

Children *and* Family  
Research Center

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN  
SCHOOL OF SOCIAL WORK



# Evaluating Differential Response: Why Bother?

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Differential Response Summit  
April 2011



# 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)



Family Exit  
Survey

Worker  
Survey

Case-specific  
Report

SACWIS/  
CYCIS

Caregiver  
Interviews

Key Informant  
Interviews

Stakeholder  
Focus Groups

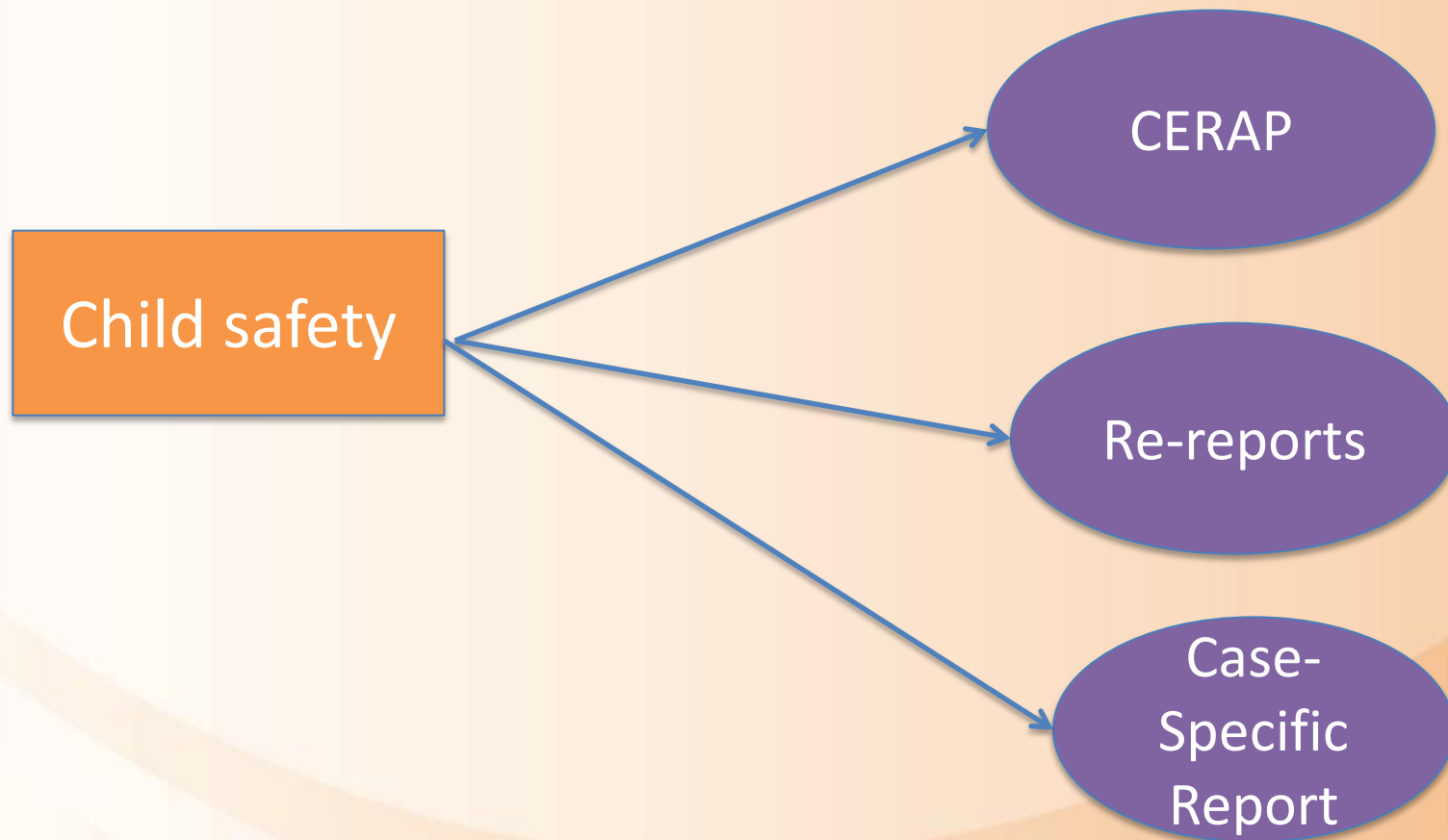
Field  
Observations

Cost data



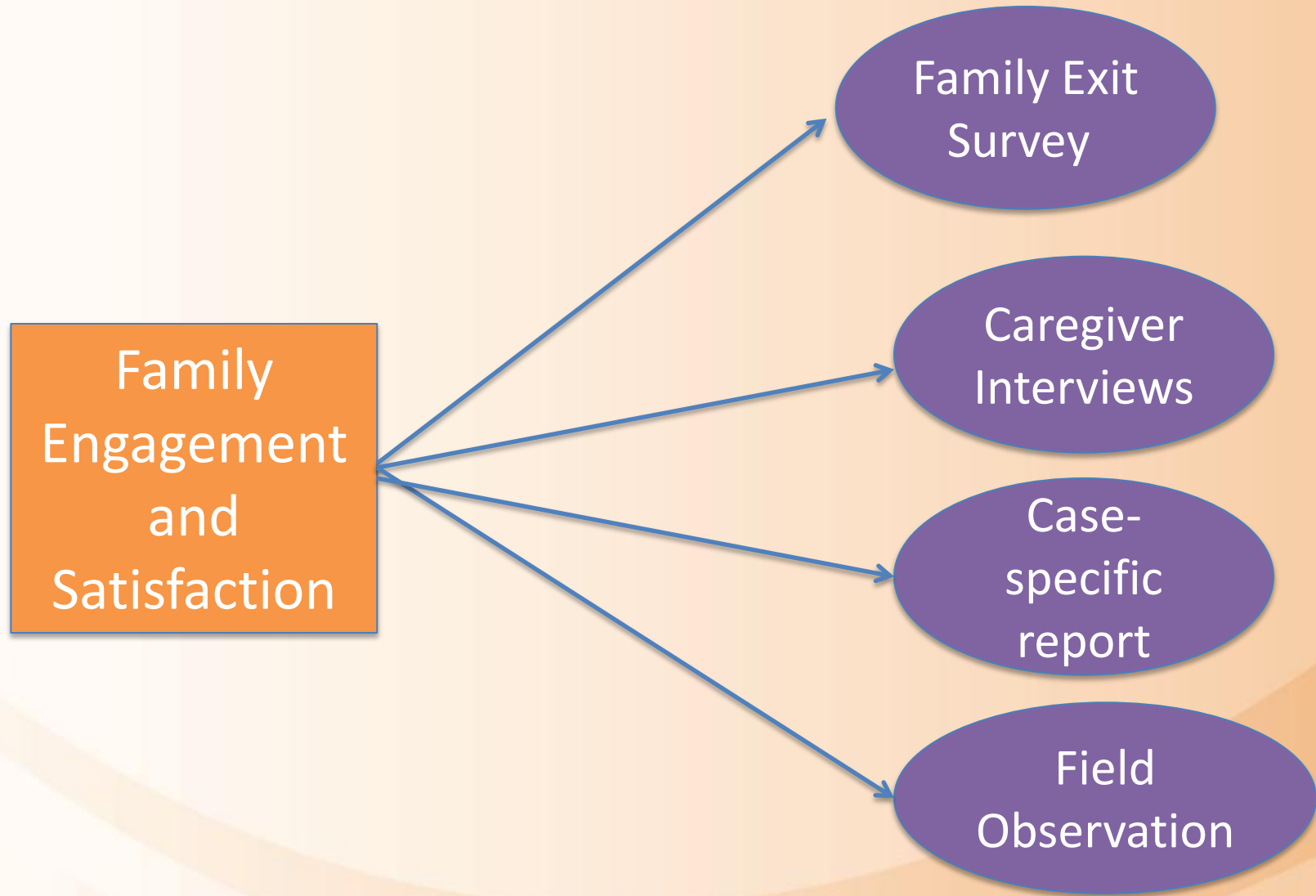
# Big Question #1: Does it work?

- 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











## 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.

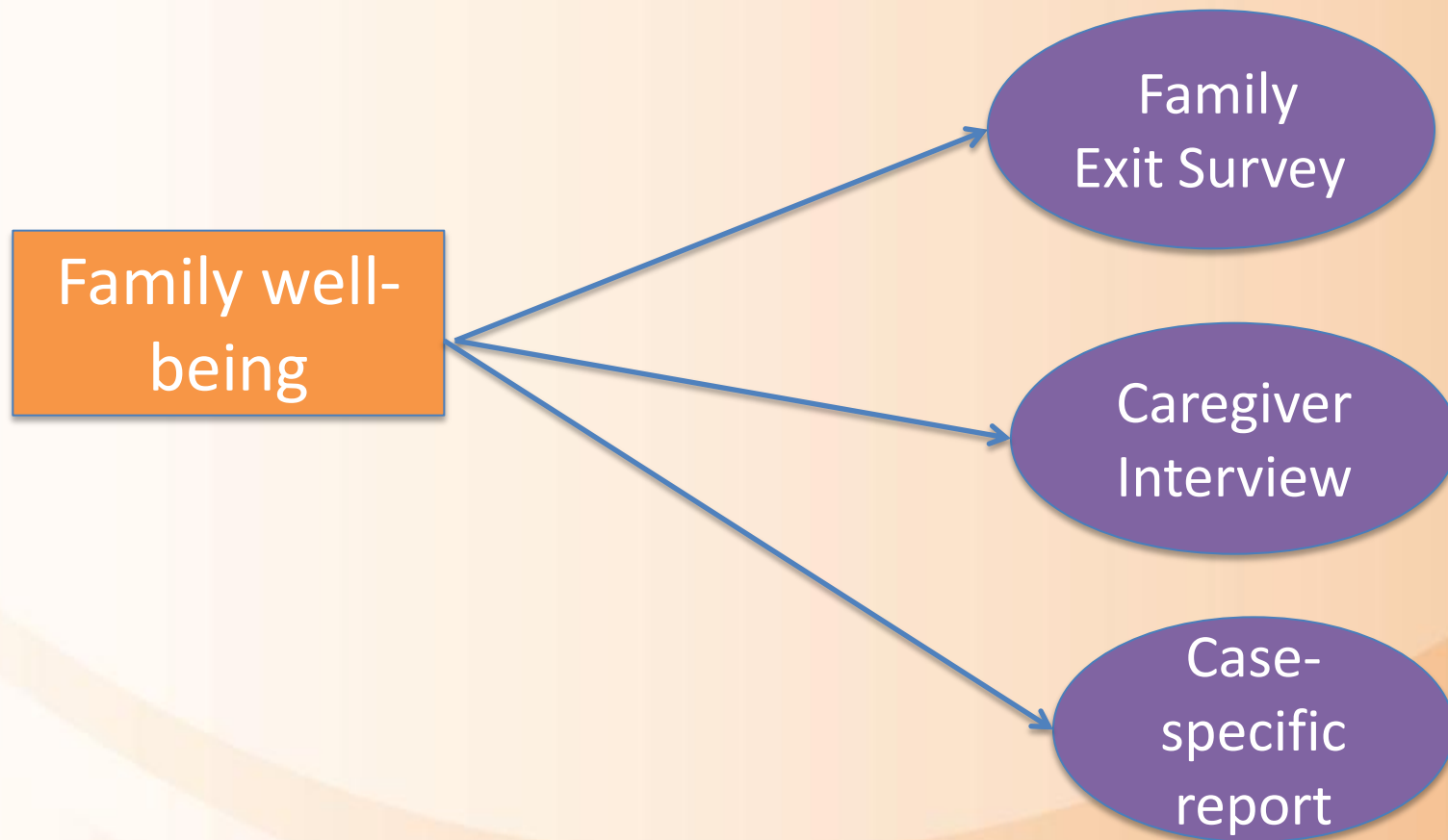
Here are some ways that families may feel about having a caseworker involved in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read each statement and think about how you feel right now about your involvement with your caseworker 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 <u>first time</u> you met with them:	Very	Moderately	A Little	Not At All
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you met with members of the family more than one time, rate the characteristics the <u>last time</u> you met with them. <input type="checkbox"/> met with family only once	Very	Moderately	A Little	Not At All
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## 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





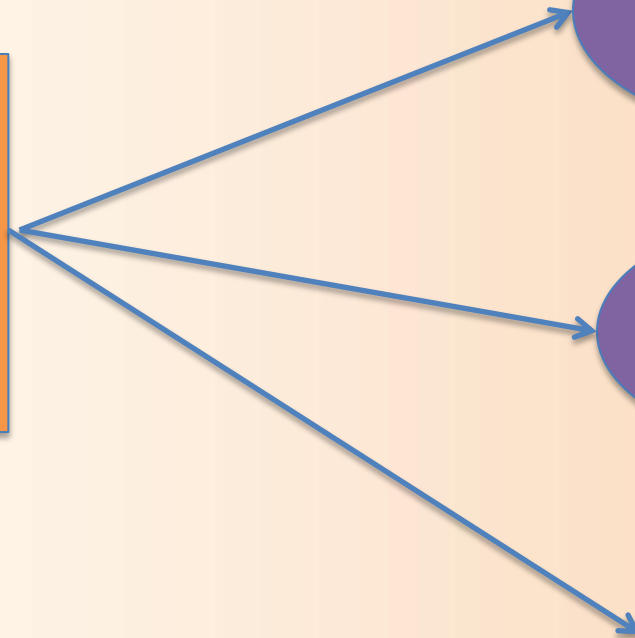


Worker  
Satisfaction

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
a. Your workload	1 --- 2 --- 3 --- 4 --- 5	
b. Quality of the supervision you receive	1 --- 2 --- 3 --- 4 --- 5	
c. Opportunities for advancement ..	1 --- 2 --- 3 --- 4 --- 5	
d. Being valued for your work.....	1 --- 2 --- 3 --- 4 --- 5	
e. Cultural sensitivity in your agency.....	1 --- 2 --- 3 --- 4 --- 5	
f. Your salary .....	1 --- 2 --- 3 --- 4 --- 5	
g. Your physical safety .....	1 --- 2 --- 3 --- 4 --- 5	
h. Working conditions in your office .....	1 --- 2 --- 3 --- 4 --- 5	

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

much      no      much  
less likely    effect    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.

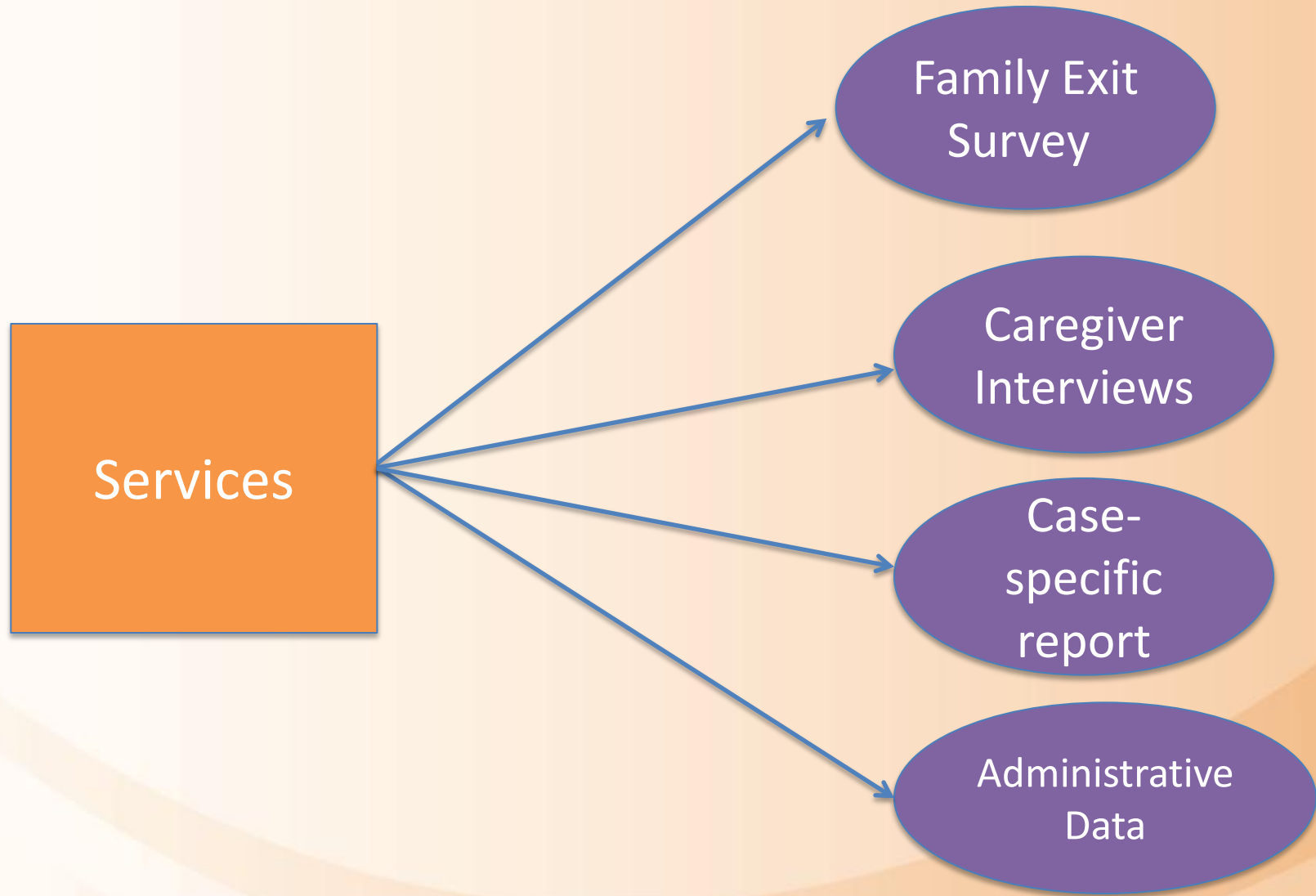




# Big Question #2: **Why** does it work? (or not work!)

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 TO FAMILY CHART

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).

For each service check <b>all</b> that apply	(1)	(2)	(3)	Level of service use by family (check)
	Service provided	Info/referral provided	Service in place at start	Very little < ----- > Very much
<b>Services to address Material Needs</b> (e.g., help with housing payments, emergency shelter or food, TANF, employment assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Substance Abuse Services</b> (e.g., alcohol or drug abuse treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Health Services</b> (e.g., medical or dental care, mental health/psychiatric services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Mental Health Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Parenting Classes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Educational Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Social Support Services</b> (e.g., marital/family counseling, support groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> uncertain
<b>Other</b> (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 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







# 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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