I’m From the Government and I’m Here To Help:
Prevention Outreach to Families with Screened Out Reports
Citizen trust and engagement in prevention efforts: Child abuse and neglect prevention

Colorado programing

Results

Practical and ethical implications for similar outreach efforts.
Is transparency a strategy for developing citizen trust in government?

- The need for bureaucratic accountability
- A call to action for New Governance (Bouckaert & Van de Wall, 2003)
- Legislation allowing for open records
- The possibilities and pitfalls of e-government
- Mixed success in inspiring citizen trust (Grimmelikhuijsen & Porumbescu, 2013; Cook, Jacobs & Kim, 2010; de Fine Licht, 2011)
Citizen trust and engagement in prevention efforts

- Disease prevention derived from epidemiological and public health literatures
- Public outreach design often lacks a theoretical basis and relies on common sense
- Often reliant on community members for credibility and trustworthiness, especially with highly stigmatized disease (Cheney & Merwin, 1996)
The case of child abuse prevention

- Child abuse response in the United States has been federally governed since 1974 (P.L. 93-247)
- Epidemiological methods have provided guidance on risk factors contributing to child abuse (e.g. parent and child characteristics)
- Government-run prevention efforts aim to proactively address the occurrence and recurrence of child abuse
- Responses are structured similarly to disease prevention
Child Maltreatment Prevention Programs

- CR, Wisconsin
- PSOP, Minnesota
- California's Differential Response
- Any Others?
A Prevention Program In Colorado

Call to CPS Hotline about Family

Screened Out

Forwarded to nonprofit for outreach and services
Program Basics

- A voluntary program offered to families screened out or with a closed assessment where no services were provided.
- Goal to prevent CPS (re)involvement by enhancing protective factors and providing concrete services and/or referrals.
- Provider agencies were either DHS or community providers.
- Program model of case management with focus on family-led goal setting and financial assistance.
Quantitative Study Design

- Logs, administrative data
- Main areas
  - Outreach
  - Services
  - Goal setting achievement
  - Successes and Outcomes
## Outreach

<table>
<thead>
<tr>
<th>Total Referrals</th>
<th>Total Acceptance</th>
<th>Acceptance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,988</td>
<td>1,237</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average number of outreach attempts</th>
<th>Number declined</th>
<th>Proportion active declines</th>
<th>Proportion unable to reach</th>
<th>Proportion other</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3,662</td>
<td>29%</td>
<td>51%</td>
<td>20%</td>
</tr>
<tr>
<td>Feeling</td>
<td>Number (%)</td>
<td>Number (%)</td>
<td>p-value</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endorsed after First Contact</td>
<td>Endorsed after Last Contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relieved</td>
<td>226 (53.9%)</td>
<td>217 (52.2%)</td>
<td>0.57</td>
<td></td>
</tr>
<tr>
<td>Worried</td>
<td>89 (21.2%)</td>
<td>22 (5.3%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Stressed</td>
<td>86 (20.5%)</td>
<td>13 (3.1%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Respected</td>
<td>199 (47.5%)</td>
<td>252 (60.6%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Thankful</td>
<td>300 (71.6%)</td>
<td>356 (85.6%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Afraid</td>
<td>37 (8.8%)</td>
<td>7 (1.7%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Encouraged</td>
<td>205 (48.9%)</td>
<td>260 (62.5%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Hopeful</td>
<td>231 (55.1%)</td>
<td>266 (63.9%)</td>
<td>0.001</td>
<td></td>
</tr>
<tr>
<td>Disrespected</td>
<td>6 (1.4%)</td>
<td>2 (0.5%)</td>
<td>0.22</td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>9 (2.2%)</td>
<td>4 (1.0%)</td>
<td>0.23</td>
<td></td>
</tr>
<tr>
<td>Comforted</td>
<td>175 (41.8%)</td>
<td>216 (51.9%)</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>Discouraged</td>
<td>15 (3.6%)</td>
<td>8 (1.9%)</td>
<td>0.18</td>
<td></td>
</tr>
</tbody>
</table>
Who was served?

Annual Income

- $0-$10000: 42%
- $1001-$20000: 22%
- $2001-$30000: 17%
- $3001-$40000: 9%
- $4001-$50000: 5%
- $50000+: 6%
Who was served?

Caregiver Education Level

- Some high school: 20%
- High school diploma or GED: 33%
- Some college or trade school: 32%
- Associate's degree: 8%
- Bachelor's degree: 6%
- Master's degree: 2%
- PhD or other advanced degree: 0%
<table>
<thead>
<tr>
<th>Item</th>
<th>Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My worker and I agreed about what’s best for my child(ren).</td>
<td>97.4%</td>
</tr>
<tr>
<td>I needed some help to make sure my kids have what they need.</td>
<td>77.2%</td>
</tr>
<tr>
<td>I could talk to my worker about what’s important to me.</td>
<td>98.6%</td>
</tr>
<tr>
<td>The program helped me take care of problems in our lives.</td>
<td>94.7%</td>
</tr>
<tr>
<td>What the worker wanted me to do was the same as what I wanted.</td>
<td>93.6%</td>
</tr>
<tr>
<td>Things got better for my child(ren) because the worker was involved.</td>
<td>87.2%</td>
</tr>
<tr>
<td>My worker and I respected each other.</td>
<td>99.0%</td>
</tr>
<tr>
<td>The program helped my family get stronger.</td>
<td>91.1%</td>
</tr>
<tr>
<td>The worker listened to what my family had to say.</td>
<td>97.6%</td>
</tr>
<tr>
<td>The worker understood my family’s needs.</td>
<td>97.3%</td>
</tr>
<tr>
<td>The worker recognized the things that my family does well.</td>
<td>95.9%</td>
</tr>
<tr>
<td>The worker considered my family’s culture when working with us.</td>
<td>92.0%</td>
</tr>
<tr>
<td>I am a better parent or caregiver because of my experience with the program.</td>
<td>84.6%</td>
</tr>
<tr>
<td>My children are safer because of our experience with the program.</td>
<td>81.0%</td>
</tr>
<tr>
<td>I am better able to provide necessities like food, clothing, shelter, or medical services because of my experience with the program.</td>
<td>83.4%</td>
</tr>
</tbody>
</table>
Qualitative Study Design

- Interviewed 23 workers and supervisors via phone
- Transcribed portions
- Analyzed with word count and content analysis
- Concentrated on 4 areas:
  - Outreach strategies
  - Goal setting
  - Services
  - Success stories and challenges
Outreach

- Biggest barrier to uptake of programming: association with government
- Families were "leery," "on guard," "feel(ing) like they’re being watched," or "freak(ing) out"
- Simply put, "help from the government is a little scary"
- Consequence: in just over half of interviewees, there emerged an un-manualized adaptation in outreach
**Decision Point**

**Initial Transparency**

**Does the family ask how their information was obtained?**

**No**

“Usually, I go into the ‘eligible to participate and it’s a voluntary program, we connect people to this, this and this, but it’s… family by family.’ I would say about half the time, they get focused on all of those nuggets of possible support that they could be receiving, and they don’t even care.”

**Yes**

“…about the other half of the time, they say, okay that sounds great, but, I’m curious how you got my number, at which point, we obviously say …our program receives referrals from child welfare.”
What is preventive, anyhow?

- Often, nonprofits are known helpers in the community
- Community resources and referrals
- Community-specific flexibility
  - Outreach strategies
  - Flex funding
  - Service duration
- Family-driven goal planning
- Flex funding
We got the **extended family involved**, we got them in with a **church that was very supportive** of them and they started going, and then our next goals were...to get them a place to live. We helped them with rental and getting them into a place, and now both **parents are working**, using daycare, and the **two children are in school**. So...they're **doing very well**, they **help out** with... programs here at [the nonprofit agency], so I felt like that was a real **success story**.
Success Stories

We've been working with a lot of folks that...their previous supports were unhealthy supports, and not conducive to raising a child. And so we really worked a lot around trying to help these families develop some other social networks that can be supports for them. And I think that's been really helpful, and I just think because of [this program], we're able to do stuff that we couldn't do in the past.

We're able to help families...with getting their GED, we've had four people come into our program that identified getting their education as a goal that started and finished. And, the flex funds paid for the GED testing, which I mean, it was $75, but it was $75 she didn't have. When she wasn't able to get there to a class, we were able to help her find transportation and without that, she wouldn't have been able to do it.
Success Stories

One gal I started working with, it was a single mother...had just left an abusive relationship, and had identified that she wanted to move out, she was living with her parents, wanted to move out from that home and get her GED. So by the time we were done, in the course of the time that we worked with her, which was, over, I'd say, it was about 20 weeks, she was able to get her GED, then she enrolled in the community college, and was going to beauty school, and has since moved out of her parents' house and is doing quite well.
Success Stories

But it was a really, really awesome experience working with them because they were really motivated, considering that they were so young and to see how motivated they were to actually complete the program and kind of push forward and learn new things was amazing, and I think that was...one of the best, rewarding families that I actually want to say that I've worked with.
Success Stories

- They were just really able to connect with [the caseworker], and they were open, they **wanted a change**. I think that's a big part of it, is coming to the place where they **realize that they can change**, and they get a little glimmer of **hope** that they see something going differently for them, and they keep going with it. Just their **engagement**, I think their engagement has everything to do with it.
Implications

- Program uptake in general: is this low level of uptake the ‘state of the state’ or are there strategies that work better than others?

- Should programming be standardized, or at the discretion of workers and local agencies?

- Ethical dilemma: Advancing the Public Interest vs. Promoting Democratic Participation (Code of Ethics, ASPA)

- Additional research question: How do families experience this outreach?
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