Evaluating Differential Response: Why Bother?

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Differential Response Summit
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My Guiding Assumptions

1. Evaluating Differential Response in Illinois is critical.

2. The DR evaluation in Illinois is the biggest, most comprehensive, and best evaluation ever undertaken by the Illinois Department of Children and Family Services.

3. Doing this evaluation right will take considerable effort from a lot of different people (including you), but the end result will be WORTH IT.
Evaluating DR in Illinois is Critical

• Evidence-based practice: child welfare versus medicine
• Has Differential Response been evaluated?
• Why can’t we just apply the results from Minnesota to Illinois?
• What kind and how much evidence will it take to convince you that DR works?
The DR Evaluation in Illinois is the Best Ever

• Size matters (in evaluation, at least)
• The magic of random assignment
• Outcomes versus processes (why not both?)
• Numbers versus words (why not both?)
• What about context? (We’ve got that, too)
Big Question #1: Does it work?

• What are the intended outcomes of DR? The answer to this question tells us **what** to measure.
  • Child Safety
  • Family engagement
  • Family satisfaction
  • Family well-being
  • Worker satisfaction
Child safety

- CERAP
- Re-reports
- Case-Specific Report
Check all safety threats present in this case first. Then for every threat checked, complete (2) and (3).

1. **Neglect or abandonment** (e.g., child lacked basic needs, the home was unsafe or unclean, medical or educational neglect, etc.)
   - [ ] mild
   - [ ] moderate
   - [ ] severe
   - At first contact:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
   - At Closure:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
     - [ ] none
   - (2) Indicate whether level of safety threat was mild, moderate or severe.
     - [ ] DCFS staff
     - [ ] Private agency provider
     - [ ] Unpaid community resource
     - [ ] Family/kin
     - [ ] Other
     - [ ] No funds available
     - [ ] Provider unavailable
     - [ ] Uncooperative family
   - (3) Was the safety threat addressed?
     - [ ] Yes, by:
     - [ ] No, because:
     - [ ] Don't know / not sure

2. **Physical, sexual, emotional abuse** (e.g., excessive discipline, violence in the home, sexual or emotional maltreatment, etc.)
   - [ ] mild
   - [ ] moderate
   - [ ] severe
   - At first contact:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
   - At Closure:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
     - [ ] none
   - (2) Indicate whether level of safety threat was mild, moderate or severe.
     - [ ] DCFS staff
     - [ ] Private agency provider
     - [ ] Unpaid community resource
     - [ ] Family/kin
     - [ ] Other
     - [ ] No funds available
     - [ ] Provider unavailable
     - [ ] Uncooperative family
   - (3) Was the safety threat addressed?
     - [ ] Yes, by:
     - [ ] No, because:
     - [ ] Don't know / not sure

3. **Lack of supervision or proper care** (e.g., child left unsupervised, burns, fractures, etc.)
   - [ ] mild
   - [ ] moderate
   - [ ] severe
   - At first contact:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
   - At Closure:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
     - [ ] none
   - (2) Indicate whether level of safety threat was mild, moderate or severe.
     - [ ] DCFS staff
     - [ ] Private agency provider
     - [ ] Unpaid community resource
     - [ ] Family/kin
     - [ ] Other
     - [ ] No funds available
     - [ ] Provider unavailable
     - [ ] Uncooperative family
   - (3) Was the safety threat addressed?
     - [ ] Yes, by:
     - [ ] No, because:
     - [ ] Don't know / not sure

4. **Damaging adult-child relationship** (e.g., verbal or physical fights, rejection, etc.)
   - [ ] mild
   - [ ] moderate
   - [ ] severe
   - At first contact:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
   - At Closure:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
     - [ ] none
   - (2) Indicate whether level of safety threat was mild, moderate or severe.
     - [ ] DCFS staff
     - [ ] Private agency provider
     - [ ] Unpaid community resource
     - [ ] Family/kin
     - [ ] Other
     - [ ] No funds available
     - [ ] Provider unavailable
     - [ ] Uncooperative family
   - (3) Was the safety threat addressed?
     - [ ] Yes, by:
     - [ ] No, because:
     - [ ] Don't know / not sure

5. **Other Threat** (specify)
   - [ ] mild
   - [ ] moderate
   - [ ] severe
   - At first contact:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
   - At Closure:
     - [ ] mild
     - [ ] moderate
     - [ ] severe
     - [ ] none
   - (2) Indicate whether level of safety threat was mild, moderate or severe.
     - [ ] DCFS staff
     - [ ] Private agency provider
     - [ ] Unpaid community resource
     - [ ] Family/kin
     - [ ] Other
     - [ ] No funds available
     - [ ] Provider unavailable
     - [ ] Uncooperative family
   - (3) Was the safety threat addressed?
     - [ ] Yes, by:
     - [ ] No, because:
     - [ ] Don't know / not sure
Family Engagement and Satisfaction

- Family Exit Survey
- Caregiver Interviews
- Case-specific report
- Field Observation
Satisfaction

1. How satisfied are you with the way you and your family were treated by the caseworker who visited your home?
   - [ ] Very satisfied  
   - [ ] Somewhat satisfied  
   - [ ] Not at all satisfied

2. How satisfied are you with the help you and your family received from the caseworker?
   - [ ] Very satisfied  
   - [ ] Somewhat satisfied  
   - [ ] Not at all satisfied

3. How likely would you be to call the caseworker or the child welfare agency if you or your family needed help in the future?
   - [ ] Very likely  
   - [ ] Somewhat likely  
   - [ ] Not at all likely

Relationship with Caseworker

4. How did you feel after the first time the caseworker came to your home?
   Check all that apply:
   - [ ] Relieved
   - [ ] Angry
   - [ ] Hopeful
   - [ ] Afraid
   - [ ] Respected
   - [ ] Worried
   - [ ] Comforted
   - [ ] Disrespected
   - [ ] Encouraged
   - [ ] Thankful
   - [ ] Stressed
   - [ ] Discouraged
5. About how many times did you or other members of your family meet with the caseworker?
   - 1
   - 2-5
   - 6-10
   - more than 10

6. Overall, how carefully did the caseworker listen to what you and other members of your family had to say?
   - Very carefully
   - Somewhat carefully
   - Not at all carefully

7. Overall, how well do you feel the caseworker understood your and your family’s needs?
   - Very well
   - Somewhat well
   - Not at all well

8. Were there things that were important to you or your family that did not get talked about with the caseworker?
   - Yes  No

9. How often did the caseworker consider your opinions before making decisions that concerned you and your family?
   - Always  Sometimes  Never

10. Did the caseworker recognize the things that you and your family do well?
    - Yes  No

11. How easy was it to contact the caseworker?
    - Very easy
    - Somewhat easy
    - Not at all easy
We are interested in your feelings about your involvement with your caseworker and their agency. There are no right or wrong answers to any of the questions. Please answer as openly and honestly as you can.

Here are some ways that families may feel about having a caseworker involved in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read each statement and think about how you feel right now about your involvement with your caseworker and their agency.

12. My family got the help we really need from the caseworker.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

13. I realize I needed some help to make sure my kids have what they need.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

14. I was fine before the caseworker got involved. The problem is theirs, not mine.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

15. I really made use of the services my caseworker gave me.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

16. It was hard for me to work with the caseworker.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

17. There was a good reason my caseworker was involved with my family.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

18. Working with my caseworker has given me more hope about how my life is going to be in the future.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

19. I think my caseworker and I respected each other.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

20. My worker and I agreed about what was best for my child(ren).
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

21. I felt like I could trust my caseworker to be fair and see my side of things.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

22. I think things are better because my caseworker was involved with my family.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

23. My caseworker wanted me to do the same things that I wanted to do.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

24. There were definitely some problems in my family that my caseworker saw.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

25. My caseworker did not understand where I was coming from at all.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

26. My caseworker helped me take care of some problems in my life.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

27. My caseworker helped make my family stronger.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree

28. My caseworker was out to get me.
   [ ] Strongly agree  [ ] Agree  [ ] Do not agree
11. Rate the characteristics of the family members at the **first time** you met with them:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Very</th>
<th>Moderately</th>
<th>A Little</th>
<th>Not At All</th>
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</thead>
<tbody>
<tr>
<td>Cooperative</td>
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<tr>
<td>Receptive to help</td>
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<td>Engaged</td>
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<td>Uncooperative</td>
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<td>Difficult</td>
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</table>

12. If you met with members of the family more than one time, rate the characteristics the **last time** you met with them.

- ☐ met with family only once

<table>
<thead>
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<th>Moderately</th>
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<td>Difficult</td>
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Family well-being

- Family Exit Survey
- Caregiver Interview
- Case-specific report
FAMILY OUTCOMES

32. Overall, are you and your family better off or worse off because of your experience with the child welfare agency?
   - We are better off
   - We are the same
   - We are worse off

33. Are you a better parent because of your experience with the child welfare agency?
   - Yes
   - No

34. Are your children safer because of your experience with the child welfare agency?
   - Yes
   - No

35. Are you better able to provide necessities like food, clothing, shelter, or medical services because of your experience with the child welfare agency?
   - Yes
   - No
Check all family needs present at case opening

Then for every need checked, complete (2) and (3)

(2) Condition addressed while the case was open?

(3) Improvement (check one)

None   Little   Moderate   Much

<table>
<thead>
<tr>
<th>Needs</th>
<th>No</th>
<th>Yes</th>
<th>None</th>
<th>Little</th>
<th>Moderate</th>
<th>Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Needs (e.g., housing, food/clothing, income, employment, etc.)</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Substance Abuse (e.g., alcohol, prescription drugs, illicit drugs, etc.)</td>
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<td>Physical Health (e.g., adult or child disability, developmental delay, etc.)</td>
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<tr>
<td>Mental Health</td>
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<td>Parenting Skills/Discipline</td>
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<td>Domestic Violence</td>
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<tr>
<td>Education (e.g., school attendance, progress, etc.)</td>
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<tr>
<td>Social Supports (e.g., extended family, friends, &amp; neighbors, etc.)</td>
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<td>□</td>
<td>□</td>
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</table>
Worker Satisfaction

- Worker Survey (baseline)
- Worker Survey (follow-up)
- Worker focus groups
5. Overall, how satisfied are you with your current child welfare job?

very dissatisfied very satisfied
1 --- 2 --- 3 --- 4 --- 5

6. How satisfied are you with the various aspects of your job listed below?

very dissatisfied very satisfied
1 --- 2 --- 3 --- 4 --- 5

a. Your workload
b. Quality of the supervision you receive
c. Opportunities for advancement
d. Being valued for your work
e. Cultural sensitivity in your agency
f. Your salary
g. Your physical safety
h. Working conditions in your office

8. Has the introduction of Differential Response made it any more or less likely that you will remain in this field of work?

much less likely no effect much more likely
1 --- 2 --- 3 --- 4 --- 5

9. Your plans to stay in your agency and your current position
   a) How long are you planning to continue working at your agency?
   ____0-6 months   ____7-12 months   ____1-2 years   ____more than 2 years
   b) If you are planning to leave your agency in the next 12 months, is this because of dissatisfaction with your job?
   ____Yes   ____To some extent   ____No   ____Not planning to leave in next 12 months
   c) Do you think you will be laid off in the next year?
   ____No   ____Probably not   ____Probably   ____Yes
   d) Are you expecting to take another job within your agency in the next 12 months?
   (check all that apply)
   ____Yes, I am going to be working in a different office
   ____Yes, I am going to work in a different unit/team
   ____Yes, I am likely to be promoted
   ____No
Big Question #2: **Why** does it work? (or not work!)

If there are differences in the outcomes (safety, engagement, well-being) between the two groups in the Randomized Control Trial (RCT), then we need to figure out why.
Big Question #2: Why does it work? (or not work!)

Some possible differences between the two groups:

- Assessments
- Concrete assistance
- Contacts with workers
- Family participation
- Worker attitudes and behaviors
- Services – number of services, time to service, information and referrals, service-needs match
Services

- Family Exit Survey
- Caregiver Interviews
- Case-specific report
- Administrative Data
The following is a list of services that are sometimes provided to families.

1) Place a check after any service to indicate:
   (1) *service provided during the case* – direct services were provided by you or a member of your agency to a family member(s) while the case was open and had not been in place at the time of the first visit.
   (2) *information/referral provided* – service information was given or referrals to services were made.
   (3) *service in place at start* - services were already in place prior to the first visit.

2) For any service received by the family, give us some idea of the level of service use from very little (1) to very much (5).

<table>
<thead>
<tr>
<th>Services to address Material Needs (e.g., help with housing payments, emergency shelter or food, TANF, employment assistance, etc.)</th>
<th>(1) Service provided</th>
<th>(2) Info/referral provided</th>
<th>(3) Service in place at start</th>
<th>Level of service use by family (check)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain</td>
</tr>
</tbody>
</table>

| Substance Abuse Services (e.g., alcohol or drug abuse treatment) | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Health Services (e.g., medical or dental care, mental health/psychiatric services, etc.) | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Mental Health Services | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Parenting Classes | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Domestic Violence Services | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Educational Services | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Social Support Services (e.g., marital/family counseling, support groups, etc.) | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |

| Other (specify) | ☐ | ☐ | ☐ | □ 1 □ 2 □ 3 □ 4 □ 5 □ uncertain |
13. Did you help members of this family in obtaining services from any of the following? (check all that apply)
- school
- neighborhood organization
- mental health provider
- alcohol/drug rehab agency/program
- MR/DD provider
- youth organization
- health care provider
- job service/employment security
- employment & training agency
- legal services provider
- support group
- childcare/preschool provider/Head Start
- community action agency
- domestic violence shelter
- emergency food provider
- church or religious organization
- recreational facility (e.g. YMCA)
- neighbors/friends/extended family
- other

14. Overall, how well were the services that were actually provided matched to the service needs of the family?
- very well matched
- somewhat matched
- not very matched
- not at all matched

15. Overall, how effective were the services provided to the family in solving their problems or in producing needed changes?
- very effective
- somewhat effective
- not very effective
- not at all effective
Culture Climate

- Emotional Exhaustion
- Personal Accomplishment
- Self-Efficacy
- Supervision and Support
- Organizational Commitment
- Role Clarity
- Role Conflict
Evaluating DR: Will You Bother?

This evaluation has the potential to inform practice on many levels – worker level, agency level, and system level. But it is going to take some effort from everyone to pull it off. What could possibly go wrong?

1. Low response rates
2. Inaccurate/false/missing data
3. Violations of random assignment
What’s in it for you?

• Voice: Do you have an opinion about DR? About practice with families?

• Information: About DR, CPS, family engagement, system change, worker satisfaction, organizational culture

• Improved practice
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217-244-8615