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## Oregon Differential Response Evaluation: Baseline Staff Survey Results

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## 1. Introduction

As part of the larger evaluation of Differential Response in Oregon, DHS is interested in an assessment of CPS practice throughout the state, including staff attitudes and practices related to Differential Response (DR) and the Oregon Safety Model (OSM). The Children and Family Research Center (CFRC) conducted a statewide survey of Oregon DHS staff in February-March, 2016. The staff survey, which will be administered again around February 2017, was designed to answer the following research questions that were included in the Differential Response Program Evaluation Plan:

1. How satisfied are workers with the amount of training they have received? Are there areas in which they would like to receive additional training?
2. How satisfied are workers with the amount and type of coaching they currently receive?
3. How satisfied are workers with the amount and type of supervision they currently receive?
4. How satisfied are staff with their jobs?
5. Does organizational culture vary across the state and has it been affected by the implementation of Differential Response?
6. Does CPS practice vary across the state and has it been affected by the implementation of Differential Response?
7. Is the coordination between DHS and community partners effective?
8. Do workers feel supported by community providers?
9. Are the roles of DHS and community partners in keeping children safe clearly defined?
10. How has Differential Response changed the nature of the relationships between DHS and community organizations?
11. Are service providers available for all families, including those in rural regions?
12. Are culturally responsive providers available for all families, including those in rural regions?

Most of these research questions can be answered with the data that were collected in the first administration of the staff survey. However, three of the research questions that pertain to the impact of DR on CPS practice, organizational culture, and the relationship between DHS and community organizations require the collection of longitudinal data in counties both before and after DR implementation in order to answer them.

This report examines the results related to staff training, coaching, supervisor support, job satisfaction, organizational culture, CPS practice, service availability, and service coordination. The low number of responses in some counties does not allow us to examine differences between counties or districts; however, we compare the results between DR and non-DR counties, by worker role (CPS worker, permanency worker, screener, supervisor, and program manager), and where applicable, urban and rural counties.

## 2. Methods

### 2.1 Survey distribution and response rate

Oregon provided CFRC with a list of 1,638 DHS staff (social service specialists, supervisors, and managers) to contact for the survey. The survey was distributed to these staff via email on February 17, 2016. Two reminder emails were sent to staff that had not yet completed the survey. At the end of the data collection period, the survey was sent to 1,588 DHS staff with valid email addresses who were not on extended leave or vacation. Of these, 558 staff completed at least part of the survey, for a 35% response rate.<sup>1</sup>

### 2.2 Participant Characteristics

Participant characteristics are presented in Table 1. Most participants were female (78.6%) and White (83.8%). Three-quarters (74.6%) listed their highest level of education as a bachelor's degree and one-quarter (24.6%) received a master's degree. The most common role selected was "ongoing/permanency worker" (40.0%), followed by CPS worker (33.2%), supervisor (15.2%), screener (7.5%), and program manager (4.1%). Participants reported working in child welfare for an average of 9 years (median = 7.0, SD = 7.22) and working in their current position an average of 5 years (median = 3.0, SD = 4.39).

Table 1. Participant Characteristics

	N	%
<b>Gender (n=449)</b>		
Female	353	78.6
Male	89	19.8
Other	7	1.6
<b>Race (n=439)</b>	N	%
White	368	83.8
Black	11	2.5
Hispanic	40	9.1
Asian	8	1.8
Alaska Native	1	0.2
Native American	16	3.6
Native Hawaiian or Other Pacific Islander	6	1.4

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<sup>1</sup> 558 participants began the survey, and most participants completed the entire survey. Around 450 participants entered some demographic information, the last page of the survey. Our analysis includes all participants who answered each question, regardless of whether that participant completed the entire survey. For example, a participant who answered questions about training will be included in that section of the analysis, whether or not that same participant answered later questions.

Biracial/Multiracial	9	2.1
Other Race/Ethnicity	10	2.3
Highest Education Achieved (n=448)	N	%
Bachelor's Degree	334	74.6
Master's Degree	110	24.6
Other Degree	2	0.4
Role (n=558)	N	%
CPS Worker	185	33.2
Screeener	42	7.5
Ongoing/Permanency Worker	223	40.0
Supervisor	85	15.2
Program Manager	23	4.1

*Note.* Race percentages do not sum to 100% because participants could select multiple races.

Participants were nearly equally divided between DR and non-DR counties, with 288 from DR counties (51.6%) and 270 from non-DR counties (48.4%). Over three-quarters of the survey participants were from urban counties (76.5%).<sup>2</sup> Appendix Table 1 provides a complete listing of county-level responses.

### 2.3 Measures

*Training and coaching.* To measure satisfaction with training, participants were presented with a list of practice topics (general DR concepts, Oregon Safety Model, engagement strategies, family interviewing, specialized training) and asked to indicate if they had a) received training in that area, b) needed training in that area, or c) neither needed nor received training in that area. For each training that was received, participants rated its effectiveness and relevance on 5-point Likert scales (1=not at all effective to 5=very effective). Participants were also asked to list any areas in which they felt that they needed additional training. Responses to this open-ended question were independently coded by two researchers.

Similar to the items measuring training, participants rated a variety of coaching topics as either received, needed, or neither: DR concepts, the OSM, engagement strategies, and family interviewing. For each area that they received coaching, participants rated its effectiveness and relevance using 5-point scales (1=not at all to 5=very).

*Supervisor support.* Supervisor support was measured using 6 items from Chen & Scannapieco (2010); example items include "My supervisor is available for me," "My supervisor helps me to

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<sup>2</sup> To identify urban and rural counties, we relied on guidance from the Oregon Office of Rural Health at <http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/>

problem solve," and "I have received casework guidance from my supervisor." One additional item from Shim (2010) was included in this measure: "There are clear job expectations and performance standards for my work". Participants rated each item on a 4-point scale that ranged from "strongly disagree" to "strongly agree" and ratings on the 7 items were summed and then averaged to create a single score that could range from 1 to 4.

*Job satisfaction.* Using a 4-point scale that ranged from "very dissatisfied" to "very satisfied," participants rated their satisfaction with 10 specific aspects of their work, including their workload, the quality of the supervision they receive, quality of the coaching they received, opportunities for advancement, being valued for their work, cultural sensitivity at the agency, salary, physical safety, working conditions, and OR-Kids. In addition to reporting levels of satisfaction with specific aspects of their job, scores on the 10 items were averaged to form a single measure of overall job satisfaction.

*Organizational Culture.* Organizational culture is a broad concept with many components. In the current survey, it was measured using 14 items developed by Shim (2010) to assess overall workload, work/life balance, emotional energy, and making a contribution at work. Participants rated their level of agreement with each item on a 4-point scale that ranged from "strongly disagree" to "strongly agree."

Participant responses on these 14 items were subjected to factor analysis to determine the underlying domains within the larger concept of "organizational culture." The factor analysis revealed three distinct factors. The first factor contains seven items ("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," "Cases are assigned in a fair manner," "The agency provides me with the resources I need to help children and families," and "There are clear measures of success for my work with families."). These seven items had acceptable reliability and were thus averaged into a measure of "Work Purpose" with scores that could range from 1 to 4.

The second factor contains three items ("I have sufficient emotional energy for my job," "I am able to do my job and not burnout," and "There is a good fit between my personal life and work life"). These items had acceptable reliability and were thus averaged into a measure of "Work-Life Balance" with scores that could range from 1 to 4.

The third factor contains two items ("The amount of record keeping and paperwork is reasonable" and "My overall workload is reasonable"). These items had acceptable reliability and were averaged into a measure of "Overall Workload" that could range from 1 to 4.

*CPS Practice.* Participants were asked a series of questions about their current practice based on the role that they selected at the beginning of the survey.

Using a 5-point scale that ranged from "never" to "always," screeners in DR counties were asked to indicate how often they:

- use family-centered questioning,
- feel [they] can gather enough information to make the proper decision about a report,
- consult [their] supervisor or another person about what track to assign, and
- feel uncertain about the track assignment decision [they] made.

CPS workers in all counties were asked how often they performed a variety of actions related to an assessment. Along a 5-point frequency scale that ranged from “never” to “always,” CPS workers rated how often they:

- call ahead or otherwise contact the family before meeting face to face,
- let the family know they can have a support person present,
- interview the family as a whole,
- interview family members alone,
- determine that a family has high to moderate needs, and
- offer services to families.

CPS workers in DR counties were asked two additional questions about how often they:

- offer families a Family Strengths and Needs Assessment and
- decide the case needs to switch from the AR to TR track.

These questions were asked twice, once for AR assessments and once for TR assessments.

CPS workers in DR counties were also asked to assess the impact of DR on several areas of CPS practice, including how they:

- initially contact a family,
- stay in contact with a family,
- interact with the family as a whole,
- interact with parents,
- interact with children,
- offer services to families,
- make decisions about whether a child should be removed from the home, and
- interact with community partners.

For each item, participants rated whether DR had a “very negative,” “somewhat negative,” “neutral,” “somewhat positive,” or “very positive” effect on each practice. For analysis, the scale was collapsed into three categories: negative, neutral, and positive effect.

Three groups of workers (CPS workers, permanency workers, and supervisors) rated the degree to which the Oregon Safety Model had affected their practice by making it:

- less/more thorough,
- less/more safe,
- less/more clear,
- harder/easier,
- more/less complicated, and
- more/less time consuming.

Items were rated on a 5-point scale.

*Attitudes about DR, OSM, and the FSNA.* All participants in all counties answered a series of questions to measure their attitudes toward DR and the OSM, and participants in DR counties answered questions related to their attitudes toward the Family Strengths and Needs Assessment (FSNA). The DR attitudes items measures how strongly they agreed or disagreed (on a 4-point scale) with the statements that DR:

- promotes the safety of children,
- promotes the well-being of children,
- positively affects families,
- values the uniqueness of every family’s cultural and ethnic background, and
- involves families in decision-making.

The OSM attitude items measured how much participants agreed or disagreed with statements that the OSM:

- is clear and easy to use,
- promotes the safety of children,
- promotes the well-being of children, and
- positively affects families.

The FSNA attitude items measured how much agreed or disagreed with statements that the FSNA:

- promotes the safety of children,
- promotes the well-being of children,
- positively affects families,
- identifies what the family does well, and
- identifies what the family needs.

*Service availability.* To measure the availability and need of services, participants were asked to rate 9 services as available or unavailable but needed in their districts (Belanger & Stone, 2008). Participants who indicated a service was unavailable were asked to indicate how many families they had worked with in the past 6 months had need of the service on a 4-point scale that ranged from “none” to “all.”

*Service coordination.* Perceptions of service coordination were measured through 6 items developed specifically for this survey. On a 4-point scale that ranged from “strongly disagree” to “strongly agree,” participants indicated their level of agreement with the following statements:

- Service providers in my area work together to serve families.
- The coordination between service providers is effective.
- I feel I am supported by service providers.
- It is easy to work with service providers.
- Service providers in my area are culturally responsive.
- The roles of DHS and community partners in keeping children safe are clearly defined.

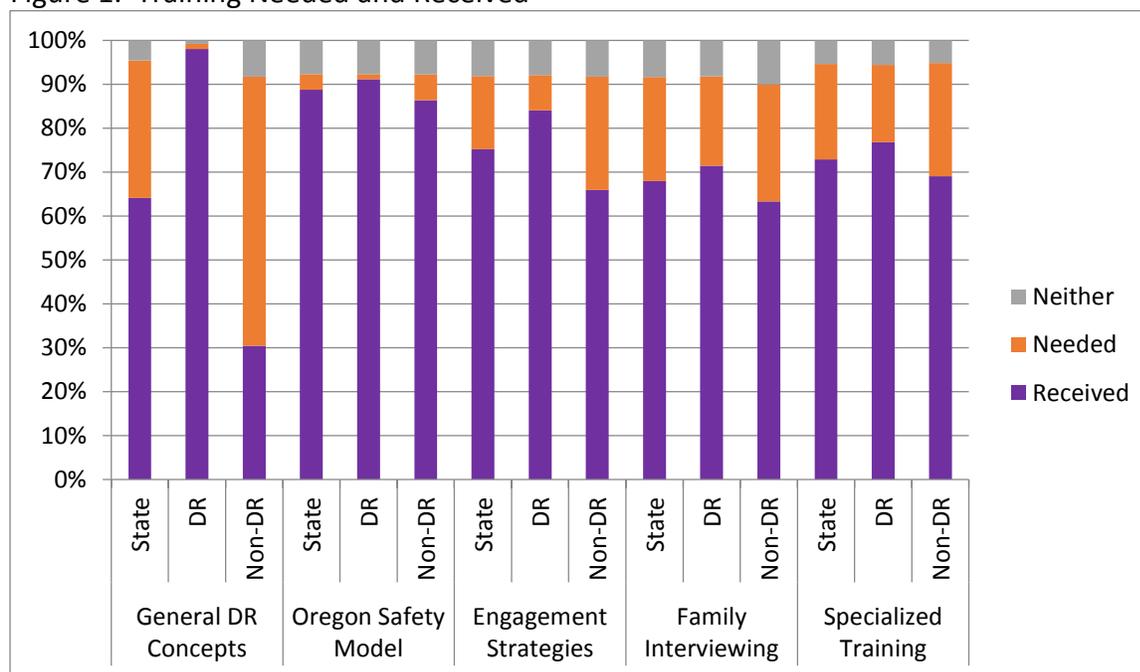
In addition, a modified scale from Frey, Lohmeier, Lee, and Tollefson (2006) was used to assess how much community institutions (schools, courts, law enforcement, utility companies, property management companies, healthcare providers, city or county agencies, and other state agencies) coordinated with the child welfare agency (DHS). Participants rated the level of coordination between each agency and child welfare on 5-point scales that ranged from “no coordination” to “lots of coordination.” If a participant reported only “some” coordination or less, they were asked to identify what hinders coordination with the institution. Options included “privacy requirements,” “lack of communication,” “not enough time,” “uncooperative,” and “other.”

### 3. Results

#### 3.1 Training

Figure 1 displays the percentage of participants who indicated that they received or needed training on several practice topics. As might be expected, fewer staff in DR counties compared to non-DR counties reported the need for training on DR concepts (1.2% versus 61.3%). Compared to those in non-DR counties, staff in DR counties also reported less need for training on engagement strategies (8.4% in DR counties versus 25.8% in non-DR counties) and specialized training (17.6% versus 25.8%). Across the state, almost a quarter of participants felt they needed training on family interviewing, and there was not a significant difference in need between DR counties (20.5%) and non-DR counties (26.7%). Very few participants in either DR (1.2%) or non-DR counties (6.3%) felt a need for additional training on the Oregon Safety Model.

Figure 1. Training Needed and Received



Staff who received a training rated its effectiveness and relevance (see Table 2). Statewide, ratings of effectiveness varied from 3.60 (family interviewing) to 3.86 (Oregon Safety Model). Ratings of relevance were higher and varied more, from 3.97 (DR concepts) to 4.48 (specialized training). Staff in DR counties rated the DR concepts training as significantly more effective and more relevant than participants in non-DR counties. There were no differences between staff in DR and non-DR counties in their ratings of the effectiveness or relevance of the training on the OSM, engagement strategies, family interviewing, or specialized trainings.

Table 2. Training Effectiveness and Relevance

	Statewide		DR		Non-DR	
	Mean	SD	Mean	SD	Mean	SD
<b>Effectiveness</b>						
General DR Concepts	3.64	.950	3.76	.861	3.25	1.11
Oregon Safety Model	3.86	.943	3.97	.873	3.74	1.29
Engagement Strategies	3.63	.946	3.59	.960	3.69	.926
Family Interviewing	3.60	.946	3.52	.978	3.68	.905
Specialized Training	3.78	.875	3.77	.868	3.80	.885
<b>Relevance</b>						
General DR Concepts	3.97	1.15	4.05	1.09	3.73	1.29
Oregon Safety Model	4.37	.926	4.42	.892	4.32	.960
Engagement Strategies	4.44	.828	4.41	.851	4.49	.796
Family Interviewing	4.37	.882	4.31	.908	4.44	.851
Specialized Training	4.48	.760	4.46	.754	4.49	.769

*Note.* Each item was scored from 1 to 5, in which 1 indicates “not at all effective/relevant” and 5 indicates “very effective/relevant.”

When ratings of training effectiveness and relevance were examined by worker role, some significant differences were found (see Table 3). Program managers rated the effectiveness of the DR concepts training significantly higher than CPS workers, permanency workers, and screeners; and permanency workers rated it as significantly less relevant than CPS workers, supervisors, and program managers. For the OSM training, supervisors rated it as significantly more effective than CPS workers, permanency workers, and screeners. Additionally, program managers rated the OSM training as more effective than permanency workers and screeners. Program managers also rated the training on engagement strategies as significantly more effective than CPS workers, permanency workers, and screeners. Supervisors viewed the family interview training and the specialized trainings as more relevant than screeners.

Table 3. Training Effectiveness and Relevance by Worker Role

	CPS Worker		Permanency Worker		Screener		Supervisor		Program Manager	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>DR Concepts</b>										
Effectiveness	3.62	.93	3.50	.93	3.35	1.07	3.86	.92	4.58	.52
Relevance	4.20	1.00	3.45	1.19	3.96	1.22	4.42	.95	4.92	.29
<b>OSM</b>										
Effectiveness	3.83	.98	3.74	.92	3.58	.84	4.24	.89	4.54	.66
Relevance	4.46	.79	4.24	.99	4.08	1.08	4.57	.89	4.77	.60
<b>Engagement Strategy</b>										
Effectiveness	3.40	.99	3.68	.89	3.56	.82	3.80	.97	4.50	.52
Relevance	4.36	.86	4.47	.80	4.00	1.12	4.68	.60	4.71	.47
<b>Family Interviewing</b>										
Effectiveness	3.46	.96	3.60	.96	3.65	.67	3.69	.95	4.29	.61
Relevance	4.33	.92	4.38	.85	3.85	1.04	4.59	.79	4.57	.76
<b>Specialized Training</b>										
Effectiveness	3.63	.94	3.79	.85	3.88	.61	3.89	.89	4.36	.63
Relevance	4.40	.82	4.46	.76	4.12	.90	4.73	.55	4.79	.43

Staff were able to suggest other training areas they needed, and 113 did so (see Table 4). These additional training areas were coded into five categories: advanced training (for topics related to DR, the OSM, engagement strategies, and family interviewing); specialized training (for topics like domestic violence, mental health, drugs and alcohol, trauma, etc.); policy, procedure, and documentation; practice (a general category covering work that did not fit into the first three categories); and other/critique. A response could be coded in multiple categories.

Table 4. Other Trainings Needed

Training	Statewide N	DR N	Non-DR N	Example
Advanced Training (DR, OSM, engagement, family interviewing)	28	15	13	"Refresher on OR Safety Model"
Specialized Training (domestic violence, mental health, drugs and alcohol, etc.)	35	13	22	"...drug and alcohol and recognition of substances and side effects."
Policy, Procedure, and Documentation (OR-Kids, case notes, legal requirements, etc.)	22	6	16	"All the legal documents and legal processes."
Practice (self-care, self-defense, managing employees, etc.)	23	7	16	"I am a meeting facilitator. I have received some training on meeting facilitation, but there is a need for more."
Other/Critique	30	18	12	"I still feel like the OSM is convoluted with unnecessary verbiage making it difficult to understand as a whole—it should be simplified."

Specialized training was the most frequently requested training (n=35). For example, a permanency worker wrote this: "Opportunities to continue to learn about domestic violence or other issues that affect many of our cases." A CPS worker noted drugs as a major issue: "Training on drugs and the effects on children and families." Several staff (n=28) also suggested that they would like more advanced training on topics already covered in prior trainings. For example, a supervisor suggested needing more training on family interviewing: "During the assessment module we discussed family interviewing but that is an area I feel that additional training could have been beneficial as that is a complex skill." A CPS worker wanted more training on the Family Strength and Needs Assessment, as well as refreshers on other topics: "There has been significant confusion by our agency and community partners regarding the strengths and needs assessment process. Additionally, it would be helpful now that we are at almost 1 year of DR to have some refresher/advanced training regarding DR and how it works with OSM to increase worker competency."

Training on policy, procedure, and documentation was mentioned by 22 people. One CPS worker was adamant that more training was needed on OR-Kids: "ORKIDS, WE RECIEVE NO (NONE) TRAINING ON THIS \$40 MILION DOLLAR COMPUTER PROGRAM. NONE!" Others were less emphatic but still noted the need for help with documentation, like this CPS worker: "What is needed is typing successful assessments."

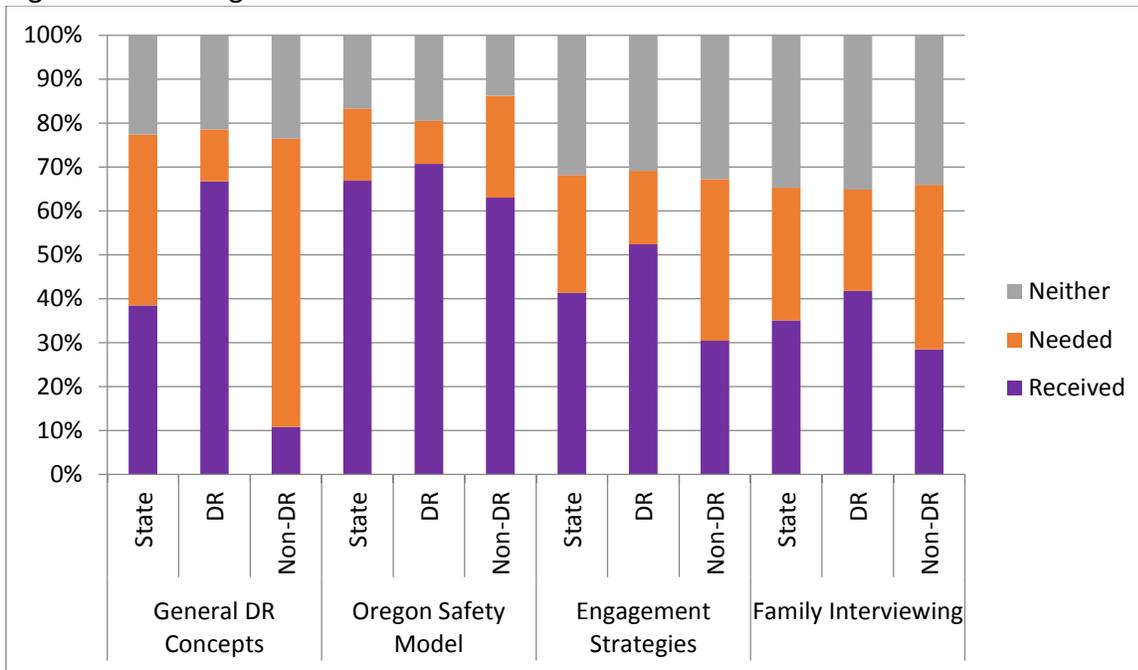
Several staff (n=23) noted a need for additional training on issues that affect practice, particularly self-care. One permanency worker believed burnout was an important topic to cover: “Focusing on burnout. It's a huge problem! I've worked for the agency for over 6 years and I just now figured out on my own how to handle my own burnout.” Another permanency worker noted the importance of self-care in a time of large caseloads: “Self-care, organization (systems/helpful hints, time management - too much work and not enough hours).”

Finally, some staff (n=30) responded to the question with critiques of current training. One noted dissatisfaction with messaging around certain initiatives, like this CPS worker: “There needs to be consistency in the message given about OSM. We continue to be told different things by different supervisors and consultants.” Some felt the current trainings were too rushed: “I feel that CORE had good ideas but due to having to learn a large amount of information in 4 weeks and not being able to relate this to work, the training I have received has now been lost.” Others felt the trainings took too long: “I think the trainings could be more effective by being quicker and more direct.”

### 3.2 Coaching

Staff were asked whether they needed or received coaching on each of four topics. Figure 2 shows the coaching received and needed statewide and in DR and non-DR county. Statewide, the most common type of coaching received was on the Oregon Safety Model (66.9%). Need for this type of coaching was significantly higher in non-DR counties (23.2%) than DR counties (9.8%). Statewide, about the same number of staff indicated receiving coaching and needing coaching on DR, but need was significantly related to whether or not a county had implemented DR. The need for coaching in DR counties was low (11.8%) and high in non-DR counties (65.6%). About 26.8% of staff in the state reported that they needed coaching on engagement strategies; the percentage was higher in non-DR counties (36.8%) than in DR counties (16.7%). Statewide, about 30.2% of staff reported needing coaching on family interviewing; the need was higher in non-DR counties (37.4%) than in DR counties (23.0%).

Figure 2. Coaching Received and Needed



Participants who reported receiving coaching were asked to rate its effectiveness.<sup>3</sup> In general, staff rated the coaching on each topic between “somewhat effective” and “very effective.” There were no differences in coaching effectiveness between staff in DR and non-DR counties (Table 5) or staff role (Table 6).

Table 5. Coaching Effectiveness

	Statewide		DR		Non-DR	
	Mean	SD	Mean	SD	Mean	SD
General DR Concepts	3.87	.90	3.88	.89	3.85	.99
Oregon Safety Model	4.00	.91	4.09	.85	3.89	.97
Engagement Strategies	3.84	.86	3.85	.84	3.82	.90
Family Interviewing	3.77	.88	3.73	.88	3.84	.87

Note. Each item was scored from 1 to 5, in which 1 indicates “not at all effective” and 5 indicates “very effective.”

<sup>3</sup> Participants were also asked to rate coaching relevance. Due to a database error, these responses were not recorded.

Table 6. Coaching Effectiveness by Staff Role

	CPS Worker		Permanency Worker		Screener		Supervisor		Program Manager	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
DR Concepts	3.73	.94	3.63	.86	4.00	1.1	4.23	.75	4.36	.51
OSM	3.99	.92	3.88	.89	3.72	.94	4.22	.92	4.46	.52
Engagement Strategies	3.68	.89	3.79	.83	3.87	.63	4.12	.95	4.27	.65
Family Interviewing	3.69	.89	3.75	.91	4.00	.67	3.82	.91	4.14	.69

Note. Each item was scored from 1 to 5, in which 1 indicates “not at all effective” and 5 indicates “very effective.”

### 3.3 Supervisor Support

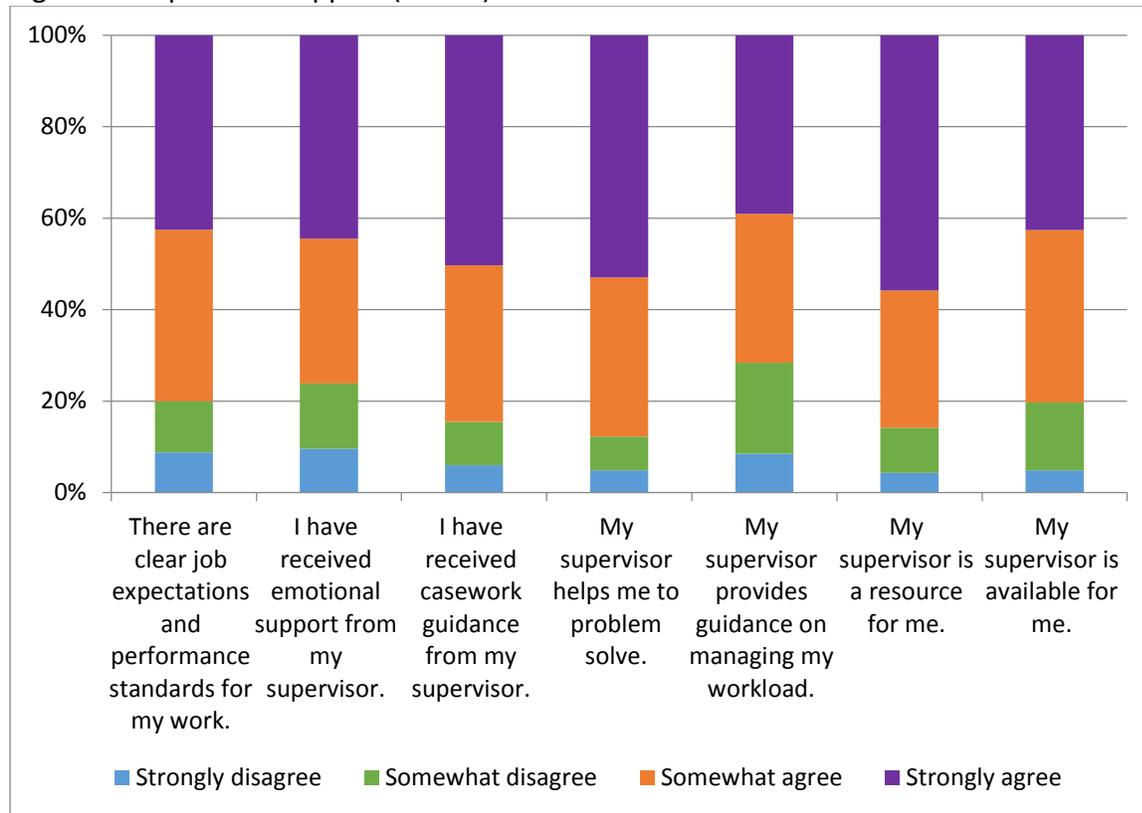
Table 7 shows how frequently staff meet with their supervisors. Most staff meet with their supervisors at least once a month, and a sizeable portion meet with their supervisors weekly (39%).

Table 7. Frequency of Supervisor Meetings (N=476)

	n	%
Weekly	186	39.1
2-3 times a month	102	21.4
About once a month	122	25.6
A few times per year	62	13.0
Never	4	0.8

Figure 3 shows the frequency distribution of staff responses to each of the seven items on the supervisor support scale. Over 70% of participants “somewhat” or “strongly” agreed with every item that makes up the supervisor support scale.

Figure 3. Supervisor Support (n=493)

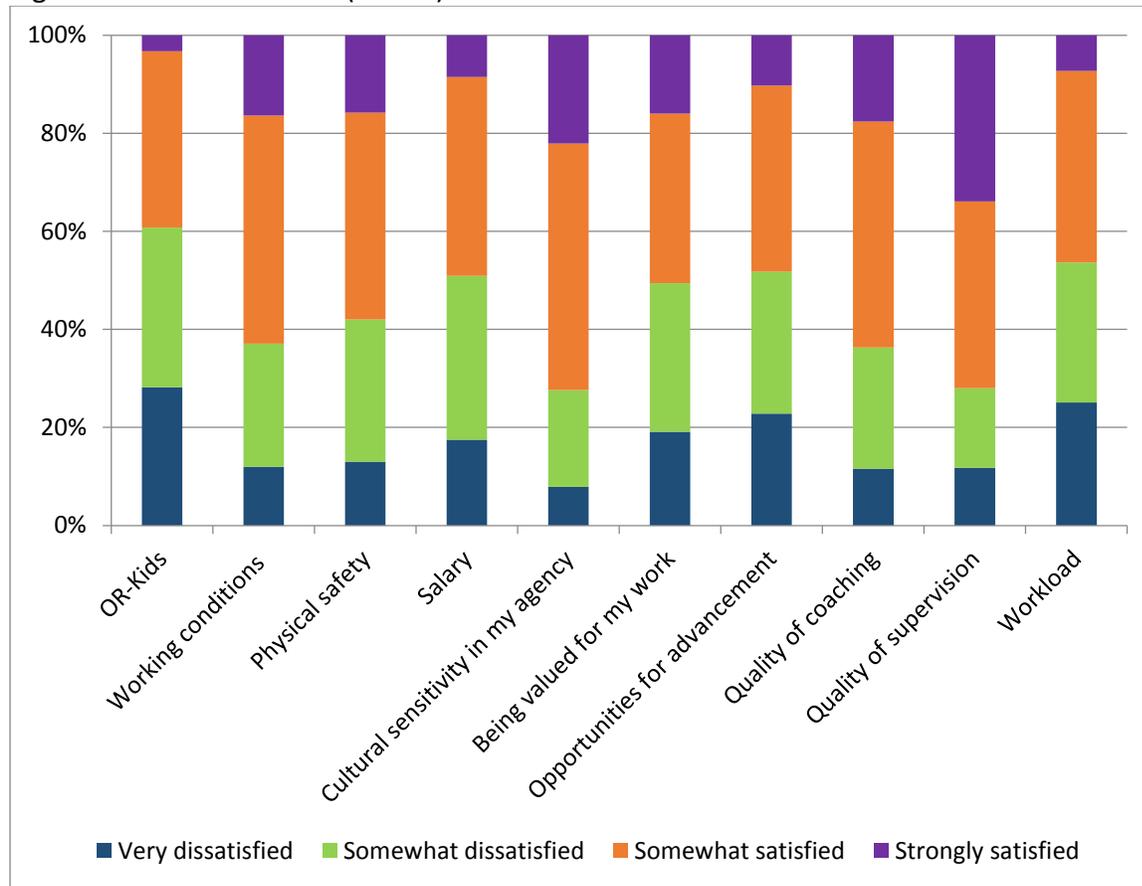


When the seven items are summed to create an overall measure of supervisor support, the average score for all staff across the state was 3.20, indicating a high degree of perceived supervisor support across the state. There were no significant differences in overall supervisor support between staff in DR (3.26, SD = .74) and non-DR counties (3.16, SD = .74).

### 3.4 Job satisfaction

Staff were asked to rate their satisfaction with several different aspects of their job (see Figure 4). The area of work that received the lowest satisfaction rating from participants was OR-Kids: over 60% of staff were either very dissatisfied or somewhat dissatisfied with OR-Kids. Over 50% of staff were also dissatisfied with their workload (53.7%), salary (50.9%), and opportunities for advancement (51.7%). Staff were most satisfied with the supervision they receive (72.0% were satisfied) and with their agency’s cultural sensitivity (70.3% were satisfied).

Figure 4. Job Satisfaction (n=500)

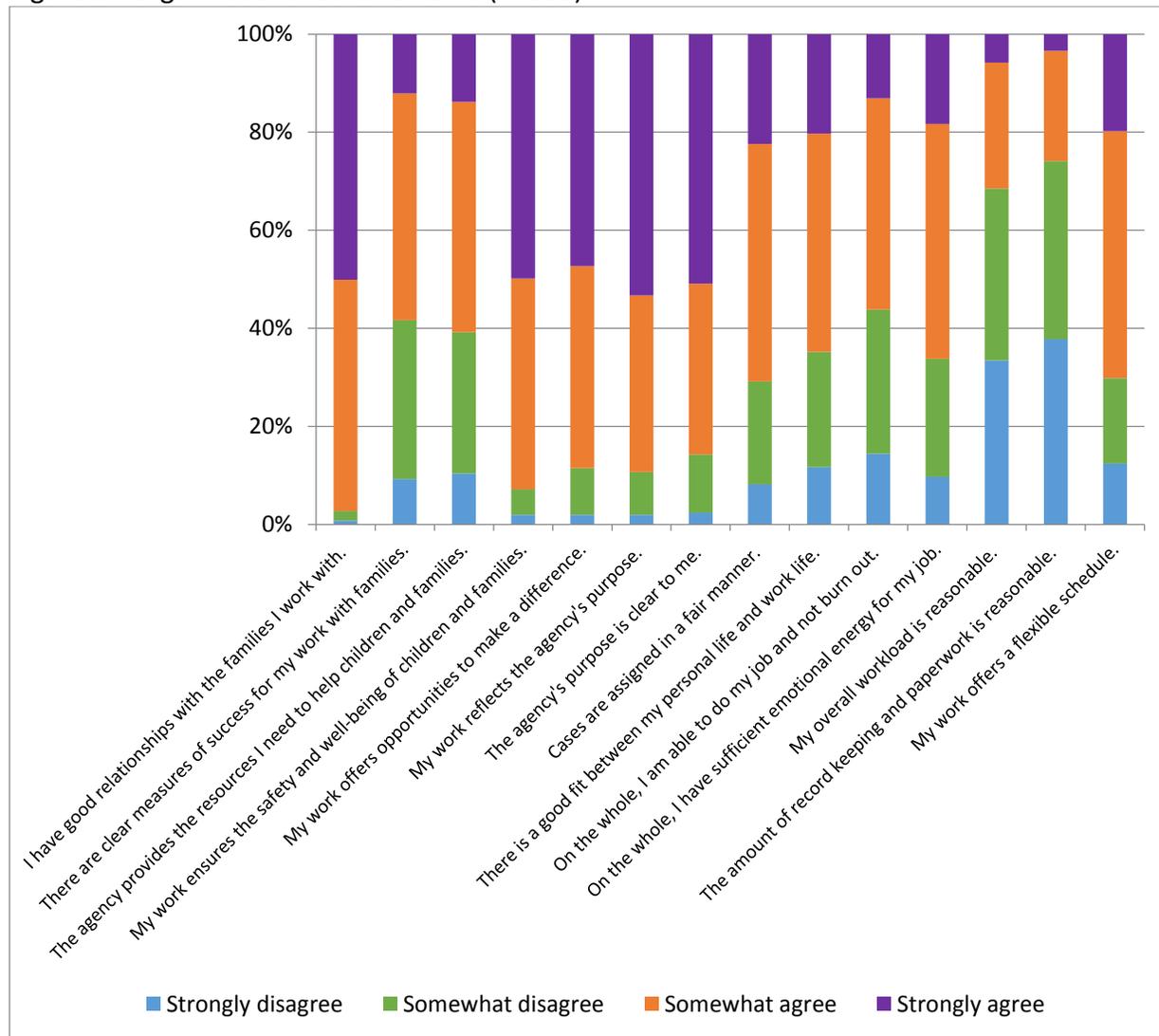


The ten items on the job satisfaction measure were summed to form an overall measure of job satisfaction. Across all staff, the average score on this measure was 2.54 (SD = .58), which falls between “somewhat satisfied” and “somewhat dissatisfied.” Overall satisfaction in DR counties (M = 2.59, SD = .58) was not significantly different than in non-DR counties (M = 2.50, SD = .58). However, there were differences in overall job satisfaction by staff role: CPS workers reported lower overall work satisfaction (M = 2.45) than supervisors (M = 2.68) and program managers (M = 2.99), and permanency workers (M=2.53) had lower work satisfaction than program managers. Job satisfaction among screeners (M = 2.51) did not differ significantly from any other group.

### 3.5 Organizational Culture

Staff responses to the 14 items on the organizational culture scale are shown in Figure 5. Almost all staff who responded to the survey agreed that they have good relationships with the families they work with (97.2%). Over 85% agreed that the agency’s purpose was clear to them, their work reflects the agency’s purpose, offers opportunities to make a difference, and offers opportunities to ensure the safety and well-being of children and families. At the other end of the scale, only 26% of the staff who responded felt that the amount of record-keeping and paperwork was reasonable, and only 31.5% felt their workload was reasonable.

Figure 5. Organizational Culture Items (n=503)



The three components of organizational culture measured in the staff survey were work purpose, work-life balance, and workload. Statewide, staff ratings suggest that workers feel a high degree of purpose in their work but feel somewhat burdened by their overall workload. There were no significant differences between DR and non-DR counties.

Table 8. Organizational Culture Sub-scales

	Statewide		DR		Non-DR	
	M	SD	M	SD	M	SD
Work Purpose	3.09	.559	3.09	.550	3.09	.569
Work-Life Balance	2.68	.785	2.69	.756	2.67	.815
Overall Workload	1.98	.808	1.91	.759	2.05	.849

Note. Item scores have a possible range from 1-4.

There were significant differences in perceptions of organizational culture between staff in different roles (see Table 9). Supervisors and program managers had significantly higher perceptions of their work purpose than CPS workers and permanency workers; program managers also had higher perceptions than screeners. CPS workers reported significantly lower levels of work-life balance than screeners and program managers. Screeners rated their overall workload significantly more favorably than CPS workers, permanency workers, and supervisors.

Table 9. Organizational Culture by Role

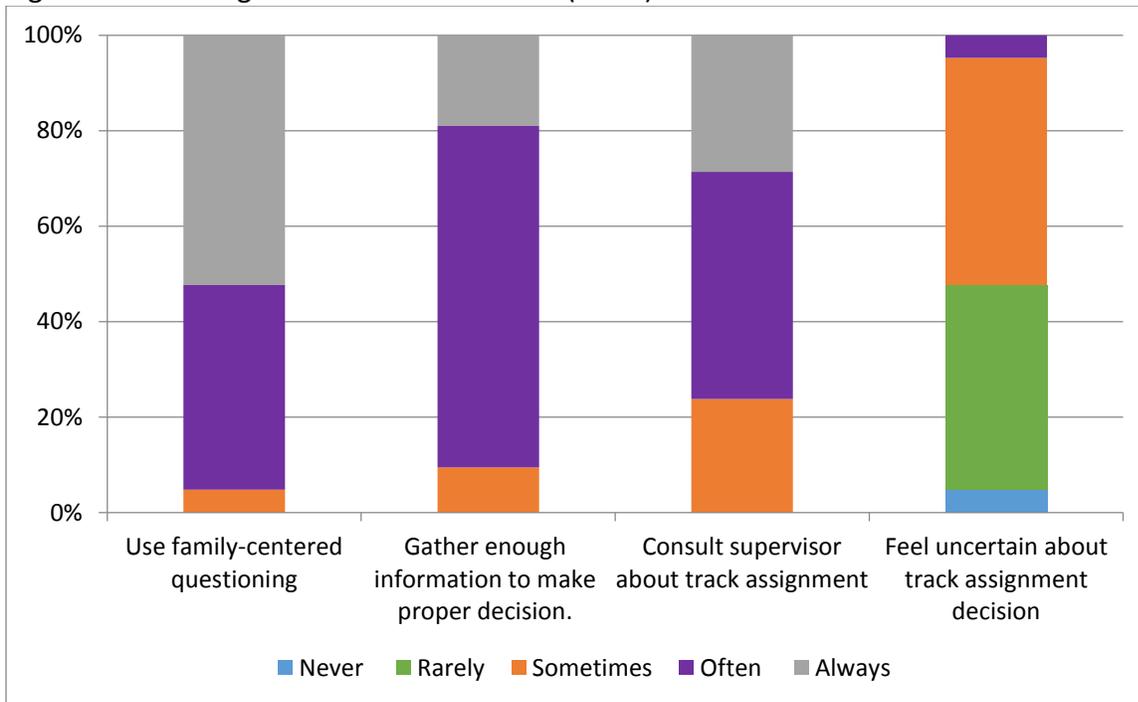
	CPS Workers		Permanency Workers		Screeners		Supervisors		Program Managers	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Work Purpose	2.97 <sup>A</sup>	.63	3.06 <sup>A</sup>	.51	3.04 <sup>AB</sup>	.60	3.32 <sup>BC</sup>	.44	3.53 <sup>C</sup>	.30
Work-Life Balance	2.51 <sup>A</sup>	.87	2.67 <sup>AB</sup>	.72	3.01 <sup>B</sup>	.83	2.77 <sup>AB</sup>	.66	3.17 <sup>B</sup>	.72
Overall Workload	1.80 <sup>A</sup>	.79	2.01 <sup>A</sup>	.81	2.44 <sup>B</sup>	.79	1.98 <sup>A</sup>	.77	2.26 <sup>AB</sup>	.61

*Note.* Item scores have a possible range from 1-4. Differing superscripts indicate significant differences ( $p < .05$ ) between groups. Superscripted letters that differ between roles indicate those roles significantly differed from each other.

### 3.6 CPS Practice

Screeners in DR counties were asked about the frequency of various screening practices (see Figure 6). Screeners reported often (42.9%) or always (52.4%) gathering information about all family members, often (71.4%) or always (19.0%) feeling they could gather enough information to make a proper screening decision, and often (47.6%) or always (28.6%) consulting with supervisor or other person about screening decisions. Screeners sometimes (47.6%) felt uncertain about the track assignment decision they made for a case, but many others rarely (42.9%) felt this way.

Figure 6. Screening Practice in DR Counties (N=21)



Note. Because the overall responses are small, percentages should be interpreted with caution.

CPS workers were asked how often they performed a variety of actions related to an assessment using a 5-point frequency scale from 1 (never) to 5 (always). In DR counties, workers answered these questions twice, once for AR assessments and once for TR assessments (see Table 10; see also Appendix Table 2).

Table 10. CPS Assessment Practice

	AR		TR		Non-DR	
	M	SD	M	SD	M	SD
Call Ahead	4.39 <sup>A</sup>	.61	2.81 <sup>B</sup>	.81	3.37 <sup>C</sup>	.87
Inform about Support Person	4.37 <sup>A</sup>	.77	2.84 <sup>B</sup>	1.16	3.34 <sup>C</sup>	1.17
Interview Whole Family	3.73 <sup>A</sup>	.61	2.55 <sup>B</sup>	.78	2.81 <sup>B</sup>	.89
Interview Individual Family Members	3.04 <sup>A</sup>	.63	3.81 <sup>B</sup>	.66	3.99 <sup>B</sup>	.63
Determine Family has Moderate to High Needs	3.17 <sup>A</sup>	.97	3.03 <sup>A</sup>	.80	3.25 <sup>A</sup>	1.08
Offer FSNA	3.14 <sup>A</sup>	.96	2.66 <sup>B</sup>	.89	--	
Offer Services	3.59 <sup>A</sup>	.84	3.58 <sup>A</sup>	.77	4.13 <sup>B</sup>	.91
Switch Track to TR	2.52	.86	--		--	

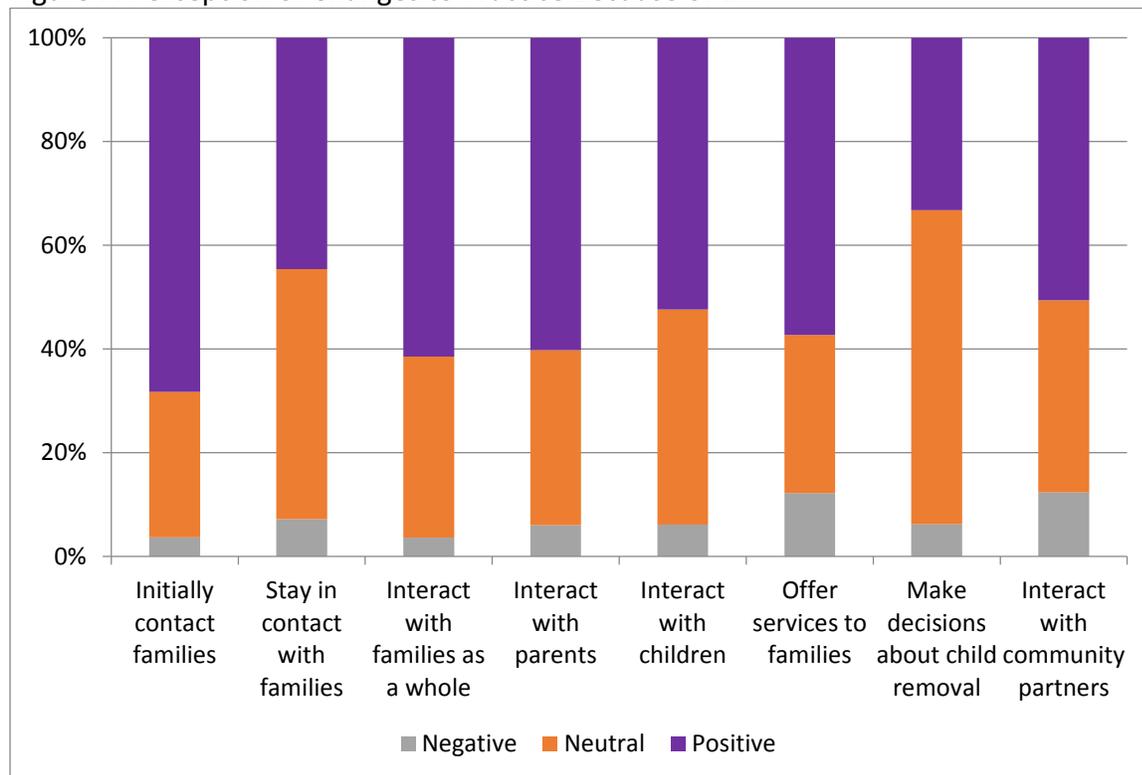
Note. Differing superscripts indicate difference between groups is significant at  $p < .0167$ . Questions about AR and TR cases were asked to CPS workers in DR counties; thus the responses are not independent of each other.

CPS workers in DR counties were significantly more likely to use several CPS practices in their AR assessments compared to their TR assessments: calling ahead to schedule a meeting with families before the initial visit, informing the family about having a support person present at the first meeting, interviewing the family as a whole, and offering a Family Strengths and Needs Assessment. They were significantly less likely to interview family members individually in AR assessments compared to TR assessments. CPS workers in DR counties were equally likely to determine a family has moderate to high needs and offer services in their AR and TR assessments.

CPS practice in non-DR assessments differed from AR and TR assessments in several ways. CPS workers in non-DR counties were less likely to call ahead and were less likely to inform parents about the availability of a support person than CPS workers in AR assessments and more likely to do so than CPS workers in TR assessments. CPS workers in non-DR counties were less likely to interview the whole family than CPS workers handling AR assessments and more likely to interview individual family members. CPS workers in non-DR counties were more likely to offer services to families than CPS workers handling AR assessments.

CPS workers in DR counties were asked to assess if DR had a negative, neutral, or positive impact on several practice areas (see Figure 7). Overall, majorities of participants indicated that DR had a positive impact on 6 of the 8 practices and a neutral effect on the other two (staying in contact with families and making removal decisions).

Figure 7. Perception of Changes to Practice Because of DR



Three groups of workers—CPS workers, permanency workers, and supervisors—rated how the OSM had changed their practice (1—negative effect, 3—no effect, 5—positive effect). Table 11 shows the average response on each of the 6 items. Overall, staff felt that the OSM has had no effect or a somewhat positive effect on their safety assessment practice. Staff in DR counties reported more positive effects of the OSM than staff in non-DR counties.

Table 11. Effect of OSM on Practice

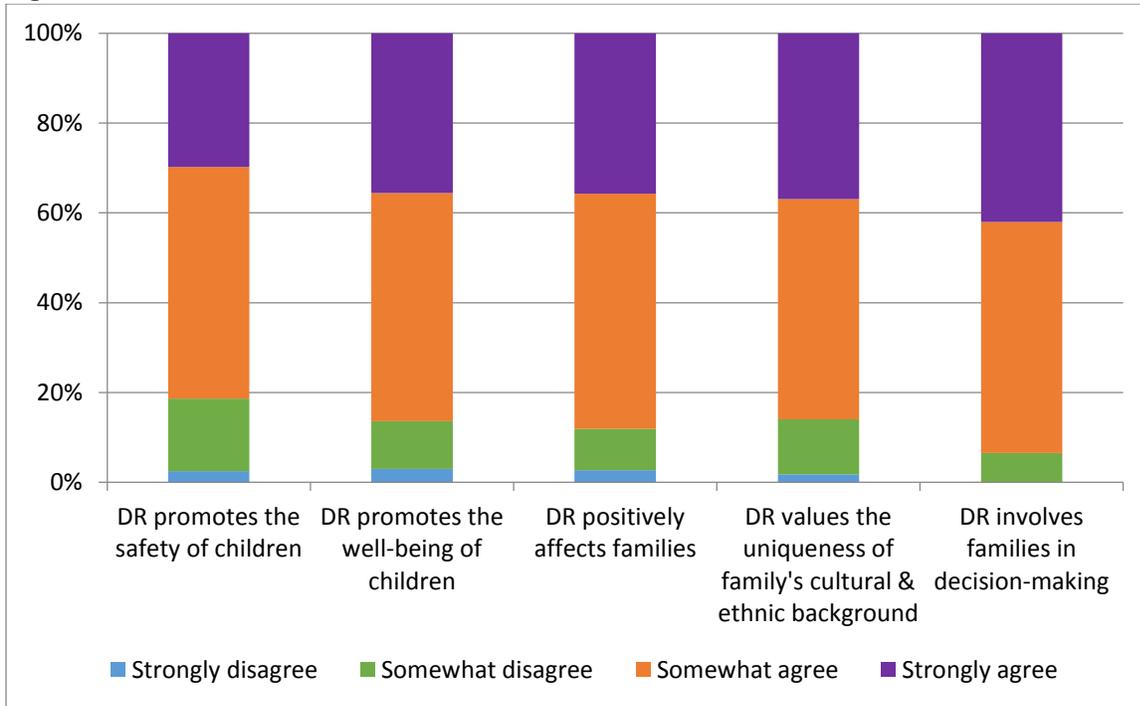
	Statewide		DR		Non-DR	
	M	SD	M	SD	M	SD
Less/More Thorough	3.90	0.93	3.99	.83	3.80	1.01
Less/More Safe	3.72	0.94	3.81	.84	3.61	1.03
Less/More Clear	3.68	1.01	3.87	.84	3.48	1.13
Harder/Easier	3.10	1.13	3.40	1.03	2.77	1.15
Less/More Complicated	2.96	1.88	3.25	1.11	2.65	1.20
Less/More Time-consuming	2.57	1.22	2.82	1.21	2.30	1.18

*Note.* Each item was rated on a scale where 1 indicates “made it worse,” 3 indicates “no effect,” and 5 indicates “made it better.”

### 3.7 DR, OSM, and FSNA Attitudes

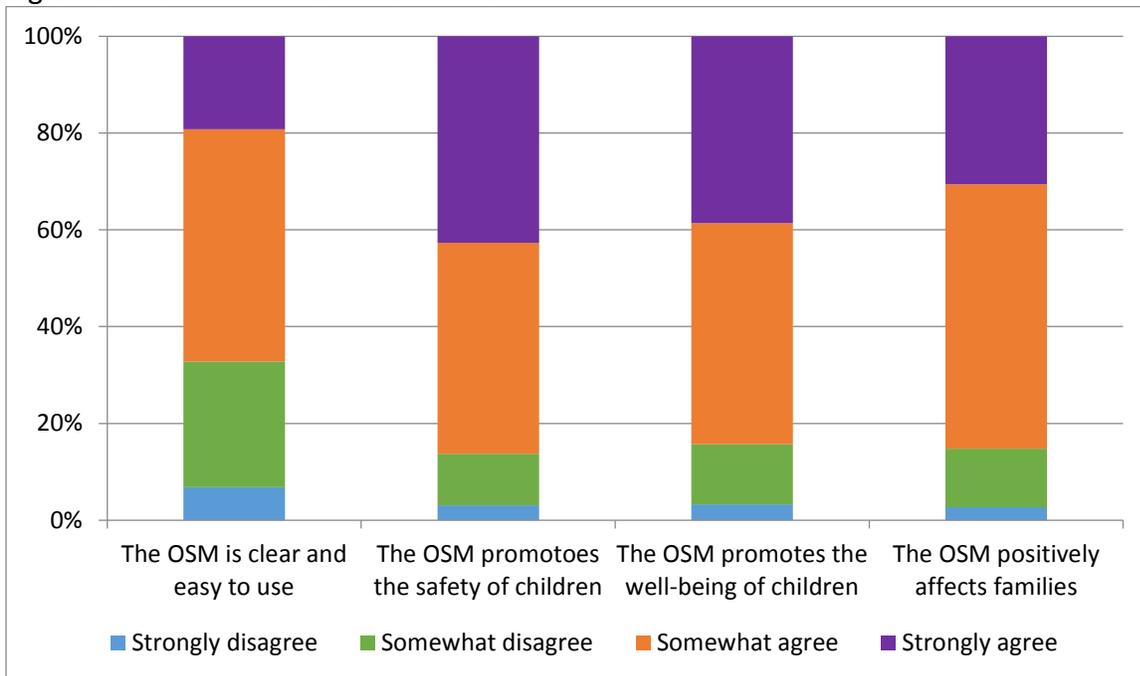
Participants were asked for their attitudes about DR, the OSM, and the FSNA (DR counties only). Over 80% of staff agreed that DR promotes the safety of children, promotes the well-being of children, positively affects families, and values the uniqueness of every family’s cultural and ethnic background; and over 90% agreed that DR involves families in decision-making (see Figure 9). There were no differences in attitudes toward DR between staff in DR ( $M = 3.22$ ,  $SD = .62$ ) and non-DR counties ( $M = 3.17$ ,  $SD = .65$ ).

Figure 9. Attitudes Toward DR



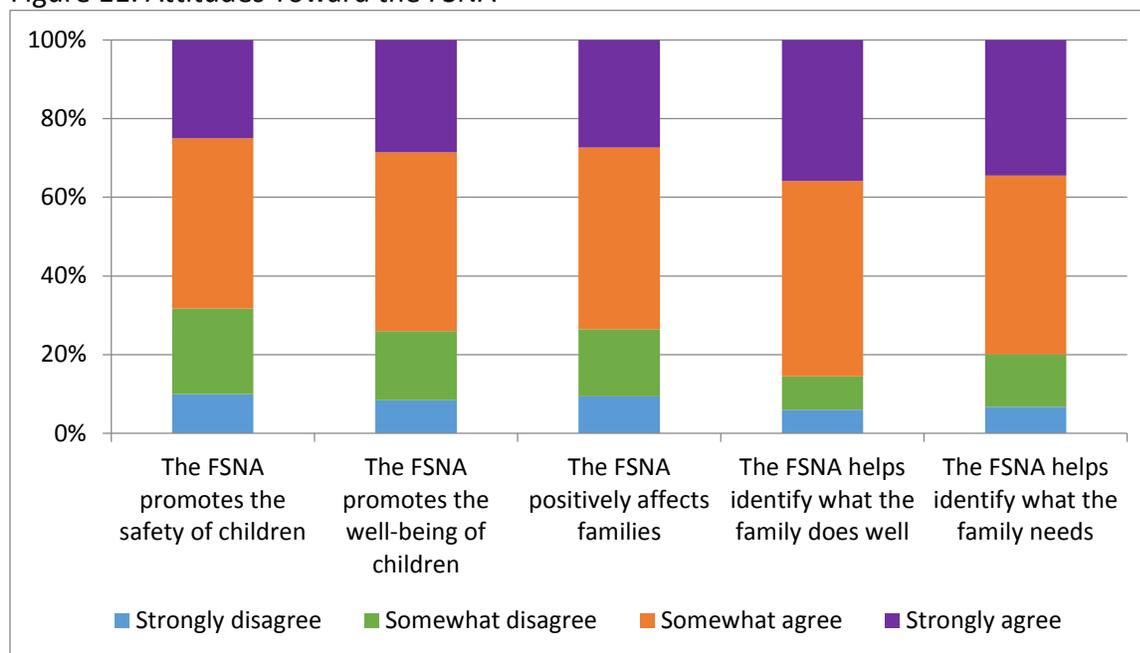
Staff were also asked several questions about the OSM (see Figure 10). Over 80% of staff felt that the OSM promotes the safety and well-being of children and positively affects families; slightly less (67%) agreed that the OSM is clear and easy to use. Staff in DR counties had more positive attitudes toward the OSM ( $M = 3.27$ ) than staff in non-DR counties ( $M = 2.92$ ).

Figure 10. Attitudes Toward the OSM



Finally, we assessed attitudes about the Family Strengths and Needs Assessment (FSNA; see Figure 11). Because the FSNA is not used in non-DR counties, we excluded this question from participants in these counties; screeners and permanency workers were also excluded because they are not involved with the FSNA. Nearly three-quarters or more of the staff who responded to these questions agreed that the FSNA promotes the safety (68.3%) and well-being (74.0%) of children, positively affects families (73.6%), identifies what the family does well (85.5%), and identifies what the family needs (79.9%).

Figure 11. Attitudes Toward the FSNA



Note. Only CPS workers in DR counties responded to these items.

### 3.8 Service Availability

Participants rated nine services as available or unavailable but needed in their districts (see Table 12). The services identified as most available were alcohol and drug treatment and parenting classes. The services identified as least available were housing, reconnecting families, front end interventions, relief nursery, and trauma and therapeutic services. Additionally, over half of participants who identified these services as unavailable said that housing, trauma services, and front end interventions were needed by “a lot” or “all” the families they serve.

Table 12. Available and Needed Services

Service	Available	Unavailable But Needed	% Families Needing Service (“A Lot” or “All”)
Navigators	377	105	54.4%
Parenting Classes	450	32	68%
Parent Mentoring	356	122	--
Relief Nursery	290	154	31.1%
Alcohol and Drug Treatment	471	20	53.3%
Housing	357	174	75.0%
Front End Interventions	279	166	56.9%
Reconnecting Families	232	172	35.7%
Trauma and Therapeutic Services	350	142	66.4%

Note. Due to a database error, the percentage of families needing parent mentoring services was not available.

There were significant differences in perception of service availability between staff in DR and non-DR counties.<sup>4</sup> Staff in non-DR counties identified navigators, parent mentoring, front end services, and reconnecting families services as needed but unavailable more frequently than staff in DR counties. There were also significant differences in perception of service availability between staff in urban and rural counties. Staff in rural counties identified parenting classes, parent mentoring, relief nursery, housing, front end services, and reconnecting families services as needed but unavailable more frequently than staff in urban counties.

### 3.9 Service Coordination

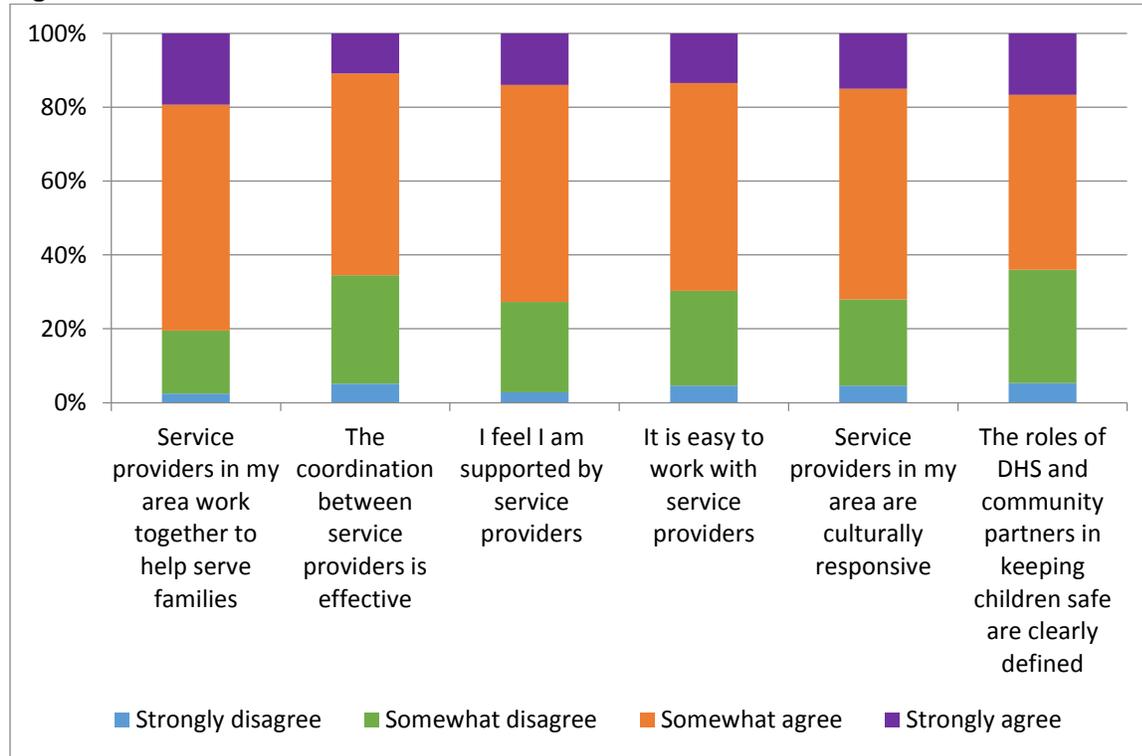
Participants were asked to respond to several items related to working with service providers; this measure of service provider coordination could range from 1-4 with higher scores indicating greater coordination. The statewide average score was 2.82. There were no significant differences between staff in DR counties (M = 2.88, SD = .59) and staff in non-DR counties (M = 2.77, SD = .59), nor between staff in urban (M = 2.83, SD = .57) and rural counties (M = 2.82, SD = .66). There were significant differences between roles, however. Screeners reported significantly lower perceptions of service provider coordination than program managers.

Figure 12 shows staff responses to each of the individual items related to service coordination. Over 80% of staff agreed that service providers work together to help serve families and about 73% felt supported by service providers in their area. Almost three-quarters of the staff (72.0%) felt that culturally responsive service providers were available in their area. There were no differences in the availability of culturally sensitive services between DR and non-DR

<sup>4</sup> A small number of staff identified the same service as both available and unavailable. These responses were excluded.

counties or between urban and rural counties. Another item of interest asked about the clarity of roles for DHS and community partners in keeping children safe; 62% of staff agreed that agency roles were clearly defined. There were no differences between DR and non-DR counties or urban and rural counties on this item.

Figure 12. Coordination with Service Providers



Staff were also asked how much coordination existed between DHS and several community partners. If coordination was marked as “some” or less, staff were asked about the barriers to coordination (see Table 13). The most frequently cited barrier to coordination was lack of communication between DHS and the community partner. For example, 70.2% of participants who rated coordination with schools at “some” or “less” indicated lack of communication was a barrier to coordination with DHS. No other barrier showed a consistent pattern. Privacy was only a major concern when working with healthcare providers (49.4%), and no community partner was flagged as uncooperative by more than 35% of participants.

Table 13. Coordination with Community Partners and Barriers to Coordination

Community Partner	Coordination Rating		Privacy		Lack of Communication		Not Enough Time		Uncooperative	
	Mean	SD	N	%	N	%	N	%	N	%
Schools	3.39	1.02	64	25.1	179	70.2	107	42.0	87	34.1
Courts	3.95	.93	10	7.4	54	39.7	41	30.1	43	31.6
Law Enforcement	3.89	.92	8	5.8	67	48.2	70	50.4	31	22.3
Utility Companies	2.07	1.00	110	26.0	190	44.9	76	18.0	54	12.8
Property Management Companies	2.21	1.02	117	28.5	195	47.4	71	17.3	101	24.6
Healthcare Providers	3.27	1.02	133	49.4	124	46.1	78	29.0	52	19.3
City or County Agencies	3.21	1.03	54	19.8	139	50.9	94	34.4	37	13.6
State Agencies	3.31	.97	43	16.6	135	52.1	93	35.9	27	10.4

#### 4. Summary of Results

The staff survey gathered information on DHS staff perceptions on a variety of topics related to CPS practice, including: training and coaching; supervision; job satisfaction; organizational culture; differences in CPS practice in AR and TR assessments; attitudes toward Differential Response, the Oregon Safety Model, and the Family Strengths and Needs Assessment; local service availability and service coordination. The results of the analyses reveal that:

- Staff perceived the DR-related trainings to be somewhat to very effective and relevant. Staff in DR counties rated the DR concepts training as significantly more effective and more relevant than participants in non-DR counties. There were no differences between staff in DR and non-DR counties in their ratings of the effectiveness or relevance of the training on the OSM, engagement strategies, family interviewing, or specialized trainings.
- The most frequently requested topics for additional training were specialized trainings on subjects such as domestic violence and the effects of alcohol and drug use on parenting.
- Staff who received coaching perceived it to be somewhat to very effective.
- Most staff perceived high levels of support from their supervisors – over 70% of staff felt that their supervisor was a resource for them who provided practice guidance and emotional support.
- Staff reported considerable variability with different aspects of their job. More than 50% of staff reported being dissatisfied with OR-Kids, their workload, their salary,

and opportunities for advancement within the agency. However, large majorities were satisfied with the quality of supervision they received and the cultural sensitivity of the agency.

- There were no differences in overall job satisfaction between DR counties and non-DR counties. However, job satisfaction differed by role, with supervisors and program managers reporting the highest overall levels of satisfaction with their jobs.
- Three aspects of organizational culture were measured: work purpose (the meaning that staff gained from their jobs), work-life balance, and overall workload. Average scores on work purpose were high (3.1 on a 4-point scale), indicating that most staff believed that their work has meaning and makes a difference in families' lives. Average ratings of work-life balance were moderate (2.7 on a 4-point scale), indicating some degree of burnout among staff, and average ratings of overall workload (2.0 of a 4-point scale) indicated a substantial degree of concern among staff about their workload. There were no differences in perceptions of organizational culture between staff in DR and non-DR counties.
- About half of screeners reported feeling uncertain about their track assignment decisions "sometimes" and the other half felt that way "rarely."
- CPS workers reported significant differences in their practice in AR assessments and TR assessments, and were much more likely to call ahead and schedule an appointment, inform the family that they can have a support person present, and interview the family as a whole in an AR assessment.
- CPS workers in non-DR counties reported that they offered services to families during an assessment more frequently than CPS workers in DR counties.
- The vast majority of staff in DR counties felt that DR has had a positive effect on how they work with families.
- Staff perceived that the OSM has had a neutral or slightly positive effect on their safety assessment practice. Staff in DR counties rated the effect of the OSM more positively than staff in non-DR counties.
- Across the state, attitudes toward both DR and the OSM are very positive – over 80% felt that these initiatives promote the safety and well-being of children and families. Attitudes toward the OSM are more positive in DR counties than non-DR counties.
- The services that were most often reported as unavailable included: housing, front-end interventions, reconnecting families, and relief nurseries. Services were reported as being more available in DR counties compared to non-DR counties and in urban counties compared to rural counties.
- Overall, staff felt that the service coordination between DHS and community agencies was "somewhat effective." There were no differences between ratings of service coordination between staff in DR and non-DR counties or urban and rural counties.
- Almost three-quarters of staff across the state felt that service providers in their area were culturally responsive.

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## Appendix

Table 1. Survey Responses by County (N=558)

	n	%
Benton	3	0.5%
Clackamas	45	8.1%
Clatsop	7	1.3%
Columbia	11	2.0%
Coos	25	4.5%
Crook	4	0.7%
Curry	4	0.7%
Deschutes	21	3.8%
Douglas	28	5.0%
Grant	2	0.4%
Harney	3	0.5%
Jackson	19	3.4%
Jefferson	1	0.2%
Josephine	12	2.2%
Klamath	10	1.8%
Lake	2	0.4%
Lane	80	14.3%
Lincoln	7	1.3%
Linn	13	2.3%
Malheur	12	2.2%
Marion	39	7.0%
Morrow	5	0.9%
Multnomah	96	17.2%
Polk	12	2.2%
Tillamook	5	0.9%
Umatilla	9	1.6%
Union	4	0.7%
Wasco	2	0.4%
Washington	68	12.2%
Wheeler	1	0.2%
Yamhill	8	1.4%

Table 2. CPS Assessment Practice

	Never n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Always n (%)
<b>AR cases (N=80)</b>					
Call ahead or otherwise contact the family before meeting face to face	0 (0.0%)	1 (1.3%)	2 (2.5%)	42 (52.5%)	35 (43.8%)
Let the family know they can have a support person present	0 (0.0%)	1 (1.3%)	11 (13.8%)	25 (31.3%)	43 (53.8%)
Interview the family as a whole	0 (0.0%)	2 (2.5%)	22 (27.8%)	50 (63.3%)	5 (6.3%)
Interview family members alone	0 (0.0%)	13 (16.3%)	52 (65.0%)	14 (17.5%)	1 (1.3%)
Determine that a family has moderate to high needs	0 (0.0%)	24 (30.0%)	25 (31.3%)	24 (30.0%)	7 (8.8%)
Offer families a FSNA	1 (1.3%)	23 (29.1%)	24 (30.4%)	26 (32.9%)	5 (6.3%)
Offer services to families	0 (0.0%)	10 (12.7%)	20 (25.3%)	41 (51.9%)	8 (10.1%)
Decide the case needs to switch to the TR track	7 (8.9%)	35 (44.3%)	27 (34.2%)	9 (11.4%)	1 (1.3%)
<b>TR cases (N=80)</b>					
Call ahead or otherwise contact the family before meeting face to face	5 (6.3%)	20 (25.0%)	40 (50.0%)	15 (18.8%)	0 (0.0%)
Let the family know they can have a support person present	14 (17.7%)	14 (17.7%)	26 (32.9%)	21 (26.6%)	4 (5.1%)
Interview the family as a whole	7 (8.8%)	29 (36.3%)	27 (46.3%)	7 (8.8%)	0 (0.0%)
Interview family members alone	0 (0.0%)	1 (1.3%)	23 (28.7%)	46 (57.5%)	10 (12.5%)
Determine that a family has moderate to high needs	1 (1.3%)	18 (22.5%)	42 (52.5%)	16 (20.0%)	3 (3.8%)
Offer families a FSNA	8 (10.1%)	25 (31.6%)	32 (40.5%)	14 (17.7%)	0 (0%)
Offer services to families	0 (0.0%)	6 (7.9%)	27 (35.5%)	36 (47.4%)	7 (9.2%)

Table 2, continued.

	Never n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Always n (%)
<b>Non-DR Counties (N=161)</b>					
Call ahead or otherwise contact the family before meeting face to face	3 (1.9%)	26 (16.1%)	48 (29.8%)	77 (47.8%)	7 (4.3%)
Let the family know they can have a support person present	14 (8.7%)	21 (13.0%)	51 (31.7%)	46 (28.6%)	29 (18.0%)
Interview the family as a whole	10 (6.3%)	46 (28.7%)	73 (45.6%)	26 (16.3%)	5 (3.1%)
Interview family members alone	0 (0.0%)	1 (0.6%)	30 (18.8%)	99 (61.9%)	30 (18.8%)
Determine that a family has moderate to high needs	17 (10.8%)	13 (8.3%)	53 (33.8%)	62 (39.5%)	12 (7.6%)
Offer services to families	1 (0.6%)	10 (6.3%)	21 (13.1%)	63 (39.4%)	65 (40.6%)