



Differential Response and Frequently Encountered Families Lessons from Eight Studies

Differential Response Conference
Anaheim, 2010

Tony Loman, PhD
IAR - Institute of Applied Research
St. Louis, Missouri
www.iarstl.org

What were the eight studies?

The Institute of Applied Research has conducted eight studies since 1995 relevant to DR and chronic CA/N. These are referenced in the following notes by the numbers shown here.

- **The Missouri Family Assessment and Response Evaluation:** Includes the **(1)** two-track study (1995-98) and its **(2)** five-year follow-up (2002-3)
- **The Minnesota Alternative Response Evaluation:** Includes the **(3)** evaluation (2001-3) and **(4)** extended follow-up (2003-4)
- **The Minnesota Parent Support Outreach Evaluation (5)** (2005-2009)
- **The Frequently Encountered Families (FEF) study (6)** (2004)
- **The Ohio Alternative Response Evaluation (7)** (2008-10) and follow-up (ongoing)
- **The Nevada Differential Response Evaluation (8)** (2007-10)
- All are available on the IAR website: **www.iarstl.org** (Click on the “papers and reports” tab.)

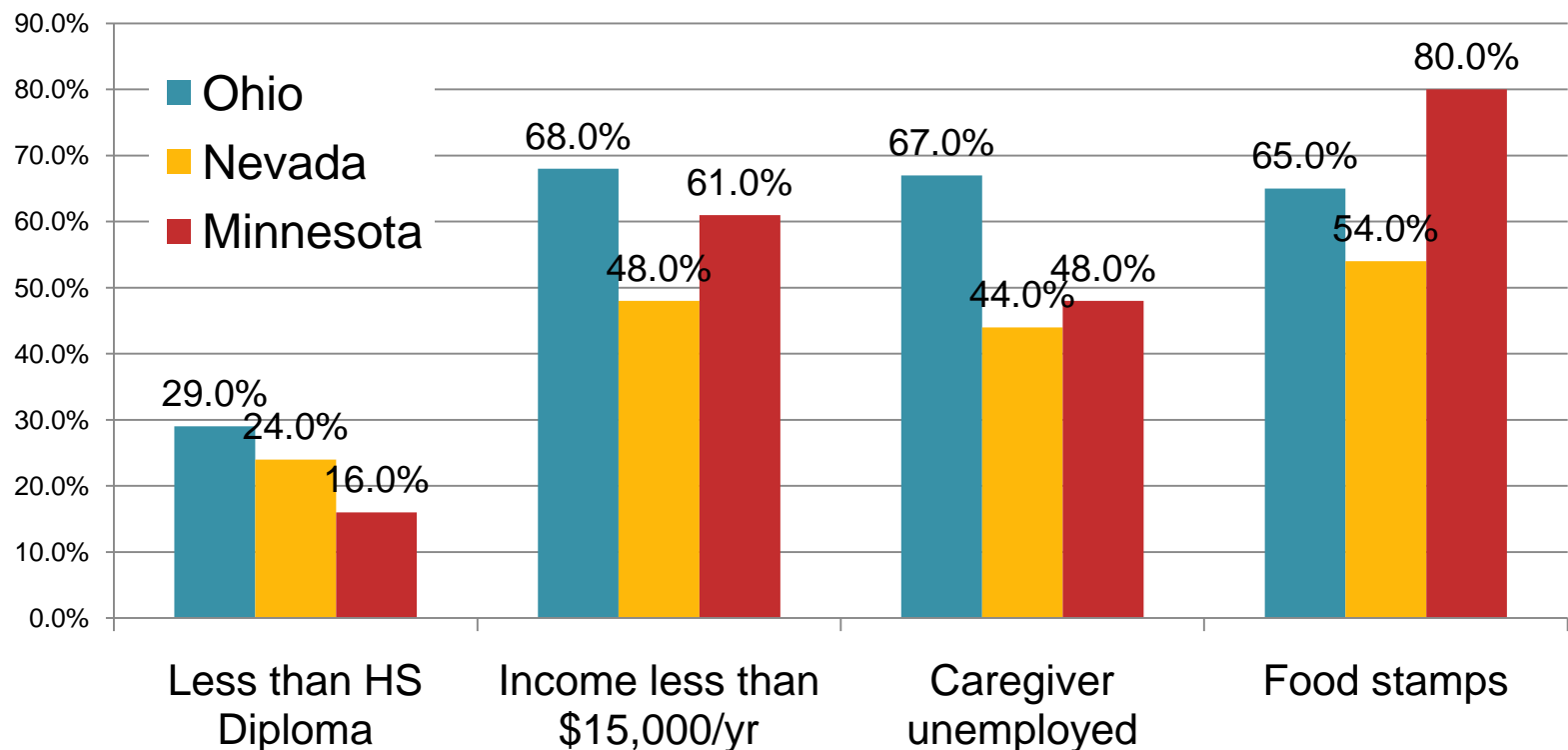
What will we explore in this presentation?

- Whether the characteristics and needs of families in the various populations are similar
- The reaction of families to the family assessment approach within and outside CPS
- The presence of chronic (FEF) families in various populations: how they differ from non-chronic and their needs
- How patterns of reported allegations support the broader approach embodied in DR
- How family poverty is related to child welfare and child maltreatment
- The shift in services that always occurred under DR, evidence for its effectiveness and the need for more.

Education and Income

Ohio, Nevada and Minnesota PSOP

- Very different selection methods: Ohio: CPS appropriate, Nevada: No safety problems, MN PSOP: unaccepted reports



Education and Income

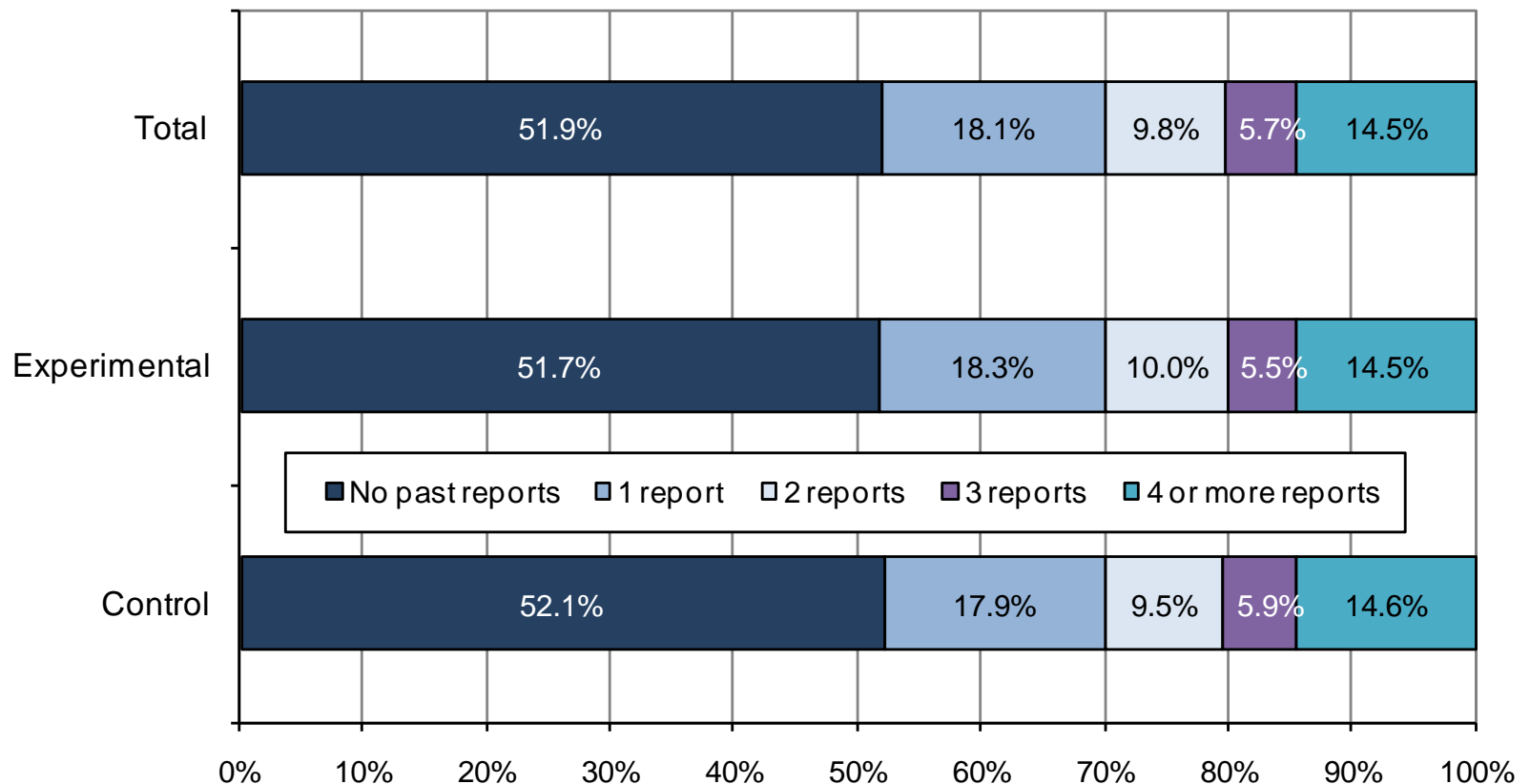
Ohio, Nevada and Minnesota PSOP

Notes: Families in three very different programs are considered in this chart. Ohio (7)* was a program similar to Minnesota and Missouri in that the majority of families with reports accepted as appropriate for differential response (DR) could be directed to family assessments rather than investigations. Nevada (8) also diverted families with accepted reports to DR but in a highly restricted fashion. Only families with no existing child safety problems were offered family assessments, and these were conducted by workers outside Child Protection Services (CPS). The percentage of reports receiving family assessments was very small (less than 20%). The Minnesota Parent Support Outreach Program (PSOP) (5) was directed to families whose reports had been rejected as appropriate for CPS. This chart shows that the three populations of families were roughly similar on measures of income and education—two traditional indicators of social status. They had higher rates of dropouts (with the possible exception of MN) and significantly lower incomes than the general population.

* Numbers refer to studies (see slide 2).

Accepted CPS Reports before AR (Ohio AR)

- Proportions of families with one or more earlier reports (over eight years or more)



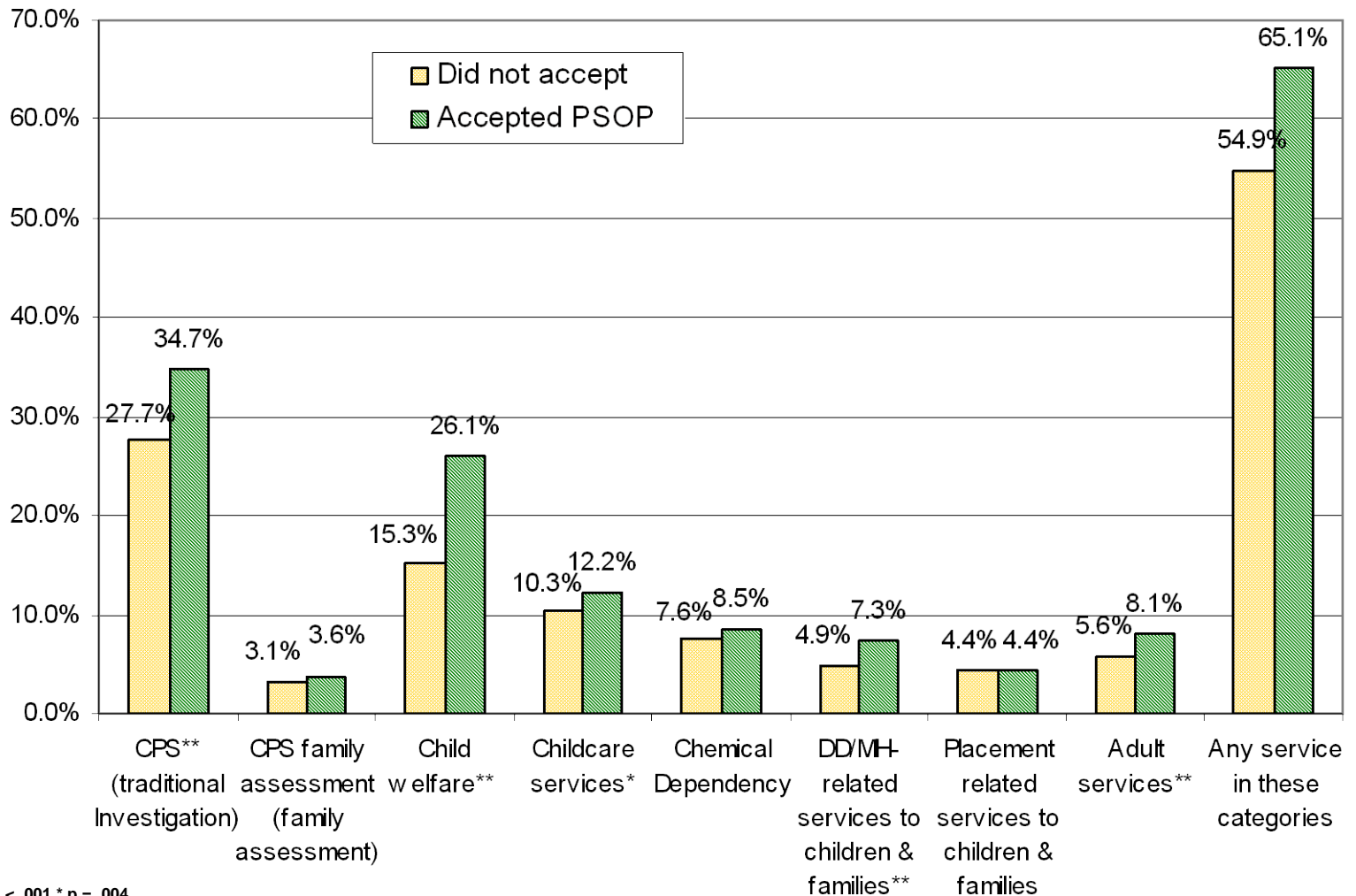
Previous Accepted CPS Reports Ohio AR

Notes: The chart shows previous accepted reports of child maltreatment of families in the experimental and control groups in Ohio (7). (This study used random assignment of families with reports that had been judged appropriate for DR (or AR = alternative response. Experimental families received a family assessment while control families received a standard investigation.) The strongest predictor of new reports of child maltreatment is past reports of child maltreatment shown in this study (7 pp. 136-7) and at greater length in the Frequently Encountered Families study (5: pp. 3-15). Families with previous reports are more likely to be seen again and the more previous reports the more likely there will be future reports, that is, reports are risk indicators. If we were to define chronic families as those having had three or more previous reports, then the about 30% of the DR families in Ohio could be defined as chronic.

In Nevada 53% of families had had at least one previous report over a similar period. Also, in Ohio about one in ten families had had a previous child removal and in Nevada the proportion was one in twelve.

Nevada ruled out cases with safety problems, but not Ohio. Families with and without child safety problems appeared to have similar histories.

Previous Accepted CPS Reports and other Services: Minnesota PSOP



Previous Accepted CPS Reports and other Services: Minnesota PSOP

Notes: Moving back to the MN PSOP study, over a third (35%) of families that accepted PSOP services (PSOP was voluntary) had had previous accepted CPS reports. And more than a fourth (26%) had had previous child welfare cases. Remember these were families with unaccepted reports to CPS.

In this study we were able to track the history of families in a variety of service programs, as can be seen in the chart. The bottom line is that over two thirds of the PSOP accepters (65%) had had previous contacts or cases with one of the state service systems.

On the basis of previous history it is difficult to distinguish families with unaccepted reports from those with accepted reports.

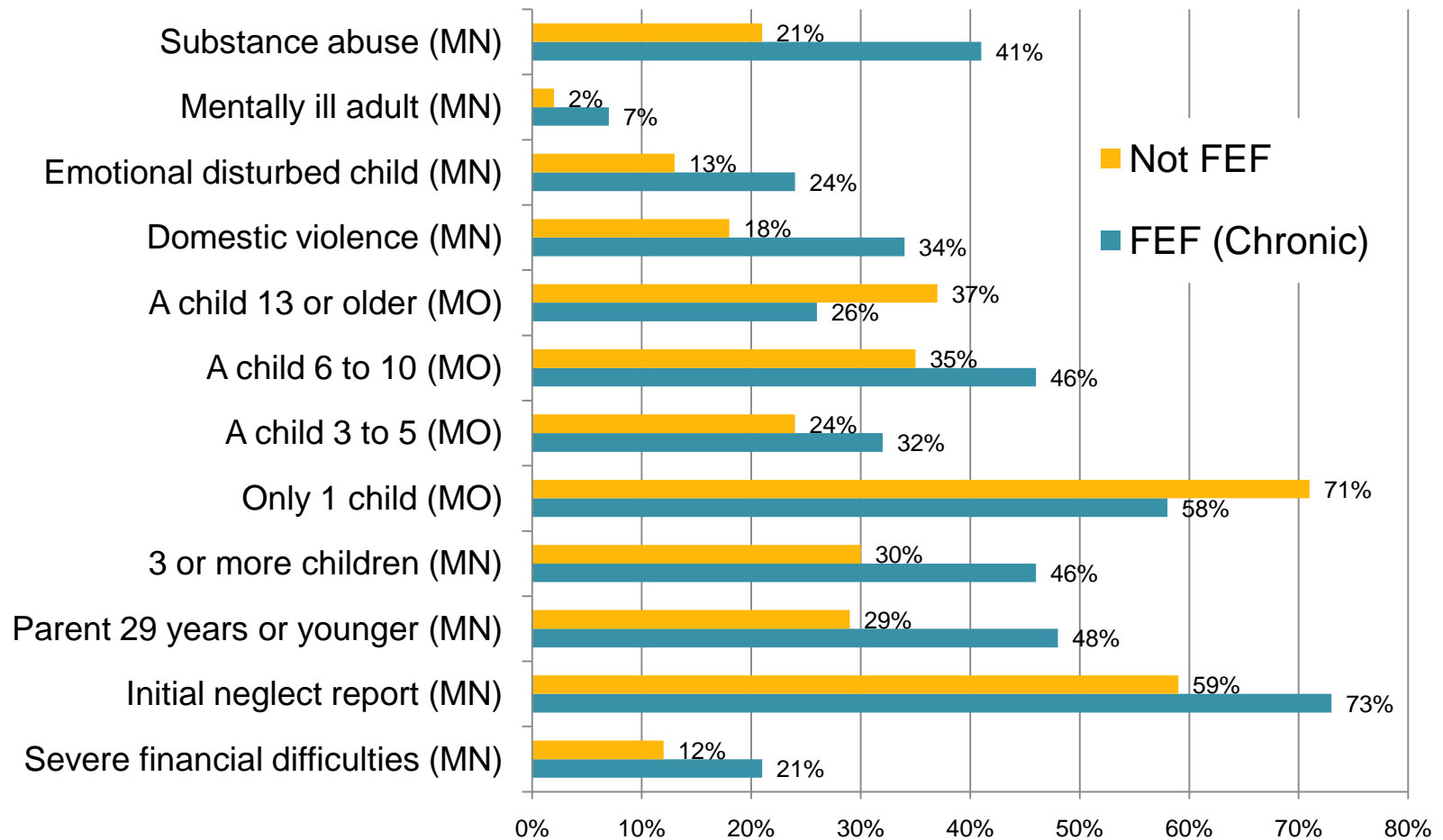
So far we have seen that poverty, low education, history with the agency (and presumably other service systems) were not related to either acceptance of reports or threats to child safety. The only common factor was that there was a report of some kind.

Number of Subsequent Reports for Each Type of Initial Report (33,395 Families)

Notes: This table summarizes accepted reports for a very large number of Missouri families (see 6, pp. 10-16) over a five-year period. The leftmost column shows the categorization of the first report on each family. The next column shows the percent with at least one new report in each of these categories. The return rate was 55.5% overall (circled in table). The interesting thing about this table is that the kind of initial report is a rather poor predictor of the kinds of later reports. Look at category 8, unmet basic needs, for example. This refers to 'neglect' reports concerning food, clothing, hygiene, home safety, home cleanliness, etc. Of the 4,242 families with this kind of initial report there were 2,525 later reports of the same kind out of a total of 8,951 total later reports on these families. Most later reports were of different kinds. For example there were 1,039 subsequent reports of less severe physical abuse. We have done this analysis in several other states with the same results.

The rule is that later reports will most often recount different allegations than an initial report. My associate, Gary Siegel, named this the "rolling iceberg" table. A report revealing a family problem is thought of as a tip of the iceberg. In subsequent reports the iceberg rolls showing a new tip, that is, a different (but related) family problem. This illustrates the need for a broader and deeper assessment of family needs and strengths. Forensic investigations, which focus on one set of allegations) may show culpability but broader families assessments (like those promoted under DR) and broader service responses are necessary for long term promotion of child safety and child and family welfare.

Characteristics of Chronic and Non-Chronic Families



Characteristics of Chronic and Non-Chronic Families

Notes: We have shown so far that types of reports and even assessments of child safety cannot be used to distinguish families and we have surmised that assessments and, by implication, services to families are less likely to be effective in the long term if they are narrowly focused. However, there are differences within the population of families that are reported for child maltreatment.

This chart compares families that return several times with families that do not return or return only once or twice (6, pp. 35-40). It combines data from previous work in MO (2) and MN (3 & 4). In MO, frequent encounters (FE or chronic) was defined as four or more reports over five years; in MN, it was three or more reports over 27 months.

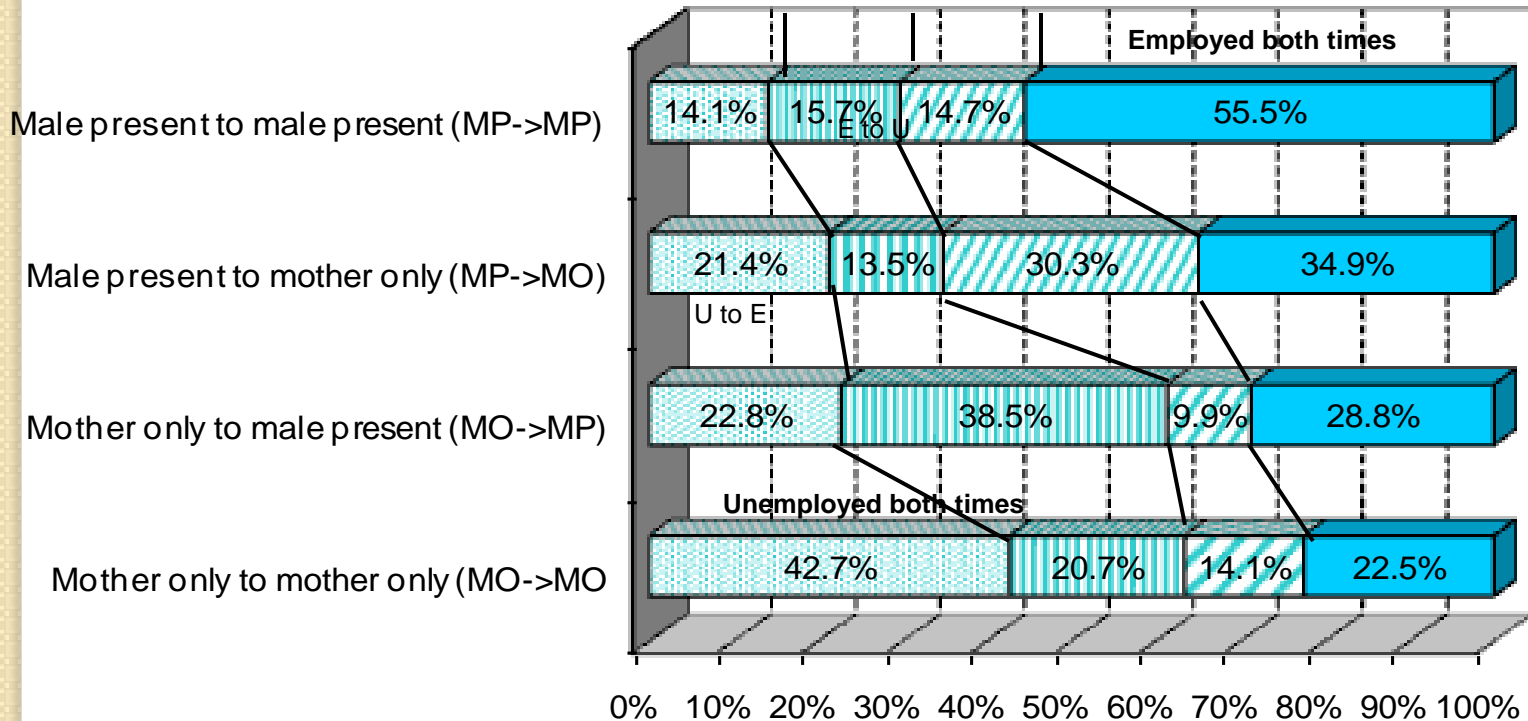
FE families were generally at higher risk of child maltreatment, because increased prevalence of substance abuse, domestic violence, mental illness, younger parents and children, and financial distress. But we should also note that these characteristics were present at lower rates in non-FE families.

Poverty is particularly important and is the subject of much analysis and speculation in (6). We have seen that a substantial proportion of families encountered by CPS have low incomes: \$15,000 or less per year, which is below the poverty level for virtually all families with children. Not shown is that most remaining families were among the working poor.

However, FE families are even more often financially stressed.

Changes in Family Structure and Changes in Employment (U=unemployed, E=employed)

■ U->U ■ U->E ■ E->U ■ E->E



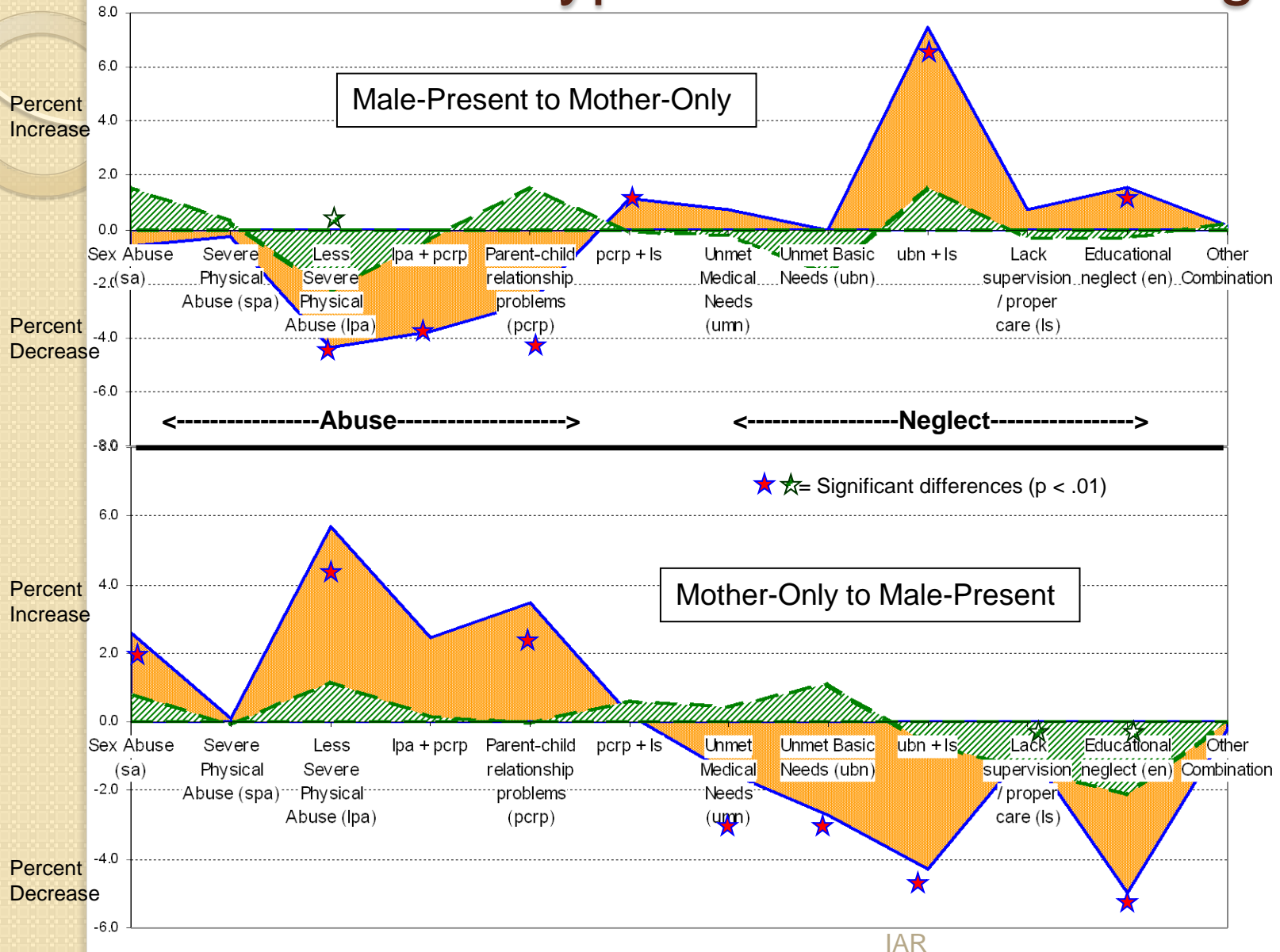
Changes in Family Structure and Changes in Employment

Notes: Over time families move in and out of poverty. This chart returns to our large sample of Missouri families and looks at 11,883 with any recurring reports (both FE and non-FE) in which information on family structure (mother-only and male-present) and employment data were available (6, pp. 30-2).

The analysis looks at transitions between reports (separated by at least a year). From the first to second report employment and family structure may change. Families with two adults present at both reports had the most stable employment and families with only a mother present at both times were most likely to be unemployed. More importantly changing family structure (the two middle bars) were clearly related to changes in employment. The move from one parent to two parents increased employment and conversely the move from two to one increased unemployment.

The question is what relationship does this have to child maltreatment? This can be inferred from the next chart.

Changes in Family Structure and Transitions between Types of Abuse and Neglect



Changes in Family Structure and Transitions between Types of Abuse and Neglect

Notes: This chart looks at the same set of families as the previous but concentrates only on families in which the structure changed from one report to the next. We know that going from a male-present family (with two adults) to a mother only (with only one adult) is related to reduced employment and the opposite transition to increased employment. This chart (see 6, pp. 32-4) shows that the same transition leads to changes in the types of reports. When males have exited from families (and employment and by implication family income have decreased), reports of neglect of basic needs and lack of supervision increase. When males enter families (and the opposite occurs relative to employment and income), physical abuse, sexual abuse and family conflicts reports increase. [We should not stereotype. This is a percentage increase and we are not implying that all males abuse or that all mothers neglect.]

The further implication of this analysis is that reports of unmet basic needs and supervision are related to poverty. This means that poverty is implicated in the child maltreatment. This relationship is emphasized and analyzed with numerous references in 6, (pp 19-26), but various analyses in our other studies can be found in the context of DR programs: for example in 4 (Chapter 2) and in 7 (Chapters 4 and 10). The response of workers to this is discussed below in this presentation.

Poverty, Other Risky Conditions and Child Maltreatment

- Various risk conditions are associated with reports of child maltreatment. Why are poverty and financial distress implicated?
- Some child maltreatment, particularly certain forms of neglect, cannot be easily distinguished from poverty.
- Otherwise, poverty does not “cause” child abuse and neglect because most poor parents have healthy relations with their children, but poverty is a moderating condition of child abuse and neglect.
- The road metaphor: widening and straightening a road reduces accidents even with no changes in driver and auto characteristics.

Poverty, Other Risky Conditions and Child Maltreatment

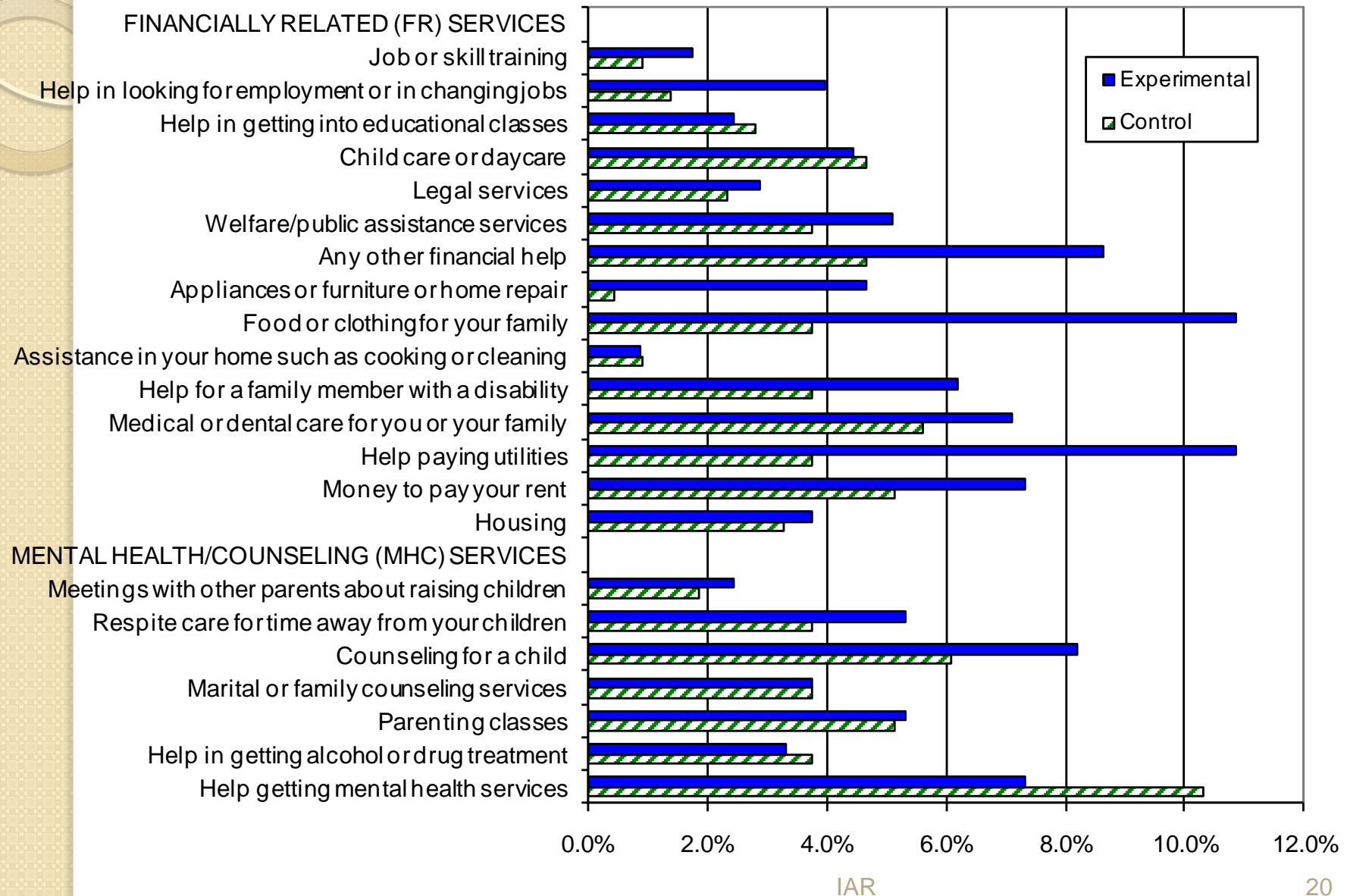
Notes: Some instances can be found in which the behaviors arising from the financial condition of the family are what are being reported as child maltreatment: the single mother who leaves her 11-year old alone at home while she works into the evening; the family that lost their home and is living in their car; the parent that lost cash welfare for various reasons and is having difficulty with food and clothing; and many other examples in our studies. Often other problems in knowledge, attitudes and behavior are implicated in the situations that lead to such reports but the financial situation often stands out.

Otherwise, however, poverty is not a cause of child maltreatment in the everyday sense of the term “cause.” However, it can be seen as a moderating factor. The road metaphor can help in understanding this:

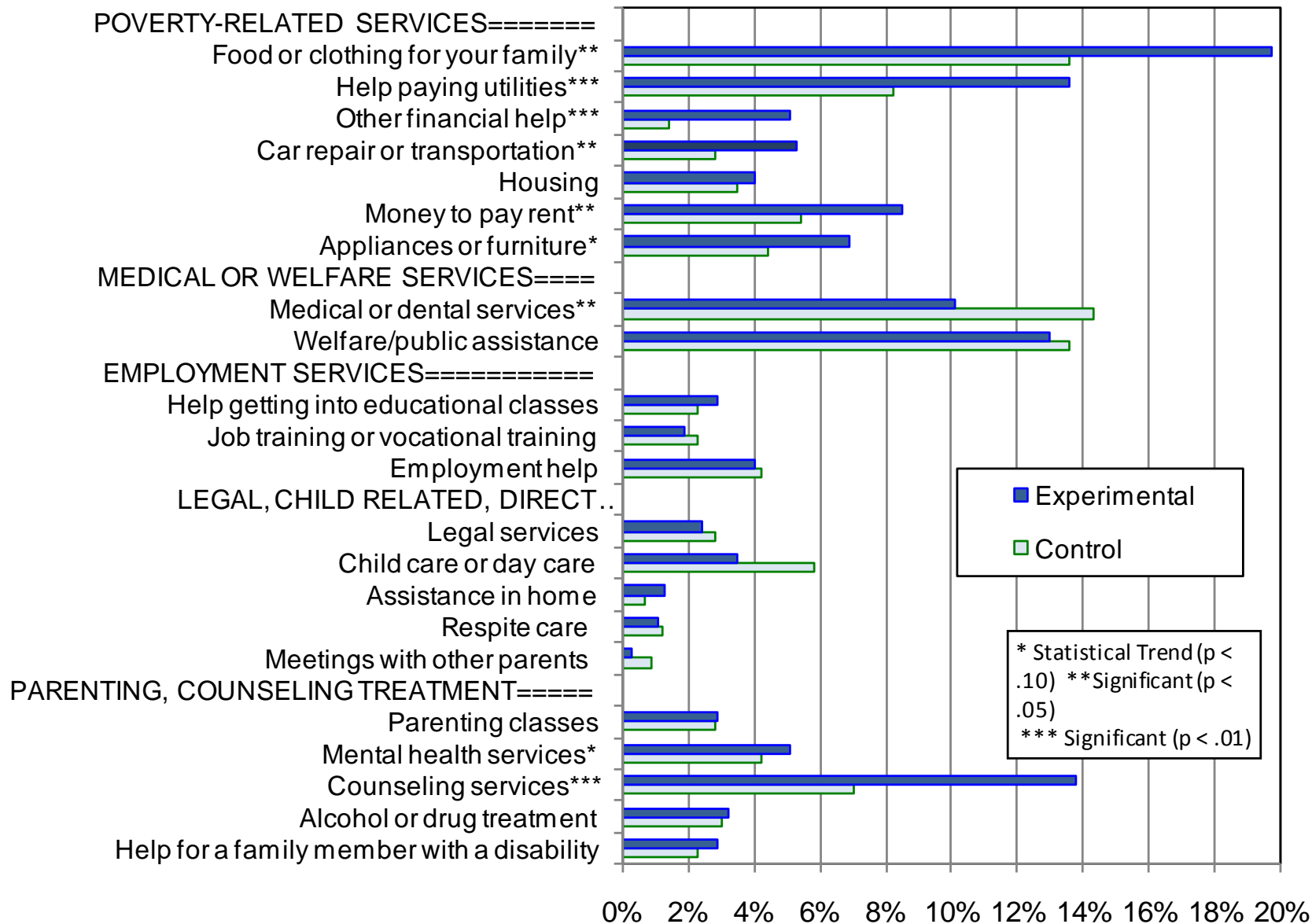
A certain road leading out of St. Louis south to Jefferson County was for years a particularly notorious death trap—a real hogback with curves, poor shoulders, deteriorating edges, etc. Eventually, the state straightened it, created four lanes and cut through the hills to make it straight. Accidents and deaths decreased. Was this because older drivers began to see better? Or did younger drivers slow down? Did the condition of autos improve? Did everyone suddenly go to driver’s training? No. It was the surrounding conditions, the driving context, that improved not the other problems that lead to accidents. Poverty and parent-child relationships and interaction are related in this way. Financial distress exacerbates other problems (mental health, parental relationships, health problems, etc.). Addressing conditions related to financial distress can relieve some of the pressures that arise financial pressures.

As we will note, this works best in a good worker-family relationship.

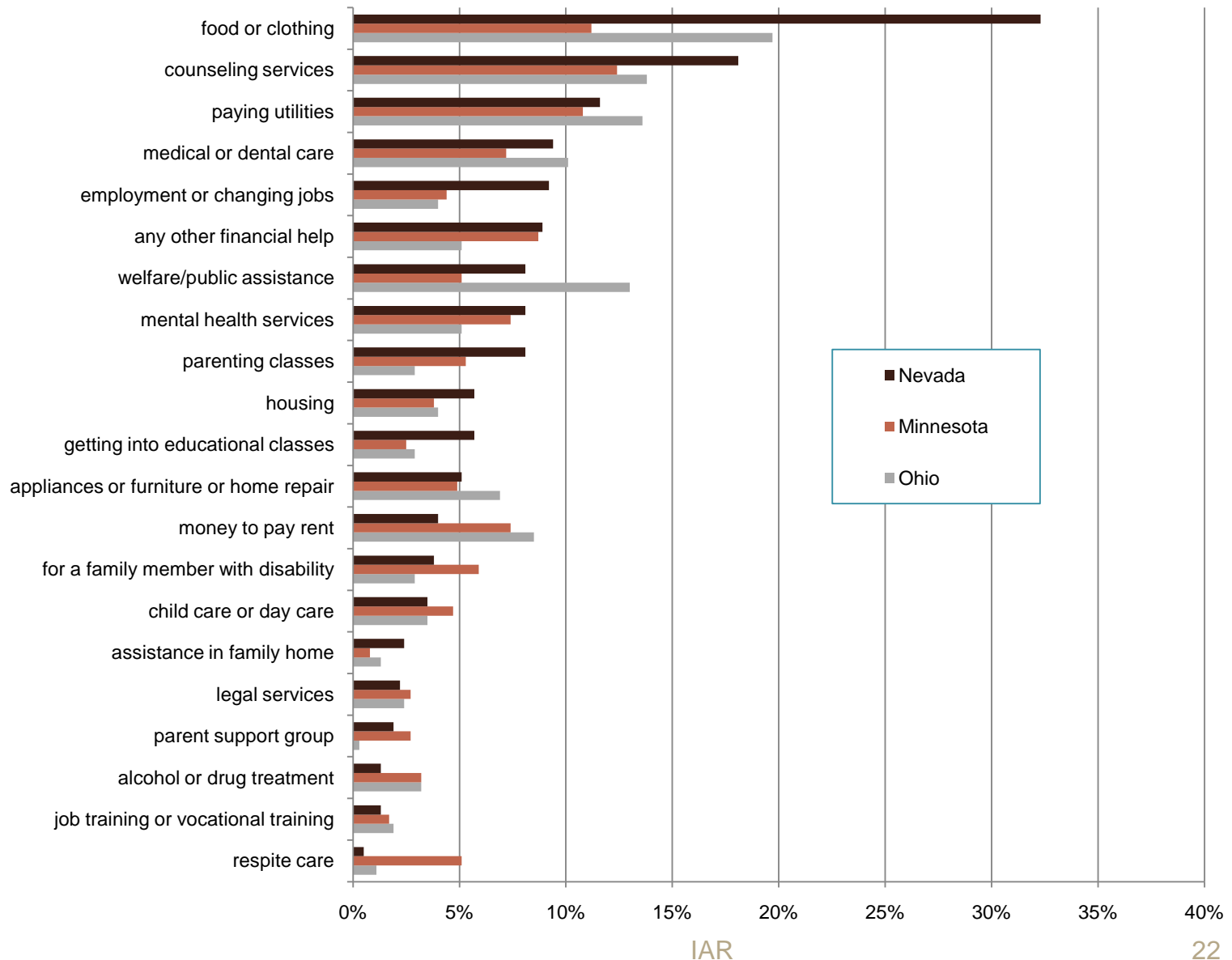
Services Minnesota Families Reported Receiving under AR



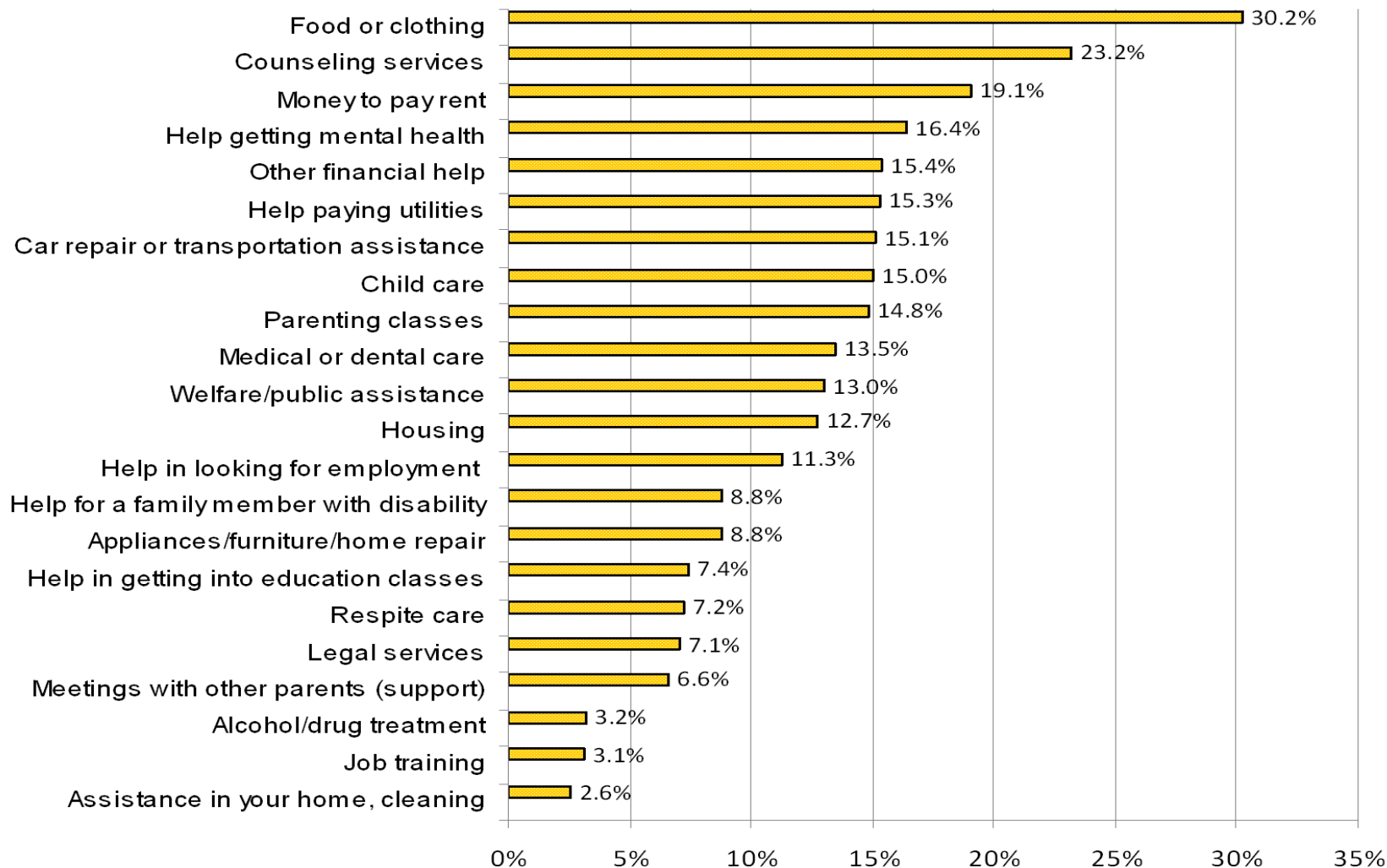
Services Ohio Families Reported Receiving under AR



Services Nevada Families (compared to OH & MN) Reported Receiving under DR (Experimental Families only)



Services Minnesota PSOP Families Reported Receiving



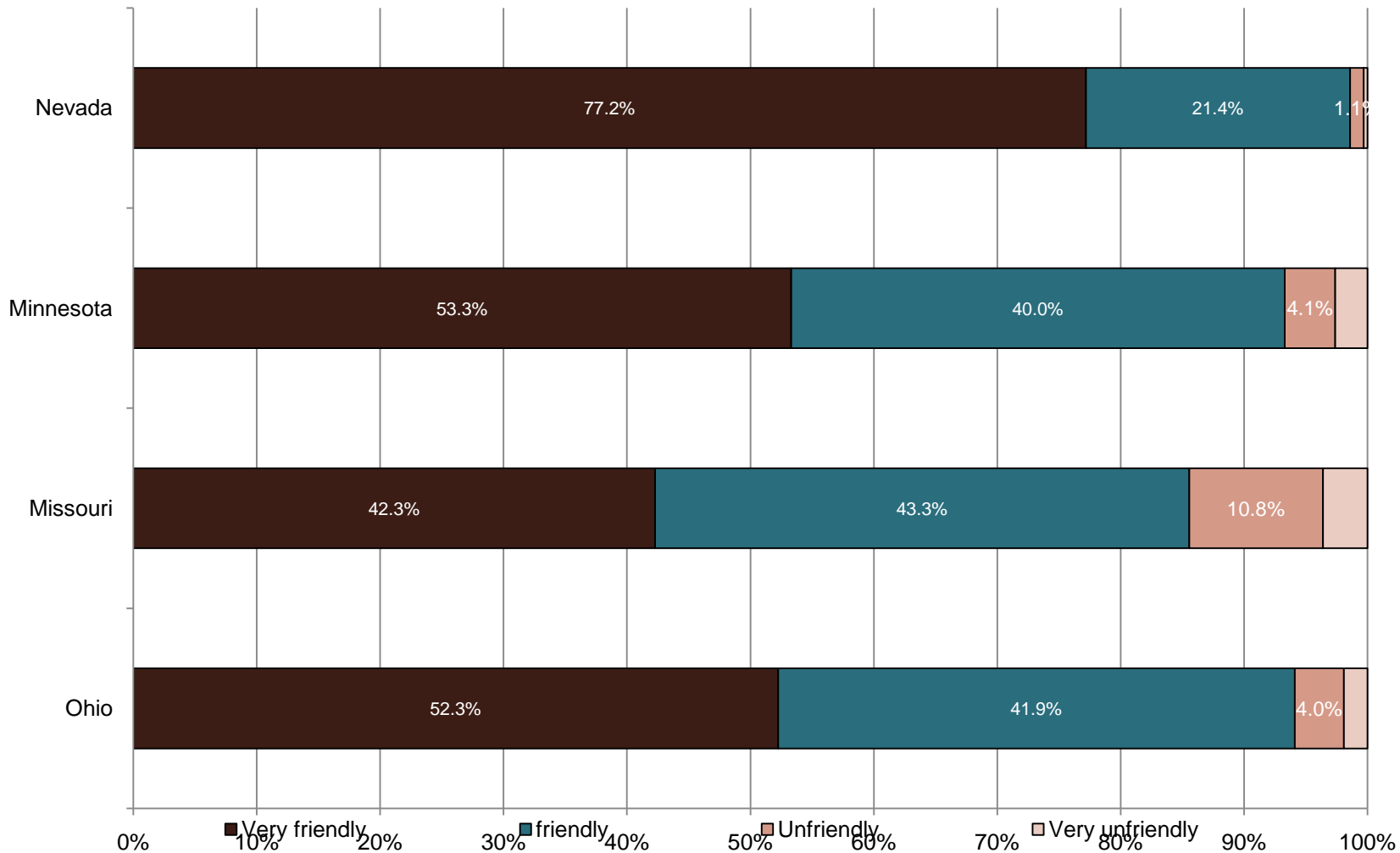
Services Families Reported Receiving

Notes: The previous four charts show family reports of services received in four studies (3, 5, 7 & 8). They exhibit a similar pattern for families that received a family assessment. The first two (MN and OH) are perhaps most revealing because they compare reports of services of experimental families given the DR approach with control families (receiving standard investigations).

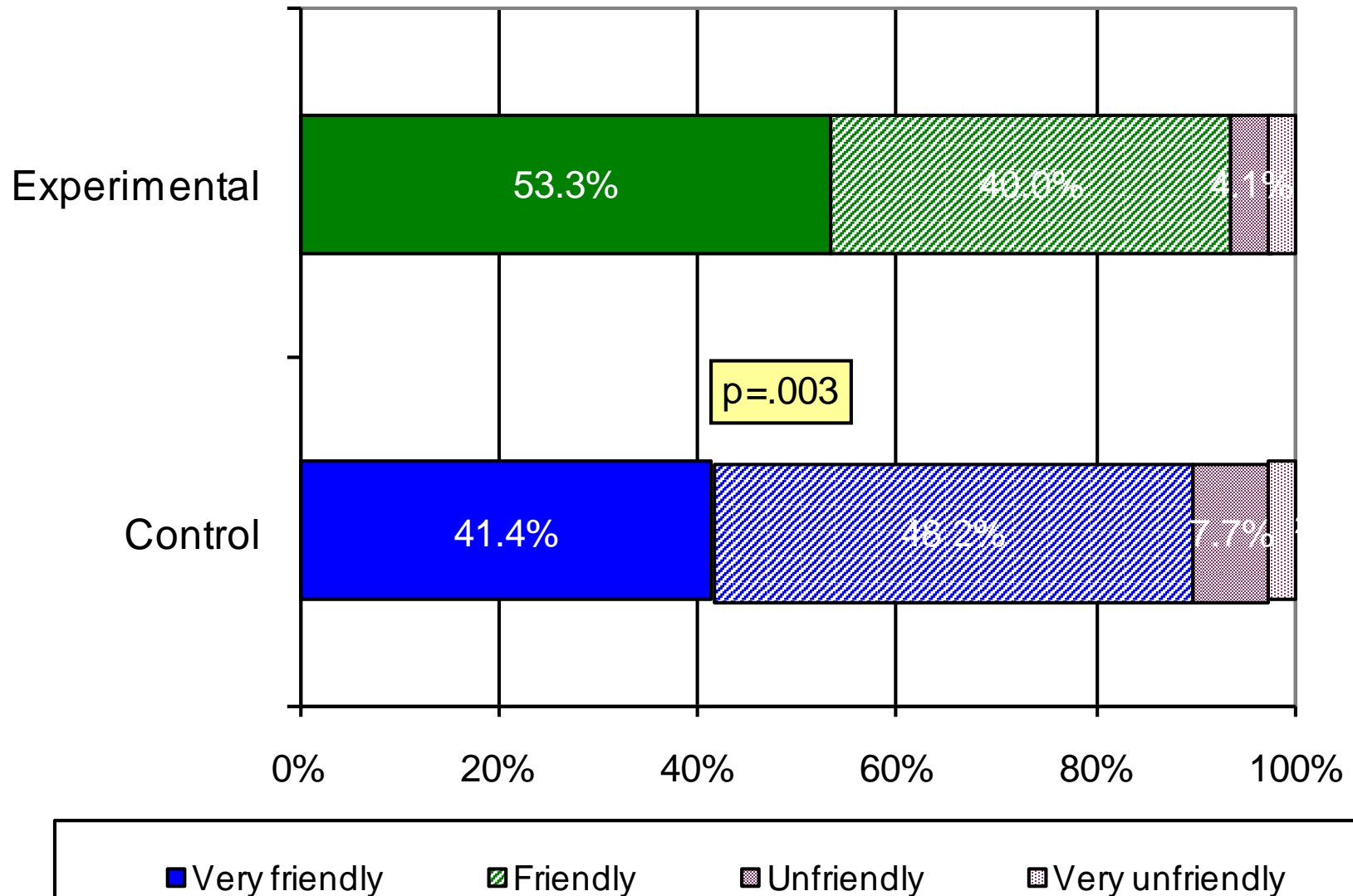
The pattern under DR, whether for substantial portions of the CPS population (MN and OH), for families with no safety problems (NV) or families whose reports were unaccepted (MN PSOP) seems to recur. Traditional services definitely increase, but most striking is the significant increase in financially-related services. For example, the largest category in each of the four programs was assistance with food and clothing.

Why does this happen? 1) The need for such services exists in most families encountered in the program (as previous materials in the presentation indicate), 2) The DR approach leads workers to focus more often on such needs in the context of a broader assessment of family strengths and needs. 3) The larger context of DR in which workers and families become more engaged enhances the delivery of such services.

Were you treated in a manner that you would say was friendly or unfriendly? (Experimental group results in four studies)



Were you treated in a manner that you would say was friendly or unfriendly? (Minnesota AR experimental versus control)



Worker-Family Engagement

Notes: The previous two charts cover only one question showing that attitudes of families to workers under DR were largely positive in four studies (1, 3, 7 & 8). The second chart shows the improvement compared to control families (similar types of families that were investigated) in Minnesota (3).

There were many other measures of engagement in these studies. Consistent reports of families were received across all the studies concerning improved relationships with workers, more positive emotional responses, greater participation in decision making about their case, greater satisfaction with their worker, greater satisfaction with the service response and other related measures. In addition, feedback from workers matched the responses of families.

This is perhaps the clearest and strongest finding of these studies—that the complex of changes that occur under DR create conditions for improved family engagement and that the engagement of families improves under DR.

Outcomes

- Various positive outcomes were found in each of the studies cited here. The most powerful findings come from the two random control trial studies (MN and OH). These included short term, intermediate changes in family attitudes and satisfaction with workers and services, changes and increases in services to families, improved worker attitudes and satisfaction with their jobs. They also included long-term changes in reduced reports and out-of-home placements and in the overall cost of services to families.
- A finding of the Minnesota AR Follow-up study (4) is of note.
 - The overall effects of the DR versus traditional approach was related to reduced future reports.
 - The increase in services was related to reduced future reports.
 - The improved family engagement was related to reduced future reports.
 - The greatest effects occurred where services were delivered AND workers were with families longer.

How can the Approach be Improved?

- DR service cases are typically of 30 to 60 days duration.
- The service increase and the modest outcome effects of DR occur in this short context. Help is provided for a small portion of families that is sufficient to produce longer-term positive changes.
- However, many DR families are in fact chronic families with the more of the kinds of risky family problems presented earlier.
- Many of these families require a longer engagement and service period to improve their long-term welfare and the long-term safety of the children.
- The MN PSOP provides many case descriptions of this. (These can be read in 5, pp. 51-3; 58-9; 75-8 & 84-5). A good example is shown on the following slides.
- The length of PSOP cases averaged slightly less than five months. Unlike CPS, there was less pressure to close cases and more emphasis on staying with families until problems were resolved.



PSOP Case Example: Domestic Violence, Basic Needs and Employment Issues

This case illustrates that positive results of longer-term work with the family, basic services, mentoring, instruction and emotional support.

A written report was received for intake from a financial worker (in a rural county) concerning a mother (A), who was 100% sanctioned from her MFIP (TANF Work Program) grant for refusing to cooperate in doing 35 hours of job search, resume writing and attending workshops at the Work Force Center (WFC). A had two children ages two years and six months. She had no cash income other than irregular payments of child support from the absent father (B). A had food support but the financial worker was concerned that the mother was not meeting the children's basic needs.

The PSOP case for A and her two children began about six months after the MFIP sanctions were put in place. At the time of the initial home visit, B (the father), was incarcerated for domestic violence against A. The worker talked with A about whether she would allow him to return home following his jail sentence. A said that it was hard to keep him away and he continued to return to her home. The worker and A also reviewed her income and bills. Because she was on HUD, A did not have to pay rent. The food program provided about \$300 per month. The summer electric bill for the family ran about \$45 per month, and the winter bill was about \$150 per month. At the time of the interview, the family was about to face a disconnection of power services, due to an unpaid bill of \$230. The worker agreed to submit a request for funding through PSOP to cover this cost. Other needs explored included finding daycare, obtaining daycare assistance, enrolling her daughter in Head Start for fall and obtaining a permit and/or driver's license. Increasing knowledge of parenting strategies, such as time-outs, was also an identified issue.

To determine steps to alleviate sanctions and begin to meet her other goals, the worker began collateral contacts with MFIP workers, a domestic violence counseling agency, public health, and the Driver's License office. A was given a driver's license rulebook to study and was offered some parenting DVDs to watch. Within three weeks, the worker had set up an appointment for A to meet with a battered women's program counselor and had made a trip to a second hand store to find beds, a crib and a dining set for the family.



PSOP Case Example: Domestic Violence, Basic Needs and Employment Issues (cont.)

The focus of the direct assistance was financial stability and enhanced parenting skills for A. During home visits, the case manager helped A fill out an MFIP application to begin the necessary four weeks of compliance. She also reviewed material such as “Dealing with Temper Tantrums” and “Time Out”. During each family visit, the worker encouraged A to seek support for her abusive relationship to enhance her self-esteem.

Within 45 days, the worker was meeting or speaking frequently with the financial worker to help A achieve compliance. At this time, home visits involved working with A on her Work Force Center journal entries. A team meeting was held at the Work Force Center with all of the individuals involved in A’s case. A was to begin to follow a 30 day plan to re-qualify for MFIP and had to begin documenting her job seeking activities on a regular basis. Other activities for A included taking the driver’s license exam within one month, attending DV counseling, work on establishing daycare, and 11 hours of job search per week. The PSOP worker was meeting with the family up to two times per week. The PSOP worker secured PSOP funds to pay A’s electric bill to avoid a utility shut-off and followed up with A to ensure she was completing her job journals and work search activities. A was actively working to re-qualify for MFIP and achieve her financial stability goal.

She began part time work at a local company within the 30-day plan period. The worker and A agreed that the “financial stability” goal would be met when the MFIP sanctions were lifted. A was reading the driver’s manual and completing homework assignments given by the worker regarding her DV issue. During this time, both children appeared to be doing well. Within about three weeks, A was back in compliance with MFIP. The worker began to speak to A about developing a budget, now that she was working again. They discussed purchasing affordable beds for the family with a PSOP “match” for A’s contribution. A required a uniform for her new job, and the worker assisted her in arranging for the WFC to pay for these items and took A shopping for them. Daycare had become a more pressing issue now that A was working, and the PSOP worker encouraged A to complete the necessary background checks for her mother and four other family members to act as her daycare providers and receive daycare vouchers. These background checks would be paid for with PSOP funds. Even though A was no longer sanctioned from MFIP, she could not receive cash assistance, only Food Support, because she was now working 24-32 hours a week. Furniture costs were shared: A paid for a dining set and a crib and PSOP paid for a full sized bed and a single bed for her child.



PSOP Case Example: Domestic Violence, Basic Needs and Employment Issues (cont.)

Then there were setbacks: A's phone was disconnected because her sister ran up a big long-distance bill; A had an argument with her family making child care arrangements more difficult; she was unexpectedly arrested for a fine she owed and paid the bail disrupting her budget; she failed her drivers license test; she failed the Certified Nursing Assistant test for her job and could not work for a month until she retested and passed; and she missed some days of work due to an injury and unreliable transportation. At the same time there were advances: A's parenting skills improved, she participated in the parenting exercises provided by the PSOP worker, she and the worker had identified community and family supports, she connected to WIC, applied for fuel assistance and was re-enrolled in MFIP (for support services and Medical Assistance), she took the drivers license test a second time and passed, and she received her driver's license permit and started to look for an affordable vehicle to purchase.

A agreed that once she has some assistance finding a new position, that the worker could close her PSOP case. In the meantime, A filled out an application for MFIP to cushion her until she could find employment. A had become familiar enough with how to work with the WFC that she could look to them for support with future employment issues. In another month, A began a part-time job and began to negotiate the purchase of a vehicle from her uncle. After being open for six months, the case was closed. Both A and the worker believed all of her goals had been met.

The approaches under PSOP are an example of what might be achievable for families whose needs cannot be addressed through very short-term services and assistance, particularly chronic CA/N families. The relationship that was established was critical. Mentoring the mother concerning MFIP and employment occurred within this context.