

**AR Family Experience Survey
Interim Results as of 9/23/15**

**Submitted to
The Nebraska Department of Health and
Human Services
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Draft submitted October 9, 2015

Executive Summary

This report summarizes data collected via the *Family Experience Survey* from the beginning of Alternative Response (AR) implementation (October, 2014) through September 23, 2015. The *Family Experience Survey* was designed to assess family satisfaction and relationship with their assigned worker, family engagement, the family's self-perception of their protective factors, and their overall perceptions of their outcomes as a result of involvement with the Department of Children and Family Services (DCFS). Primary caregivers for each AR-eligible family assigned to either AR or Traditional Response (TR) were sent the survey shortly after the case closed.

During this time period, 558 families received the *Family Experience Survey* via U.S. Mail or email. Of these, 78 completed surveys were received, for a 14% response rate. Of the 78 completed surveys, 33 were from AR families (42.3%) and 45 (57.7%) were from TR families. Due to the low response rate, we are unable to conduct statistical significance testing of the differences between AR and TR responses at this time; descriptive information is provided in this report to illustrate trends thus far, including:

- Both AR and TR family caregivers indicated that they primarily felt worried, stressed, hopeful, and respected after the first visit by their worker.
- AR and TR families appear to have comparable levels of family engagement, measured in terms of receptivity to help, buy-in, and relationship with their worker.
- AR family caregivers were slightly more positive than TR families in rating the services they received, in terms of the type and amount of the services.
- Both AR and TR families reported receiving the services they needed at the right time.
- Both AR and TR families indicated that the services they received helped them to feel like they became a better parent, with AR families agreeing slightly more than TR families.
- AR and TR families appeared to have similar levels of agreement that services received allowed their children to be safer, and helped them provide food, clothing and medical care.
- Both AR and TR families report high levels of social connections, and fairly high levels of knowledge of where to go for assistance with food and housing concerns, but much less confidence in where to go if they experienced financial or employment needs.
- AR family caregivers appear to report higher levels of Parental Resilience than TR families.
- Both AR and TR family caregivers report fairly comparable levels on each of the six Protective Factors.
- AR families appear to have higher levels of satisfaction with their worker than TR families, including such areas as ease of contacting the worker; understanding of the family's needs; considering the family's opinion; and encouraging the family to say what they thought.
- Overall, 47.8% of AR and 37.8% of TR family caregivers report that they are better off because of their experience with DCFS. Only 4.3% of AR and 5.4% of TR families believe they are worse off.

Caution is urged in interpretation of these very preliminary results, as it is unknown at this time if any apparent differences are statistically significant.

Family Experience Survey

Integral to the evaluation of AR implementation in Nebraska is the collection of information from workers and families about their perceptions of the family's engagement, needs, the availability and receipt of services, barriers experienced, time spent, and the extent to which services provided to the family improved the family's situation and child well-being. The most efficient and systematic way to collect this information is through end-of-case surveys completed by workers and families. Thus, as each AR-eligible case (that has been randomly assigned by N-FOCUS to AR or TR services) closes, the evaluators at the University of Nebraska Lincoln - Center on Children, Families and the Law (UNL-CCFL) send surveys to the workers and families. An email survey is sent to the worker responsible for the family, to gather perceptions for program evaluation purposes. At the same time, the family's primary caregiver receives a similar type of survey, by either U.S. Mail or email. This report summarizes data collected via the *Family Experience Survey* from the beginning of AR implementation (October, 2014) through September 23, 2015.

The purpose of the *Family Experience Survey* is to gather information about what AR families think of their experience compared to similar (AR-eligible) families who are served through TR. For example, do families in both tracks feel they received the services they needed, and in a timely way? Do families see improvement after receiving services? In the first year of the evaluation, as each AR-eligible AR or TR family case closed, the evaluators sent the primary caregiver a brief survey in U.S. Mail, along with a postage paid envelope for them to send their completed survey directly to UNL-CCFL. The mailing included an informed consent letter, and the materials were available in both English and Spanish versions. Beginning in July 2015, families with email addresses included in N-FOCUS were initially sent the survey by email with two automated reminders. This online version of the survey could be completed using a computer, tablet or smartphone. If the primary caregiver did not complete the survey online, they were then sent a paper version using U.S. Mail. As an incentive gift, the evaluators sent each family a \$10 Walmart gift card immediately upon receipt of their completed survey.

The *Family Experience Survey* was designed to assess several constructs of interest: family satisfaction and relationship with their assigned worker, family engagement, the family's self-perception of their protective factors, and their overall perceptions of their outcomes as a result of involvement with DCFS. Family engagement was measured using a modification of the Yatchmenoff (2005) client engagement scale, which contains four sub-scales: receptivity, buy-in, mistrust, and working relationship, plus an overall engagement score. This measure was utilized in the cross-site evaluation of Differential Response conducted by the Quality Improvement Center on Differential Response (QIC-DR), and was further adapted for use in Nebraska based upon feedback provided by the QIC-DR project lead, Lisa Merkel-Holguin. Family protective factors were measured using an adaptation of the items contained in the *Protective Factors Survey* (Friends National Resource Center for Community Based Child Abuse Prevention). These items are identical to those included in the *Nebraska Protective Factors and Well-Being Questionnaire* utilized during case management with families assigned to AR. As sufficient numbers of surveys are completed, the responses from AR-eligible families who receive AR and TR services will be compared on these measures. In addition, these data will be linked to measures of family outcomes obtained in N-FOCUS and to the worker's perceptions obtained from the worker end-of-case survey, to obtain a more complete picture of family experiences and outcomes under AR versus TR.

Family Experience Survey Interim Findings

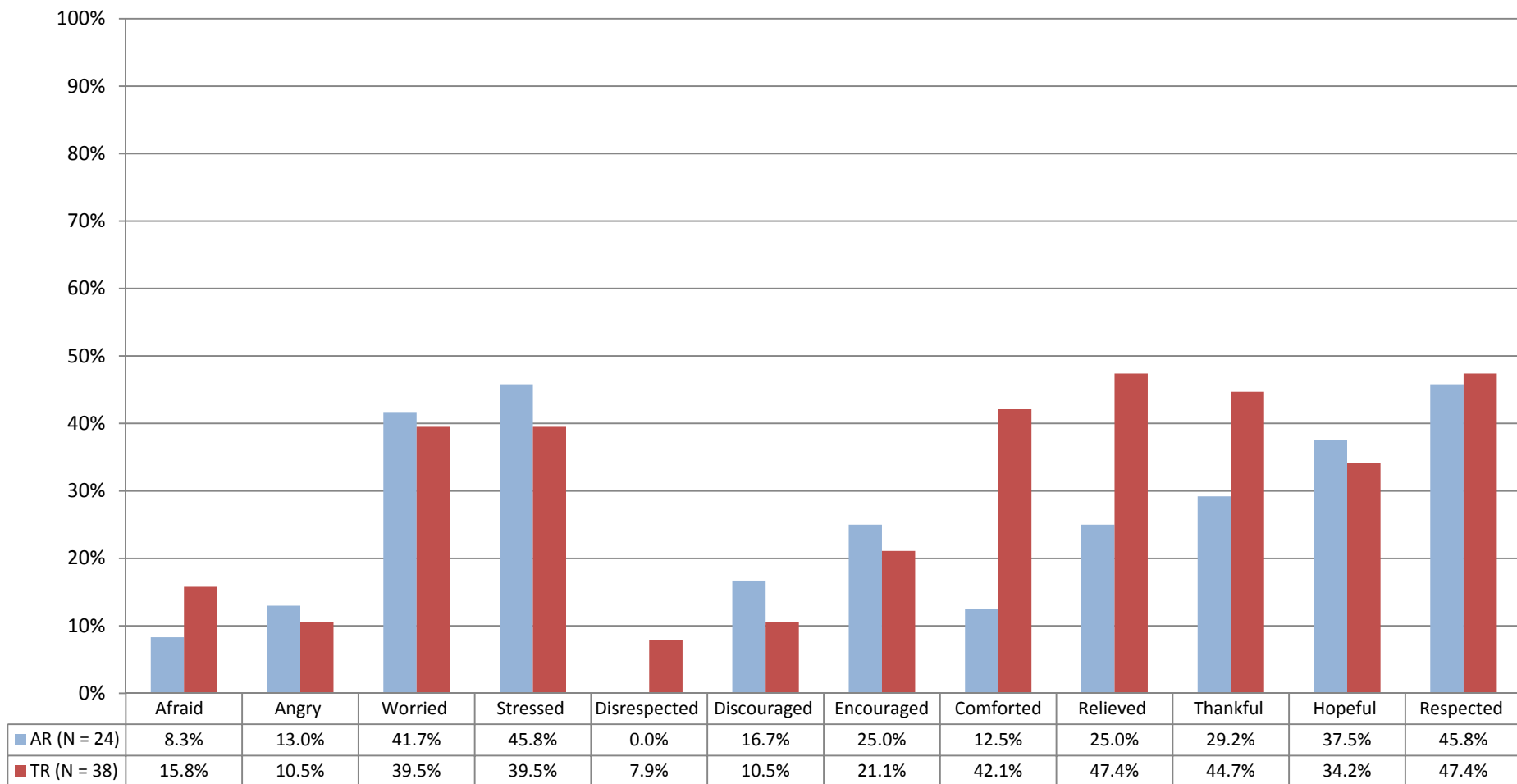
As of September 23, 2015, there were 591 families with closed AR-eligible cases. Thirty-three of these either had no mailing address listed in N-FOCUS for the primary caregiver, or the address was incorrect (survey mailing was returned to sender unopened). Thus, 558 families received the *Family Experience Survey* via U.S. Mail or email. Of these, 78 completed surveys were received, for a 14% response rate. Of these 78 completed surveys, 33 were from AR families (42.3%) and 45 (57.7%) were from TR families. Two of the surveys were completed by Spanish speaking caregivers, the rest were completed in English. Further analysis of survey returns since the July 1, 2015 implementation of the email survey option showed a slight increase in response rates, with 28 out of 172 surveys completed (16.3%). Nevertheless, these response rates are disappointing. Evaluations of Differential Response implementation in other states using a similar family survey have typically obtained response rates averaging 25 to 27% (Merkel-Holguin, Hollinshead, Hahn, Casillas & Fluke, 2015). Therefore, in October 2015, the evaluators plan to increase the incentive payment to \$20, along with adding the names of completed survey respondents into a drawing for a larger incentive gift every six months.

Because the number of family survey respondents was so low during this project period, we are unable to conduct statistical significance testing of the differences between AR and TR responses. As additional data accrue, differences between AR and TR will be tested. The following charts illustrate descriptive information about the family survey results thus far.

Perceptions of first visit

The following chart illustrates family caregivers' responses to the question "how did you feel after the first time your worker came to your home?" Both AR and TR family caregivers indicated that they primarily felt worried, stressed, hopeful, and respected. It appears that a greater proportion of TR caregivers (compared to AR caregivers) felt thankful, relieved and comforted. However, these differences may not be statistically significant, and so caution is advised in interpreting the small number of responses received at this time. The following graph displays the percentage of responses for each option.

How did you feel after the first time the DCFS worker came to your home?



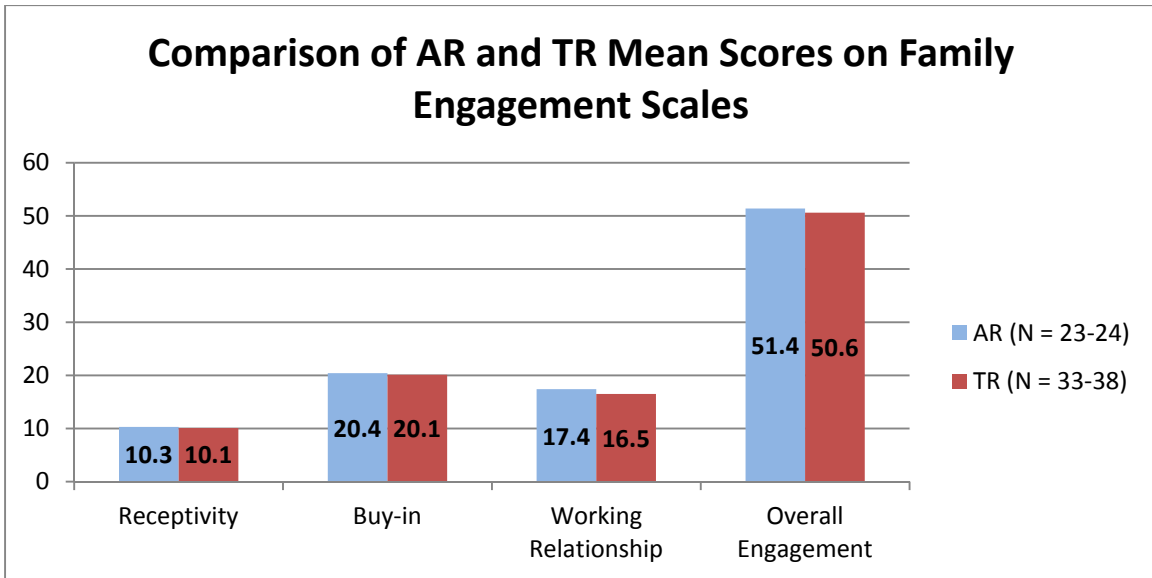
Family Engagement

Sub-scales were developed by Yatchmenoff (2005) to assess affective dimensions of family engagement. Their definitions are as follows:

- 1) *Receptivity*: “openness to receiving help, characterized by recognition of problems or circumstances that resulted in agency intervention and by a perceived need for help” (Yatchmenoff, 2005, p. 87).
- 2) *Buy-in*: “perception of benefit; the sense of being helped or the expectation of receiving help through agency involvement; a commitment to the helping process characterized by active participation in planning or services, goal ownership, and initiative in seeking and using help” (Yatchmenoff, 2005, p. 87-93).
- 3) *Working Relationship*: “interpersonal relationship with the worker characterized by a sense of reciprocity or mutuality and good communication” (Yatchmenoff, 2005, p. 87).
- 4) *Mistrust*: “the belief that the agency or worker is manipulative, malicious, or capricious, with intent to harm the client” (Yatchmenoff, 2005, p. 87).

The summed score of all items can be used as overall measure of engagement, although it is recommended to use the sub-scale scores, as they are more readily interpretable. Some evidence suggests these attitudinal dimensions may be predictors of client behaviors such as service usage, duration, and completion of case plans, although further research is needed (Yatchmenoff, 2005).

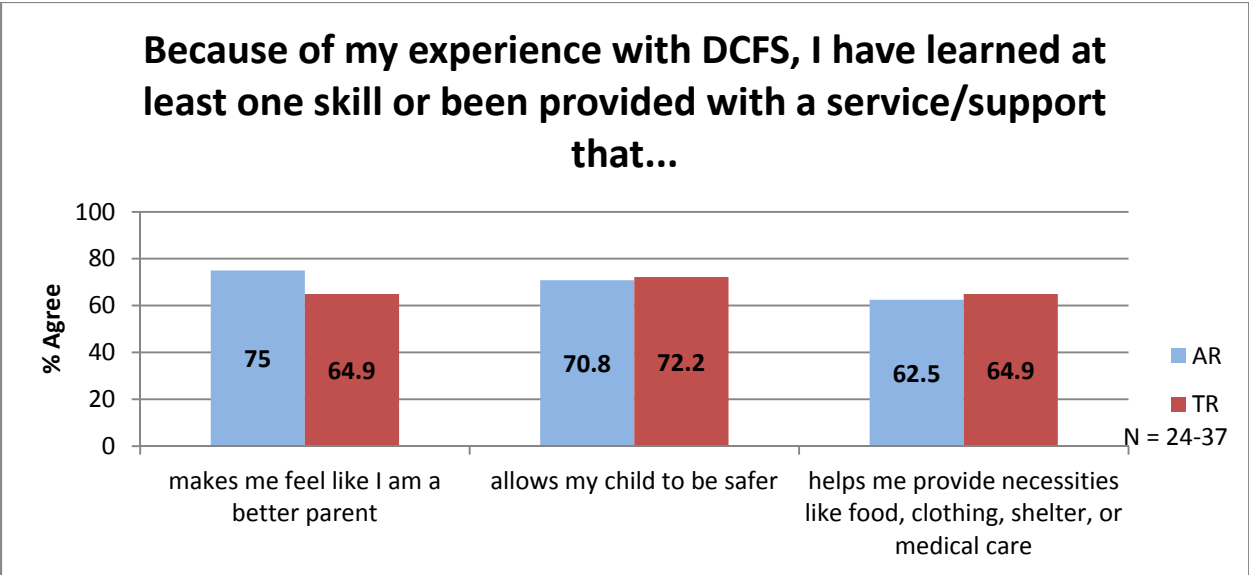
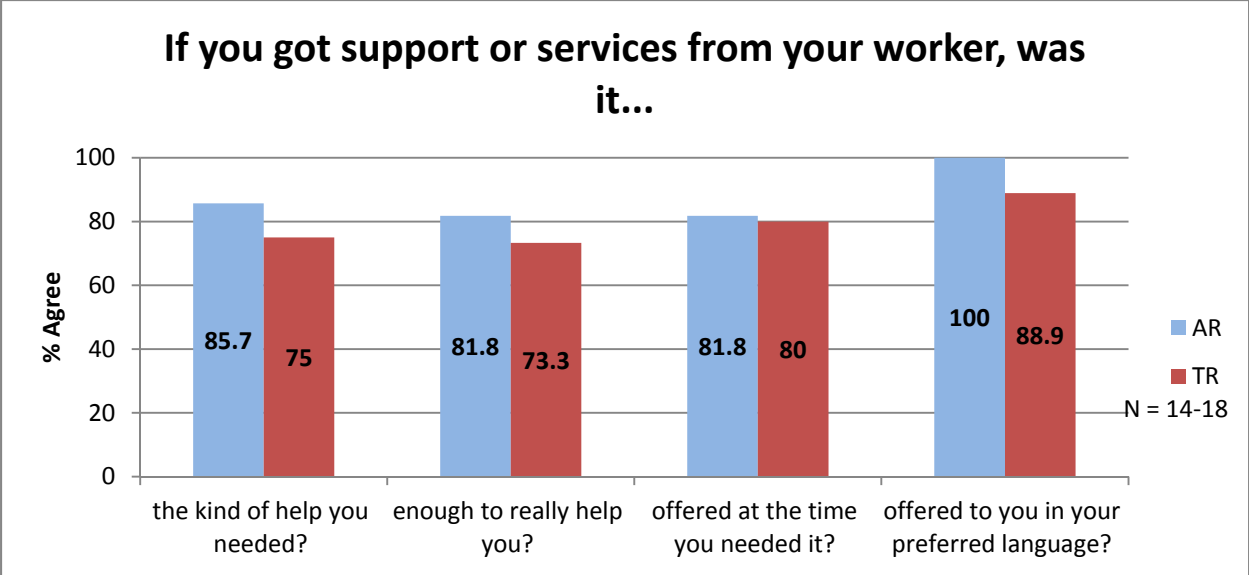
Reliability of the overall score and sub-scales of the Family Engagement measure was assessed. These preliminary analyses indicate that, in the present study, all of the scales had adequate internal consistency (ranging from .70 to .92) except for the *Mistrust* scale (which was .55). We will continue to monitor the reliability of this scale as more data are accrued. Analyses also suggested that we could improve the reliability of some of the sub-scales by removing items, which we will consider in the coming year. For this interim report, subscale scores were computed for each reliable subscale (i.e., except for the *Mistrust* scale) for each respondent family. It appears that the level of affective engagement in the case process is similar for those families assigned AR versus TR. However, due to the small number of responses, tests of statistical significance were not conducted at this time. The following graph presents the means for each sub-scale and the overall scale.



Perceptions of supports and services received

Families were asked about their perceptions of the supports and services they received during their involvement with DCFS. AR family caregivers were slightly more positive than TR families in rating the services they received, in terms of the type and amount of the services. Both AR and TR families reported receiving the services they needed at the right time. All AR and most TR families reported receiving services in their preferred language. Both AR and TR families indicated that the services they received helped them to feel like they became a better parent, with AR families agreeing slightly more than TR families. AR and TR families appeared to have similar levels of agreement that services received allowed their children to be safer, and helped them provide necessities like food, clothing, and medical care.

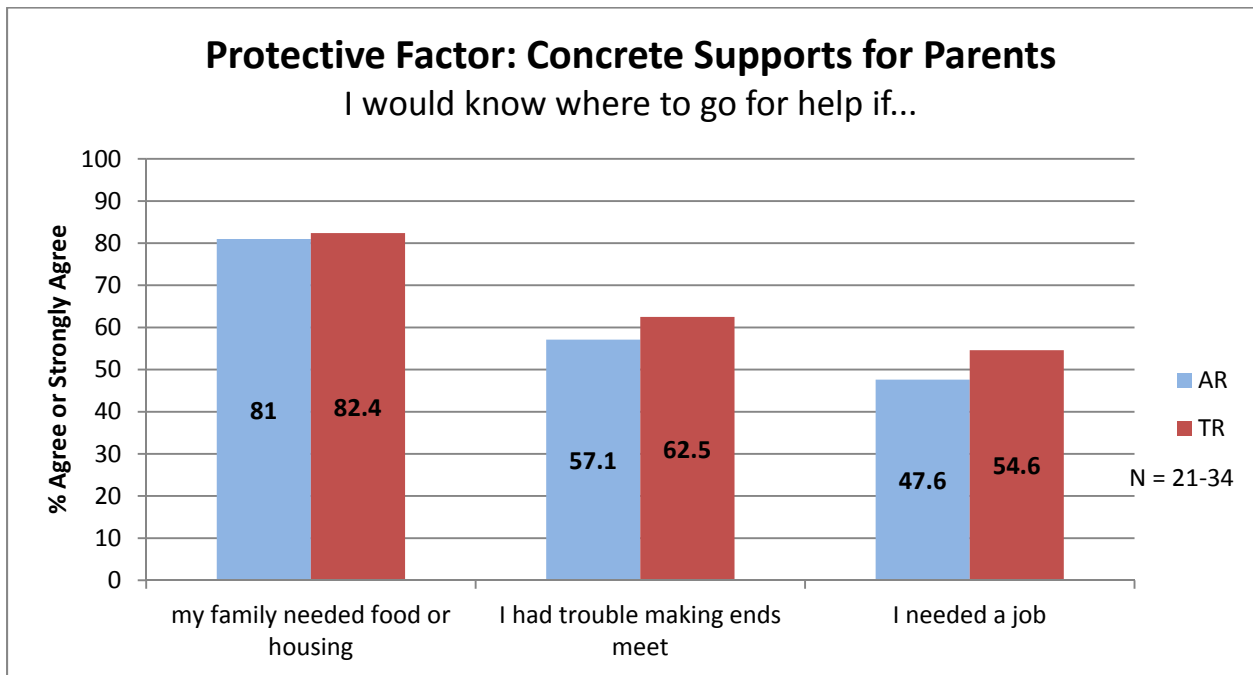
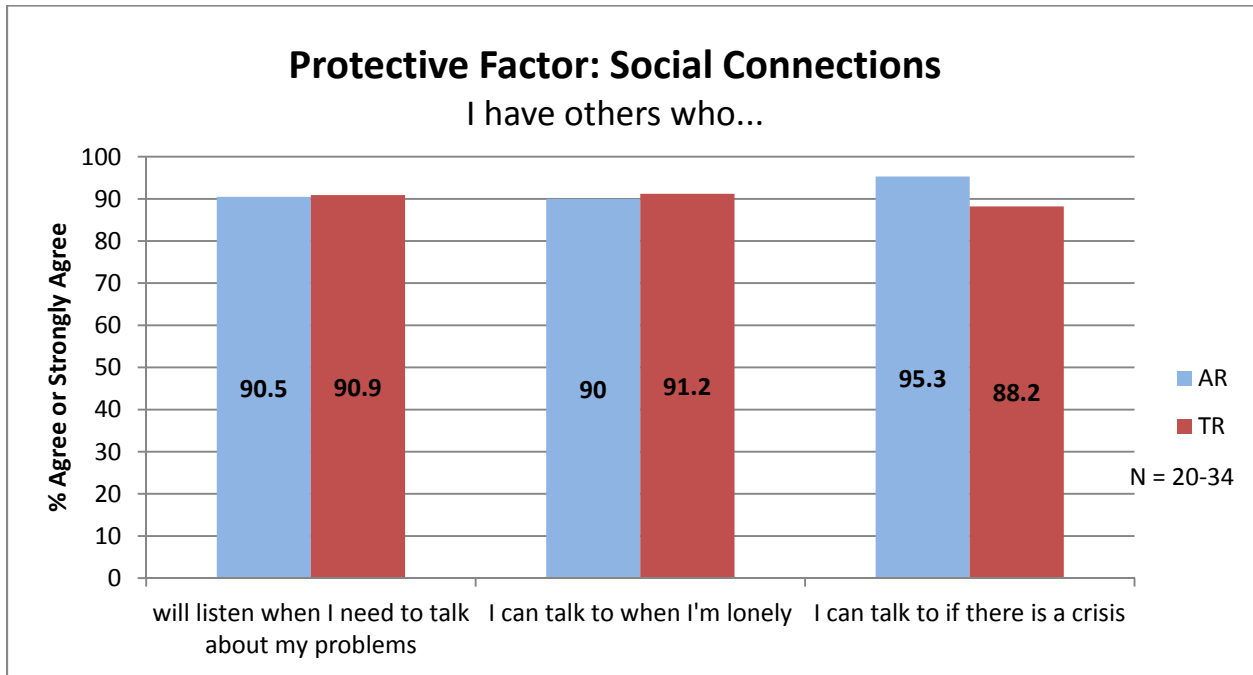
Again, the observed differences could not be tested for statistical significance at this time, due to the small number of responses. Thus, these interpretations must be viewed as tentative. The following two charts summarize family caregivers' perceptions of the supports and services they received.



Family Protective Factors

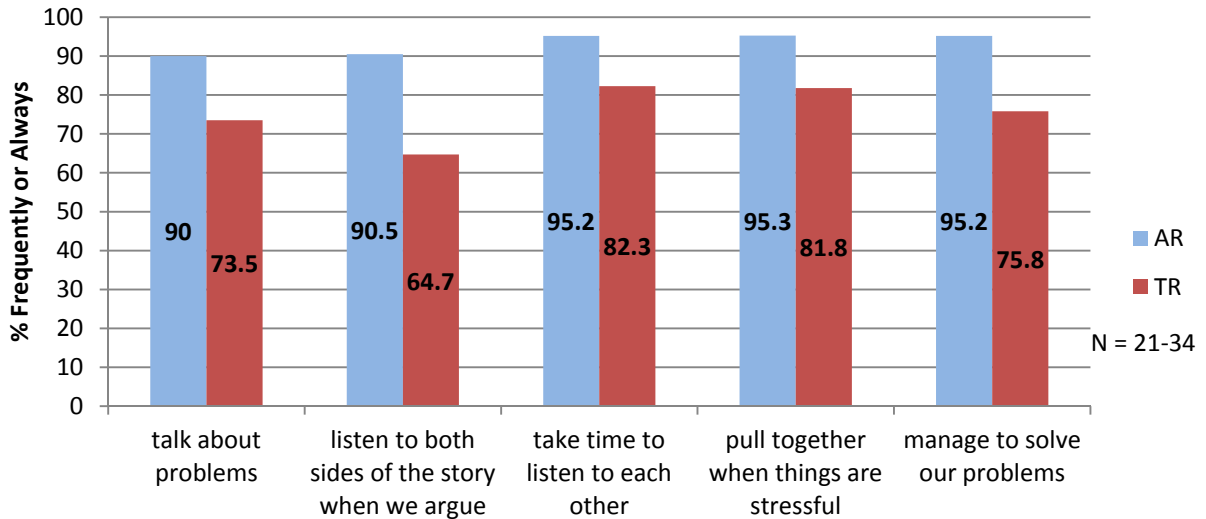
The primary caregiver responding to the survey provided self-ratings on each of the six Protective Factors. In general, it appears that both AR and TR families report high levels of social connections. Regarding Concrete Supports for Parents, both AR and TR families report fairly high levels of knowledge regarding where to go for assistance with food and housing concerns, but much less confidence in where to go if they experienced financial or employment needs. AR family caregivers appear to report higher levels of Parental Resilience than TR families, although it is unknown at this time if this difference is statistically significant. Both AR and TR family caregivers report fairly high levels of Knowledge of Child Development and Parenting, with some potential differences observed. Levels of Nurturing and Attachment appear fairly high for both AR and TR groups as well. Similarly, levels of Social and Emotional

Competence of Children appear comparable on most items for the AR and TR groups. Potential differences between the AR and TR groups will be more fully explored as additional data are received in the coming year. However, due to the low response rate, tests of statistical significance were not completed at this time. The following six charts present the responses received thus far, organized by each of the six Protective Factors.



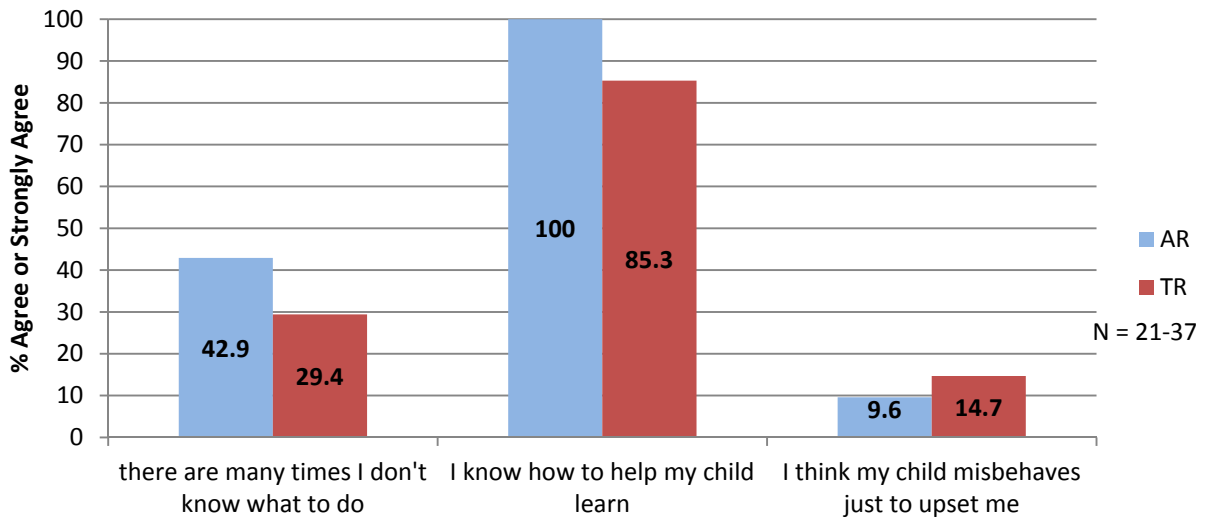
Protective Factor: Parental Resilience

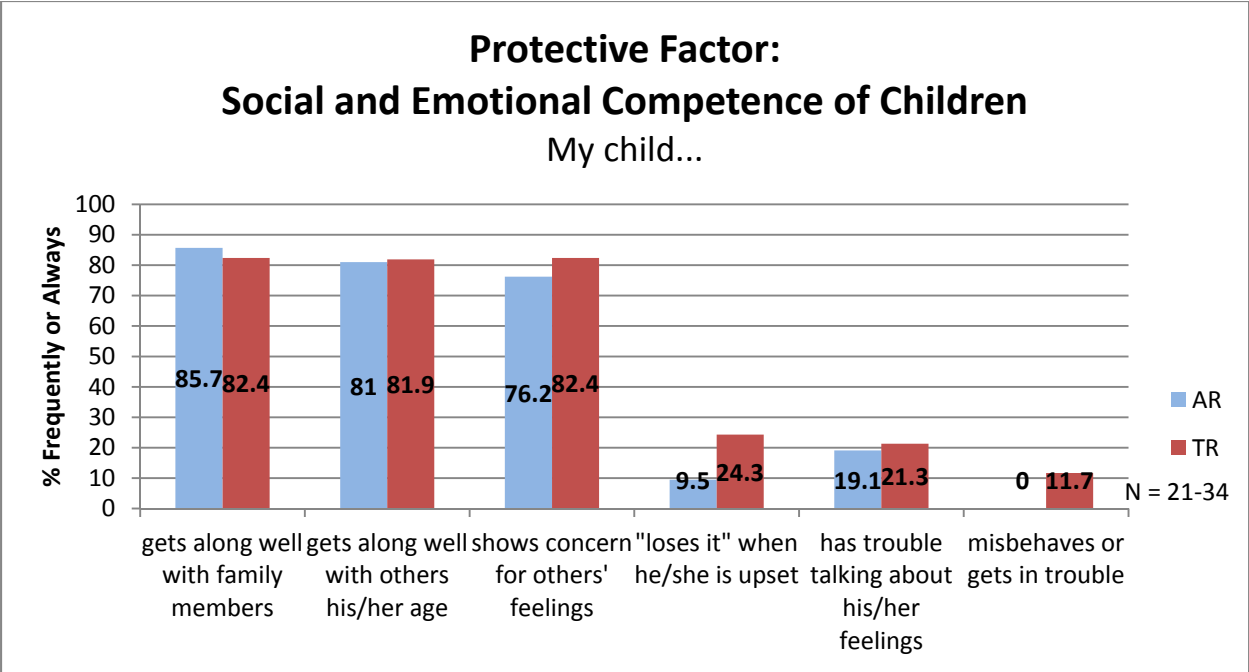
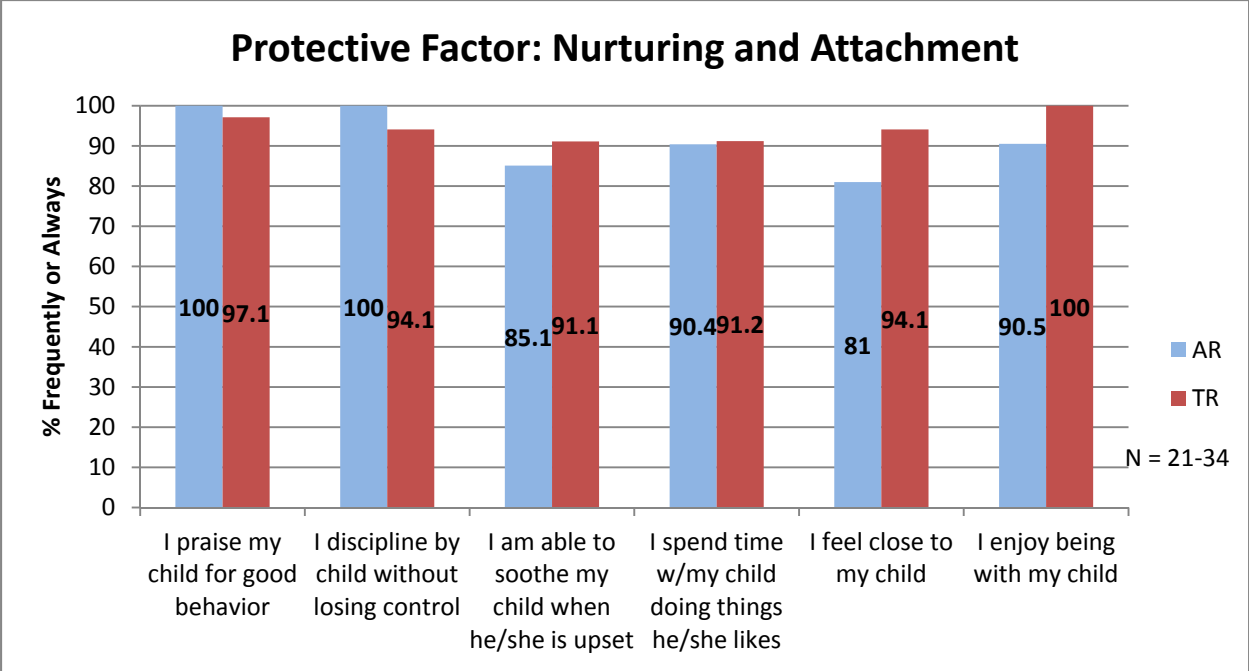
In my family we...



Protective Factor: Knowledge of Parenting and Child/Youth Development

As a parent...

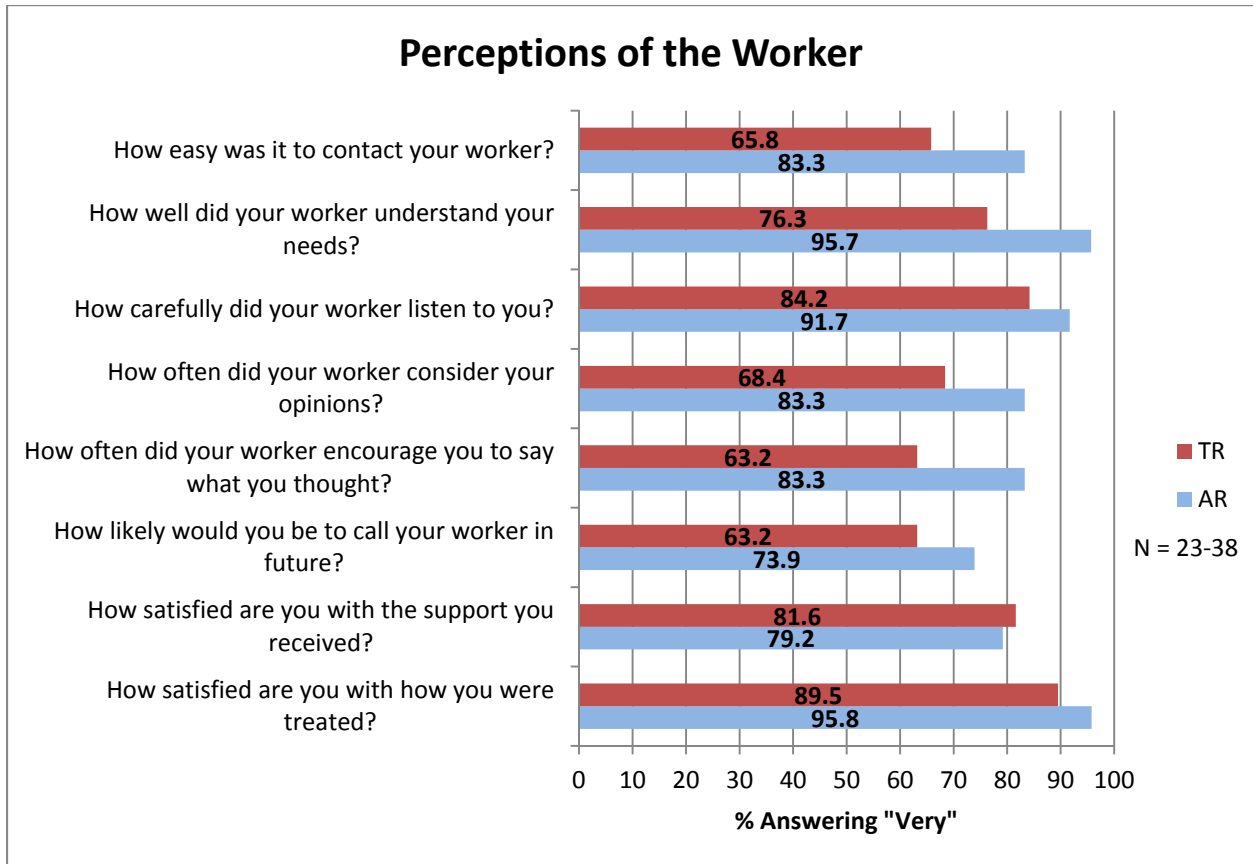




Perceptions of the Worker

The primary caregiver also rated their worker on a number of items relating to their contacts and perceptions of satisfaction with the services provided. It appears that AR families may have higher levels of satisfaction with their worker than TR families, including such areas as ease of contacting the worker; understanding of the family's needs; considering the family's opinion; and encouraging the family to say

what they thought. However, due to the low number of responses, we are unable to test whether these differences are statistically significant at this time. The following chart summarizes responses for AR and TR families on each of these questions.

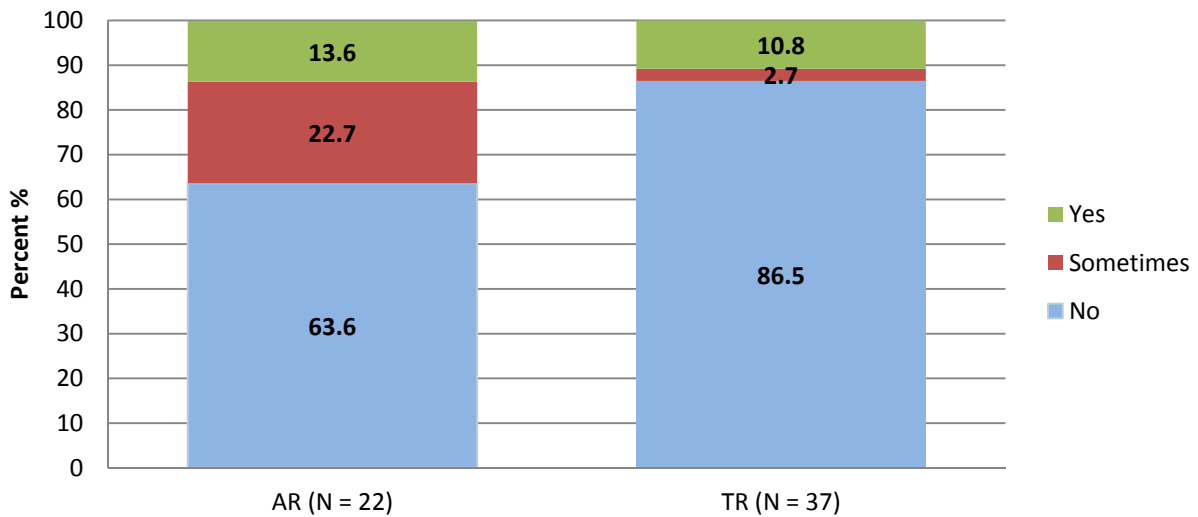


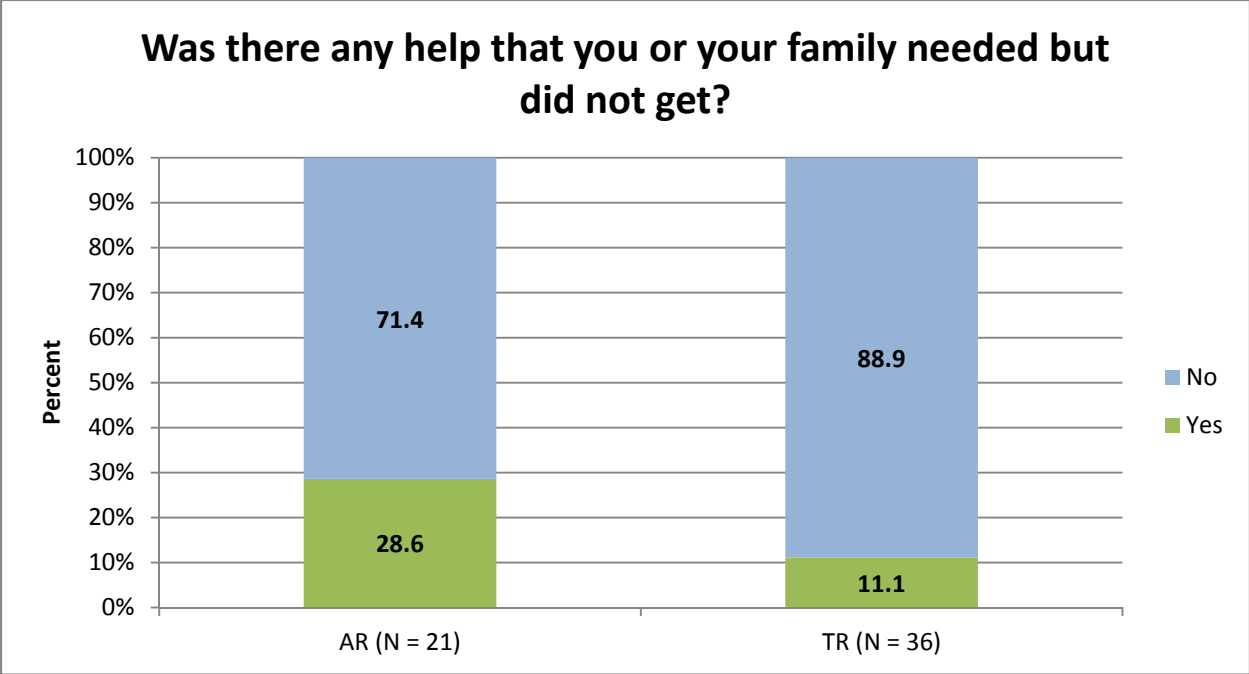
Additional questions asked families if their worker saw the things they do well, if there were things that were important that did not get talked about, and if there was any help their family needed but did not get. Over 90% of AR and TR families reported that their worker saw the things that they did well. There appear to be some potential differences between AR and TR families on the other two items; some AR family caregivers report having important issues that were not discussed with their worker and needs that did not get met. However, the low number of responses received thus far precludes statistical tests of any apparent differences between AR and TR families. Thus caution is recommended in the interpretation of these preliminary data. The following three charts summarize these additional questions for AR and TR cases.

Did your worker see the things that you do well?

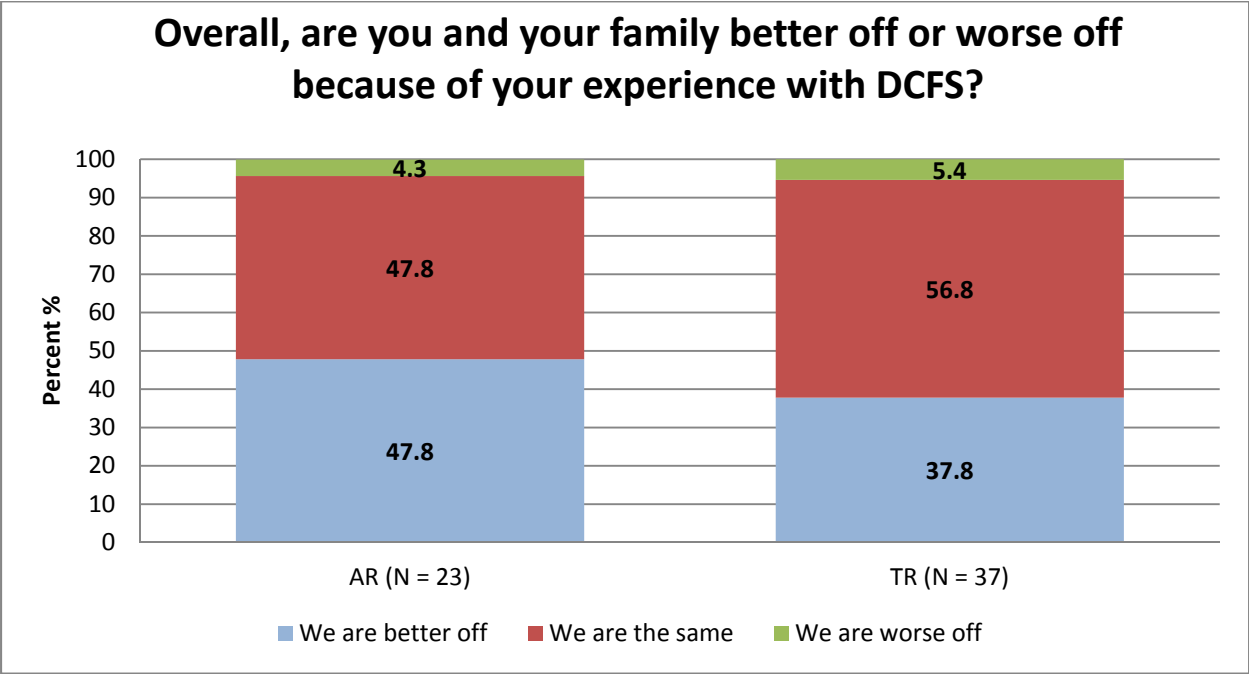


Were there things that were important to you that did not get talked about with your worker?





Overall, 47.8% of AR and 37.8% of TR family caregivers report that they are better off because of their experience. More TR than AR families appear to feel they are unchanged by their interaction with DCFS. Only 4.3% of AR and 5.4% of TR families believe they are worse off as a result of their experience. Low response rates preclude us from determining whether these are statistically significant differences, but we will examine this as additional responses are received in the coming year.



References

- Merkel-Holguin, L., Hollinshead, D., Hahn, A.E., Casillas, K.L., & Fluke, J. D. (2015). The influence of differential response and other factors on parental perceptions of child protection involvement. *Child Abuse and Neglect, 39*, 18-31.
- Yatchmenoff, D.K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*, 84-96.