

Differential Response: Service Use and Outcomes among Families using Voluntary Services

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Background

The goal of voluntary services provided through differential response programs is to help reduce family risk factors and prevent further child maltreatment and involvement in the child welfare system¹. Emerging evidence points to the effectiveness of voluntary services provided by community-based agencies in reducing removal rates² and referral rates³. This mixed-methods research study examined service use and outcomes among families using voluntary services provided through the Department of Family and Children's Services (DFCS). This research examined assessment, service engagement, service location, service use and re-referral outcomes among families reported to DFCS who were assessed as Path 1 or Path 2. Path 1 is considered the least restrictive path in which no further involvement in DFCS is required after initial assessment at the Child Abuse and Neglect (CAN) screening unit, however the family is experiencing stressors or problems that could be addressed by community-based services. Path 2 is for families who have been investigated by DFCS and the child's risk is determined to be low to moderate and the family's presenting problems are likely to improve with participation in community-based services.

Research Questions

Among families who are assessed as Path 1 or Path 2:

- 1) What are the strengths and challenges within the process of assessment and service referral? (Bhader)
- 2) What are the strengths and challenges within the process of service engagement? (Mbugua)
- 3) How does service location and service availability influence service use? (Carrillo-Herrera)
- 4) What proportion of families use voluntary services and what services do they use? (Castro)
- 5) How does service use affect re-referral? (Castro)

Methods

Research questions 1-3 were addressed with qualitative methods which included key informant interviews with professionals from DFCS (n=5) and community-based agencies (n=5) contracted to provide services. Research questions 4 and 5 were addressed with quantitative methods which included administrative data on all children referred to Path 1 or Path 2 services in 2010 or 2011 (N=4010).

Findings

Assessment and Service Referral (Bhader)

Interviews with DFCS professionals focused on three assessment and referral activities: 1) use of the Comprehensive Assessment Tool (CAT), 2) DFCS Online policies and procedures, and 3) Supervisor consultation.

	Strengths	Challenges
Comprehensive Assessment Tool (CAT)	<ul style="list-style-type: none"> • Comprehensive • Helps standardize a complicated process 	<ul style="list-style-type: none"> • Cannot adapt to special circumstances • No official area to elaborate on details of the assessment
DFCS Online Policies and Procedures	<ul style="list-style-type: none"> • Ease of access and availability of resources • Current version is improved over previous versions 	<ul style="list-style-type: none"> • Needs more frequent updates
Supervisor Consultation	<ul style="list-style-type: none"> • Availability of supervisor for continual communication through the assessment • Improves worker confidence and morale 	<ul style="list-style-type: none"> • Lack of availability of supervisor when needed

Process of Service Engagement (Mbugua)

Interview participants discussed the strengths and challenges in the process of engaging families in services.

Factors that **promote engagement** in services include:

- 1) **Timely referrals**: Both internal referrals from DFCS workers to the DR coordinator and external referrals from DFCS to community-based agencies were described as beneficial when they could occur quickly. Participants described better engagement in services when then family is offered services close to the time of being reported to the child welfare system (i.e. when they are still in crisis).
- 2) **Service engagement through community-based agency**, rather than through the child welfare system: Initial and continuing engagement in services is facilitated by the fact that services are not provided directly from the child welfare system, which eliminates a considerable amount of fear and stigma.
- 3) **Families' overall willingness to accept help and change**: Engagement is improved when families acknowledge a need for help and a willingness to change.

Factors that create **challenges in engagement**:

- 1) **Wait list for services**: Waiting for services was described as reducing engagement because families lose interest in services when they have to wait to participate.
- 2) **Services need to be extended**: Families were described as having complicated needs and many would benefit from services that extend past the 6 month timeline.

Service Location and Availability (Carrillo-Herrera)

Findings related to the influence of service location and availability on service use suggested that:

- The current **model of in-home services is working well** in engaging families in services.
- **Problems with service location and transportation do still occur** when families need to travel to medical appointments or other community services not provided in the home.
- **The use of flex funds was described as extremely important** in helping to pay for transportation and other expenses related to basic living needs (e.g. rent, utilities, food, etc...)
- **A shortage of services, such as parenting classes, in the South County area** may also be a factor for families when families must travel to San Jose for some services.

Service Use (Castro)

The sample for the quantitative analysis included all children referred to Path 1 or Path 2 services in 2010 and 2011 (N=4010). Service referral information was available on 1653 children.

Figure 1: Families Using Differential Response Services

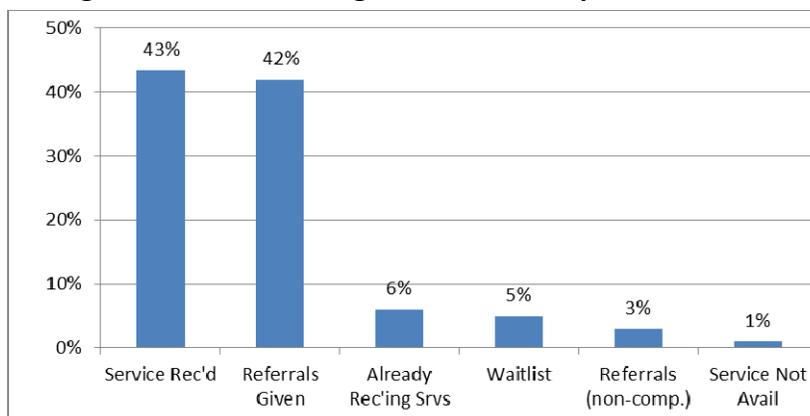


Figure 2: Types of services used

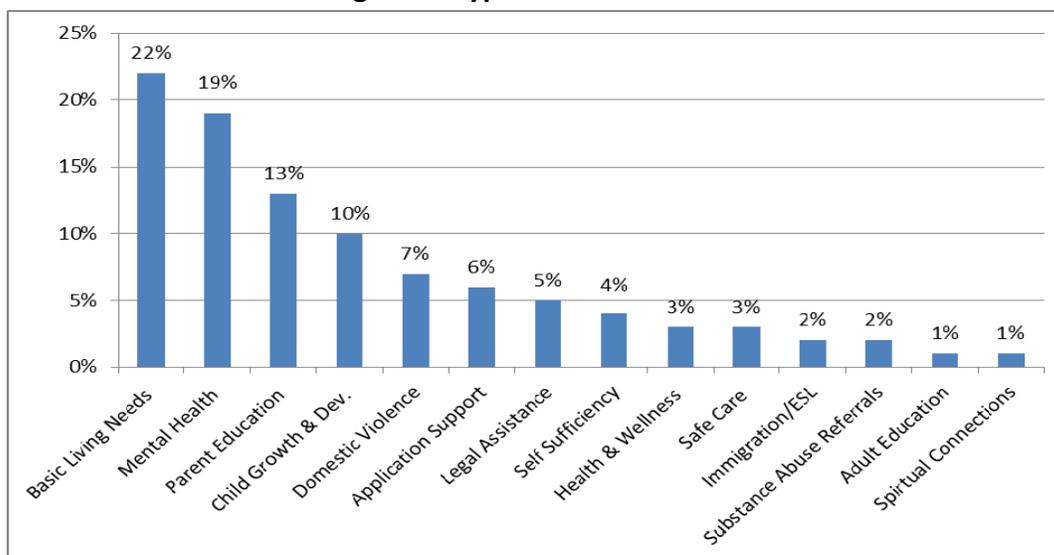
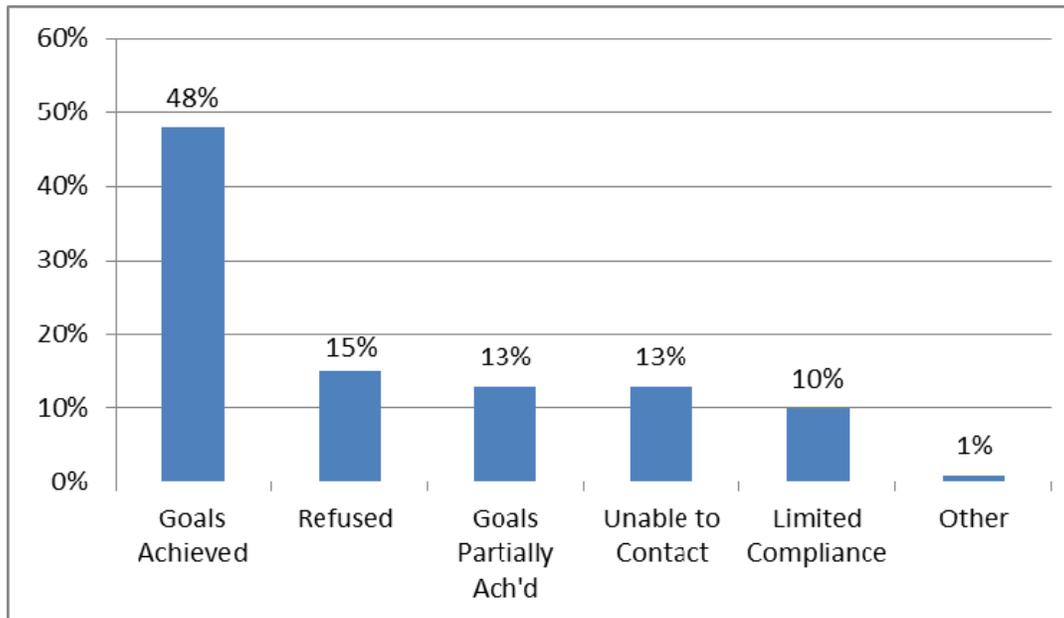


Figure 3: Service Outcomes



Re-referral (Castro)

- 453 (11.3%) children out of the 4010 in the sample were re-referred
- 65 (14.3%) of the 453 children who were re-referred had a substantiated re-referral
- Families who achieved or partially achieved their service goals were significantly less likely to be re-referred and significantly less likely to have a substantiated re-referral. Specifically:

Level of service completion	Re-Referral ¹	Substantiated Re-Referral ²
Achieved or Partially Achieved Service Goals	14.4%	6.4%
Did not achieve or partially achieve goals (i.e. refused, not able to contact or had limited compliance)	18.1%	27.4%

¹Significant at $p = .51$

²Significant at $p < .001$

Implications for Practice and Policy

Assessment tools and processes:

- Strengths: Comprehensive, accessible and helps create accountability
- Challenges: Difficult to elaborate on circumstances, some inconsistencies, and ongoing need for language and cultural training

Service Engagement:

- Strengths: Timely referrals, good follow-up, strong partnership between DFCS and CBOs, families' willingness to change, normalizing and skill of service providers

- Challenges: Waitlist, not enough services and difficulties with extensions, families have complicated needs, and stigma

Service Location:

- Current model of in-home services is working well
- When there is a need to refer to other services, transportation is often needed, and families and flex funds are used to provide bus passes, this was described as an important and needed resource for families

Outcomes:

- 43% of families received services
- Basic living needs, mental health services and parent education were the most frequently referred services
- A total of 61% of families who participated in some services achieved or partially achieved service goals
- Families who achieved or partially achieved their goals were *less likely to have a re-referral or a substantiated re-referral* than families who were non-compliant or refused services

References

¹Conley, A. (2007). Differential response: a critical examination of a secondary prevention model. *Children and Youth Services Review*, 9, 1458-1468.

²Berrick J. D., Bryant, M., Conley, A., de Elizalde, L., Garcia, V., Geer, A., et al. (2009). *Differential response and alternative response in diverse communities: An empirically based curriculum*. Berkeley: University of California at Berkeley, California Social Work Education Center.

³Loman, L.A. & Siegel, G.L. (2005). Alternative response in Minnesota: Findings of the program evaluation. *Protecting Children: A Professional Publication of American Humane Association*, 20 (2 & 3) 78-100.

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