



Children and Family
Research Center

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
SCHOOL OF SOCIAL WORK



Predicting and Promoting Staff Support of Differential Response in Child Welfare Agencies

Michael T. Braun, Yu-Ling Chiu, Stacy Lake, Tamara Fuller, and Julie Murphy

International Conference on Innovations in Family Engagement October 18, 2017



This Presentation

- The presentation begins with Oregon's Differential Response Manager, Stacy Lake, sharing the direct experience of DR implementation in Oregon
- Next we look at relevant results of the site visits and a quantitative analysis of the staff survey data predicting DR attitudes
- Finally, we'll conclude with some recommendations and time for questions



DR in Oregon

- Implementation efforts started in 2011
- Evaluation provided by the Children and Family Research Center at the University of Illinois
- Evaluation guided by implementation science
 - Exploration, Installation, Initial Implementation, Full Implementation
- This presentation focuses on the experiences and results of the first three stages



Exploration

- Exploration describes the initial process of assessing the readiness of an organization to adopt the new policy or procedure
- Additionally, this stage calls for discussions with stakeholders within and outside the organization
- In this stage, the groundwork for support for the policy is established (ideally)



Exploration Activities in Oregon

- Statewide scan of nationwide child welfare practices reducing foster care
- Legislative and Gubernatorial engagement
- Differential Response Design Team
- Technical Assistance from NRC for Child Protection, Casey Family Programs, Ohio and Minnesota
- DR Focus Groups
- Visits with staff and tribes



Why Differential Response

Oregonians believe every child deserves to grow up at home in a safe and nurturing family. Through engaging and collaborative relationships with families and communities, we achieve the best possible outcomes for children and families. With customized services focused on child safety and family stability, the Child Welfare Program provides families the opportunity to address their challenges and the chance for our communities most at risk children to be safe and successful.



Differential Response Vision Statement

As a result of Oregon's implementation of DR, the following results will occur:

- Children will be kept safely at home and in their communities; using the Oregon Safety Model and its core concepts and tools to guide decisions making.
- The community and Oregon DHS will work in partnership with a shared responsibility for keeping children safely at home and in their communities.
- Families will partner with Oregon DHS to realize their full potential and develop solutions for their challenges.
- Fewer children will re-enter the child welfare system through improved preventative and reunification services for families.
- Disproportionality will be reduced among children of color.
- Private agencies and community organizations will experience stronger partnerships with Oregon DHS on behalf of children and families.



Safe and Equitable Reduction of the Number of Children Experiencing Foster Care in Oregon

- Increase the number of children who can safely remain in the home.
- Increase the number of children safely and successfully returning home.
- For those children who cannot return home, increase the number who can exit the system to a higher level of permanency.
- Tend to the health, education and overall well-being of children while they are in care.
- Address the disproportionate representation of children of color in the system



Implementation Takes Time

- Major Implementation Initiatives occur in stages:

- Exploration (Sustainability)
- Installation (Sustainability)
- Initial Implementation (Sustainability)
- Full Implementation (Sustainability & Effectiveness)

**2 - 4
Years**



Installation

- Installation provides the groundwork necessary for implementation to succeed, including putting all pieces in place for the program (staff, equipment, materials, spaces, etc.)
- Initial training occurs at this stage

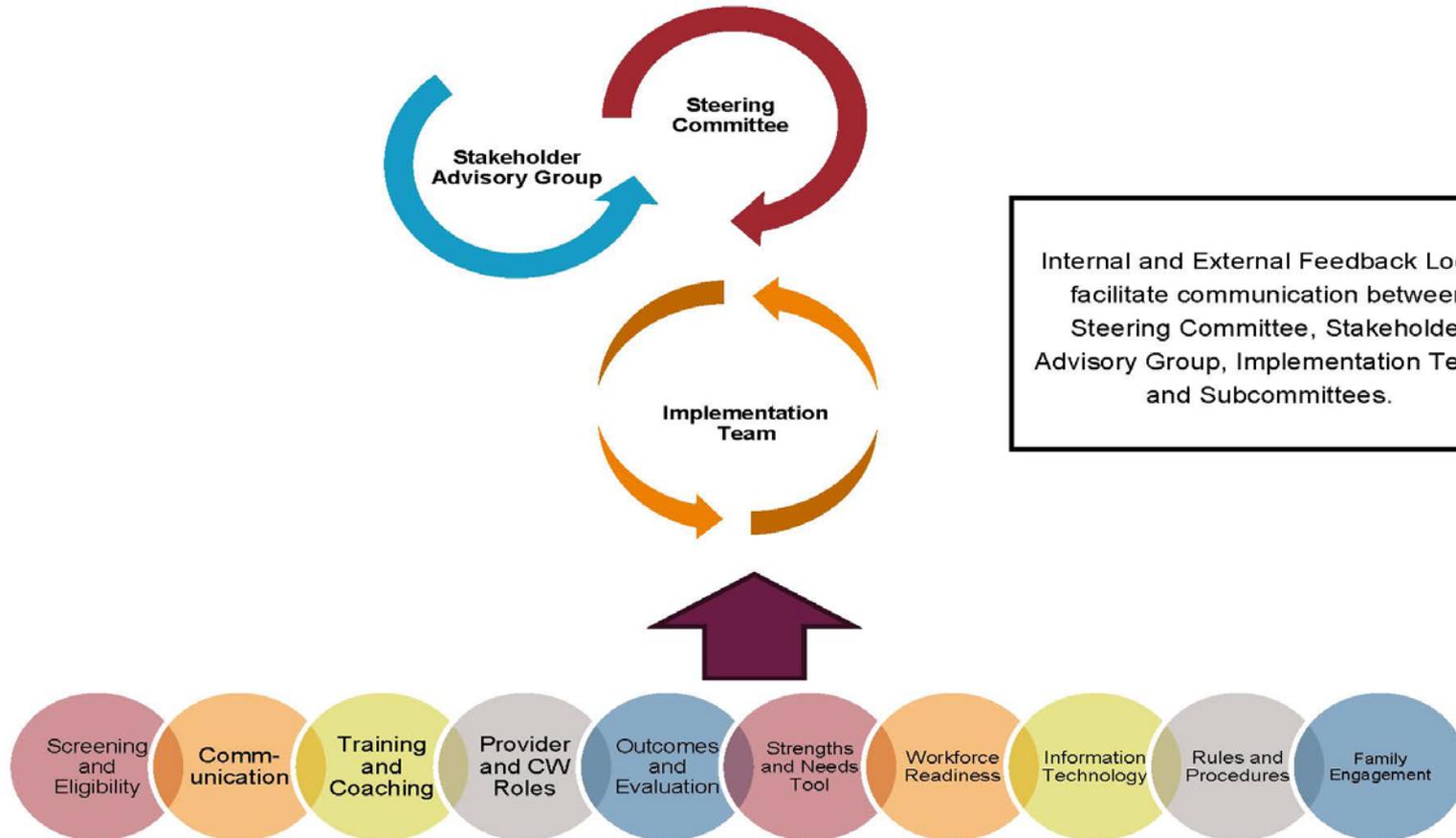


Installation Activities

- DR Team Structure
- Establishing enhanced service array
- Developing model, including tools, communication strategies, procedures, etc.
- Decision to do staged implementation
- Choosing initial sites



Differential Response Team Structure



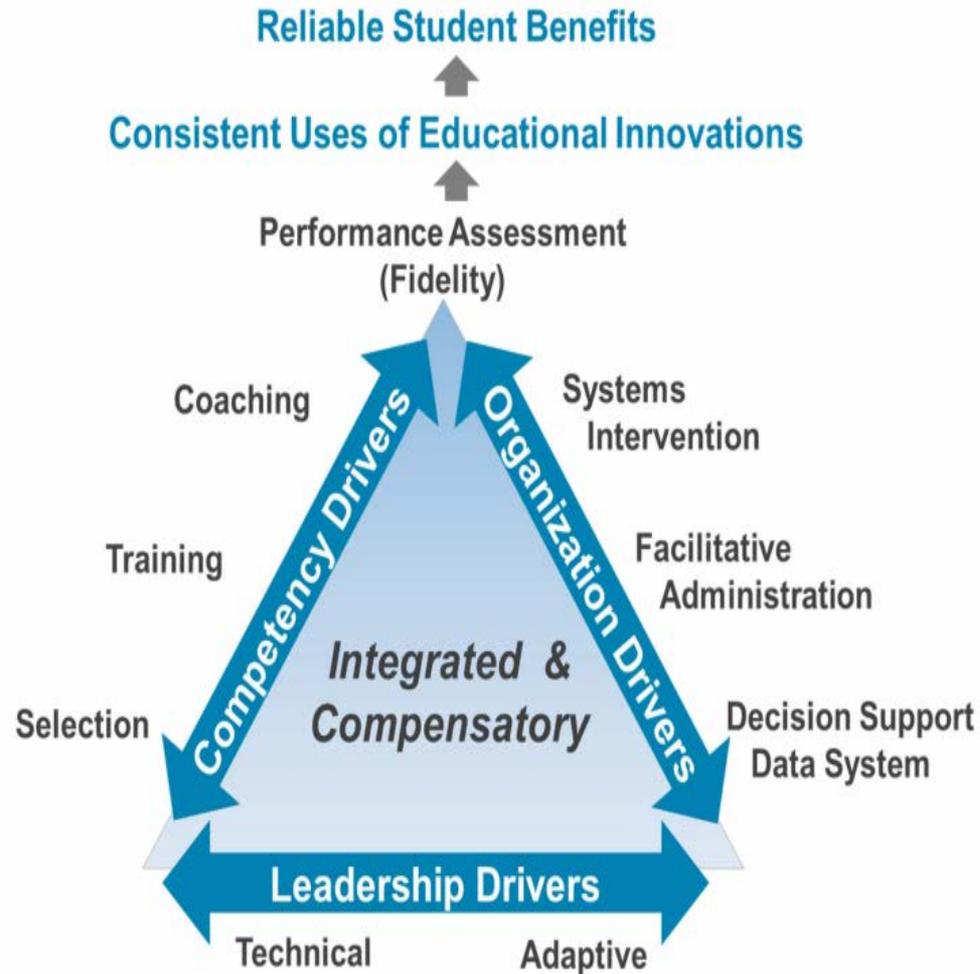


Initial Implementation

- During this Stage, practitioners and staff are attempting to use newly learned skills in an organization that is just learning how to change to accommodate and support the new ways of work. This is the most fragile Stage where the awkwardness associated with trying new things and the difficulties associated with changing old ways of work are strong motivations for giving up and going back to comfortable routines (business as usual).
- The Initial Implementation Stage is a real challenge. Establishing and sustaining changes to the point of integration into daily work is not likely unless there is external support for change at the practice level (support from coaches; Joyce & Showers, 2002), organization level (support from Implementation Teams; Aladjem & Borman, 2006; Nord & Tucker, 1987), and system level (support from Implementation Teams; Schofield, 2004).



Implementation Drivers





Organization and Competency Drivers

- **District Readiness**
 - Implementation timeline, Readiness support 4-6 months, Internal and External Communication support
- **Business Process Mapping**
 - DR practice principles should influence business process and how services are administered to families.
- **Fidelity Reviews**
 - Making decisions about coaching support and sustainability strategies should be based on data about the practice
- **Debriefing Practice Data**
 - DR coaching strives to use data gathered to measure fidelity to the practice model and provide feedback to field offices. DR coaches strive to practice a **parallel process** to support a healthy learning environment.
 - Each district has a series of structured practice reviews
 - Screening Assignment Decision, Screening Track Decision, CPS Assessment Review



Parallel Process

How we want workers to treat families ...
Is how supervisors should treat their workers....
Is how administration should treat supervisors...
Is how the state should treat counties...

“Parallel Process speeds up any change process, and reduces resistance to change.”



Leadership Drivers

Technical Coaching

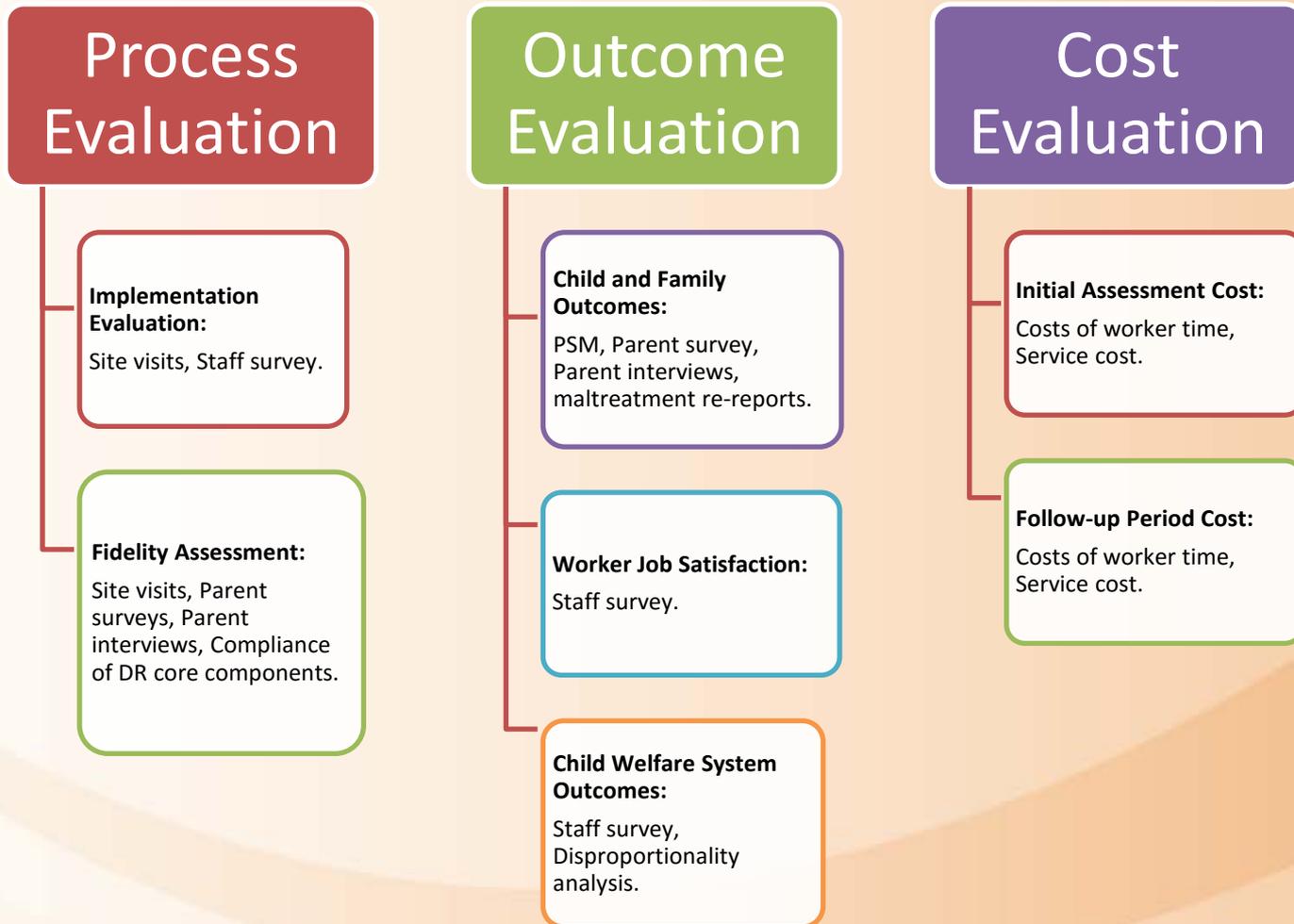
- Oregon Safety Model fidelity
- Differential Response
- Developing practice structures
 - R.E.D. Teams, Transfer Staffing, Group Supervision
- Business Process mapping

Adaptive Coaching

- Normalizing resistance
- Encouraging discussion and Identifying Champions
- Offering to help by doing it “walking with” vs. “giving direction”
- Using The Family Engagement Tool Kit
- Be Available



CFRC Evaluation





How is An Innovation Adopted

- A multi-level framework of innovation adoption
 - the decisions of the organization;
 - the decisions of the individuals within the organization

Reference: Frambach, R. T., & Schillewaert, N. (2002). Organizational innovation adoption: A multi-level framework of determinants and opportunities for future research. *Journal of Business Research*, 55, 163-176. doi: 10.1016/S0148-2963(00)00152-1



How is An Innovation Adopted

- A multi-level framework of innovation adoption
 - **decisions of the organization;**
 - decisions of the individuals within the organization

We were talking a lot about DR, and we were beginning to change their thinking about how they were going to do [DR] because, again, you talk about buy-in, the staff is a huge buy-in. There were a lot of people who were like, "I just don't know how I can do this," and we talked a lot about that shift, and, "Well, you're already doing it. You're already talking to families. A lot of times, you're calling ahead of time, or you get to school. You've just interviewed the kids. You're talking to the parents right away." We really tried to frame it. (District administrator)



How is An Innovation Adopted

- A multi-level framework of innovation adoption
 - decisions of the organization;
 - **decisions of the individuals within the organization**



Research Questions

- What factors have influence on staff **attitudes** towards DR?
- What factors predict **perceptions** that DR changes practice?
- What factors predict CPS worker reports of **practice behaviors**?



Staff Survey

- Staff survey emailed to 1,588 social service specialists, supervisors, and managers statewide in Feb. 2016
- 558 completed the survey (35% response rate)
- Participants were most commonly female (78.5%) and White (83.8%) with a bachelor's degree (74.6%)
- By role, 40% were permanency workers, 33.2% CPS workers, 15.2% supervisors, 7.5% screeners, and 4.1% program managers



Outcome Variables

- **DR Attitudes:** All participants were asked for their attitudes about DR in the staff survey (1—Strongly Disagree, 4—Strongly Agree), for example, “DR promotes the safety of children.” Higher scores indicate more positive attitudes toward DR.
- **Perceptions of Practice:** CPS workers in DR counties were asked how DR had affected their practice (1—Very Negative, 3—Neutral, 5—Very Positive).
- **Practice Behaviors:** CPS workers in DR and non-DR counties were asked how often they perform certain DR practices (1-Never, 5-Always), for example “call ahead or otherwise contact the family before meeting face to face.”



Predictors

- Training and Coaching (received, effectiveness)
- Supervisor Support
- Job Satisfaction
- Organizational Culture: overall workload, work/life balance, work purpose
- Individual Level Variables: gender, race, education, role, tenure



Site Visit in DR Districts

- Qualitative information on the DR implementation process and DR practice was collected through a series of site visits in the first four districts that implemented DR in Oregon.
- Two site visits were conducted in the first two districts to implement DR and two site visits were conducted in the second round of districts to implement DR.
- The first round of site visits were conducted approximately one year after DR implementation and the second round of site visits were conducted approximately two years after implementation.



Research Questions

- **What factors have influence on staff attitudes towards DR?**
- What factors predict perceptions that DR changes practice?
- What factors predict CPS worker reports of practice behaviors?



Attitude towards DR

- Positive Reaction

I think the concept is amazing. It's just that actually getting the nuts and bolts and figuring out how to do it is the hard part, but I'm committed to getting through that tough phase because I think it makes a difference. (CPS worker)

What we do is traumatizing for families. People don't understand that if they haven't had to work with us before. I appreciate this idea that we're trying to be less punitive and work with families in a positive, collaborative way. I truly feel that with the changes to screening, like asking family functioning questions, my calls are better, my decisions are stronger, and I have a better understanding of the family. (Screener)



Attitude towards DR

- Doubts

It doesn't feel realistic; it feels like you're sitting in Salem, you haven't been in the field in 20 years, you don't know clients, you don't know what we're talking about. Rather than explaining the benefit of it, it seems like you're trying to sell me something. This is your new deal and you paid a lot of money to develop it, so we should just do it. Rather than understanding the benefit that families will actually get. (Screener)

I don't know if there was anyone like in the office who was super gung-ho [about DR]. My feeling was that we'd all kind of bought into it at least a little bit but we weren't going as far as the consultants—I heard some pretty grandiose things from the consultants. [DR] sounds like good stuff but I don't think it's going to do what you're saying it's going to do. (CPS worker)



Predicting DR Attitudes

Model 1 includes all participants (N=505)

Variables	Unstandardized B	SE	P
(Constant)	1.649	0.291	0
DR County	0.02	0.08	0.85
Gender (Female)	0.05	0.07	0.47
Highest Education	-0.01	0.06	0.82
Race (White)	-0.05	0.08	0.57
Number of years worked in child welfare	0.00	0.01	0.94
Role (Manager and Supervisor)	0.15	0.08	0.08
Supervisor Support	0.08	0.05	0.09
Overall Job Satisfaction	0.04	0.08	0.67
Work Purpose	0.43	0.07	0.00
Work/Life Balance	-0.03	0.05	0.50
Overall Workload	0.06	0.04	0.15
Received DR Training	-0.03	0.07	0.64
Received DR Coaching	-0.07	0.04	0.09



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Predicting DR Attitudes

Work Purpose Questions: (1—Strongly Disagree, 4—Strongly Agree)

- Cases are assigned in a fair manner.
- The agency's purpose is clear to me.
- My work reflects the agency's purpose.
- My work offers opportunities to make a difference.
- My work offers opportunities to ensure the safety and well-being of children and families.
- The agency provides me with the resources I need to help children and families.
- There are clear measures of success for my work with families.
- I have good relationships with the families I work with.



Predicting DR Attitudes

- One significant predictor: Work Purpose, the sense that your work matters and you understand the reasons why you are performing your work
- When workers feel greater work purpose, they are more likely to have favorable attitudes toward DR



Predicting DR Attitudes

- Training

There was a lot of redundancy, a lot of repetition, and I understand some of that because they're trying to instill an entirely new system and a new philosophy and trying to change the mindset, but some of the repetition was so rote that it lost its luster. Some of the excitement about what we were about to do was dulled quite a bit. (CPS worker).

We need to have some refresher training going on, balancing engagement with some of our other data points. (Supervisor).



Predicting DR Attitudes

- Coaching

Our consultant was really great. We have a conference table in where our cubicles are, so she would just kind of sit there, she would listen to what's going on, she'd put in input, she would go on assessments with us. She was always there for support. (CPS worker).

I wish I could have more people go out with me just to keep me in line, just to keep me from falling back into bad habits or creating biases. (CPS worker).

Some workers didn't want to go out with consultants because they didn't want somebody sitting over their shoulder judging their work and that was the feeling was that it was this high up, central officer person sitting over your shoulder judging you and not really there as a support to help guide you. It was more like a boss sitting and judging. (Caseworker).



Predicting DR Attitudes

Model 2: Participants who received coaching and training in DR (n=186)

Variables	Unstandardized B	SE	P
(Constant)	1.24	0.42	0.00
DR county	-0.05	0.13	0.66
Gender (Female)	0.10	0.09	0.26
Highest Education	-0.14	0.10	0.15
Race (White)	-0.06	0.10	0.54
Number of years worked in child welfare	0.02	0.01	0.73
Role (Manager and Supervisor)	0.18	0.11	0.11
Supervisor Support	0.06	0.07	0.34
Overall Job Satisfaction	0.06	0.11	0.55
Work Purpose	0.27	0.10	0.01
DR Training Effectiveness	0.18	0.06	0.00
DR Coaching Effectiveness	0.10	0.06	0.08



Predicting DR Attitudes

Model 2: Participants who received coaching and training in DR (n=186)

Variables	Unstandardized B	SE	P
(Constant)	1.24	0.42	0.00
DR county	-0.05	0.13	0.66
Gender (Female)	0.10	0.09	0.26
Highest Education	-0.14	0.10	0.15
Race (White)	-0.06	0.10	0.54
Number of years worked in child welfare	0.02	0.01	0.73
Role (Manager and Supervisor)	0.18	0.11	0.11
Supervisor Support	0.06	0.07	0.34
Overall Job Satisfaction	0.06	0.11	0.55
Work Purpose	0.27	0.10	0.01
DR Training Effectiveness	0.18	0.06	0.00
DR Coaching Effectiveness	0.10	0.06	0.08



Predicting DR Attitudes

- When only looking at participants who received training and coaching in DR, work purpose remains a significant predictor
- Ratings of training effectiveness (and marginally, coaching effectiveness) are also significant predictors
- In other words, merely receiving training and coaching is not enough: The quality of training really does matter



Research Questions

- What factors have influence on staff attitudes towards DR?
- **What factors predict perceptions that DR changes practice?**
- What factors predict CPS worker reports of practice behaviors?



Predicting Perceived Practice Change

N=50	Outcomes							
Predictors	Initial Contact	Stay in Contact	Interact with Family as a Whole	Interact with Parents	Interact with Children	Offer Services	Make Removal Decisions	Interact with Community Partners
Job Satisfaction	-0.087	-0.193	-0.131	-0.118	-0.261	-0.048	0.227	0.206
Work Purpose	0.108	0.272	0.4	0.142	0.496	0.433	-0.039	-0.102
Supervisor Support	-0.073	0.052	-0.03	-0.039	-0.054	-0.201	0.079	-0.168
DR Training Effectiveness	0.031	-0.195	0.028	0.051	0.007	0.027	-0.344*	0.166
DR Coaching Effectiveness	-0.003	0.169	0.215	0.276	0.095	0.225	0.056	-0.2
DR Attitude	0.636**	0.886***	0.42*	0.634**	0.615**	0.689*	0.595**	0.908**



Predicting Perceived Practice Change

- There is a positive association between DR attitudes and perceived changes in CPS practices related to DR
- Participants who view DR positively also view that it has a positive impact on their practice



Research Questions

- What factors have influence on staff attitudes towards DR?
- What factors predict perceptions that DR changes practice?
- **What factors predict CPS worker reports of practice behaviors?**

In this analysis, we've combined responses for AR assessments with answers from non-DR counties. This way, we can assess if workers in DR counties report performing the DR practices more or less often than workers in non-DR counties



Predicting CPS Practice Behaviors

Predictors	Outcomes					
	Call Ahead	Offer Support Person	Interview Family as a Whole	Interview Individual Family Members	Determine Family Has Moderate to High Needs ¹	Offer Services
DR County	0.777***	0.805***	0.819***	-0.903***	-0.197	-0.658***
Gender (Female)	0.058	0.164	0.128	-0.059	-0.019	0.108
Race (White)	-0.023	-0.44*	-0.202	0.034	-0.143	-0.067
Highest Education	0.17	0.006	-0.026	-0.044	0.059	0.052
Work Purpose	0.267	0.255	-0.059	0.232*	0.108	0.356*
Work/Life Balance	-0.13	0.064	0.04	-0.07	-0.102	-0.006
Overall Workload	0.169*	0.029	-0.03	-0.022	0.09	-0.099
Supervisor Support	0.015	-0.082	-0.074	-0.02	0.204	0.109
Job Satisfaction	0.033	0.012	0.049	-0.124	-0.15	-0.16
Received DR Training	-0.204	-0.15	-0.092	-0.068	0.101	-0.12
Received DR Coaching	-0.147	-0.098	0.006	0.161*	-0.145	0.031
DR Attitude	0.045	-0.076	0.128	-0.066	-0.071	0.042

¹ Overall model is not significant.



Predicting CPS Practice Behaviors

- First, note what is NOT a significant predictor: DR Attitudes.
- What is significant is being in a DR county: It means you perform DR related practices more frequently
- There are no other consistent predictors.
- One last result to highlight: The negative relationship between being in a DR county and offering services to the family
- Sometimes new policies and procedures have unintended effects on practice



Perception and Practice Changes

- Calling ahead

Well, I've found that in a lot of instances, it's made it a lot easier for me to work with the family and they will accept some of the services that I've offered where they wouldn't have before because they didn't want us to continue to be in their life. (CPS worker)

My concern was that it might give parents an opportunity to hide the truth better, but as I worked with the steering committee, I could see that I kind of had a thinking error there. If you did the approach right and you really engaged the family, that opens the door in a trusting way to let them share what is really going on and what services could be provided. And the parent that was not willing to get those services anyway might be the one that might be able to hide it better. I looked at my own circumstances when I was thinking that and [how] it was hard for me to show the truth. I was afraid that something bad would happen. If I had been given the response of Differential Response, would I just try to hide it better or would I really have been forthcoming? (CPS worker)

Let's face it, half of our clients don't have phones, don't have working phones, the phones are changing. They're not calling you back, they know who it is; they all know our ghost number, let's face it. Then you're going to their house, leaving a card, trying to say "I'm here, this is why I'm here, but let's schedule a time." So that's not really feasible as it is. (CPS worker)



Perception and Practice Changes

- Support person

If you have them (drug and alcohol provider) kind of as a tool to bring with you, they're able to engage with clients in a different way and get them into services pretty quickly. And then they do some follow through for us. They're able to get clients into insurance if that's a barrier or give them rides to the intake, so that's helpful. (CPS worker)

It was great engagement with the family because then that client was like, 'Oh my gosh, I've worked with [Name], too. This is great.' And now, I have two families that I know are connected, doing well, and can support each other. And then, they have trust with our agency. So that was a cool thing to do. (CPS worker)

I feel like introducing it gave them anxiety. They'd be like, 'Why? Are you going to take my kids? What's going to happen? Why do I need support?' (CPS worker)

The feedback I'm getting from staff is we're asking, but maybe a mom or a grandma will show up. But a lot of times they don't want anybody to know their business. (District administrator)



Perception and Practice Changes

- Family interview

I've had really good success telling the parents like hey, help me. You know your kid the best. How do you think we should go about talking with them? And then I give them options like we can do that here. You can be in the kitchen as I talk to the child. I could do it at school. Like when do you think would be best for your child. And I feel like that has been a positive interaction because they're like, they feel like they have more of a choice in me interviewing their child and being a part of that. (CPS worker).

It's like wrangling cats. Family members start talking over each other and then they start arguing with each other and then they want to talk about something that happened 15 years ago and then, two and a half hours have gone by and I don't have any of the information that I'm supposed to put in my report so I have to schedule another day with them. (CPS worker)

When we interview kids in front of their parents—because they want to protect their parent, there's that relationship—I think it takes away their ability to speak even afterwards, to some extent. (CPS worker).



Perception and Practice Changes

- Family engagement

I know the engagement skills worked when I have families who have had previous agency experience and didn't even like our agency when I first talked to them. They called after [their AR experience] to say, "Hey not only was this okay, but I've got three other people I think should have some contact so they can get help." (CPS worker)

I was like, "Mom, let's go to Carl's Jr., and I'll buy the kids a Happy Meal, and we'll sit, and we'll talk. And I'll get my functioning sections and do my comprehensive assessment." The kids didn't even know that what was going on. They knew I was asking them questions and stuff like that, but they didn't say like, "Oh, this is DHS." And Mom actually said, "Thank you for not traumatizing my kids by pulling them into the office where I used to do my visits with them." That was so cool to have a parent say, "Thank you," because you engaged them differently than you had in the past. (CPS worker)

We said very clearly that we're going to continue doing DR work the way that we were trained to do it, and even though the state has put it on pause, we're moving forward with continuing that work. As managers and staff, we saw tremendous value in the engagement process that DR brought to the field and wanted to continue that. We got questions from staff about, if they stop DR, does that mean we stop engaging families? And the big, resounding answer to that is "No. We're going to keep engaging families." (District administrator)



Perception and Practice Changes

- Perspectives from the community

[Child welfare workers] spend more time looking at things. If there was a child safety issue, that's got to be addressed immediately, it doesn't matter. But, I think they're looking at a family as a whole, looking where the family needs supports, looking at how they can connect families with resources, supports, and services, and I think it just makes a world of difference. (FSNA provider)

I know that it's on hold right now from expanding into other communities. I would love to hear that it's moving on, it's expanding, and it's not just in three counties or whatever it is at this point, because I feel like such a huge success has occurred and it is still continuing to occur. And our community would love to know that it's expanding throughout the rest of the state of Oregon, because families deserve that. (FSNA provider)

DR aligned with the mission and principles of wraparound services, an approach that was "more family friendly while still honoring the mandates of child welfare." (Community partners)

DR is intended to deal with a much broader than the narrow slice of the criminal prosecution end that I see, but ...the spirit of Karly's Law is to ensure that we don't have a child slipping through the cracks, just because the injuries didn't look to be that bad. And so alternative response allows some of those Karly's Law cases, for the heads up to the parents to be given, so that we're not responding I think appropriately. (District Attorney)



Limitations

- Staff survey response rate
- Sample sizes for regression models
- Site visit reports as the secondary data for the current study



Recommendations

- Early and meaningful engagement with staff and communities
- Legislative and gubernatorial support
- Coaching and training need to be strategic
- Engagement of stakeholders is not an event but an ongoing relationship of support and interaction
- Align a new program with the existing values of staff; DR can fit well with work purpose
- A well-implemented program creates change that transcends attitudes



Let's discuss!

- THANK YOU!!
- Our contact info:
 - Michael T. Braun, mtb@illinois.edu
 - Yu-Ling Chiu, chiu22@illinois.edu
 - Stacy Lake, STACY.L.LAKE@dhsosha.state.or.us