that condition is likely to produce measurable decline: in the training meta-analysis, high-attrition groups lost skill at an effect size of -0.29 .

Indigenous-specific racism

In 2024, 24% of First Nations people living off reserve, 23% of Inuit and 18% of Métis reported unfair treatment, racism or discrimination from a health care professional in the past twelve months. Among those who did, health concerns were minimized or dismissed for 67% of First Nations, 65% of Métis and 58% of Inuit respondents. In British Columbia's In Plain Sight review, 84% of Indigenous respondents had experienced discrimination on at least one measured factor, and only 27% felt their needs were always taken seriously, against 59% of non-Indigenous respondents.

A relational technique deployed inside a system that produces those numbers does not neutralize them—and can make them harder to see, because the interaction feels respectful while the structural outcome is unchanged.

Cultural safety is defined by the person receiving care, not the practitioner delivering it, and in British Columbia it is now a regulatory obligation: a practice standard effective 1 April 2026 requires nurses and midwives to take active steps to identify, address, prevent and eliminate Indigenous-specific racism. MI is a conversational method. Training the first does not discharge the second, and for many Indigenous families the accurate reason for non-engagement is prior harm by this system—which no amount of change talk resolves.

6. Where MI genuinely helps in social services

Having set those limits, the case for the remaining territory is real.

Decision point	What changes	What to measure
First contact after a report or referral	Whether the person says anything true	Assessment completeness; disclosure of barriers
Service plan development	Whether the plan reflects what the person can actually do	Plan steps stated by the client rather than the worker
Pre-engagement before an evidence-based program	Retention, especially for low-motivation participants	Program completion among the low-motivation subgroup
Coordinated access assessment	Accuracy of acuity information	Assessment completion; consistency on re-assessment
Employment and independence planning	Willingness to attempt a next step	Plan initiation; return to work at discharge

The training finding that governs the budget

Across 21 training studies covering 987 providers, workshops produced an immediate skill gain of 0.76. Without post-workshop feedback or coaching, skills eroded over six months at an effect size of -0.30 . With coaching, they were maintained. The sufficient dose was three to four contacts totalling at least five hours over six months, and programs spanning 20 to 24 weeks retained better than shorter ones.

The mechanism research adds a second constraint. The MI process meta-analysis supported the technical pathway—MI-consistent skills predict client change talk at $r = .55$ —but did not support a direct pathway from warmth or “MI spirit” to behaviour change. Training that produces kindness without technical skill is precisely the version that survives an unsupported two-day workshop, and it is not the version that works.

7. Designing a pilot that answers a real question

Suggested 90-day pilot

Period	Actions	Evidence produced
Weeks 1–2	Select one team and one decision point; baseline plan completion and client-stated goals	Baseline and real case scenarios
Weeks 3–4	Workshop covering mandate transparency, elicitation and change talk	Initial skill assessment
Weeks 5–8	Apply in practice; two coaching sessions using recorded or observed cases	Fidelity samples and referral-capacity barriers
Weeks 9–12	Reinforce; review indicators, including client-reported experience	Pilot report and scale recommendation

Measurement hierarchy

Stage	Measure	Timing
Reach	Staff trained and participating	Immediately
Learning	Observed elicitation and mandate transparency	Pre/post and 30 days
Fidelity	Coded samples — change talk evoked, not warmth alone	30–90 days
Client voice	Did the client state the plan steps? Did they disagree with any?	Each encounter
Engagement	Plan initiation, service retention, goal progression	90–180 days
Experience	Client reports of being heard, respected and clear about consequences	Throughout, collected independently of the worker

Note the fourth row. A file in which no client ever disagreed is not evidence of engagement. It is evidence that disagreement was not safe, and it should be read as a warning about the service rather than a success.

8. Risks and safeguards

Risk	What goes wrong	Safeguard
MI as softer coercion	Autonomy language used to secure a predetermined outcome	Name the mandate explicitly; separate it from the motivation conversation
Attendance measured as success	The program reproduces the problem it was meant to solve	Measure client-stated goals and plan initiation, not presence
Training into an overloaded workforce	Skills decline; the program is blamed	Assess caseload and referral capacity before training anyone
Evoking motivation toward unavailable services	Trust is damaged further	Confirm the referral pathway exists before promoting the conversation
MI substituted for cultural safety	Structural racism obscured by respectful interactions	Co-design with Indigenous partners; treat cultural safety as a separate obligation
Warmth mistaken for skill	Workers feel better; outcomes do not move	Code for change talk evoked; the technical element carries the effect

9. Recommendations for executives

1. Change what counts as engagement in your own reporting before you train anyone. If attendance remains the metric, the training will be judged by the wrong number.
2. Pick the decision point where the client's own words materially affect the outcome—assessment accuracy, plan initiation, program retention.
3. Verify referral capacity first. Do not evoke motivation toward services that are not available.
4. Fund the coaching tail. Without it the six-month trajectory is negative.
5. Require mandate transparency as a trained behaviour and audit for it, not as a values statement.

6. Collect client experience independently of the worker who delivered the service.
7. Treat cultural safety as a parallel obligation with its own standard, not as an outcome of communication training.

Conclusion

Social services in Canada carry an unusual burden. They are asked to produce voluntary change through involuntary relationships, with caseloads that prevent the relationship from being built and referral options that frequently do not exist. Twenty-nine percent of people counted in the 2024 homelessness survey had been in foster care or a group home. That figure is not an indictment of any individual worker. It is a description of what happens when engagement fails repeatedly over a lifetime.

Motivational interviewing will not fix that. The best-designed child-protection trial moved worker skill and did not move family outcomes. The justice evidence shows improved attendance without improved retention. The homelessness evidence is rated as unknown.

What MI offers is narrower and still worth having: a disciplined way to find out what a person actually intends, in a setting where they have every reason not to say.

A worker who leaves an encounter knowing that a parent disagrees with the plan, and why, is in a better position than one who leaves with a signature. A coordinated-access assessment that reflects real acuity allocates housing more accurately than one that reflects what felt safe to disclose.

For a ministry, an agency or a child-welfare authority, the appropriate next step is small and honest: one team, one decision point, a measure of client voice rather than client presence, and a willingness to hear that some of the yeses you have been counting were never yeses at all.

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