

**Preliminary Analyses of the
Case-Specific Worker Survey:
October 2014 – July 2015**

**Submitted to
The Nebraska Department of Health and
Human Services
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Executive Summary

Workers receive the *Case-Specific Worker Survey* (worker survey) at the close of all Alternative Response (AR)-eligible cases. The purpose of this survey is to collect detailed case-level information on all AR-eligible cases. Workers respond to questions about their perceptions of family engagement, protective factors, services received, barriers to service provision, and estimates of time spent on the specific case. Workers are encouraged to consult N-FOCUS to refresh their memory about the case if needed.

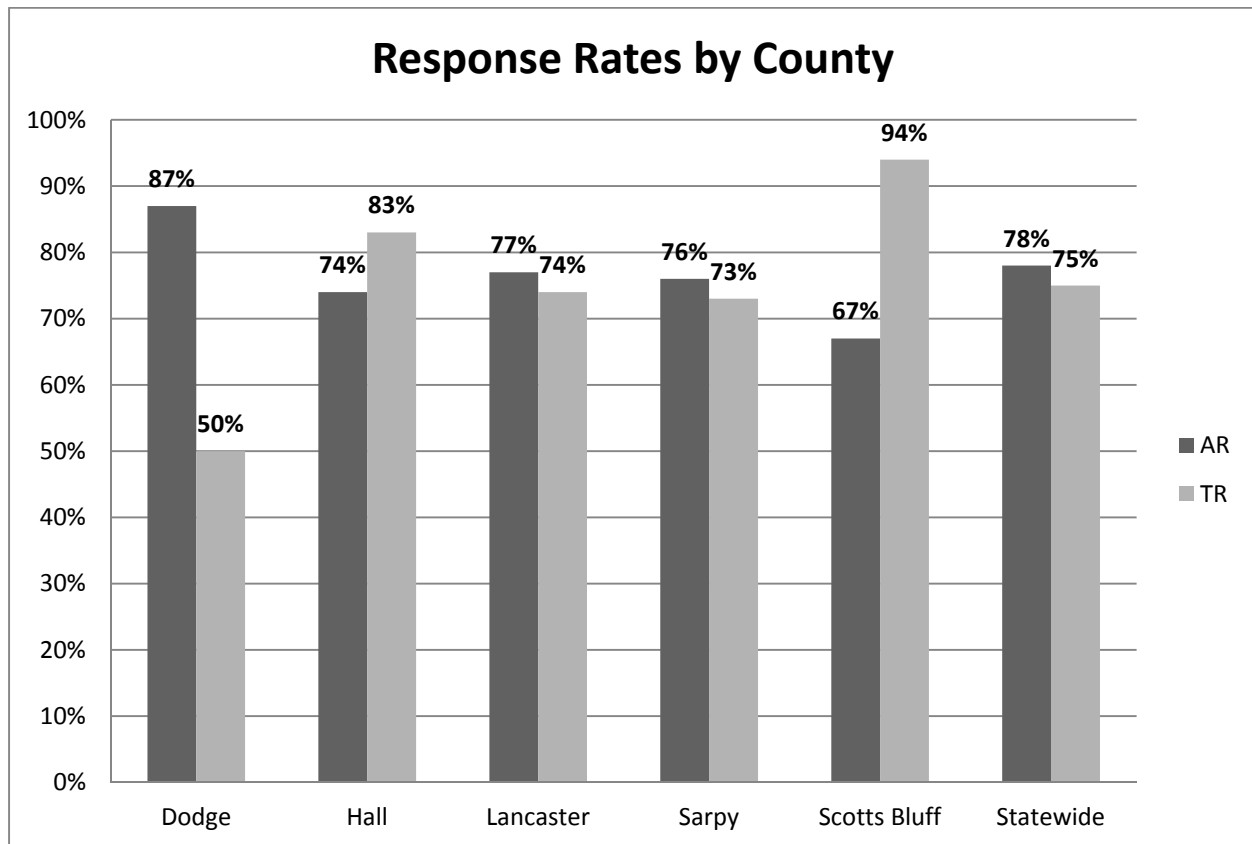
The worker survey was amended in July 2015 to better capture the services and needs of AR-eligible families and several questions were reworded for clarity. To ensure all cases are accurately represented, the current report only reports on questions that were unchanged in the July 2015 edits. Future reports will include all questions as they are currently worded.

The current report summarizes data from October 1, 2014 through July 31, 2015. The main conclusions of these analyses are:

- Overall, the response rate for the survey is 77%. In order to best reflect the AR program, the response rate should ideally be 100%. This would allow for every case to be represented in the final analyses.
- Two-thirds of workers believed they had a good relationship with the primary caretakers and that the primary caretakers trusted the Department of Child and Family Services (DCFS) to be fair. However, three-quarters of workers did not believe primary caretakers thought they had a problem that needed to be fixed or that DCFS helped improve their family. These results were the same for workers in both tracks.
- Families randomly assigned to both AR and TR had similar needs present at the beginning of the case; this demonstrates that random assignment forms comparable groups. The most common needs were parenting skills, child's emotional and behavioral adjustment, material needs, mental health of a child, and social supports.
- Slightly more AR workers than TR workers report their families received supports from relatives or friends and that they utilized no-cost or community resources.
- Families in both tracks received similar types of services from similar types of providers. The most common services provided to families were mental health services, services to address material needs, and social support services.
- The most commonly reported barriers to families receiving services were due to worker time constraints (size of worker caseload, limited staff time to work with family, and other pressing cases on the caseload). However, over a third of workers reported they did not experience any barriers to families receiving services.
- Approximately one-third of both AR and TR workers reported that the services provided to families were not applicable to improving protective factors. This indicates a possible need to communicate how services can help improve protective factors to both AR and TR workers.

Survey Response Rates

This report includes responses from workers on all AR-eligible cases (randomly assigned to AR or TR) that completed the survey on or before July 31st, 2015. A total of 472 surveys were emailed to workers through the second week of July; 229 surveys were sent to AR workers and 243 surveys were sent to TR workers. Overall, 362 surveys were completed as of July 31st, 2015 for a response rate of 77%. 179 surveys were completed by AR workers for a response rate of 78% and 183 surveys were completed by TR workers for a response rate of 75%. The graph below shows the response rates for each county and statewide. Scotts Bluff County had the highest overall response rate of 81% and Dodge County had the lowest overall response rate of 68%.



The worker survey provides vital information to the evaluation that is not available from any other data source. Ideally, the overall response rate would be 100% so all cases could be accurately represented in the analyses. DCFS has communicated the importance of completing this survey to workers. In June 2015, another survey invitation was sent to all workers who had not completed past surveys from the start of AR implementation (October 1, 2014) as of June 10, 2015. This resulted in an additional 30 completed surveys.

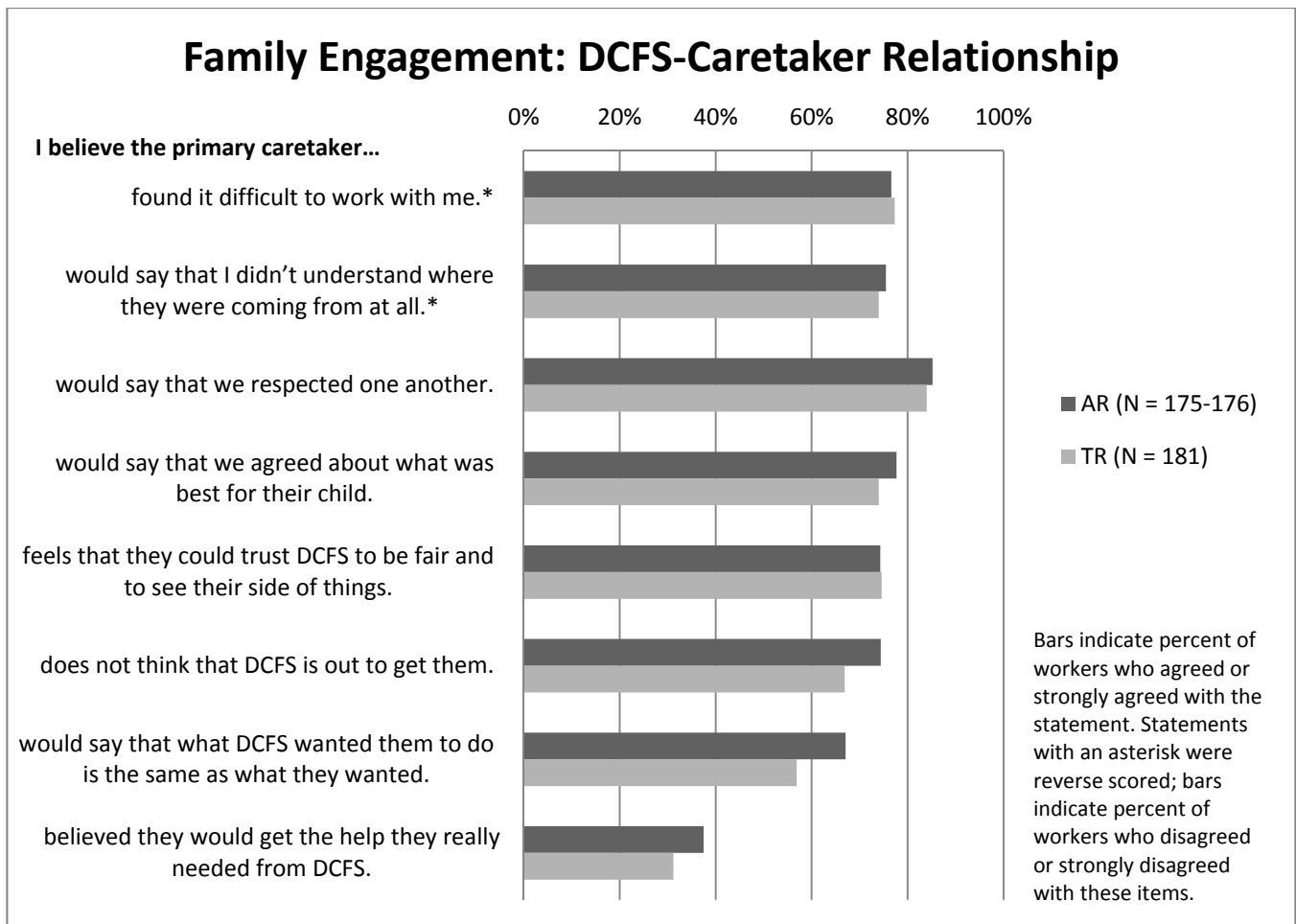
Family Engagement

The worker survey asks questions about the family's engagement with DCFS. Workers answer sixteen questions about the primary caretaker's perceptions of DCFS, the relationship with the worker, and family outcomes. All of these items are worded as statements that workers rate on an agreement scale (1 = *Strongly Disagree*, 5 = *Strongly Agree*). A complete summary of workers' responses is included in Appendix A, *Worker Perceptions of Family Engagement*.

Worker Perceptions of Relationship between Caretaker and DCFS

Workers in both tracks had similar perceptions of the primary caretaker’s relationship with the worker. Overall, approximately two-thirds of workers reported a very positive relationship between the primary caretaker and the worker. More than three-quarters of workers stated the primary caretaker did not find it difficult to work with them. More than 80% of workers also believe that parents sensed the worker could see the caretaker’s point of view and perceived mutual respect and agreement with primary caretakers.

Workers for both AR and TR also generally believed that caretakers had trust in DCFS. Three-quarters of both AR and TR workers agreed or strongly agreed that the primary caretaker felt that they could trust DCFS to be fair and to see their side of things. However, less than 40% of workers agreed that the primary caretaker would say that they got the help they really needed from DCFS. The following graph displays the percent of workers who agreed or strongly agreed with statements regarding the primary caretakers’ perceptions of the relationship between the primary caretaker and DCFS.

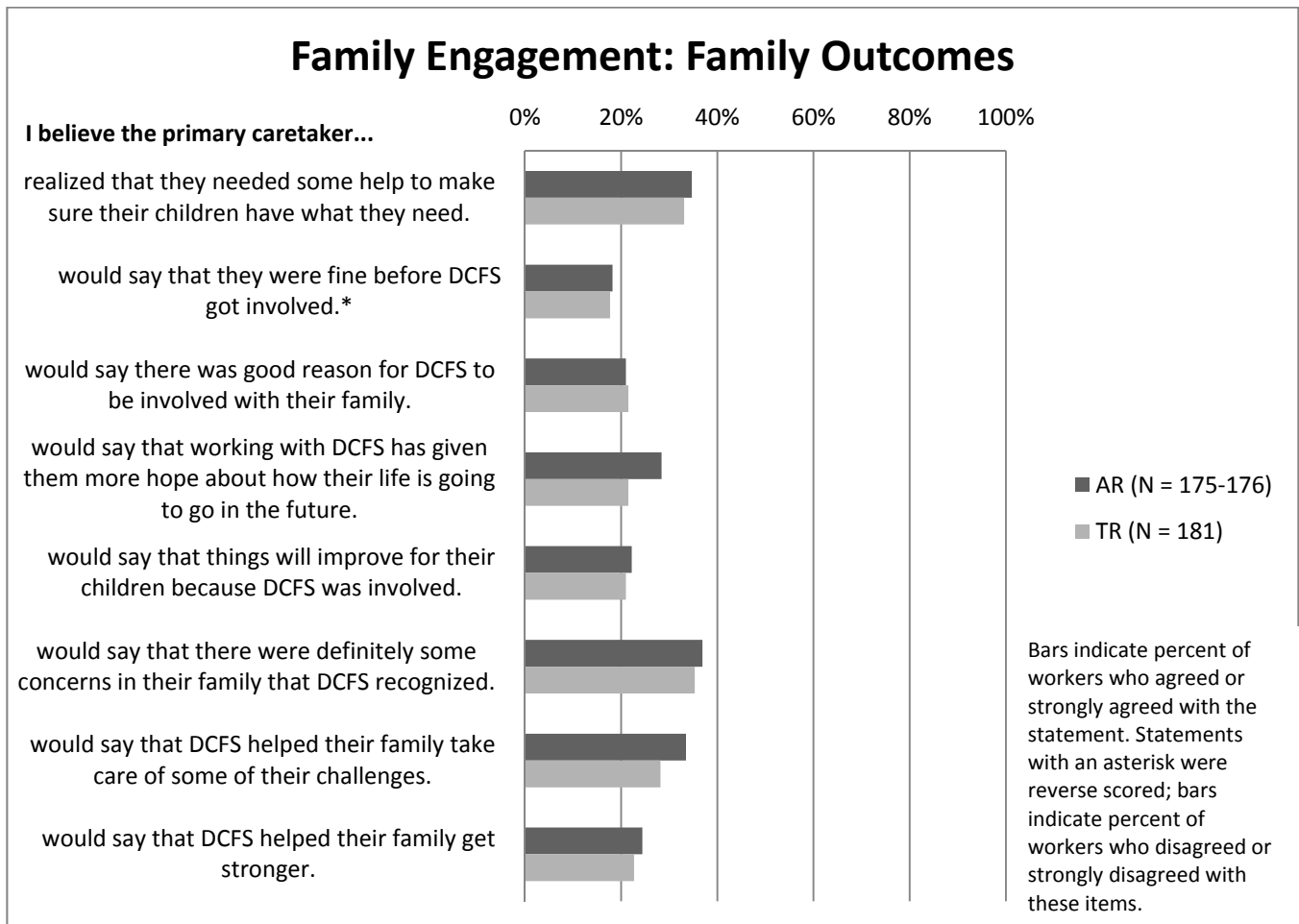


Worker Perceptions of Family Outcomes

In general, workers in both tracks did not believe that primary caretakers thought they needed help. About one-third of workers for both AR and TR cases disagreed or strongly disagreed that the primary caretaker realized that they needed some help to make sure their children had what they needed. Less than a quarter of

workers in both tracks believed the primary caretaker would say there was a good reason for DCFS to be involved with their family. These responses indicate workers believe caretakers do not believe they need help from DCFS.

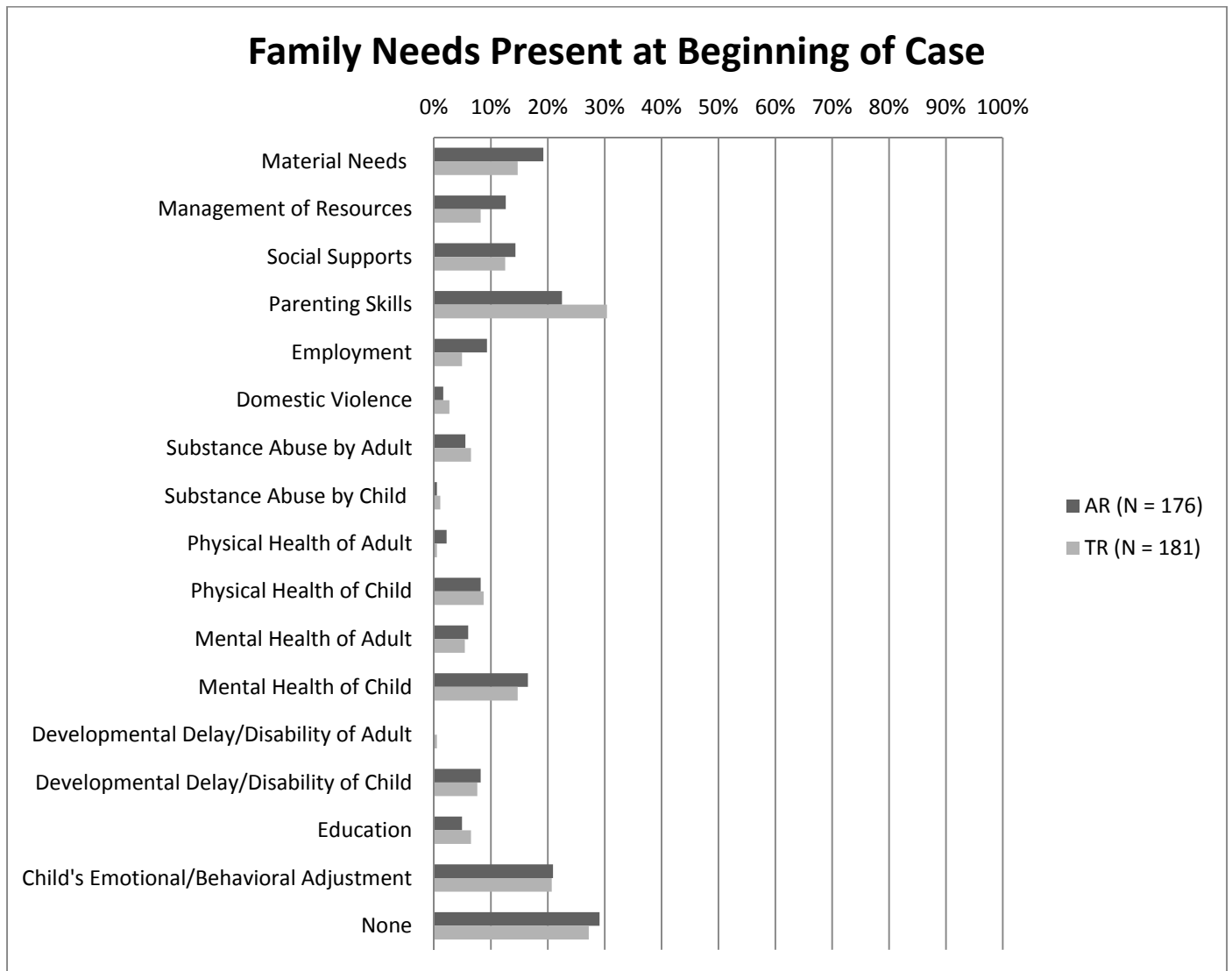
Approximately only one quarter of workers indicated the primary caretaker believed DCFS helped improve their family. Additionally, less than one-third of workers for both AR and TR agreed that the primary caretaker would say that DCFS helped their family take care of some of their challenges. These responses show that, while workers believe caretakers trust DCFS to be fair, workers do not perceive caretakers feel that DCFS had an impact on their family. The below graph depicts the percent of workers who agreed or strongly agreed with statements regarding primary caretakers' perceptions of outcomes.



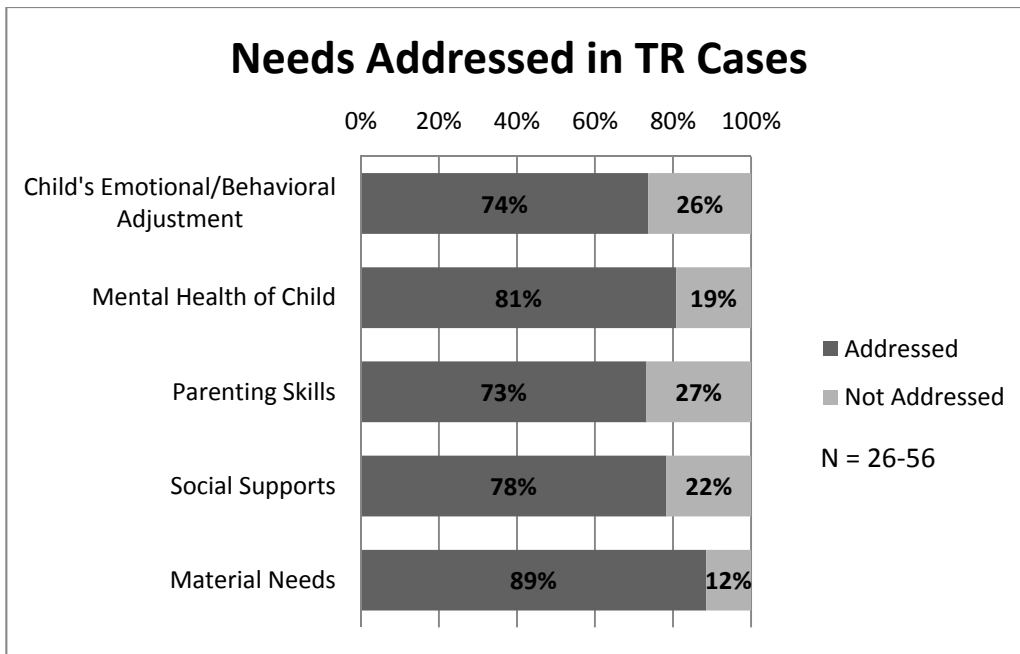
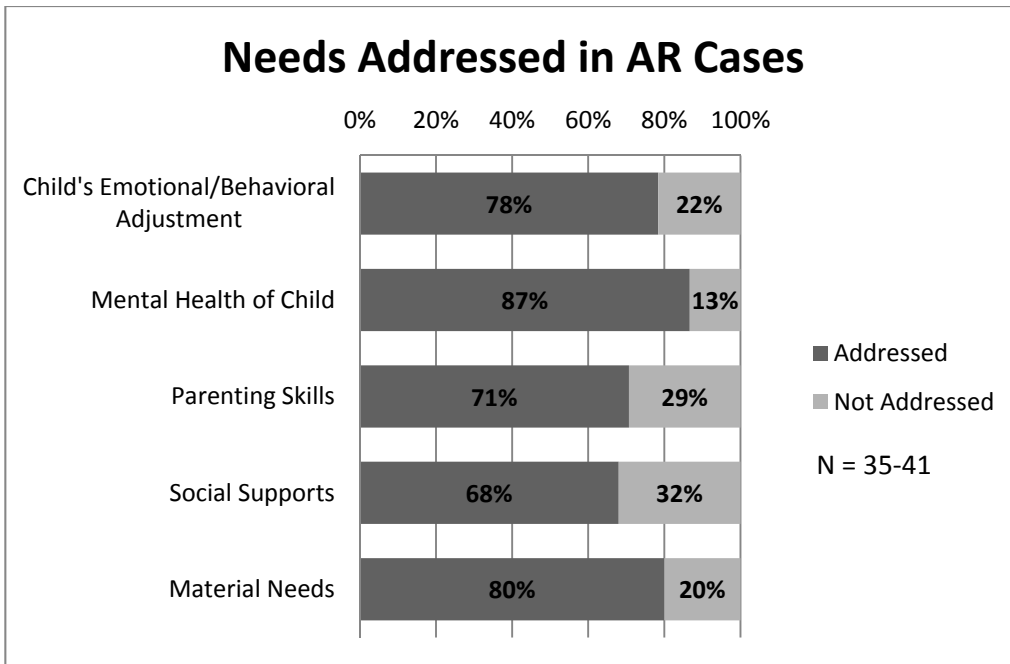
Family Needs

Workers were asked to identify the various needs present in the family at the beginning of the case. The most commonly identified need was parenting skills for both AR and TR. Other common needs selected by at least 10% of both AR and TR workers included the child's emotional and behavioral adjustment, material needs, mental health of the child, and social supports. Approximately one-quarter of workers indicated that the families did not have any needs present at the beginning of the case.

Looking at the selected needs of the families, AR and TR families appear to be presenting with the same needs; this also confirms that random assignment is working to create comparable groups. The below graph shows the percent of needs selected for AR and TR cases.

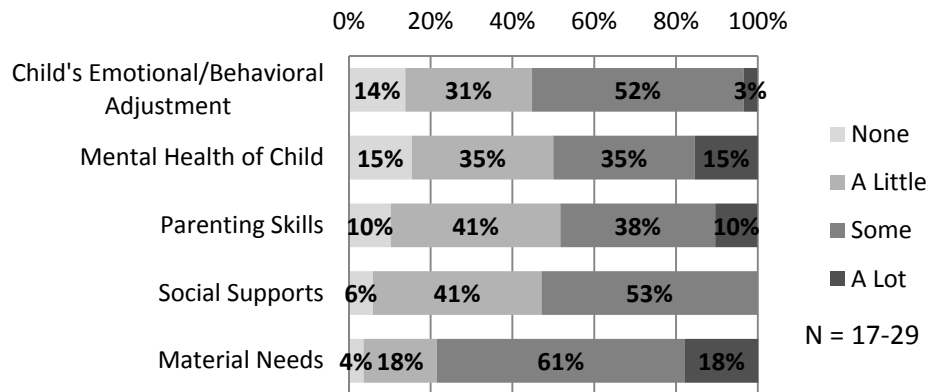


For each need the worker identified, the worker was then asked whether or not they were able to address that need with the family while the case was open. The majority of workers reported that they were able to address these needs during the case, regardless of track assignment. The following graphs display the percentage of cases that were able to address the 5 most common needs. For example, 80% of AR workers and 89% of TR workers reporting the family required material needs also reported that they were able to address that need during the case.

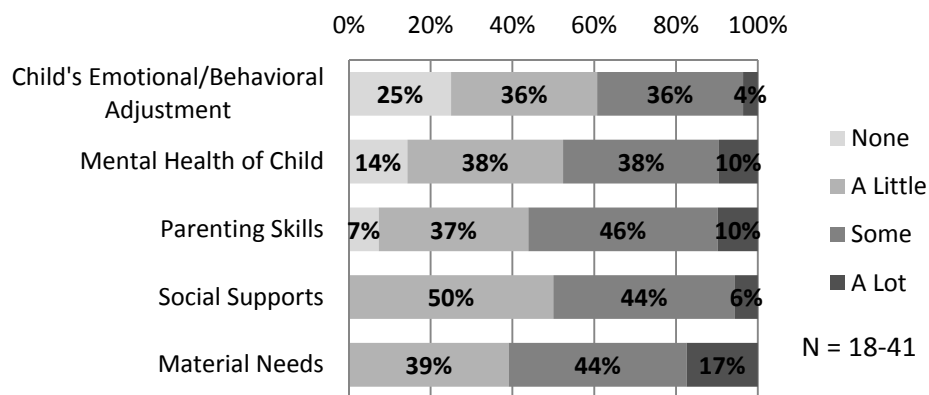


For each need workers were able to address during the case, workers were then asked whether or not that need improved while the case was open. More than three-quarters of workers reported that needs improved in both AR and TR cases. The following graph displays the percentage of improvement for the five most common family needs. For example, 96% of AR workers and 100% of TR workers reported that families requiring material needs were able to improve this need during their work with the family, at least a little.

Improvement on Common Needs in AR Cases

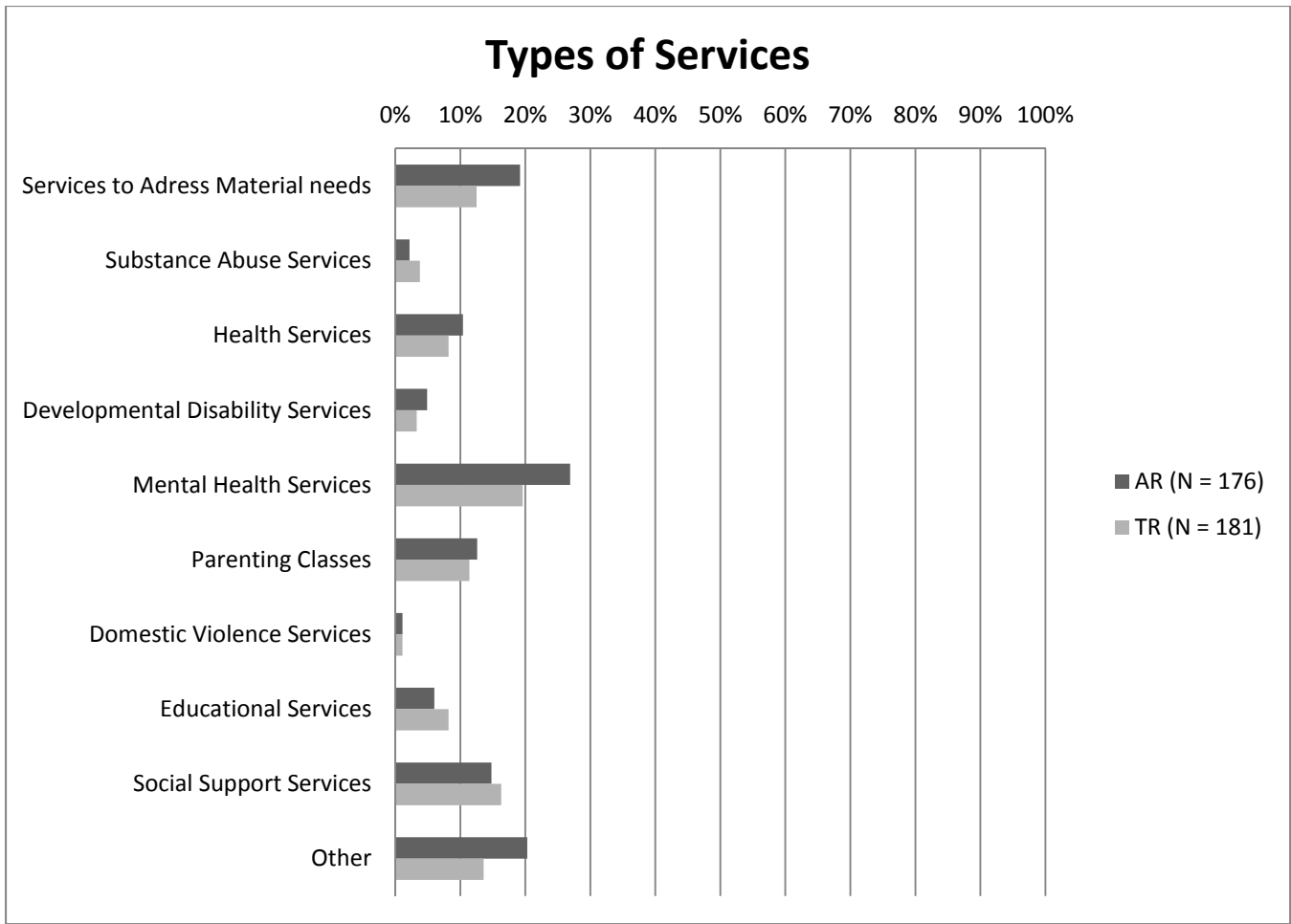


Improvement on Common Needs in TR Cases

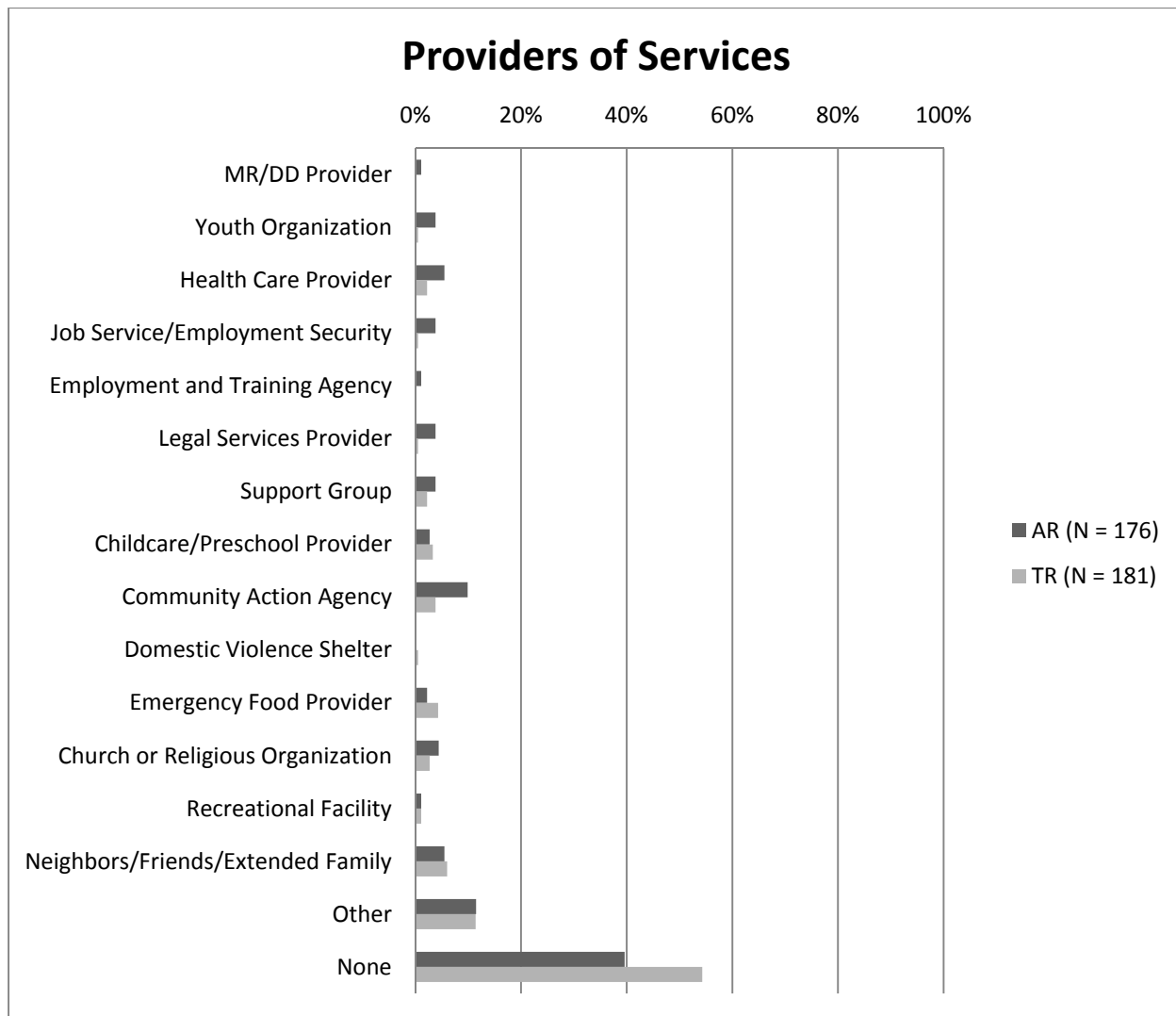


Services Provided to Families

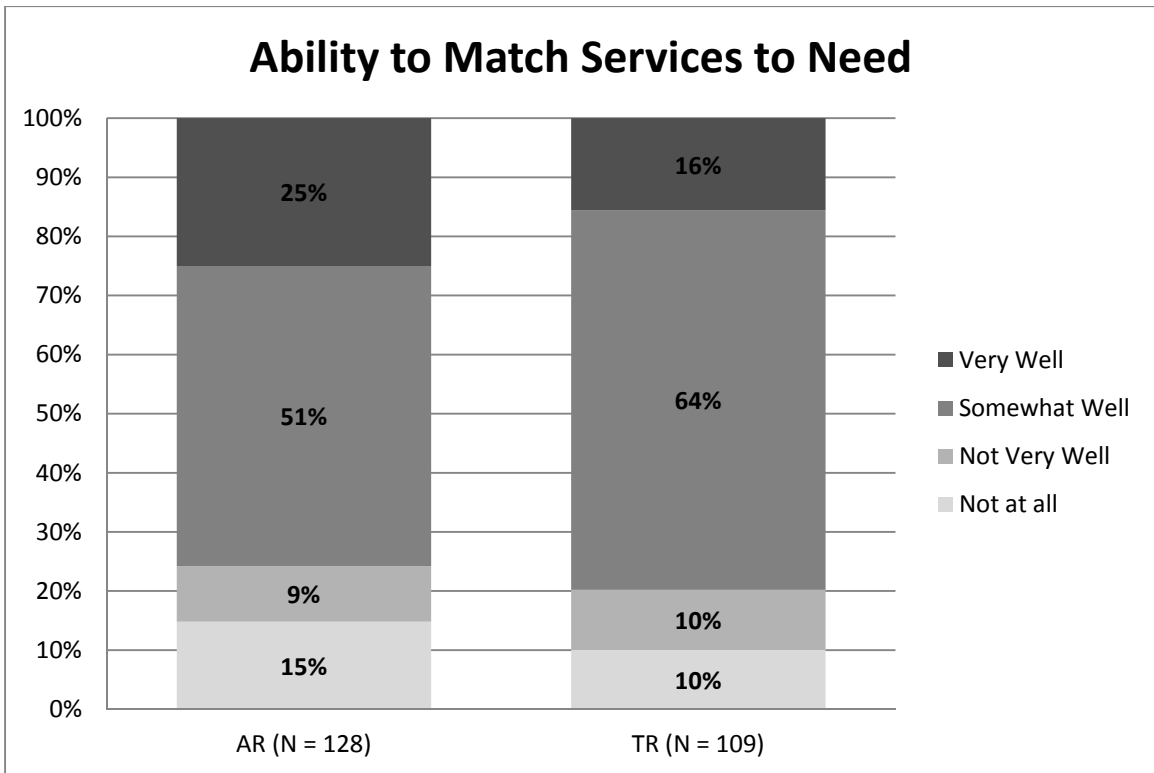
Workers reported information about the types of services provided to families, general providers of those services, and families' participation in those services. For the types of services that workers either gave the family information about or directly provided, the most common type of service (selected by about one-quarter of both AR and TR workers) was mental health services. Other common types of services were those to address material needs and social support services. If other services were provided that were not listed, workers were asked to provide information about those services. Other services provided to both tracks included day care providers, Intensive Family Preservation, and Legal Aid. Additionally, AR families were provided with Medicaid. These preliminary data indicate AR and TR cases are receiving similar types of services. The following graph displays the types of services received by AR and TR families.



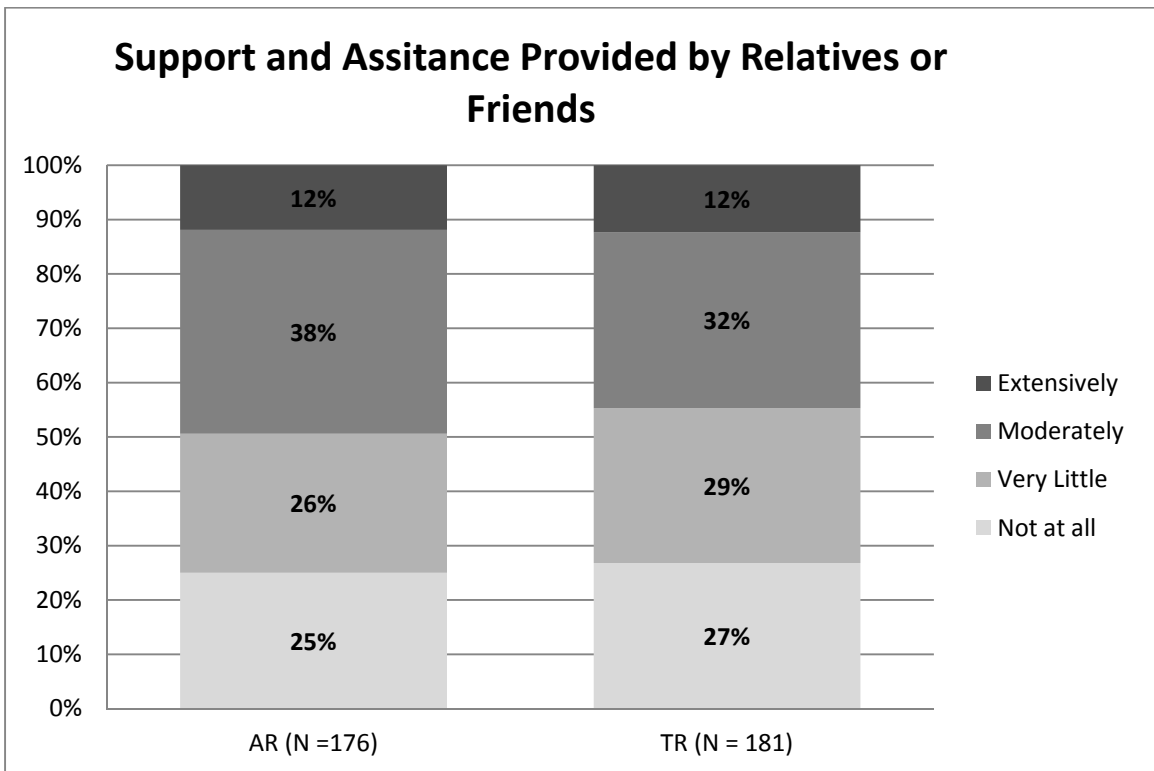
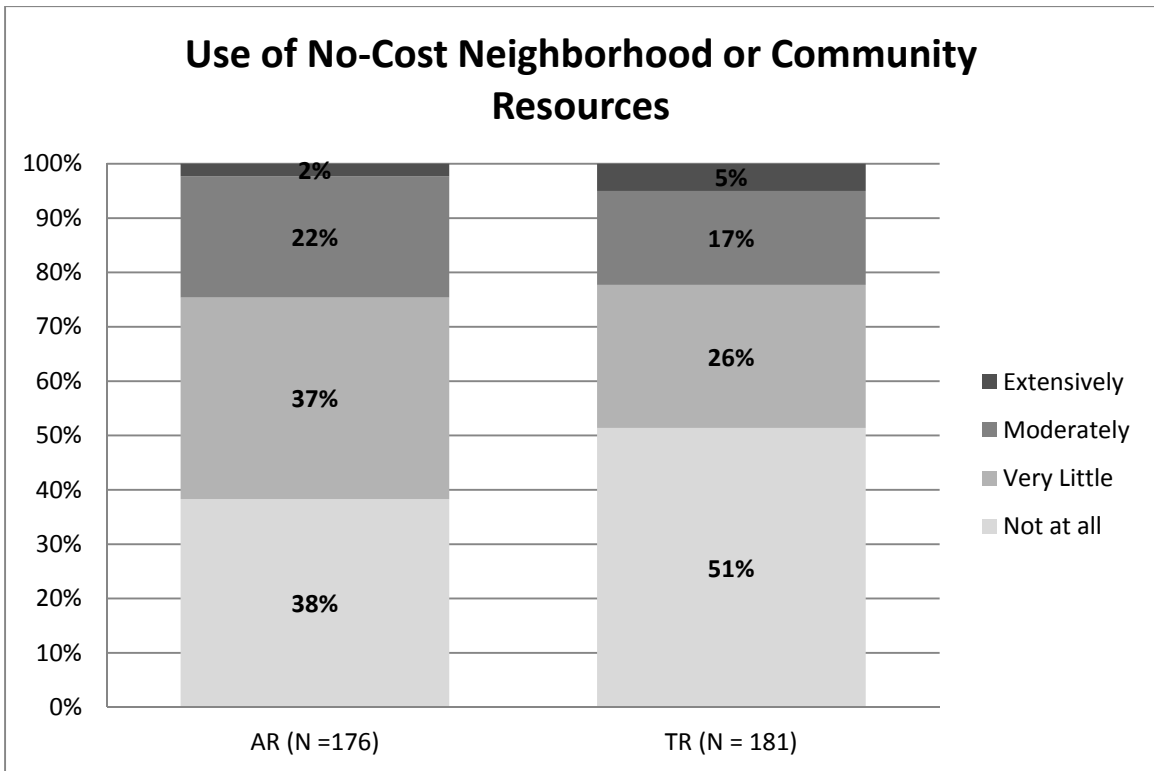
For the categories of service providers, most families appear to not have received services from any providers, as “None” was the most commonly selected response. However, of the selected providers, the most common were community action agencies, neighbors/friends/family, and health care providers. The following graph displays the types of service providers involved with AR and TR families.



If a service was provided to a family, workers were then asked to indicate how well they believed they were able to match that service to the need of the family. As shown in the following graph, most workers reported that they were able to match the services provided to the service needs of the family; indicating that workers are mostly able to find services to address the needs of families in both AR and TR cases.



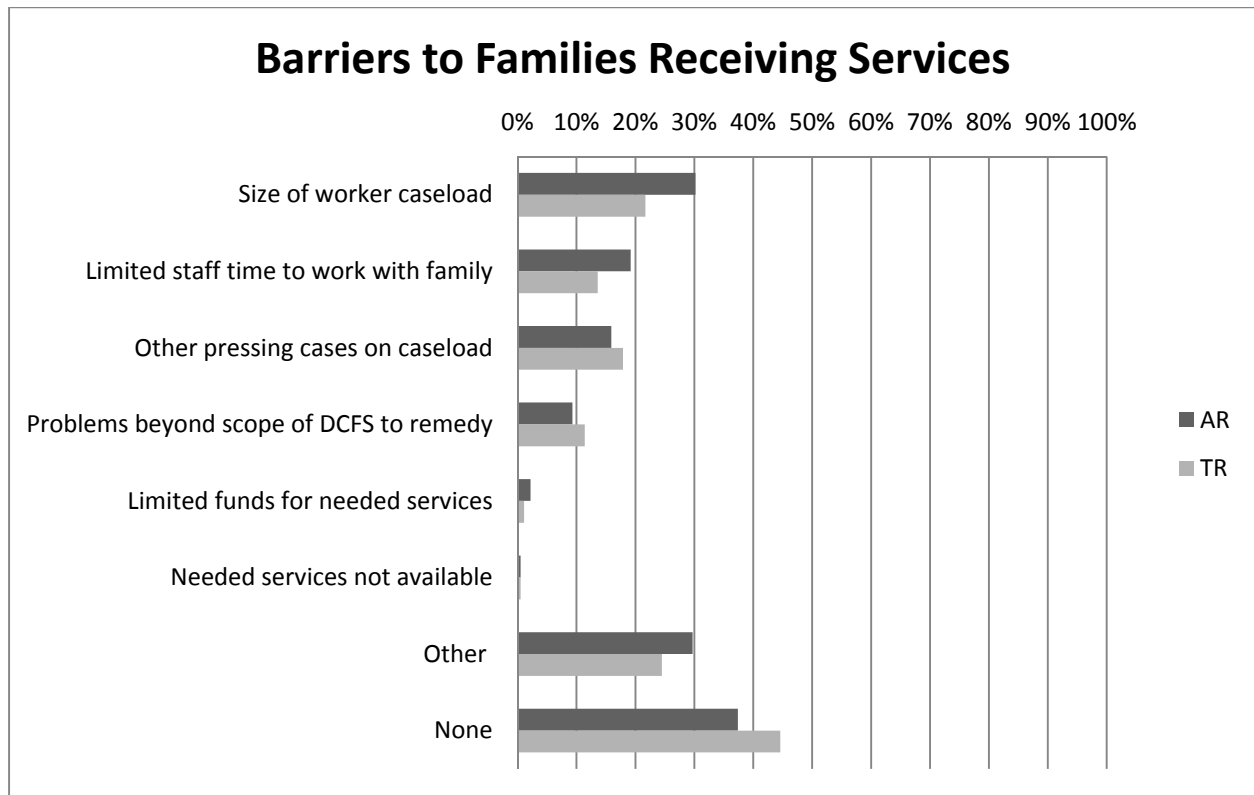
Because AR is particularly focused on addressing needs through low- or no-cost methods whenever possible, workers were specifically asked about these types of services. Less than half of TR cases utilized a no-cost neighborhood or community resource. Additionally, nearly half of all cases received at least moderate support or assistance from relatives or friends, regardless of track assignment. Overall, it appears slightly more AR cases utilized some sort of no-cost resource. The below graphs depict the use of no-cost resources, provided by either neighborhood or community resources, or relatives or friends, for both tracks.



Barriers to Families Receiving Services

Workers were asked to provide information about the barriers they may have experienced in providing services to families. Workers identified similar barriers, regardless of track assignment. Generally, most workers did not experience barriers to families receiving services; a slightly larger proportion of TR workers

(45%) reported that they experienced no barriers when compared to AR workers (37%). However, for the barriers selected, the most common barrier was the size of the worker caseload, followed by limited staff time to work with families, and other pressing cases on their caseload. If a barrier was not listed, workers selected “other” and were then asked to provide a text response. Workers on both tracks reported additional barriers such as cultural or language issues, problems with the family refusing to engage or being uncooperative, and custody issues between parents. Overall, these data indicate that both AR and TR workers appear to be experiencing the same barriers. The following graph displays the barriers experienced by AR and TR workers.

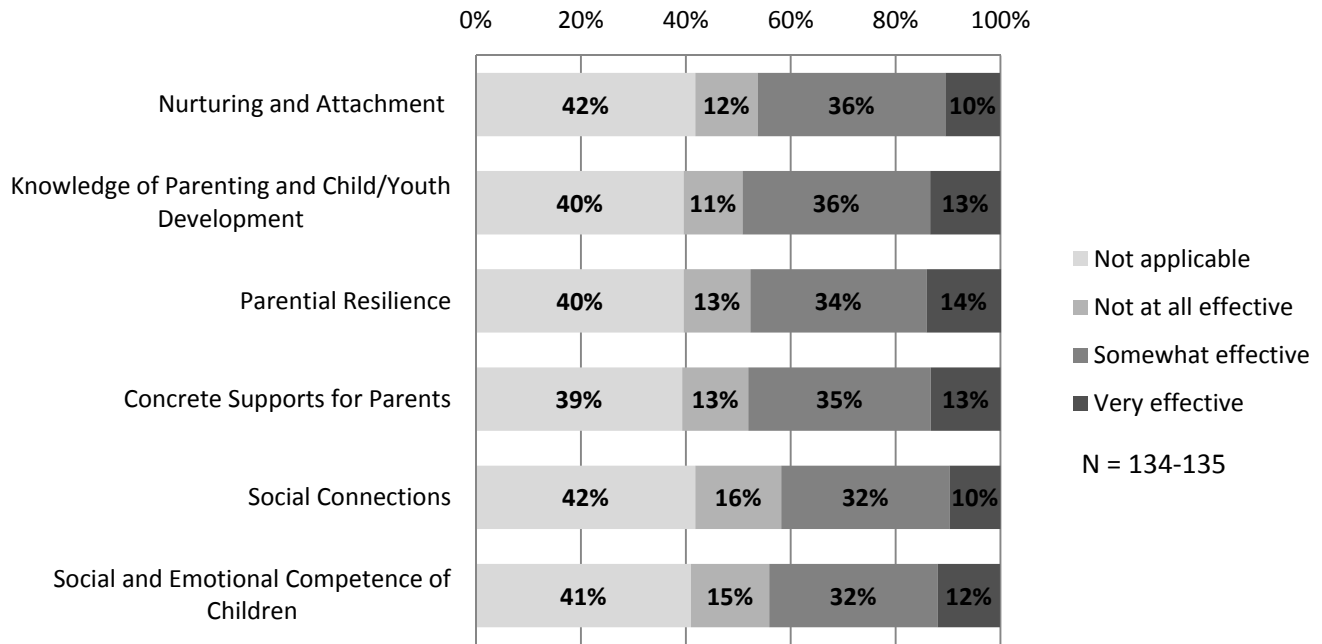


Protective Factors

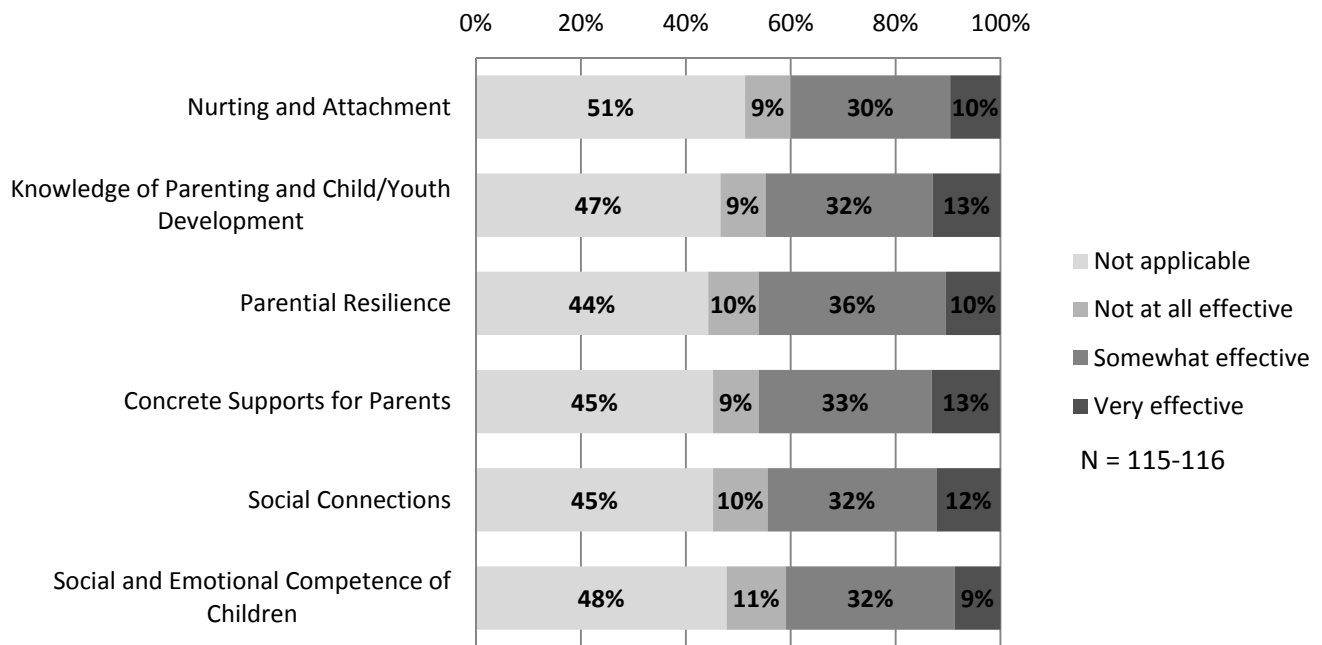
Finally, workers were asked about whether the services provided to the family improved the family’s protective factors. For more detailed information about the family’s perceptions of protective factors, see *Protective Factors Questionnaire: October 2014-July 2015*; however, this report simply covers the workers’ perceptions about whether or not the services provided were able to improve each of the protective factors.

All six protective factors appear to have similarly improved for all cases. Less than 15% of workers in both AR and TR reported services were very effective at improving the protective factors; between 8% and 17% of workers reported services did not improve protective factors at all. Importantly, between one-third and one-half of all workers reported that services were not applicable to protective factors, indicating that a substantial proportion of both AR and TR workers do not recognize the connection between services and protective factors. The following graphs display the effectiveness of services on each of the protective factors for both AR and TR.

Improvement on Protective Factors for AR Cases



Improvement on Protective Factors for TR Cases



Appendix A: Worker Perceptions of Family Engagement

Worker Perceptions of Family Engagement for AR Cases

I think the primary caretaker...	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
Believed they would get the help they really needed from DCFS.	5 (2.8%)	41 (23.3%)	54 (30.7%)	51 (29.0%)	15 (8.5%)	10 (5.7%)
Realized that they needed some help to make sure their children have what they need.	15 (8.5%)	63 (35.8%)	27 (15.3%)	45 (25.6%)	16 (9.1%)	10 (5.7%)
Would say that they were fine before DCFS got involved.	1 (.6%)	31 (17.6%)	28 (15.9%)	66 (37.5%)	46 (26.1%)	4 (2.3%)
Found it difficult to work with me.	40 (22.9%)	94 (53.7%)	27 (15.4%)	8 (4.6%)	2 (1.1%)	4 (2.3%)
Would say there was good reason for DCFS to be involved with their family.	20 (11.4%)	69 (39.2%)	43 (24.4%)	32 (18.2%)	5 (2.8%)	7 (4.0%)
Would say that working with DCFS has given them more hope about how their life is going to go in the future.	9 (5.1%)	45 (25.6%)	62 (35.2%)	48 (27.3%)	2 (1.1%)	10 (5.7%)
Would say that we respected one another.	1 (.6%)	1 (.6%)	20 (11.4%)	100 (56.8%)	50 (28.4%)	4 (2.3%)
Would say that we agreed about what was best for their child.	3 (1.7%)	4 (2.3%)	28 (16.0%)	104 (59.4%)	32 (18.3%)	4 (2.3%)
Feels that they could trust DCFS to be fair and to see their side of things.	3 (1.7%)	9 (5.1%)	29 (16.6%)	105 (60.0%)	25 (14.3%)	4 (2.3%)
Would say that things will improve for their children because DCFS was involved.	7 (4.0%)	41 (23.3%)	79 (44.9%)	36 (20.5%)	3 (1.7%)	10 (5.7%)
Would say that what DCFS wanted them to do is the same as what they wanted.	5 (2.8%)	14 (8.0%)	33 (18.1%)	98 (55.7%)	20 (11.4%)	6 (3.4%)
Would say that there were definitely some concerns in their family that DCFS recognized.	13 (7.4%)	47 (26.7%)	44 (25.0%)	60 (34.1%)	5 (2.8%)	7 (4.0%)
Would say that I didn't understand where they were coming from at all.	27 (15.3%)	106 (60.2%)	31 (17.6%)	7 (4.0%)	1 (.6%)	4 (2.3%)
Would say that DCFS helped their family take care of some of their challenges.	7 (4.0%)	47 (26.7%)	53 (30.1%)	56 (31.8%)	3 (1.7%)	10 (5.7%)
Would say that DCFS helped their family get stronger.	8 (4.5%)	40 (22.7%)	74 (42.0%)	41 (23.3%)	2 (1.1%)	11 (6.3%)
Does not think that DCFS is out to get them.	2 (1.1%)	8 (4.5%)	30 (17.0%)	105 (59.7%)	26 (14.8%)	5 (2.8%)

Worker Perceptions of Family Engagement for TR Cases

I think the primary caretaker...	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
Believed they would get the help they really needed from DCFS.	8 (4.4%)	34 (18.8%)	68 (37.6%)	44 (24.3%)	13 (7.2%)	14 (7.7%)
Realized that they needed some help to make sure their children have what they need.	13 (7.2%)	60 (33.1%)	33 (18.2%)	48 (26.5%)	12 (6.6%)	15 (8.3%)
Would say that they were fine before DCFS got involved.	6 (3.3%)	26 (14.4%)	34 (18.8%)	71 (39.2%)	41 (22.7%)	3 (1.7%)
Found it difficult to work with me.	50 (27.6%)	90 (49.7%)	26 (14.4%)	10 (5.5%)	0 (0%)	5 (2.8%)
Would say there was good reason for DCFS to be involved with their family.	30 (16.6%)	70 (38.7%)	38 (21.0%)	35 (19.3%)	4 (2.2%)	4 (2.2%)
Would say that working with DCFS has given them more hope about how their life is going to go in the future.	12 (6.6%)	50 (27.2%)	72 (39.8%)	33 (18.2%)	6 (3.3%)	8 (4.4%)
Would say that we respected one another.	2 (1.1%)	2 (1.1%)	21 (11.6%)	104 (57.5%)	48 (26.5%)	4 (2.2%)
Would say that we agreed about what was best for their child.	5 (2.8%)	8 (4.4%)	29 (16.0%)	96 (53.0%)	38 (21.0%)	5 (2.8%)
Feels that they could trust DCFS to be fair and to see their side of things.	2 (1.1%)	12 (6.6%)	27 (14.9%)	102 (56.4%)	33 (18.2%)	5 (2.8%)
Would say that things will improve for their children because DCFS was involved.	10 (5.5%)	30 (22.1%)	80 (44.2%)	31 (17.1%)	7 (3.9%)	13 (7.2%)
Would say that what DCFS wanted them to do is the same as what they wanted.	3 (1.7%)	16 (8.8%)	47 (26.0%)	80 (44.2%)	23 (12.7%)	12 (6.6%)
Would say that there were definitely some concerns in their family that DCFS recognized.	11 (6.1%)	49 (27.1%)	51 (28.2%)	54 (29.8%)	10 (5.5%)	6 (3.3%)
Would say that I didn't understand where they were coming from at all.	34 (18.8%)	100 (55.2%)	32 (17.7%)	9 (5.0%)	2 (1.1%)	4 (2.2%)
Would say that DCFS helped their family take care of some of their challenges.	6 (3.3%)	43 (23.8%)	68 (37.6%)	46 (25.4%)	5 (2.8%)	13 (7.2%)
Would say that DCFS helped their family get stronger.	9 (5.0%)	40 (22.1%)	79 (43.6%)	38 (21.0%)	3 (1.7%)	12 (6.6%)
Does not think that DCFS is out to get them.	5 (2.8%)	12 (6.6%)	39 (21.5%)	89 (49.2%)	32 (17.7%)	4 (2.2%)