EFFECTS OF APPROACH AND SERVICES UNDER DIFFERENTIAL RESPONSE ON LONG-TERM CHILD SAFETY AND WELFARE. *CHILD ABUSE AND NEGLECT, THE INTERNATIONAL JOURNAL. IN PRESS. ONLINE AND OPEN ACCESS, JUNE 21, 2014.*

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Slides Illustrating the Findings

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Because follow-up time on the families studied in the original report was short. Ohio asked the evaluators to conduct follow-up data collection and analysis. The report on which these slides are based is the latest Ohio report (released in October 2013 and revised in April 2014). The original 2010 report and the 2014 follow-up report are available on this website: www.iarstl.org (click the papers and reports tab). The original project was called the Alternative Response or AR pilot and evaluation. In the article and in these slides we used AR to refer to one of the DR pathways, the Family Assessment.

THE OHIO DIFFERENTIAL RESPONSE (DR) EVALUATION

- The Ohio Pilot Demonstration Project began in July 2008 and lasted throughout 2009 in 10 Ohio Counties. In the present analysis, families assigned during this 18-month period were followed through June 2013. It was originally called the *Alternative Response* project (see notes above).
- During this period reports of child maltreatment screened and 0 accepted by the agency received a second screening, call *pathway* assignment, to determine families that were appropriate for an Alternative Response. See diagram in next slide.
- Among these families, 2,382 were randomly assigned to an 0 experimental group of which, 2,291 were provided with a family assessment (the alternative response), while 2,247 were assigned to a control group that received a traditional child abuse and neglect investigation. Pathway change occurred for 92 experimental families who were switched from AR to investigations. **2**

Pathway assignment in DR is based primarily on the allegations of the report. The assumption in Ohio was that an alternative response (a family assessment) was to be the approach to families unless the type of reported abuse or neglect necessitated an investigation. For example, reports of serious harm, sexual abuse, child fatalities were always investigated. Reports with certain other allegations such as similarity to past reports, violence in HH, family declined services in past, etc. could be investigated at the discretion of local decision makers. See Chapter 3 of the 2010 Ohio AR evaluation report for details of this process (web reference in next slide).



The Ohio AR Demonstration Project took place in 10 Ohio Counties beginning in July 2008 and running through December 2010. The evaluation ran contemporaneously with the evaluation report released in April 2010. The 2010 report can be viewed at: http://www.iarstl.org/papers/OhioAREvaluation.pdf. Some of the findings and conclusions are listed below in a highly abbreviated form.

SELECT FINDINGS OF THE 2010 OHIO DIFFERENTIAL RESPONSE EVALUATION FINAL REPORT (APRIL 2010)

- 1. No evidence was found that replacement of traditional investigations by alternative response (AR) family assessments reduced the safety of the children.
- 2. A little more than half of child abuse and neglect reports were determined by local offices to be appropriate for an alternative response, although the proportions varied significantly among offices.
- 3. Families assigned to AR were among the poorest in Ohio. More than two-thirds of families surveyed reported incomes of \$15,000 or less compared to 8% for Ohio families as a whole.
- 4. Initial emotional reactions to AR were more positive and less negative. Families were more satisfied with their workers and felt that they had more say in decisions that were made.
- 5. Workers reported feeling better able to intervene effectively. Service referrals were more frequent among workers involved with AR. Workers felt that reactions of AR families were more positive.
- 6. AR cases were kept open for slightly longer periods. The number of contacts of various kinds with and for families increased under AR.
- 7. Provision of poverty-related services of various kinds increased under AR as well as counseling and mental health services.
- 8. Services provided directly by child welfare workers increased under alternative response.
- 9. Alternative response families were more satisfied with services received.
- 10. Subsequent reporting of families for child abuse and neglect declined under AR, particularly among minority families, which were found in greater proportions in the urban counties.
- 11. Removals and out-of-home placements of children declined.
- 12. Familiarity with alternative response among community stakeholders had increased by the end of the Alternative Response Pilot Project period.

Child safety among families provided with an AR remains a paramount concern among child welfare advocates and practitioners. In the original 2010 study report child safety <u>was analyzed in several different ways</u>. One involved asking the workers conducting family assessments to rate safety in comparison to investigations. This chart shows the responses of Ohio workers to a survey conducted in early 2013 in the 10 pilot counties. Among workers in a position to know, the large majority felt there was no difference or that children were safer in family assessments.

CHILD SAFETY. "FOR CASES THAT ARE APPROPRIATE FOR AR, IN YOUR OPINION, HOW DOES THE AR APPROACH COMPARE TO THE TRADITIONAL APPROACH REGARDING CHILD SAFETY?"



THE LOGIC MODEL DESCRIBED IN THE ARTICLE.

Differences introduced under DR in the experimental cases Comparative study of the traditional system (in the The adversarial The focus of the elements of assessment was randomly assigned control investigations were broadened from group) vs. the new system (in reduced or proving the the randomly assigned eliminated allegations of child experimental group) maltreatment to determining child safety and family needs and services Hypothesized longer-term outcomes (after the target case) 3 flowing from the instrumental outcomes Resulting **Hypothesis 3a: Reduced** Hypothesized immediate changes in later contacts (reduced outcomes: instrumental outcomes families child maltreatment (during the target case) reports) **Hypothesis 1: Hypothesis 2: Hypothesis 3b: Reduced Improved family** Improved removals and placement of engagement services to children families and shift in focus of services **Research Question 5:** Many other immediate effects were **Reduced subsequent safety** examined in the original study (see the threats to children 2010 OHIO AR evaluation report on iarstl.org)

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OUTCOME ANALYSES: METHODOLOGICAL POINTS

- Family engagement and services were measured using subsamples of experimental and control families. The family feedback subsample consisted of 330 experimental and 403 control families. The worker casereview subsample consisted of 227 experimental and 220 control cases. Characteristics of subsamples and samples are compared in the article in Table 1.
- Families were surveyed after the cases had closed and workers were asked to provide more detailed information about sample cases.
- Longer-term analyses were based on data extending through June 30, 2013. These analyses included all experimental and control cases.
- There were 92 experimental cases that were changed from family assessment to investigation. These were crossover errors in which experimental cases received the wrong treatment (a traditional investigation). Analysis with and without such errors showed few effects whether they were retained or removed from analyses.

This chart, taken from Chapter 2 of the 2014 Ohio 2014 follow-up report, shows the scores of experimental and control families on seven items that measure family engagement. The average scores on a scale from 1 to 4 are shown in *next to the lines*. These were combined into a scale, the Family Engagement Index (FEI). Experimental families scored significantly higher, as can be seen on the *inset bar chart*. However, note that control families (all of which received a traditional investigation) showed positive engagement, as well. AR produced a change in the direction of greater family engagement. Note that engagement included satisfaction, involvement, and perception of the workers attitudes and behavior.

MEASURE OF HYPOTHESIS 1 IN ARTICLE: FAMILY ENGAGEMENT ITEMS (PROBABILITIES IN PARENTHESES) AND CHART SHOWING MEAN FAMILY ENGAGEMENT INDEX (FEI) SCORES



The following chart is taken from Chapter 2 of the 2014 follow-up report. Family caregivers were asked to recall their emotional response to the first visit by an investigator or an AR family assessment worker. They checked items on an adjective check list. There responses indicated significantly higher negative emotions for control families and significantly higher positive emotions for experimental families, as the chart below indicates. These were combined into two scales: the Positive Emotional Index (PEI) and the Negative Emotional Index (NEI)—see next slide.

MEASURES OF HYPOTHESIS 1 IN ARTICLE: EMOTIONAL RESPONSES OF FAMILIES TO THE FIRST VISIT BY A WORKER: INDIVIDUAL ITEMS (STATISTICAL SIGNIFICANCE IN PARENTHESES, NS= NOT SIGNIFICANT)



The 12 negative items scaled into a negative emotional index (NEI) while the 12 positive items scaled into a positive emotional index (PEI). Each families received a score from 0 to 12 on each index. The average (mean) scores are shown in the following chart. The analysis of index scores confirms the analysis of individual items.

MEASURES OF HYPOTHESIS 1 IN ARTICLE: EMOTIONAL RESPONSES OF FAMILIES TO THE FIRST VISIT BY A WORKER: MEAN POSITIVE AND NEGATIVE EMOTIONAL INDEX SCORES (PEI & NEI)



This chart shows the relationship of the PEI and NEI to various measures of family engagement and service experiences—for the combined experimental and control groups. It shows that higher scores on the Family Engagement Index (FEI) are related to higher scores on the Positive Emotional Index (PEI) and related to lower scores on the NEI. The three indexes are related measures of relationships of workers with families and family reactions to workers. The chart also shows a relationship between emotional response and services received or reactions to services (see two columns on the right side of chart)—addressed in the article as Research Question 3. The correlation is weak indicating that family engagement may be improved when no services are offered.

CORRELATIONS OF THE PEI AND NEI WITH FAMILY ENGAGEMENT ITEMS AND MEASURES OF SERVICE INTENSITY OF FAMILY RESPONSES TO SERVICES



This chart is taken from the original 2010 Ohio AR Evaluation report. It shows responses of families concerning services received. As reported in the article, increases were seen in various poverty-related or material services and in counseling and mental health services. In addition, these differences were largely confirmed in the worker case-reviews. This chart shows differences addressed. Notice that the proportions of families reporting services received increased under AR and the proportions of poverty-related or material services increased under AR as well. Family poverty is described in Item 3 on Slide 4, above.

ONE MEASURE OF HYPOTHESIS 2 IN ARTICLE: FAMILY REPORTS OF SERVICES RECEIVED



0% 2% 4% 6% 8% 10% 12% 14% 16% 18% 20%

12

This analysis considers screened-in child abuse and neglect reports received on study families after the target report that led the family into the study. The large majority of these (over 97%) were received after the final contact with the family in the target case. This chart shows the proportions in the lower third of Table 3 in the article (all families in the study). It also shows the experimental group proportions without the 92 experimental families (crossovers) that received investigations. The differences are modest but more control families received two or more subsequent reports and more experimental families received none or one. The probability associated with these differences was .02 (only 2 chances out of 100 that the differences were due to chance alone).

HYPOTHESIS 3A IN ARTICLE: REPORTS OF CHILD MALTREATMENT RECEIVED AFTER TARGET REPORT



Random assignment was conducted separated in each of the 10 participating counties resulting in 10 separate experimental and control groups. The differences in subsequent reporting were due to differences in four of these and particularly in Franklin and Lucas Counties (Columbus and Toledo). The latter were large urban centers and accounted for 43% of the families in the study. An analysis on pp 46-7 of the 2014 report shows that these two counties were also the counties with the highest rates of assignment of reports to the AR pathway (68% and 70%, respectively). This practice results in more high-needs families receiving AR, suggesting that AR may be more effective when applied more broadly.

HYPOTHESIS 3A IN ARTICLE: REPORTS OF CHILD MALTREATMENT RECEIVED AFTER TARGET REPORT IN EACH OF THE TEN COUNTY OFFICES



This analysis considers out-of-home placements during the target case (from the first report to final contact in the target case) and during both the target case and follow-up period. As can be seen, the differences were statistically significant whether crossover errors (pathway change cases) were included or not. Differences in previous placements (before entering the study) were not statistically significant, as would be expected under random assignment. This analysis shows significant effects of AR participation on subsequent out-of-home placements of children.



AR families showed significantly improved safety for several safety items (see double caret symbol ">>" on left side of row labels). This chart compares all experimental families (full experimental) with all control families. In addition, the experimental group with the 92 crossover cases of pathway charges removed (per protocol experimental) are shown. The areas of difference are described the following slide.

RESEARCH QUESTION 5: OUTCOMES: CHILD SAFETY DURING THE FOLLOW-UP PERIOD



Analyses of Ohio's 14-item child safety tool during the follow-up period were conducted. About half of experimental and control families received a safety assessment during the follow-up. Any occurrence of each categorical items was counted for each family in each study group. When all experimental and control families were compared no difference was found for 9 items. Differences were found for 5 items, all in the direction of greater safety for families that originally received an AR family assessment.

OUTCOMES: CHILD SAFETY DURING THE FOLLOW-UP PERIOD (FULL EXPERIMENTAL-CONTROL COMPARISON)

- Children in families that originally received an AR family assessment were judged:
 - to have received serious inflicted harm less often
 - to be less often in danger from an adult who was mentally or physically ill
 - to be less often in danger of neglect, including lack of supervision, food, clothing or shelter
 - to be less often in families in which the family refused access to the child or was likely to flee
 - to be less often found in situations of failure to meet their serious physical or mental health needs

County differences are shown for four safety items. As can be seen, the differences do not seem to be attributable to a single county or small group but are spread across several in each case. This can also be seen by examining the numeric differences (number of experimental and control cases), which are shown in parentheses after each county name in each chart.



Slightly less than half of experimental and control families had at least one subsequent family risk assessment. The following percentages represent any instance in which one of the items in the risk instrument pertaining to parenting were checked. In Ohio there were three such items. The difference appeared whether comparisons were confined only to families with risk assessments and when the analysis included all experimental and control families (shown below).

PARENTING IMPROVEMENTS DURING THE FOLLOW-UP PERIOD FROM THE FAMILY RISK ASSESSMENT INSTRUMENT

- Caregiver's parenting skills or MH issues (E-13.4% vs. C-15.3%, p = 0.035)
- Caregiver's motivation about parenting (E-9.4% vs. C-10.7%, p = 0.089)
- Caregiver has a major parenting skills problem (E-8.2% vs. C-9.2%, p = 0.128)

Although not considered in the article, a cost analysis was conducted. These charts show mean cost per family during the target case and during the follow-up period after the target case had closed through June 2013. See Chapter 5 of the 2014 Ohio report for details.



The analysis resulted in a total mean cost for AR (the experimental group) that was \$296 less than the control group, primarily because of lower number of children placed and lower number of new accepted reports (and consequent assessments). As noted in the text of the 2014 report, some variation in costs within *each separate bar* might occur if mean values and estimates were different. However, the *relatively* lower cost for experimental families *would not change* since the cost calculations are based on counts of other outcomes.

