

# Ohio Alternative Response Pilot Project Evaluation: Final Report



**American Humane  
Institute of Applied Research  
Minnesota Consultants**

# Ohio Alternative Response Evaluation: Final Report

**Conducted by the Institute of Applied Research  
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## GLOSSARY OF TERMS

<b>CPS</b>	<i>Child Protective Services.</i> The government agency that responds to reports of child abuse and neglect. In Ohio, CPS agencies are administered separately by each county.
<b>Child Welfare</b>	A term that many CPS agencies use to refer to themselves: the <i>child welfare agency</i> . The term connotes broader preventive and remediating services beyond short-term protection of children.
<b>PCSA</b>	<i>Public Children Services Agency.</i> The name of the county CPS/child welfare agencies in Ohio. This is the primary term used in this report to refer to the pilot county offices. Other terms used synonymously include: <i>county office, local office, CPS agency, and child welfare agency.</i>
<b>PCSAO</b>	<i>Public Children Services Association of Ohio.</i> A statewide membership organization of Ohio’s 88 county PCSAs for member dialogue, information sharing, partnerships, research, training and technical assistance, and State and federal advocacy.
<b>ODJFS</b>	<i>Ohio Department of Job and Family Services.</i> The Ohio State supervising agency for CPS with authority over PCSAs.
<b>Supreme Court of Ohio</b>	In coordination with ODJFS, originated the alternative response reform and sought outside help in its implementation and evaluation.
<b>CA/N Report</b>	CA/N is an acronym for <i>child abuse and neglect</i> . A CA/N report contains one or more allegations of abuse or neglect regarding one or more children in a family.
<b>Screening</b>	In CPS, this refers to the process of initially determining whether a CA/N report should be accepted for further action by the agency. <i>Accepted reports are screened in.</i> Reports that do not involve CA/N or for which insufficient information was received are <i>screened out.</i>
<b>CPS Investigation</b>	The traditional term that has been used to refer to the standard CPS response. This response concerns determining perpetrators and victims and substantiating child abuse or child neglect. In this report several terms are used to designate this process: <i>traditional response; including assessment, investigative assessment, and traditional investigation.</i> In Ohio many counties had replaced this

term with “assessment” before the introduction of the alternative response (see next term) reforms.

**Alternative Response**

The term is used in two ways, both of which are used in this report.

1. A particular system reform named alternative response (or differential response, see next term). Offices that utilize alternative response have institutionalized a system that provides for responses other than traditional investigations.
2. One of the alternative approaches to families put in place when the system reform has been introduced (alternative response family assessment, see below).

**Differential Response**

The term that has been adopted nationally by the Children’s Bureau for programs like Ohio’s Alternative Response Pilot Project. States have used many different terms, including family assessment and response, family assessment response, multiple response, and alternative response. The program has different forms and sometimes includes a third pathway for families diverted outside CPS or for whom CPS reports were screened out.

**Pathway Assignment**

In alternative response, this refers to a *second level of screening of accepted CPS reports to determine whether a report should be given an investigation (traditional response assessment) or an alternative response family assessment (see next term)*. Consistent rules are used to determine mandatory traditional response; other rules permit discretionary assignment to traditional response. In some other states this is referred to as *track assignment*.

**Alternative Response Family Assessment**

The term used in this report to refer to the *alternative to a traditional response assessment (investigation) of CA/N report*. The family assessment is concerned with determining child safety, but does not seek to determine formally victims, perpetrators, or substantiation of CA/N. The focus is immediately turned to broader family needs, and families are encouraged to participate in subsequent decision making.

**Random Assignment**

A process utilized in experimental studies that assigns families to one or more treatment or control conditions. Typically, cases have a probability of .5 of being assigned to one of two conditions: experimental (the treatment condition) or control. The Ohio alternative response evaluation was designed as a field experiment. Families determined to be appropriate for alternative response had a 50/50 chance of receiving an experimental alternative response family assessment or a control traditional response assessment



(investigation). Experimental referred to the new approach; control referred to the traditional approach. Similarly, in experimental terms the alternative response family assessment was the experimental treatment while the traditional response investigative assessment was the control treatment.

**American Humane Association**

The lead organization selected by Ohio to assist in the planning and implementation of the Alternative Response Pilot Project.

**Minnesota Consultants**

State- and county-level experts from Minnesota who, with American Humane, assisted Ohio in planning and implementing the Alternative Response Pilot Project.

**Institute of Applied Research**

The evaluators of the Alternative Response Pilot Project.



## HIGHLIGHTS OF EVALUATION FINDINGS

- A little more than half of child abuse and neglect reports were determined by local offices to be appropriate for an alternative response family assessment rather than a traditional response investigative assessment.
- Families assigned to the alternative response pathway 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.
- There was evidence of improved family engagement and satisfaction under alternative response. Initial emotional reactions 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.
- Workers reported feeling better able to intervene effectively with alternative response families than with other families. Service referrals were more frequent among workers involved with alternative response. Workers felt that reactions of alternative response families to assistance were more positive than the reactions of other families.
- Alternative response cases were kept open for slightly longer periods. The number of contacts of various kinds with and for families increased under alternative response.
- Provision of poverty-related services of various kinds increased under alternative response, such as food and clothing, help with utilities, money to pay rent, help in obtaining appliances and furniture, car repair and transportation, and other financial help.
- Families served through alternative response were more frequently connected to counseling and mental health services.
- Services provided directly by child welfare workers increased under alternative response.
- Alternative response families were more satisfied with services received.
- No evidence was found that replacement of traditional investigations by alternative response family assessments reduced the safety of the children. Children were as safe under alternative response as under traditional approaches.
- Subsequent reporting of families for child abuse and neglect declined under alternative response, particularly among minority families, the most impoverished families in the study.
- Removals and out-of-home placements of children declined.
- The cost study showed that full indirect costs measuring worker times were slightly more expensive for alternative response by the end of the evaluation period.
- Familiarity with alternative response among community stakeholders had increased by the end of the Alternative Response Pilot Project period.

## EXECUTIVE SUMMARY

The Ohio Alternative Response Pilot Project grew from an initiative of the Supreme Court of Ohio and the Ohio Department of Job and Family Services (ODJFS). Authority for the demonstration was provided by the Ohio Legislature authorizing up to 10 counties to pilot the alternative response model.

Alternative response (also called differential response) involves an alternative approach to traditional child protective services (CPS) investigations of child abuse and neglect. It employs a non-adversarial family assessment process that avoids determination of fault and identification of victims and perpetrators. Family assessments still have the central goal of establishing child safety but they also focus on a broader array of family needs and solicit the input of family members into decisions about services. Alternative response systems have been implemented statewide in several states and on a more limited basis in other states. Minnesota piloted alternative response from 2001 through 2003 and subsequently established the model successfully statewide. Ohio modeled its Pilot Project on Minnesota's alternative response practice.

**Planning, Implementation, and Evaluation.** Implementation of alternative response in Ohio involved selection of the 10 pilot counties, collaborative project development among counties and stakeholders, and an evaluation with an experimental design. The pilot began in July 2008 and ran through December 2009. Participating counties were Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull and Tuscarawas. The American Humane Association and several representatives of the Minnesota child welfare system assisted in planning and implementation. The Institute of Applied Research was selected to conduct the evaluation, which was designed as a field experiment. The evaluation collected data from a variety of sources to describe effects of the reforms on families, county Public Children Services Agencies (PCSAs), and the community.

**Pathway Assignment.** Pathway assignment refers to the assignment of reports to an alternative response family assessment or an investigative assessment based on criteria established by the counties. The best estimate of the proportion of reports during the pilot determined to be appropriate for an alternative response family assessment was 51.7%. The remaining 48.3% received a traditional response assessment/investigation. A little more than half of the latter were assigned to traditional response for mandatory reasons such as allegations of serious and criminal harm to a child or sexual abuse. The other half of cases sent to the traditional response pathway were assigned for discretionary reasons. Discretionary criteria were utilized at different rates by the PCSAs. The most commonly indicated discretionary reasons were the frequency or recentness of past reports, and the caregiver's inability to achieve child safety. The





study population in the Pilot Project involved only reports judged appropriate for the alternative response pathway.

Families determined to be appropriate for the alternative response pathway were then randomly assigned either to an experimental group that received an alternative response family assessment or a control group that received a traditional investigative assessment response.

**Characteristics of Families.** By the conclusion of the pilot, 4,529 families had entered the study group, of which 2,285 (50.5%) were experimental and 2,244 (49.5%) were control. Family follow-up surveys were completed for 804 experimental and control families. The following factors, taken together, suggest a population with multiple needs and ongoing risk for future reports:

- Alternative response-appropriate families were likely to be headed by a single mother.
- Caregivers in the families typically had a lower educational attainment compared with statewide statistics.
- More than two-thirds of families surveyed reported incomes of \$15,000 or less compared to 8.0% for Ohio families as a whole. Families frequently participated in government support programs. Eight of every 10 families had received food stamps and a little less than a quarter of them had participated in Temporary Assistance for Needy Families (TANF) in the past year.
- About half of the alternative response appropriate families had previous accepted reports of child maltreatment, and 1 in every 10 had a child placed in the past.

**Family Needs.** Alternative Response Pilot Project families had a number of needs, many of which stemmed from poverty:

- High rates of unemployment, single-parent status, female-headed families, and lower educational achievement were each associated with low income. Instability in housing was also found. Low-income families with these characteristics typically experience problems with unaffordable and unstable housing, utility payments, lack of furniture and appliances, unreliable transportation, and occasionally lack of sufficient food and clothing.
- Problems of children were reported by many of the families, including high rates of behavior problems and difficulties in school. The presence of such problems may suggest a need for counseling for children or parents, parenting instruction, and other services that might directly address health, school, and behavioral issues.

- About one-fourth of the families were judged to be both socially and financially isolated, although considering finances alone, half of the families reported that financial support was rare or nonexistent. The areas in which the most family caregivers reported stress were financially related.
- Alternative response workers reported that the areas of highest needs and risk within families concerned interaction and communication among family members, parenting, approach to discipline, and mental health. Among poverty-related needs, rent and utilities and unemployment or underemployment were listed at about the same frequency.

**Engagement and Family Satisfaction.** Significant differences were found between the experimental (alternative response) and the control (traditional response) groups on key measures of family engagement, suggesting the real practice shifts occurred for workers serving families through alternative response.

- Emotional reactions to the initial visit by assessment workers were significantly more positive for families that had received an alternative response assessment than for those that received a traditional response assessment. Likewise, negative emotions were experienced more frequently by control families.
- Alternative response families were more likely to report that they were *very satisfied* with treatment by their workers.
- More experimental families than control families thought their worker tried to understand their family's situation and needs *very much* than control families.
- Reports of participating a *great deal* in decision making occurred more frequently for experimental families than for control families. Conversely, more control families reported that no decisions were made regarding their family.

Alternative response workers tended to hold cases open longer than did traditional response workers. The average number of days until case close was 53.6 for experimental families and 44.7 for control families. Worker contacts with families increased with alternative response. The average number of face-to-face and telephone contacts was significantly higher for workers serving experimental families. During interviews, alternative response workers and supervisors explained that alternative response assessments allowed workers to be less incident-driven and to more fully explore a family's full circumstances. Workers perceived that families found this to be less threatening and therefore were more likely to open up and share information.

**Services.** The evaluation was designed to determine whether the introduction of alternative response led to changes in the types and amount of services provided to families, and whether the orientation of workers toward services changed.

Based on reports by families, poverty-related services to families increased. Alternative response workers more often provided referrals for or helped families receive food and clothing, help with utility bills, other financial help, car repairs and transportation, money to pay rent or help in obtaining appliances and furniture. Experimental families under alternative response also reported receiving more referrals to traditional counseling and mental health services. No difference was found in the number of services or the provision of direct services between Caucasian and African-American families under alternative response.

When asked about specific families they had worked with, workers reported providing more services, support, and assistance under alternative response as well as more information about where services could be found. Workers indicated that basic poverty-related services were provided significantly more often to experimental families, such as rent payments, housing services, help with basic household needs, emergency food, and transportation. Other areas of increase included welfare, medical/dental services, daycare and family counseling. Under alternative response, 46.7% of alternative response workers said they were responsible for directly providing or connecting families to resources and services, while only 26.3% of traditional response workers reported this. Correspondingly, alternative response workers indicated they provided only information and referral for 41.2% of the services compared to 59.2% for traditional response workers.

Alternative response workers directly assisted with 83.3% of services in the category *help with rent or house payments* compared to 30.0% for traditional response workers. Similar differences were found for other related categories, such as basic household needs and emergency food. Significantly more alternative response experimental families said their worker provided them with direct assistance, such as transportation, clothing, financial help, or similar services.

Alternative response personnel often stated during interviews that increased family engagement, the extended timeframe for alternative response assessments, and access to flexible funds were three of the main factors that contributed to increased service provision among alternative response families.

**Responses of Families to Assistance Provided.** Alternative response families were more likely to report they were *very satisfied* with the help received or offered than traditional response control families. Control families reported nearly twice as often that no services had been offered to them. Experimental families were also somewhat more likely than control families to indicate that the services received were enough to really help. According to workers, alternative response families were also more likely to participate in services than control families.

Comments provided by families on the survey instrument and during interviews suggest that being treated with respect and being listened to were critical to the quality of their experience. Providing good information to families and then following through to fully connect them to resources was one of the most important things workers could do to create a positive and productive experience for families, even if the interaction was very short term.

**Perspectives of Workers and Supervisors.** Attitudes toward and perceptions of alternative response varied dramatically between county staff persons who worked directly with the Alternative Response Pilot Project and those who did not. Workers and supervisors who performed work related to alternative response reported observable adjustments in their approach and practice, indicating that alternative response was implemented as intended and produced positive changes within the agency.

Workers reported feeling more able to intervene effectively with alternative response families than with other families. Knowledge of service resources in the community was ranked higher for workers involved with alternative response. Reactions of alternative response families to assistance were seen as more positive by workers than the reactions of other families.

Workers believed that alternative response families were more likely to view the agency as a source of support and assistance and were more likely to feel better off because of their involvement with the agency than traditional response families. The majority of staff involved with alternative response stated that the pilot had affected their approach to families *a great deal or in a few important ways*. In addition to recognizing that alternative response does not require substantiation or formal finding, alternative response-involved staff saw alternative response as leading to a more friendly approach to families, more family participation in decisions and case planning, and more cooperation from families in the assessment process.

Although almost all staff involved with the pilot felt their understanding of alternative response was at least adequate, the majority also indicated that they could benefit from more training in specific areas. A strong minority (38.9%) of county staff involved with the pilot reported that alternative response had increased the likelihood that they will remain in the field of child welfare.

**Community Response.** Community education about the Alternative Response Pilot Project took place in each county, and each agency made attempts to inform critical stakeholders about alternative response. About one-third of community stakeholders who completed a survey for this evaluation reported attending a meeting about alternative response where their involvement or assistance was requested.

Familiarity with alternative response among stakeholders had increased by the end of the pilot, from 45.3% in 2008 to 68.3% in 2009. Attitudes toward alternative response were highly positive among those who were familiar, although a little less than half of all survey respondents were unsure of their opinion.

Nine out of 10 judges or magistrates in the pilot counties reported being at least somewhat familiar with the Pilot Project, and those nine also perceived that alternative response had the potential to lower the number of cases coming to court to some degree.

**Outcomes and Impacts.** The previous changes in family engagement and attitudes, services, and participation by families, workers and supervisors and the community refer to immediate impacts of alternative response. Other types of impacts were considered, including long-term impacts on families and children.

Short-term child safety from the time of the original report until final contact with families was examined. Child safety problems were identified in a minority of families: 33.2% of control cases and 25.4% of experimental cases.

- When a child safety problem was identified, no statistically significant difference was found between experimental and control families in the extent of improvement or decline in safety. There was no evidence that replacement of traditional investigations by alternative response family assessments reduced the safety of the children.

Subsequent accepted reports of child maltreatment were also tracked for each experimental and control family. New reports were treated as indicators of risk of child abuse and neglect, whether or not they were confirmed.

- Among families entering the study during the first 360 days, 13.3% of control families had a new report compared to 11.2% of experimental families. This difference was statistically significant. A proportional hazards analysis that controlled for levels of past reporting on families also confirmed that *experimental families that were served through the alternative response family assessment pathway had fewer new reports than control families that were approached through a traditional response investigative assessment.*
- Racial differences in later accepted reports were also examined. Although study families as a whole were largely in poverty, African-American families were substantially more impoverished than Caucasian families. Race was taken as a proxy measure for poverty. *Analyses demonstrated that the major positive effects of alternative response on new reporting of child maltreatment at this point in tracking families appears to have occurred among African-American families.* This was

interpreted to mean that alternative response has its greatest effects among the poorest families in the population.

Differences in out-of-home placement were also examined in the evaluation. Within the control group 3.7% of children had been removed while 1.8% had been removed in the experimental group, a significant difference. This difference also remained significant in the stronger proportional hazards analysis. *Alternative response appeared to reduce the number of child removals and out-of-home placements.*

**Cost Analysis.** The direct costs of services paid for by CPS, including placement, and the indirect or administrative costs for experimental and control families were examined. The question was whether alternative response might have led to a different pattern of costs in these categories. Short-term costs referred to costs during the initial case. Long-term costs were costs arising from later reports and child removals.

- Indirect costs were calculated using cost allocation data and average time that workers spent with experimental and control families. Alternative response family assessments averaged \$940 per family compared to \$732 per family for traditional response investigations. Reflecting increased worker time with families, alternative response was more expensive in the immediate term. For subsequent work, experimental families averaged \$145 per family compared to \$266 for control families. Total costs for control families averaged about \$999 per family compared to \$1,084 for experimental families. *At this point in the follow-up, experimental families were slightly more expensive (\$85 per family) overall in indirect costs than control families.*
- Because control group data were missing or not comparable from two large pilot counties, the analysis of direct service costs was limited to the remaining eight pilot counties. Costs were determined from cost data provided by local bookkeepers on experimental and control families. The final analysis showed that control families were less expensive in the short-term (\$104 per family) than experimental families (\$192 per family) but were more expensive in the long-term. The total cost in the analysis for control families was \$371 per family compared to \$221 for experimental families. These differences were exaggerated by the loss of data from the two large counties.

## CHAPTER 1: INTRODUCTION

The Alternative Response Pilot Project arose from an initiative of the Supreme Court of Ohio that sought to improve the child protection system in the State and make it more uniform. In 2004 the Supreme Court’s Advisory Committee on Children, Families, and the Court established the Subcommittee on Responding to Child Abuse, Neglect, and Dependency to function as the instrument of reform. Based on recommendations of the Subcommittee, in 2006 the Ohio Legislature authorized up to 10 counties to pilot the alternative response model. This is the final evaluation report on the Ohio Alternative Response Pilot Project.

The alternative response approach to child protection involves the introduction of a second type of response to reports of child maltreatment or dependency. Historically, all accepted reports of child abuse or neglect have been subjected to an investigation or investigative assessment that was, in its approach and objective, forensic and fault finding. With alternative response, a second, alternate type of response becomes possible — one that focuses more on the needs of children and less on assessing blame for their situation. The result is a dual-response system, in which a traditional investigative assessment continues to be used for reports of more severe maltreatment where the imminent safety of children is a concern, and an alternative family assessment is used for reports with less severe allegations of abuse, neglect, or dependency. The introduction of the alternative response pathway does not assume that the needs of children are not or were not of paramount importance in traditional investigative assessments. However, by eliminating the need for a formal determination or finding of fault, the new pathway seeks to approach the family in a more positive manner from the very beginning and involve families sooner and more fully in resolving problems that may adversely affect the well-being of children in the near or longer-term. The introduction of a dual-response approach to child maltreatment reports is a structural change that seeks to have functional consequences, which will be of a greater or lesser degree depending on the nature of the traditional, single-response system previously in place.

A dual-response child protection system was first fully tried and tested in Missouri in the mid-1990s, borrowing from reforms taking place in Florida. After a 2-year pilot period, Missouri took the dual-response approach statewide over an 18-month period in 1998-99. Minnesota picked up the model and tested it in a pilot project beginning in 2000, using the term *alternative response* for the first time. In 2003 Minnesota made the decision to implement the approach statewide.

As other states began to test and implement various versions of this new CPS model, the most common name for a multi-track response system came to be differential response. As they are generally used, the terms *alternative response* and *differential response* typically are functionally identical. But both terms can be misleading. Each is commonly used to refer to a child protection system in which more than one response to child maltreatment reports is



permitted. At the same time, each term is also used to describe one of the response tracks within such a system, the more recently added, non-investigative assessment for less severe allegations. As originally intended, alternative response was meant to describe the non-investigative response or *pathway* that was added to the Minnesota child protection system. And, as originally used, differential response was meant to describe a multi-response child protection system that included, at the least, two response pathways, one involving a traditional forensic investigation for reports with more severe allegations, and an alternative response pathway for reports of less severe maltreatment.

In this report, unless otherwise indicated, alternative response will be used to refer to the non-investigative pathway that was introduced in the Ohio Pilot Project, producing, as a result, a dual-pathway response system.

The process of implementing the Ohio Alternative Response Pilot Project is described more fully in Chapter 2. Ten Ohio counties participated in the pilot. Implementation followed several months of planning, preparation and training. The American Humane Association and several representatives of the Minnesota child welfare system provided technical assistance and training during the pre-implementation planning phase of the project and throughout the full pilot period. The Institute of Applied Research was selected to design and conduct the evaluation. Evaluation preparations were coterminous with the planning and technical assistance process. Implementation of the pilot began in July 2008 and ran through the end of 2009. The evaluation continued until March 2010.

## Elements of the Evaluation

The design and implementation of the evaluation is briefly described here. A more detailed account is included in the technical appendix posted on the evaluator's website along with this report.<sup>1</sup>

The evaluation was designed as a field experiment utilizing an experimental group that received the new approach and a control group that received the traditional approach (see Figure 1.1). All the families included in the pilot and in the evaluation had been reported to local Public Children Services Agencies (PCSAs) in each county for child abuse and neglect (CA/N). In each instance the report was *screened in* as appropriate for further action by the agency (Figure 1.1, A). A second level of screening was conducted for alternative response that was referred to as *pathway assignment* (Figure 1.1, B). This process is described in detail in Chapter 3 of this report. Reports that were identified as potentially criminal or potentially involving the most dangerous maltreatment of children (e.g., sexual abuse or severe physical abuse) were automatically assigned to the *investigation pathway*, referred to as the traditional response or *traditional response pathway*. These were typically a minority of the total screened-in reports, although

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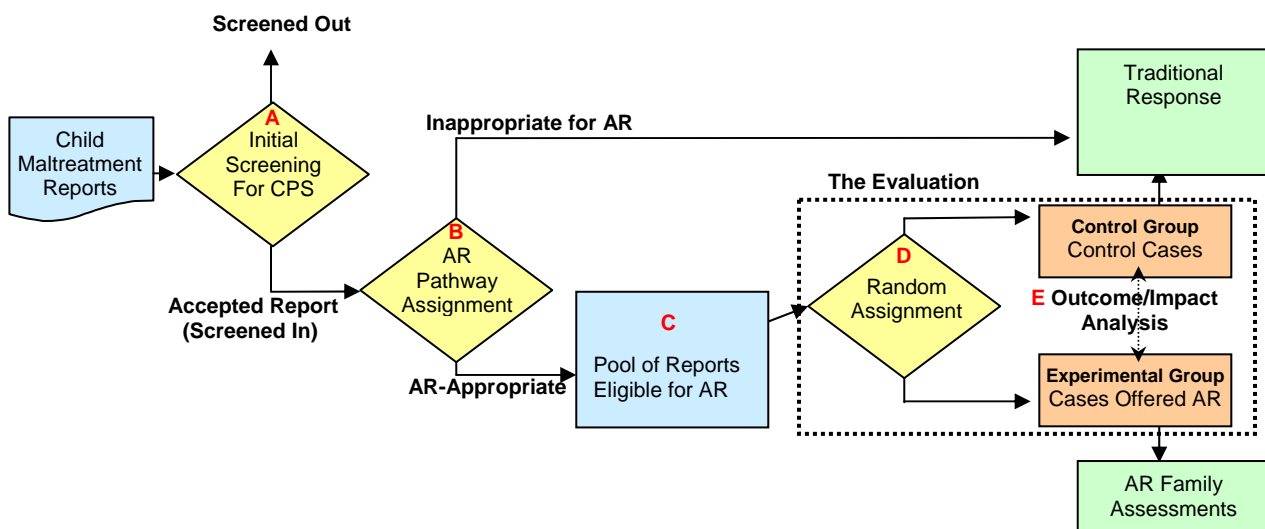
<sup>1</sup> See [www.iarstl.org](http://www.iarstl.org). The report is found by clicking on the Papers and Reports tab and looking in the Ohio section. The link to the technical appendix is found in that section.



counties also exercised the option of assigning other reports based on certain discretionary criteria. The remaining reports were assigned to the *alternative response family assessment pathway*. These reports are shown as the pool eligible for alternative response (Figure 1.1, C).

For part of the evaluation period (July 2008 through September 2009), families determined to be appropriate for the alternative response pathway were randomly assigned to an experimental group that received an alternative response family assessment, or to a control group that continued to be provided with a traditional response investigation (Figure 1.1, D). As the diagram illustrates, control group families were treated the same as families with reports determined to be inappropriate for alternative response. Both were directed to traditional investigations.

Each experimental and control case was a separate family. Experimental and control families were tracked throughout the evaluation period from July 2008 through January 2010. The outcome and impact analyses that are described in the following chapters involved comparisons of the experimental and control groups (Figure 1.1, E).



**Figure 1.1. The Assignment Process for Alternative Response (AR) and the AR Evaluation.**

Some reports assigned to the alternative response-appropriate pathway were later determined to be inappropriate for alternative response. In a fully developed alternative response system it is possible to revise the pathway assignment after the first contact with the family. Some reports that are initially determined to be appropriate for alternative response are changed and the family receives a traditional investigation and vice versa. These are referred to as *pathway changes*. During the evaluation period pathway changes were permitted for experimental group cases and a small percentage of cases were changed from an alternative response family assessment to a traditional response/traditional investigation. Changes were not permitted for

control group families, all of whom received a traditional investigation. Pathway change is described in greater detail in Chapter 3.

**Random Assignment.** After intake personnel or other decision makers had determined through pathway assignment that a report was appropriate for an alternative response family assessment, the report/family was submitted to the random assignment process. This was accomplished through a web-based program on the evaluator’s secure website. The report ID, name and date were entered into the randomizer and the program returned the assignment—experimental and control. Assignment lists for each PCSA were maintained and were available for online review, throughout the evaluation. Random assignment is also described more fully in Chapter 3.

By the conclusion of the study, 4,621 valid cases had been randomly assigned. Of these, 92 experimental cases had been dropped from an alternative response family assessment after being visited by an assessment worker, leaving 4,529 cases (2,285 experimental and 2,244 control cases). The distribution of experimental and control cases by county is shown at the end of Chapter 3.

**Sampling.** The evaluation also involved sampling of the full experimental and control groups. Sampling was necessary for collecting certain data that were beyond the capacity of the evaluation to collect for the entire experimental and control groups. Three types of samples were selected:

1. The *case-specific samples*: These were random samples of cases selected from the experimental and control groups each month as new cases were added. After these cases closed, the worker in the case was contacted to obtain information about what went on during the assessment, services needed and delivered, the responses of families and other information that could not be obtained using other methods.
2. The *cost samples*: These were random samples of experimental and control families that were selected for follow-up to determine spending for services by the PCSA.
3. The *family survey samples*: These samples were not randomly assigned, but consisted of families that voluntarily responded to a mailed survey. The experimental and control family samples are compared in Chapter 4.

## Data Collection Sources and Methods

**Ohio SACWIS.** The Ohio State Automated Child Welfare Information System (SACWIS) is an administrative data system that contains information on reports, intakes and cases of local agencies. It maintains records of child removals and placements in out-of-home care, including personal information on associated individuals in reports, cases, removals and many other tables of information from local staff.

SACWIS was in the process of being implemented and expanded statewide in the months before and during the Alternative Response Pilot Project. It had been rolled out in eight of the pilot counties by July 2008 and was successfully implemented in all 10 by September of that year. Introduction of alternative response necessitated certain changes in SACWIS, but because it was new and not yet expanded statewide, SACWIS representatives were unable to commit to immediate major changes in the system. During the evaluation period control group intakes and case records were maintained in the traditional fashion but not all of the same information was maintained for alternative response cases. Only report and initial intake information was available in SACWIS for experimental cases (other case information for alternative response families was kept on paper documents). SACWIS information included names and addresses of family members and other individuals included in reports and intake records. Each entry was assigned a case identification number (for new cases) or a linkage to an existing case number (for families with earlier system contacts), but other case-level data were not entered for experimental families.

Each month evaluators received a data extraction upload from selected SACWIS tables that were processed and linked with families that had entered the experimental and control groups during the previous month. Data for those families were converted and transferred to the research database. The research database consisted of a comprehensive set of tables created for this project that was linked to experimental and control families and included data from most of the data sources described in this section. As a part of monthly processing, research variables were constructed for use in analyses. Study families were tracked to determine whether subsequent contacts with the PCSA occurred, including new reports, investigations, and child removals. Findings based on SACWIS data are considered primarily in Chapters 4 and 11.

**Case-Specific Sample Survey.** As noted, additions to this sample occurred each month. As the cases closed, the alternative response or traditional response workers in the cases were contacted via an email that directed them to an online survey requesting various kinds of information about families and their experiences with the families. Care was taken not to ask for information on more than two cases per worker per month. This created sampling problems, especially in smaller counties, where some workers might have several active sample cases. In these cases, a secondary sample of two cases was systematically selected from among the active sample cases of the workers. The final sample included information on 227 experimental and 220 control cases. Worker responses as a proportion of requests amounted to 72.8% (312/227) for experimental cases and 65.5% (348/220) for control cases. Failure to respond was caused by a number of factors, including worker turnover, leave for childbirth, and other reasons that resulted in the original email never reaching the intended worker. Findings from the case-specific survey are considered in various sections of the report but in particular Chapters 6, 7 and 11.

**Family Surveys.** Families were surveyed on a periodic basis throughout the evaluation. SACWIS intake names and addresses of primary caregivers were extracted and used for this

survey when available. The estimated response rate to the survey was 41.9 %. The final survey database contained 804 families (376 experimental and 428 control). Response to this survey was completely voluntary, although families that responded were provided with a \$20 stipend for their time. In addition, a series of 20 phone interviews were conducted with caregivers of families that had completed the family survey towards the end of the pilot period. The findings of the family surveys are considered throughout this report and especially in Chapters 4-8, and 11.

**Early and Late Worker General Surveys.** General surveys were also conducted of workers and supervisors within each pilot PCSA office. One survey was conducted in December 2008 and completed by 66 respondents, and a second survey was conducted in December 2009 and completed by 159 respondents. Relevant findings from these surveys are described primarily in Chapter 9.

**Early and Late Community Surveys.** General surveys were conducted at two points in the evaluation to gauge the knowledge and attitudes of the community about alternative response and the PCSA generally. A mail survey was returned by 174 individuals during the first part of the evaluation, in November 2008. A second round of surveys was conducted by mail and telephone at the conclusion of the pilot in November 2009. The second survey was completed by 141 individuals. Ninety community stakeholders completed both early and late surveys. Relevant findings from these surveys are described primarily in Chapter 10.

**Site Visits.** Three sets of site visits were completed with the 10 participating counties. Interviews with administrators, supervisors and workers were conducted at each site visit. The first visit, in May 2008, was carried out to introduce the counties to the evaluation process and to gather preliminary information on county plans for alternative response implementation. Once the Alternative Response Pilot Project officially began in July 2008, two additional visits were made to each county, one in November 2008 and another in July 2009. Evaluators also attended the majority of planning meetings with the Design Team/Leadership Council in Columbus held throughout the pilot period.

**Documentary Reviews.** The alternative response Family Service Plans that were submitted to evaluators were collected, reviewed, and analyzed. Findings from this analysis are considered in Chapter 7. Pathway assignment forms were collected throughout the course of the pilot and were analyzed, with results reported in Chapter 3.

**Cost Study.** The cost study involved two types of data collection. Bookkeepers were approached in each county and asked to provide records of expenditures for sample families. In addition, State level staff were asked to provide general information about indirect or administrative cost claims in each county for each quarter of the pilot and the proportion of “hits” from the random-moment survey for various types of child welfare services. This process is described in greater detail along with the findings of the cost study in Chapter 12.

The instruments used for the case-specific, family, general worker and community surveys can be found in the online technical appendix (see footnote 1 on page 2).

**Organization of the Report.** After this introduction, the focus in Chapter 2 is on implementation and organization of alternative response in the pilot counties. Chapter 3 concerns a critical part of the alternative response process, namely, the decision to investigate a family or provide an alternative response family assessment, referred to as *pathway assignment*. The random assignment process is also described.

Chapters 4 and 5 are concerned with characteristics and needs of families that PCSAs found to be appropriate for alternative response. Many of these analyses are of the combined experimental and control groups, but experimental and control comparisons were also conducted to confirm the reliability of the random assignment process.

Chapter 6, 7 and 8 consider immediate and instrumental outcomes and process findings. The focus is on family engagement, family attitudes, services to families and participation in services.

Chapter 9 considers the broader reactions of all workers and supervisors, and in Chapter 10 the knowledge and attitudes of community stakeholders are reviewed.

Chapter 11 briefly reviews the outcome findings of Chapters 6 through 10 and then analyzes data relevant to child safety and the longer term effects of subsequent reports and child removal in experimental and control families. Chapter 12 includes an analysis of the costs of alternative response.

## CHAPTER 2: IMPLEMENTATION OF ALTERNATIVE RESPONSE IN OHIO

**Project Impetus.** Ohio’s Alternative Response Pilot Project grew out of an initiative of the Supreme Court of Ohio’s Advisory Committee on Children, Families and the Court. In 2004 the advisory committee established a Subcommittee on Responding to Child Abuse, Neglect, and Dependency “to determine if Ohio’s statutory guidelines for the investigation and prosecution of child abuse and neglect properly serve children and families in need of government intervention.”<sup>2</sup> The Subcommittee retained The National Center for Adoption Law and Policy and the American Bar Association Center on Children and the Law to review, both nationally and within Ohio, laws and best practices related to the screening and investigation of child abuse and neglect. Among the recommendations that emerged from this initiative was a proposal to establish “an alternative response case management paradigm...preceded by an 18-month pilot program...to test the new model in at least 10 Ohio counties.” In its final report, the Subcommittee concluded:

Ohio’s current child protection system focuses, in philosophy, on whether someone has harmed a child or put a child at risk of harm and whether an individual who has done so is culpable for that conduct. Ohio law should, rather, first inquire whether a child is in need of state intervention, regardless of whether it is someone’s ‘fault’ that the child is in need of those services....The protection of injured and at risk children would become paramount....Parents would still be accountable for conduct harmful or risky to children....But child protection workers would be encouraged to focus on the needs of children, rather than on the understandable desire to punish parents who harm or endanger their children....In addition, a clearer and more comprehensive definition of the circumstances in which the State may intervene in a family in order to protect a child would substantially increase the likelihood that similarly situated families in different parts of the state will be treated similarly.<sup>3</sup>

As envisioned by the Subcommittee, the new alternative response model would combine successful elements tested in other states, carry the full force of law while providing flexibility for change as dictated by practice in the field, and be fine-tuned during the pilot period prior to

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<sup>2</sup> Supreme Court of Ohio. (2006). Request for Proposals No. 2007-4 dated December 19, 2006 (p. 1). Issuing Office: Judicial and Court Services Division..

<sup>3</sup> Supreme Court of Ohio; Advisory Committee on Children, Families, and the Courts; Subcommittee on Responding to Child Abuse, Neglect, and Dependency. (2006). Final report of the Subcommittee on Responding to Child Abuse, Neglect and Dependency to the Advisory Committee on Children, Families and the Courts – The Supreme Court of Ohio (pp. 4-5). Prepared by the National Center for Adoption Law and Policy and the American Bar Association Center on Children and the Law.

statewide implementation. In 2006 the legislature passed Amended Substitute Senate Bill 238, which authorized up to 10 counties to pilot the alternative response model.

**Foundations.** The term *alternative response* originated in Minnesota with the implementation of a dual pathway child protection system. In its recommendation for a dual-response system in Ohio, the Subcommittee borrowed heavily from the Minnesota model, which itself was built on child protection system reforms in other states, including Missouri and Florida. The Minnesota alternative response model distinguishes incoming reports of child maltreatment into 2 groups, those that involve more severe allegations with potential imminent safety threats to children, and those that involve allegations of problems or situations of a less severe nature, often involving conditions that are more chronic and less acute and in which the risk to children is real but not imminent. Reports in the first, more severe group are judged to require a traditional investigative assessment, sometimes with co-investigating police authorities accompanying child protection staff. Reports in the second, less severe group are viewed as benefiting more from an alternative to the traditional response: one that involves a broader assessment of the family situation and its living conditions and habits, based on an examination of the underlying causes of current problems and a less threatening and more friendly approach that offers support and assistance. The alternative approach seeks the family's cooperation in working through issues of concern and identifying its own internal strengths and its natural support system. While the alternative response also focuses first on the safety of children, its priority is not naming and accusing a perpetrator, but understanding and untangling the broader dynamics of the family and enlisting the help of everyone in the family in resolving and improving the situation for the long-term safety and well-being of the children. Through this shift in the manner in which child protection intervention is done, the Minnesota CPS reform effort sought to minimize the confrontational experience, enhance cooperation, facilitate the involvement of family members in what happens next, and strengthen the family's ability to take care of itself.

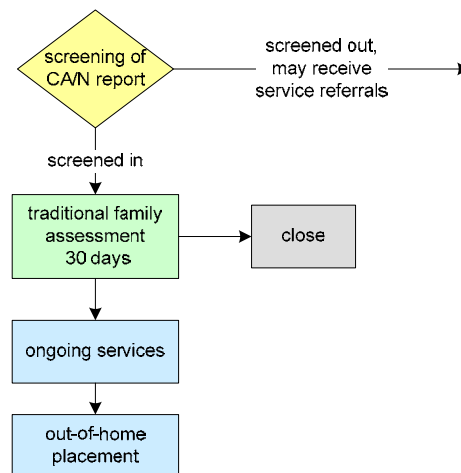
The goal of the Ohio Alternative Response Pilot Project was to build on the successful reforms in Minnesota and other states, but also to develop a child protection paradigm best suited to the state of Ohio that would be tested and honed prior to implementation statewide.

**The Ohio Child Protection System.** The child welfare system in Ohio is largely decentralized: while State-supervised, it is county-administered. State supervision is provided by the Ohio Office for Children and Families (OCF), a division of the ODJFS, which is responsible for, among other things, the statewide coordination of child protection programs and the certification of foster homes and residential facilities. Child protective services are provided and locally administered by a PCSA in each of the state's 88 counties. Fifty-five of these agencies are located within a county Department of Job and Family Services and 33 operate separately.

Though each county is autonomous in the administration of its child protection system, there are more basic similarities than dissimilarities among county PCSAs. Apparent dissimilarities



often involve differences in terminology or in how events or reports are categorized, although there are also some differences in practice. Each county operates its own child hotline or central intake telephone line where it receives reports of child abuse, neglect, dependency, or voluntary services. Such reports are received by the hotline and a decision is made whether or not the allegations require a response from the county agency based on State statutes and administrative rules. The decision to accept or “screen in” the report is made by a screening decision maker who may be the telephone screener or a CPS supervisor. CA/N reports that are screened-in and accepted for a response by the child protection agency are assigned to an intake worker. The traditional, investigative response requires the worker to visit the family, gather information as necessary, and complete a safety assessment within 4 days and a family assessment within 30 days. Based on what is found, the worker makes a judgment about whether or not the report can be substantiated or if there are indications that maltreatment may have occurred. The family may then be referred for services to a community agency whether or not a report is substantiated. If safety concerns require the continued involvement of the agency, a formal case will be opened and the family transferred to the ongoing or intervention unit. If a family does not voluntarily accept services viewed as necessary, or if there are deeper concerns about the safety of children, a court petition is filed and the court becomes involved in the case. Depending on the size of the counties, organizational units may have more or fewer functions and workers may be more or less specialized in their job duties. All counties, however, have operational structures that accommodate initial screening, intake and assessment, and ongoing or intervention services as well as out-of-home placement, foster care and adoption functions. Intake, assessment and case management processes were generally similar for each of the pilot PCSAs before the start of the pilot.<sup>4</sup> Figure 2.1 shows a simplified general case flow chart.



**Figure 2.1. General Case Flow Chart**

<sup>4</sup> For all but one of the counties there was only one possible response for all screened-in referrals to the agency. An exception to this was found in Trumbull County, which had begun to divert higher-risk “investigations” to a special unit, and reserve a unit called “triage” to go out on all other referrals.



**Ohio Pilot Counties.** Counties interested in participating in the pilot were invited by ODJFS to submit applications, and in September 2007, 10 counties were selected. These counties were Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull and Tuscarawas. (see Figure 2.2) The 10 counties were representative of the geographic and demographic diversity of the state. They included the second and sixth most populous counties in the state (Franklin and Lucas), which have the largest and fourth largest cities (Columbus and Toledo) in Ohio. The smallest counties in the group were Guernsey, Ross and Tuscarawas, all with populations of less than 100,000. Poverty rates among the pilot counties varied from 8.9% in Fairfield County to 16.9% in Lucas County. The degree of poverty was highest in the larger metro areas of Columbus and Toledo. Differences in population density and poverty influence the size of the local PCSA and the number of allegation reports received. Reports called in to each county PCSA are typically proportional to the population, but depend on the local conditions as well. (see Table 2.1)

**Table 2.1. Pilot County Demographics**

County	Main City	Population	Persons Under 18	Poverty Rate (2007)	Median Household Income (2007)	No. of allegations (2007)
Clark	Springfield	140,477	23.3%	15.5%	\$43,407	1,871
Fairfield	Lancaster	141,318	24.7%	8.9%	\$58,287	1,819
Franklin	Columbus	1,118,107	25.7%	16.2%	\$48,076	12,883
Greene	Xenia	154,656	21.7%	9.2%	\$55,362	1,119
Guernsey	Cambridge	40,409	23.5%	15.5%	\$35,599	549
Licking	Newark/Heath	156,985	24.4%	11.0%	\$53,357	1,504
Lucas	Toledo	441,910	24.8%	16.9%	\$44,618	4,638
Ross	Chillicothe	75,398	21.9%	13.8%	\$42,660	819
Trumbull	Warren	213,475	21.8%	14.6%	\$41,829	1,935
Tuscarawas	New Philadelphia	91,398	23.1%	12.0%	\$41,138	580

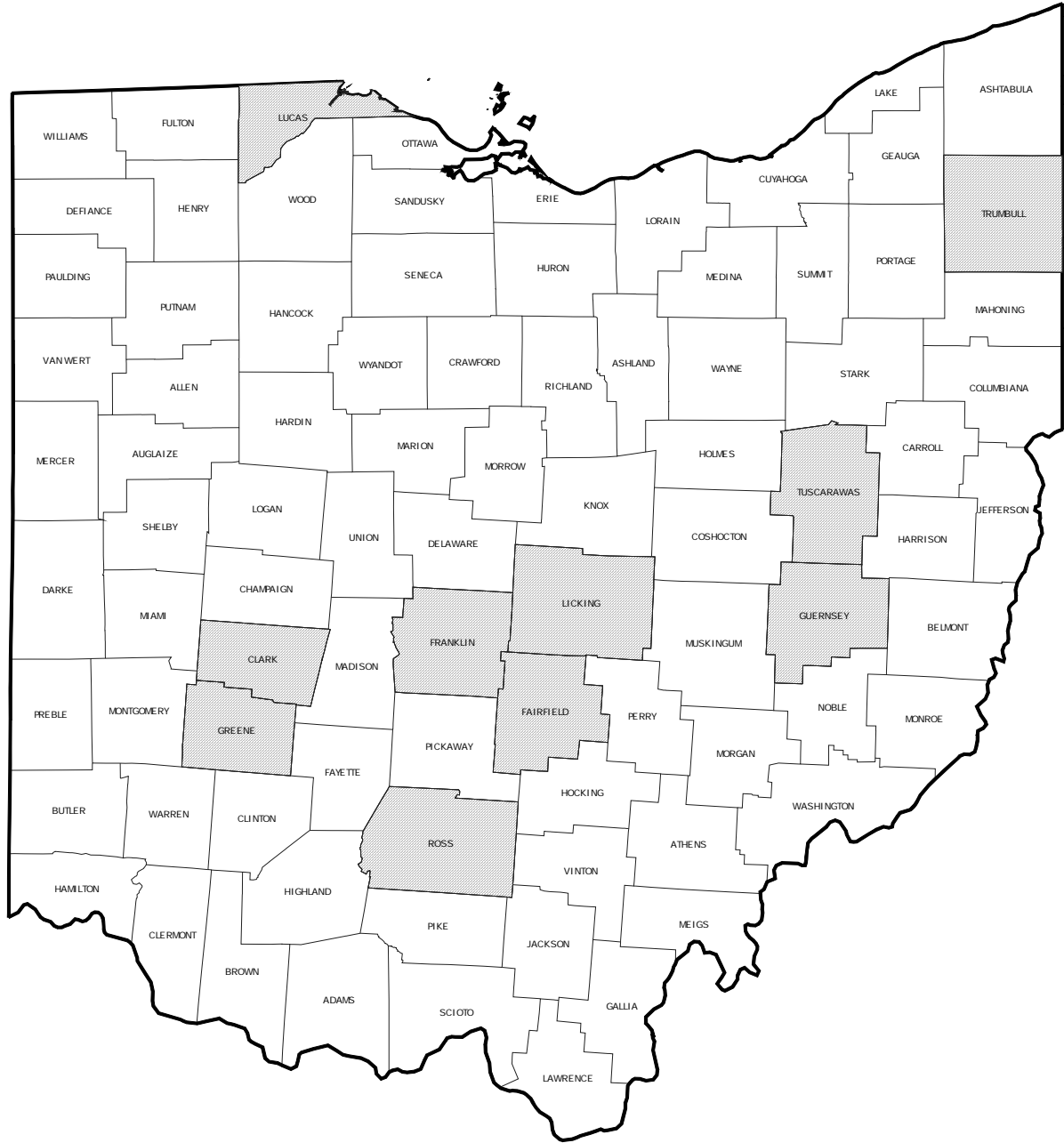


Figure 2.2. Map of Ohio Counties Participating in the AR Pilot.

**Pilot Project Design Process and Design Team.** In March 2007, once legislative authority to carry out the Alternative Response Pilot Project had been obtained, ODJFS and the Subcommittee contracted with an external consulting group to oversee the development and implementation of the project and to conduct an evaluation of it. The group consisted of consultants from the American Humane Association and child welfare administrators from Minnesota, who were responsible for providing technical assistance in the implementation and operation of the Pilot Project, and the Institute of Applied Research, which conducted the evaluation.

A project Design Workgroup was formed to guide the development of the pilot. The team consisted of representatives from the 10 pilot counties, staff from the Supreme Court, administrators and policy staff from ODJFS, as well as the external consultants and evaluators. While drawing heavily on the Minnesota alternative response system as a model, the central goal of the team was to develop consensus around a paradigm that would be best suited to the state of Ohio. Agreement needed to be reached on the core elements of the paradigm as well as on its relative elasticity; that is, how much consistency was required for the integrity of the project and how much variation and county discretion there could be to accommodate local differences. The process was inherently complex, given the decentralized nature of the child protection system in the state, on the one hand, and the desire of the Court to ensure a baseline of consistent, effective practice, on the other. A common lexicon of terms had to be agreed to, along with guiding principles, criteria for pathway assignment, and the operational structure of the alternative response pathway that would be integrated into county programs.

Further complicating the work of the Design Workgroup and the implementation of alternative response in pilot counties were two concurrent state-level initiatives. The first involved the state's SACWIS (State's Automated Child Welfare Information System), which began to be phased-in early in 2008. Options for the integration of alternative response data into SACWIS had to be examined; when the SACWIS was originally being designed, alternative response was not yet on the horizon. The second state initiative was the development of new, standardized safety and risk assessment instruments know as, Comprehensive Assessment and Planning Model — Interim Solution (CAPMIS). The introduction of CAPMIS did not just involve new forms, but established rules, policies and timelines for screening, intake assessments and case planning. (For example, under the guidelines, screening decisions had to be made within 4 hours of receiving a child maltreatment report, intake assessments had to be completed in 30 days—with a possible 15-day extension — and all investigations had to be initiated within 24 hours.) CAPMIS paper forms were integrated into SACWIS, and counties were required to begin using CAPMIS procedures and tools on the same date that SACWIS went live in the county. Some of the pilot counties were just beginning the transition to SACWIS at the time the Pilot Project began.

A major issue for the Design Workgroup was how CAPMIS procedures and tools, originally intended for use in investigative assessments, could be adapted for use in alternative response

assessments. Pilot counties were somewhat constrained in the design of alternative response by policies set in CAPMIS, though some modifications were made. Alternative response assessments would still require the same safety and family assessment CAPMIS tools to be completed, but the assessment period for alternative response cases was officially extended to 45 days. The case plan in CAPMIS was replaced by a much simplified Family Service Plan document created by the team specifically for alternative response.

By the end of the design phase, agreement was reached on essential aspects of the pilot, including screening and assessment procedures to be used in the alternative response pathway, pathway assignment criteria, how post-assessment services and ongoing cases would be handled, and the methods and timing of county staff training. With respect to terminology, it was decided to refer to the new pathway being introduced as alternative response, or the alternative response, and the pre-existing assessment pathway as traditional response, or the traditional response. There was also agreement on the core structural elements of the Ohio alternative response model; specifically that alternative response must involve:

- Two or more discrete response pathways for cases that are screened-in and accepted;
- Formalized statutes, rules, and protocols defining the pathways;
- Identified criteria that are used to determine initial pathway assignment, including presenting case characteristics such as imminent danger and type of alleged maltreatment, source of report and other discretionary factors;
- Flexibility to change initial pathway assignment based on new information that alters risk level or safety concerns or when a family chooses to have a traditional investigation;
- Voluntary services in non-investigation pathways when there are no safety concerns;
- No formal determination of child maltreatment and no formal determination of child victims in the non-investigation pathway; and
- No determination of perpetrators and no entry of names into the central registry in the non-investigation pathway.

Design Workgroup activities began in September 2007 and continued until late spring 2008. Six two-day planning meetings and several teleconferences were held prior to the launch of the pilot in July 2008. Following the start of the project in July, the Design Workgroup renamed itself the Leadership Council and continued to meet at regular intervals during the course of the pilot to fine-tune implementation. Toward the end of the pilot period, the Leadership Council began focusing efforts on sustaining the momentum of the pilot and discussing the future of alternative response after the pilot conclusion.

**Training and Technical Assistance.** Three sessions of introductory training were conducted with the counties prior to pilot implementation. During late spring 2008, American Humane facilitated an orientation with the 10 counties, along with more in-depth sessions on alternative response procedures and practice. Technical assistance was provided throughout the pilot period by the Minnesota consultants as needed. Counties also participated in conference calls and in-person worker and supervisor meetings to discuss issues with implementation as they arose. Site-based coaching by the Minnesota consultants was conducted during the summer of 2009.

**Funding.** ODJFS provided participating PCSAs with additional funding for services for the Alternative Response Pilot Project. A financial reimbursement of \$1,000 was provided for every family, up to a predetermined maximum number of families, that received post-assessment services. The financial reimbursement was linked to the completion of Family Service Plans that were submitted to ODJFS. Counties could request payment for each family that completed a Family Service Plan, but they were not required to spend all of the \$1,000 on that particular family. Funding was therefore intended for services, as well as general operating support of the pilot. In addition, Casey Family Programs provided an extra \$50,000 per year for each site. Counties had considerable flexibility in how their agencies chose to use the funding available. Analysis of services provided is discussed in Chapters 7 and 8.

**County-Specific Organization of Alternative Response.** Eight of the 10 counties operated the pilot throughout the entire county area. Two counties, Lucas and Franklin, with large metropolitan areas (Toledo and Columbus) and a high volume of reports overall, limited the project to designated zip code areas<sup>5</sup>.

Each PCSA adapted alternative response to its specific staff capacity and organizational circumstances. Three main variables were considered in each location:

- The number of alternative response workers needed;
- Whether those workers would be assigned only alternative response cases or would also accept traditional response cases; and
- Whether alternative response workers would have the option of keeping cases open in intake for short-term services past the assessment period of 45 days.

Counties initiated alternative response with their best estimate of how many alternative response workers would be needed to handle the targeted number of alternative response experimental cases. The number of alternative response workers varied from one in Tuscarawas to six in Lucas, and, during the course of the project, several counties made adjustments in the number of workers to adapt to the volume of alternative response-appropriate reports.

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<sup>5</sup> Due to the large number of reports screened each year, Lucas County designated four zip codes (43605, 43608, 43609, and 43604, one in each geographic area) to target for the AR pilot, and Franklin County specified a cluster of contiguous zip codes as the AR pilot area: (432)03, 05, 11, 19, 30, 31, 01, 24, 29, and 06.

Five counties succeeded in maintaining primarily alternative response dedicated caseloads for their alternative response workers throughout the course of the pilot, while the other 5 counties found it necessary to assign both traditional response and alternative response cases to the alternative response workers, either by initial design or due to shifting intake volumes. Nine of the 10 counties chose to allow their alternative response intake workers to retain the case to provide short-term case management past the assessment period (usually not more than 90 days, but longer in some circumstances). Franklin County, with the largest metro area, opted to transfer any case open longer than 45 days to a designated ongoing unit for the first 8 months of the pilot. Later, alternative response workers began to hold cases past assessment as well. Community agencies were used extensively as referral sources for services in all counties.

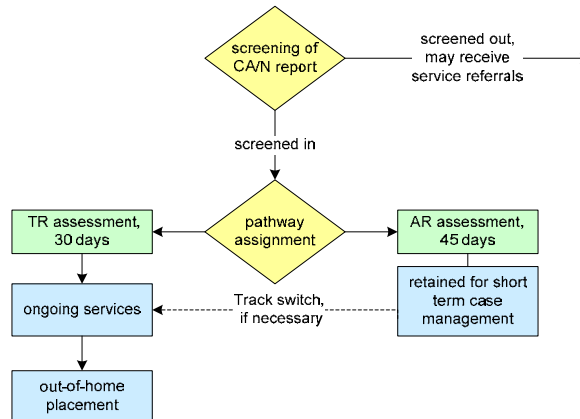
**Screening and Pathway Assignment.** Families determined to be appropriate for an alternative response family assessment during the Ohio pilot were screened at two points in time. Each report received by a county's child abuse/neglect hotline received an initial and standard screening to determine whether the report should be screened in or out. Reports screened in (or accepted) involved the kinds of problems that CPS has traditionally addressed, such as child abuse, child neglect, dependency, or a family in need of services. Reports that were accepted in the pilot counties (or in designated ZIP codes in Franklin and Lucas counties) then received a second-level screening to determine whether the family was appropriate for an alternative response or traditional response. Screening at this level is referred to as pathway assignment (see Chapter 3).

**Random Assignment.** Due to the experimental design of the evaluation, families with reports judged to be alternative response-appropriate were then randomly assigned to the experimental (and received the alternative response) or control (and received the traditional response) conditions using a web-based program on the evaluator's website. At any point during an alternative response assessment, if safety concerns arose or court supervision warranted, the family could be switched to the traditional response pathway. Random assignment of families began in July 2008 for nine counties and in August 2008 for Franklin County, and continued through September 2009 (see Chapter 3).

**Operation of Alternative Response Across Counties.** A family assigned to the alternative response pathway was assigned to an alternative response worker. This worker initiated the family (safety) assessment within 24 hours from receipt of the report and made face-to-face contact with the caregiver within 4 working days (per CAPMIS). The initiation of the alternative response assessment could be made by letter, phone call, or face-to-face visit. Each county determined the method that worked best for its agency, though phone calls were used when possible in most agencies, depending on the availability of the family and the perceived immediacy of the report.

In most instances, if ongoing services were needed for an alternative response family, the worker remained the same and the case was held in the assessment unit. If for some reason,

pathway change was required, the family was transferred to the appropriate traditional response unit. Most typically, when ongoing cases were opened for traditional response families, the intake/assessment worker transferred the family to an ongoing intervention unit where the family was served by a different worker. A simplified flow chart of the basic alternative response model found in pilot counties is shown in Figure 2.3.



**Figure 2.3. Alternative Response Flow Chart**

The alternative response family assessment and service provision was different from the traditional practice in a number of ways. Most visibly, workers conducting alternative response assessments were discouraged from using the typical labels of *perpetrator* and *victim* and did not have to make a formal determination of *substantiated*, *unsubstantiated* or *indicated*. Although the vast majority of alternative response cases did not require court involvement, the assessment worker was allowed the option of providing services during the assessment period and voluntary services past the assessment period. The assessment period was officially extended to 45 days for all alternative response cases, which offered the workers more time to ensure that the family followed up with any service referrals. In 9 counties, alternative response workers were permitted to continue with cases when families agreed to post-assessment, short-term services. Formal case plans were not required in these cases. Instead, simpler Family Service Plans were developed that outlined concerns, wishes, and responsibilities of family members and providers in meeting family needs. Family Service Plans could be developed at any point after the completion of the safety assessment. As previously mentioned, extra financial support was available in the amount of \$1,000 for each Family Service Plan completed and submitted to ODJFS. This afforded the alternative response workers the ability to more readily address needs that might be present in their alternative response families.

**Systems Change.** It is a truism that instituting systems change is never easy. Moreover, it is a necessarily longer process in a system that is decentralized, particularly when it involves aspects of practice that are meant to be reasonably uniform across locations. At the same time, it is common to find innovative organizations more ready to seek ways of improving

themselves, for example by participating in pilot programs and demonstrations. Best practices tend to emerge from such organizations—early implementers willing to take risks. But progressive organizations operating in a decentralized system can be expected to arrive at policy and practice decisions through largely internal processes, as they are more accustomed to change based on the judgments they make rather than those made by others. The work of the Design Workgroup was, therefore, a necessarily interactive or dialectical process. There would have been no other way to achieve an Ohio-specific outcome.

The county agencies participating in the Alternative Response Pilot Project generally, and with good reason, viewed themselves as progressive. Many had embraced child protection reforms and advancements for many years. From the start of the project, many of the administrators saw their current child protection/welfare practice as very similar to the non-accusatory, supportive, friendly, family-centered approach that is the goal of the alternative response track. From the perspective of the pilot counties, the implementation of alternative response was not necessarily providing them with an entirely novel way of dealing with families, but affording them an alternate operational structure to better address family needs. In this way, the Ohio Alternative Response Pilot Project was an opportunity for participating agencies to re-conceptualize their current practices and methods and consider again how they might improve the quality of their child welfare programs.

It was not surprising that during the alternative response design process, counties expressed concern that the “alternative response approach” would not be the exclusive domain of their alternative response workers. Many, if not all pilot counties, believed, that to some extent, their workers already did family assessments as the alternative response model intended. The language used by the OCF and the PCSAs to qualitatively describe their intake process already used the term *family assessment* in lieu of *investigation*, and many of the PCSAs already identified with that semantic distinction.<sup>6</sup> The move away from investigation language in Ohio could be seen as early as 1998 when the State introduced the family risk assessment approach to intra-familial reports of CA/N. The introduction of CAPMIS maintained and strengthened the family assessment concept. Other terminology used to describe the process of assessment was also similar to many of the terms commonly used in conjunction with alternative response (e.g. family-focused, friendly, non-adversarial). Family assessments have been used extensively in Ohio for more than a decade, and the Ohio Administrative Code rules reflect this.

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<sup>6</sup> When alternative response was initiated in the U.S. in the mid-90s, child protection investigations often had a poor reputation for not respecting family rights and addressing family needs. Reports of child abuse and neglect were generally approached in the same way by the child protection agency by conducting a CPS investigation regardless of the type of report. The idea of distinguishing between families and reports, and tailoring the response of the agency to these differences was an innovative reform. As the child welfare system has evolved, and as alternative response has been adopted in several U.S. states and other countries, the notion of approaching families in a family-friendly fashion and involving them in the decisions about their child’s safety has become more the norm than the exception, even in jurisdictions where alternative response has not been implemented. Nonetheless, creating a formal mechanism for distinguishing investigations from family assessments through the addition of an alternative (or differential) response pathway provides a consistent approach to families reported to CPS.



As the design process began, the pilot PCSA managers needed to ask themselves how alternative response was going to be different from the work they normally do. As a supervisor stated:

*In some ways, some of our practices are so ingrained that we don't even think about them being family-centered or strength-based anymore. Because it's just a way of life here.*

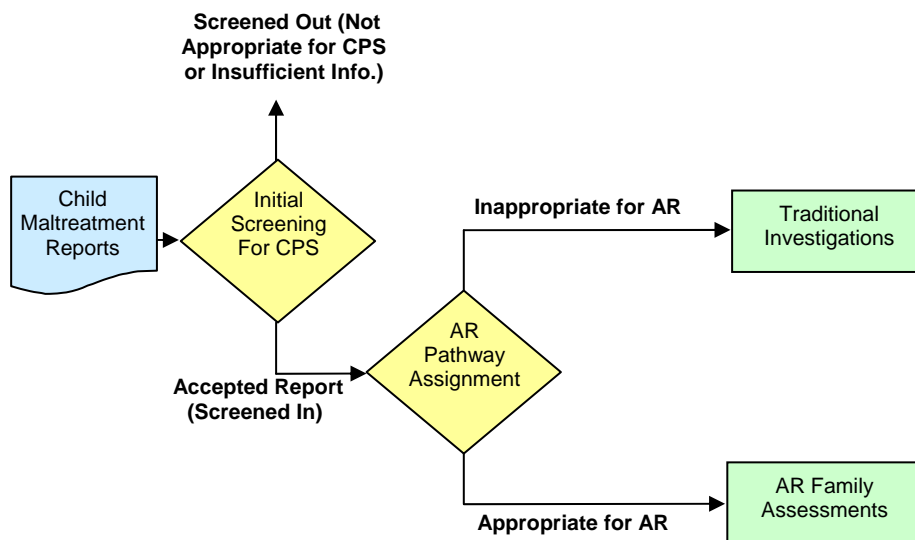
In this regard, counties were concerned that some workers might reject the notion that the alternative response practice was unique. But counties also recognized that even though their agency's philosophical orientation already resembled alternative response, individual workers and supervisors demonstrated family-friendly principles to different degrees. Managers acknowledged that for many of their staff, alternative response may not be a major practice shift, but for a few, it would require a significant change.

## CHAPTER 3: SELECTING FAMILIES FOR THE PILOT

Families were selected for the alternative response study population by the use of a pathway assignment tool and through random assignment to an experimental or control group. These two processes are described in this chapter.

### Pathway Assignment

Families determined to be appropriate for an alternative response family assessment during the Ohio pilot were screened at two levels: 1) an initial screening through the existing intake procedures to determine whether a report was appropriate for a CPS response generally, and 2) a second-level screening to determine whether the family was appropriate for an alternative response family assessment or should receive a traditional response assessment/investigation. Screening at this level is referred to as pathway assignment. The diagram in Figure 3.1 illustrates this process. This is part of the earlier diagram in Figure 1.1. In this section the screening process involved in pathway assignment is considered.



**Figure 3.1. Pathway Assignment**

During the pilot, PCSAs utilized a standard pathway assignment instrument that was uniform across pilot sites. The instrument was developed during the Design Team planning process and was to be used for all new CA/N reports in the county or ZIP code areas participating in the Pilot Project. The assumption implicit in the instrument was that families would be provided with an

alternative response family assessment unless there were reasons why a traditional response had to be pursued.

The items were divided into two groups of yes/no questions. The first five were **mandatory**, that is, if any were answered affirmatively, the report had to be investigated. Most of the mandatory items included specification items with checkboxes under the general yes/no heading. These were available as guides for intake workers or supervisors making the decision. If a Y was circled then one or more of the specification checkboxes under that item could be checked. It was emphasized in the instructions that the *allegation* of any of these items was sufficient to require a traditional assessment/investigation. The five mandatory items and specification items were:

**Mandatory Pathway Assignment Items**

**1. Report *alleges* serious harm to a child: Y or N**

- a. Felony child endangerment or assault (as defined in statute #).
- b. Child abuse or neglect that has resulted in serious injury or harm.
- c. Report requires the involvement of a Child Advocacy Center.

**2. Report *alleges* sexual abuse of a child: Y or N**

- a. Criminal sexual conduct (as defined in statute #).
- b. Other alleged sexual abuse.
- c. Report requires the involvement of a Child Advocacy Center.

**3. Report involves a suspicious child fatality or homicide: Y or N**

**4. Report requires a specialized assessment: Y or N**

- a. Alleged perpetrator is a person responsible for the child's care in an out-of-home care setting.
- b. Alleged perpetrator has access to the child by virtue of his/her employment or affiliation.

**5. Report requires a third party assessment: Y or N**

- a. Any employee of an institution or facility licensed/certified by ODJFS or another state agency and supervised by the PCSA.
- b. A foster caregiver or pre-finalized adoptive parent licensed, certified, or approved by ODJFS and supervised by the PCSA.
- c. A type B family day care home certified by a County Department of Job and Family Services (CDJFS).
- d. Any employee or agent of ODJFS or the PCSA.
- e. Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
- f. Any other PCSA conflict of interest.

# Statutes were listed in the original version of the instrument.

The mandatory items centered on serious harm, sexual abuse, reports involving fatalities, reports on various individuals acting in place of parents, and child welfare employees. These were more clearly defined items, (some outlined in State law), and for this reason it was expected that less variation would be found between sites in their utilization.

In addition, there were **discretionary** items. If a Y was circled for any of these items the agency could opt to conduct a traditional response assessment. Discretionary items are shown in the following list. These items were not strictly defined and it was left to local staff to interpret them. The expectation was that greater variation would be found in how these items would be used. They considered situations that might interfere with an alternative response family assessment, such as open traditional assessments and child placements, as well as some historical considerations and special knowledge about past and present cooperation. The ninth item concerned the limitations of the pilot (to certain ZIP codes in some counties or to prevent case overload of assigned staff). The open-ended items (9c and 10) were frequently used as explanations of earlier items and/or to indicate reasons for traditional assessments that were not contained among the standard items.

#### Discretionary Pathway Assignment Items

1. Currently open traditional assessment (investigation): Y or N
2. Frequency, similarity, or recentness of past reports: Y or N
3. Long term court-ordered placement will be needed: Y or N
4. Need legal intervention due to violent activities in household: Y or N
5. Parent/legal guardian has declined services in the past: Y or N
6. Parent/legal guardian is unable/unwilling to achieve child safety: Y or N
7. Past maltreatment concerns not resolved at previous closing: Y or N
8. Previous child harm offenses charged against the alleged perpetrator: Y or N
9. Appropriate for alternative response but not assigned:
  - [ ] a. Zip code not included in alternative response pilot
  - [ ] b. Staffing considerations
10. Optional Narrative Explanation:

At the end of the instrument, the individual completing the form circled alternative response or traditional response and the report was then assigned accordingly.

**Item Analysis.** The instrument was completed on paper and forwarded to the evaluators by mail or email. Evaluation staff entered the data into a database for analysis. By the conclusion of the evaluation this database consisted of 9,667 pathway assignment determinations (from July 2008 through December 2009).<sup>7</sup> *The best estimate of the proportion determined to be appropriate for an alternative response family assessment was 51.7%. The remaining 48.3%*

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<sup>7</sup> The final database was complete by December 2009 for most counties but some of the larger counties had not submitted all forms for the final months of the pilot project in time for this analysis. Note that the time period for this pathway assignment database is 3 months longer than the time period for the random assignment database.

received a traditional response assessment/investigation. This estimate sets aside reports that were not subsequently considered for assignment because of alternative response staffing considerations (n = 666) or because the family's address was outside a pilot ZIP code area (n = 6). In addition, 208 reports were received on families that had previously been determined to be appropriate based on an earlier report. Many of these families might have been assigned to a second alternative response assessment but actual pathway determination could not be reliably determined from the paper form. The actual percentage determined to be appropriate for the family assessment pathway was likely slightly higher. Nonetheless, assigning about half of reports to the new pathway is comparable to programs in other states during the first 18 months (length of the current pilot) of the alternative response program. The percentage assigned varied from county to county as can be seen in Table 3.1.

**Table 3.1. Pathway Assignment by PCSA\***

County	Alternative Response Assessment	Traditional Response Assessment /Investigation
Clark	53.7%	46.3%
Fairfield	55.9%	44.1%
Franklin	67.5%	32.5%
Greene	48.7%	51.3%
Guernsey	20.5%	79.5%
Licking	18.8%	81.2%
Lucas	70.0%	30.0%
Ross	32.4%	67.6%
Trumbull	63.0%	37.0%
Tuscarawas	36.7%	63.3%
Total	51.7%	48.3%

\*These figures are based on the pathway assignment forms received from pilot counties in time for the analysis and the proportions may differ from those calculated locally.

About one in every four reports (25.2%) had one or more of the five *mandatory items* checked (see Table 3.2). Assuming these items were all accurately completed, the remaining reports (74.8%) may be taken as the maximum portion of reports received that could be assigned to an alternative response family assessment.

The most frequently used mandatory category was *sexual abuse*, which accounted for 18.4% of reports (n = 1,521). Within this category, there were three specifications (see above) that were sometimes indicated. Of these, *criminal sexual misconduct* was checked 162 times, *other alleged sexual abuse*, 334 times and *involvement of a Child Advocacy Center*, 342 times. These amounted to a little more than half the reports in this category. Thus, the specification items were not used consistently. Another small number of reports (n = 33) were indicated in open-ended responses (see Table 3.2) to be cases with a history of sexual abuse or in which there was suspicion of sexual abuse or a sex offender was involved. Of these, only nine were assigned to a family assessment.

**Table 3.2. Number and Percent of Mandatory Items Checked  
(N = 9,667)**

	Number	Percent of All Reports
1. Report <i>alleges</i> serious harm to a child	440	5.3%
2. Report <i>alleges</i> sexual abuse of a child	1,521	18.4%
3. Report involves a suspicious child fatality or homicide	9	0.1%
4. Report requires a specialized assessment	55	0.7%
5. Report requires a third party assessment	57	0.7%

Significant variation was found among the PCSA sites in the proportions assigned to traditional response because of sexual abuse allegations (see Table 3.3). Most of this variation is likely a function of the proportion of sexual abuse allegations among all intakes received by counties. They ranged from a low of 9.9% in Franklin to a high of 28.5% in Fairfield. The tiny number of open-ended items concerning sexual abuse cited in the previous paragraph is an indication that offices had little trouble identifying these kinds of intakes and assigning them to traditional response.

**Table 3.3. Percentage Assigned to  
Traditional Response because of Sexual  
Abuse Allegations by County**

County	%
Clark	15.4%
Fairfield	28.5%
Franklin	9.9%
Greene	17.1%
Guernsey	23.1%
Licking	23.0%
Lucas	12.9%
Ross	20.7%
Trumbull	25.5%
Tuscarawas	16.6%

The second largest category in Table 3.2 with 440 reports (5.3%) concerned *serious harm to a child*. The specifications for this item were checked for only a minority (30%) of cases. These included *felony child endangerment or assault*, checked 38 times; *CA/N resulting in serious harm or injury*, checked 55 times; and, *involvement of a Child Advocacy Center*, checked 44 times. We assume that most of the missing specifications on this item and the sexual abuse item were inadvertent errors, as intake personnel and supervisors simply overlooked the specifications. Comparing the answers to open-ended responses concerning physical abuse and dangerous violence supported this view. Only a small overlap was found. Nonetheless, it is also possible that this item was checked for reasons other than those listed in the specifications. Less variation was found among counties on this item, with percentages ranging from 2.9% to 8.8% of all reports considered.

The remaining three categories were employed for only a tiny minority of reports—less than 2% in total. The kinds of reports that fall in these categories are infrequently received by local agencies.

If 48.3% of intakes were assigned to traditional response, of which 25.2% were so assigned for mandatory reasons then *slightly less than half the families assigned to a traditional response assessment/investigation (23.1% of intakes) were assigned to that pathway for discretionary reasons*. In this section, those reasons are considered in further detail. The formally listed discretionary reasons are shown in Table 3.4, along with the percent assigned to alternative response.

**Table 3.4. Number and Percent of Discretionary Items Checked (N = 9,667) and Percent Assigned to Alternative Response**

	Number	Percent of Total Reports	Percent of this Number Appropriate for an Alternative
1. Currently open traditional assessment (investigation)	541	6.5%	2.2%
2. Frequency, similarity, or recentness of past reports	945	11.4%	21.5%
3. Long term court-ordered placement will be needed	106	1.3%	1.9%
4. Need legal intervention due to violent activities in household	238	2.9%	12.6%
5. Parent/legal guardian has declined services in the past	147	1.8%	6.8%
6. Parent/legal guardian is unable/unwilling to achieve child safety	1173	14.2%	19.9%
7. Past maltreatment concerns not resolved at previous closing	152	1.8%	9.2%
8. Previous child harm offenses charged against the alleged perp.	152	1.8%	13.2%
Number of Reports with any of these 8 items indicated	2,358	28.5%	19.0%

Multiple items were indicated in many reports. When discretionary items were selected, 1.5 items were checked on average per report. Together, 28.5% of all reports had one or more of these items checked. As can be seen, most of the families with an indicated discretionary item received a traditional response assessment. For the total of these families, 19.0% were coded as appropriate for an alternative response family assessment. The most commonly indicated discretionary reasons were the frequency or recentness of past reports, and the caregiver's inability to achieve child safety.

There was some variation in the use of the discretionary items among the pilot counties. The second item required that assignment decision makers look at the history of the family with the agency and was used either very often or very infrequently. Most of the instances of utilization of this item were found in five counties: Clark, Greene, Licking, Ross and Tuscarawas, which together accounted for 84.2% of all utilization. This may be a function of when information on a past report was attended to in the flow of information about families accepted for further action by CPS. Most of the use of the sixth item was found in Licking County, which alone accounted for 79.4% of the cases in which this item was used. A similar pattern was seen for the eighth item. In this case Greene County was responsible for 67.8% of the instances in which this item was used. Together these variations account for the overall differences in the use of the discretionary items, shown in Table 3.5.

**Table 3.5. Percentage of Cases in Which One or More of the Eight Discretionary Items Was Used by Each PCSA**

County	Percentage
Clark	24.9%
Fairfield	11.5%
Franklin	13.0%
Greene	34.5%
Guernsey	20.5%
Licking	78.9%
Lucas	11.4%
Ross	46.3%
Trumbull	9.6%
Tuscarawas	41.3%

**Written Comments.** Workers also provided other reasons for their pathway assignment decisions through written comments on the assignment forms. It is a tribute to the diligence of the intake workers and supervisors who completed the pathway assignment tools that they often took the time to add comments to the form. Nearly a third (30.2%) of the forms received had written explanations, many of which went beyond the closed-ended categories available in the two previous tables. This amounted to 2,917 written comments, which were entered by the evaluators



and subsequently coded into 37 categories, including subcategories of drug usage and types of neglect. Some of these overlapped and described in greater detail the reason for checking one of the closed ended items listed in the previous tables. However, most were unique and different.

In many cases the comments were coded into more than one category. For example, there were cases when problems such as domestic violence, drug abuse, and firearms in the home were written in for one report. Breaking these out is useful descriptively, but it is impossible to determine whether only one or all of these items might have led the report to be assigned to a traditional response assessment. Written comments did not always lead to the investigation track as is evident in Table 3.6.

In Table 3.6, the percentage of reports appropriate for an alternative response family assessment is shown for each category of written comment. Again, however, this may or may not have been the reason for assignment (either alternative response or traditional response) because of the overlap of categories (both open-ended and closed-ended). The best that can be said is that these factors were considered important enough that decision makers wrote them down, and it can be assumed that they influenced the final pathway decisions. The percentages presented in the following paragraphs apply *only* to reports with written comments and not to the entire collection of reports.

*Types of abuse and neglect.* The largest categories assigned to alternative response family assessments were found under child neglect, with 63.9% of dirty/unsafe home reports and 58.3% of lack of supervision reports assigned, and for neglect generally, 56.0%. (As noted above, this refers only to such reports where the decision maker wrote in these characteristics.) These numbers accord with programs in other states where neglect reports are most frequently assigned to the family assessment track. This was followed by emotional abuse at 50.0%. Medical problems and medical neglect came next with 45.2% and physical abuse was last with 37.7%. The lower value for physical abuse may reflect the attitudes of some intake workers and supervisors who are often more reluctant in the early days of alternative response programs to assign such cases to the alternative response track.

*Drug and alcohol problems.* When these kinds of issues were mentioned there was greater reluctance to assign families to an alternative response family assessment. The majority of such families were investigated. It should be noted that other dangers and violent situations were often mentioned in connection with substance abuse and, therefore, may not have been the only reason for coding the report for investigation. The 20% to 30% of families with these problems assigned to the alternative response track indicates that identification of this problem was not always a reason to avoid a family assessment — at least for some decision makers. It must also be assumed that many other reports were received in which these problems were not identified at intake.

*Violence and dangerous situations.* When violence, firearms, and threats of violence were part of reports, decision makers usually took the investigation route. However, over two-fifths (43.7%) of reports that were said to involve domestic violence were considered appropriate for an alternative response assessment. Many of these reports may have involved relatively minor domestic altercations or have been related to a precautionary report made to child protection by the police.

*Other risky conditions.* Mental health conditions, when mentioned, usually ruled a family out of the alternative response track, and the general statement of *moderate to high risk* always led to an investigation. These items were similar to the discretionary item concerning the inability or unwillingness of the parent to achieve child safety and may have overlapped somewhat with it.

*Other characteristics of families.* These included sexual abuse/concerns that did not rise to the level of sexual abuse allegations, child custody issues, non-cooperation, court involvement and out-of-home placement.

**Table 3.6. Number and Percent of Categories of Open-Ended Responses Checked In (N = 9,667) and Percent Assigned to Alternative Response**

Categories of Comments	Number	Percent of Total Reports	Percent Appropriate for Alternative Response Family Assessment
<b>Types of Abuse and Neglect</b>			
Physical abuse: bruises/broken bones/fractures	371	3.8%	37.7%
Emotional abuse/threats to child	58	0.6%	50.0%
Neglect (includes locking in rooms, locking out, kicking out-of-home, dirty child, food problems, etc and the three following categories)	516	5.3%	56.0%
Dirty home, unsafe home*	191	2.0%	63.9%
Homelessness	29	0.3%	37.9%
Lack of Supervision	192	2.0%	58.3%
Serious medical condition of the child, medical neglect,	73	0.8%	45.2%
<b>Drug and Alcohol Problems</b>			
Adult substance problems	555	5.7%	23.4%
Methamphetamines	76	0.8%	5.3%
Heroin, opiates	75	0.8%	26.7%
Marijuana	23	0.2%	39.1%
Cocaine, crack	32	0.3%	21.9%
Child substance problems (includes drug-exposed infants)	85	0.9%	29.4%
Drug-exposed infant	69	0.7%	23.2%

**Table 3.6. Number and Percent of Categories of Open-Ended Responses Checked In (N = 9,667) and Percent Assigned to Alternative Response**

Categories of Comments	Number	Percent of Total Reports	Percent Appropriate for Alternative Response Family Assessment
Adult alcohol problems	76	0.8%	36.8%
Child alcohol problems	3	0.0%	66.7%
<b>Violence and Dangerous Situations</b>			
Other criminal activity/law enforcement/arrest/criminal charges/jail/charges related to CA/N	123	1.3%	15.4%
Firearms/weapons involvement	31	0.3%	12.9%
Domestic violence/child involvement/witness in some cases	341	3.5%	43.7%
Dangerous violence/threats of violence or killing in home/injuries to child	158	1.6%	35.4%
Emergency	42	0.4%	0.0%
<b>Other Risky Conditions</b>			
Mental health problems or concerns/severe emotional problems/suicidal	76	0.8%	38.2%
Moderate or high risk	52	0.5%	0.0%
<b>Other Characteristics of Families</b>			
Sex offender, history of sexual abuse, child sexually active, possible upgrade to sexual abuse	33	0.3%	27.3%
Child custody issues: in court/living with relatives, grandparents or other parent (overlaps with court involvement in some cases)	77	0.8%	15.6%
Non-cooperation	20	0.2%	0.0%
Court Involvement, possible removal, past placement of a child	34	0.4%	2.9%
Child in family removed or in placement	107	1.1%	4.7%
<b>Other Reasons Impacting the Decision</b>			
History with agency, companion traditional assessment, ongoing case, case in other county	267	2.8%	11.6%
Alleged perpetrator is not a caregiver, institutional report	23	0.2%	4.3%
Not enough information to assign	35	0.4%	22.9%
Already in randomizer	208	2.2%	43.8%
Family in need of services, prevention services	147	1.5%	1.4%
Dependency case	27	0.3%	0.0%

**Table 3.6. Number and Percent of Categories of Open-Ended Responses Checked In (N = 9,667) and Percent Assigned to Alternative Response**

Categories of Comments	Number	Percent of Total Reports	Percent Appropriate for Alternative Response Family Assessment
After hours report	36	0.4%	5.6%
Indicated difficulty of assigning to alternative response staff (various)	55	0.6%	89.1%
Other (unable to be interpreted or coded)	165	1.7%	17.0%
One or more of the above items indicated	2917	30.2%	31.8%
* Each indented item is a subcategory of the un-indented item preceding it.			

*Other reasons impacting the decision.* These included various administrative reasons for determining that families were not appropriate or simply information about some factor impacting a decision. In some of these cases the decision makers may have been confused as to which pathway to mark on the form. For example, 22.9% of reports with not enough information to assign were marked as appropriate for a family assessment.

Like the fixed categories in Table 3.3, the open-ended responses appear to have usually led to an assignment to a traditional investigation—with the exceptions noted.

**PCSA Differences in Pathway Assignment.** Alternative response pathway decisions and randomization in each county were typically done by a highly trained Screening Decision Maker or the alternative response supervisor. As the previous analysis shows, the approach to assigning cases to the alternative response pathway varied among counties. While there was generally no disagreement about which reports would require a mandatory investigation, as noted above, counties differed in their use of the discretionary criteria on the Pathway Assignment form. Particular circumstances and process for pathway assignment in individual agencies sometimes led to a more conservative or liberal approach.

In larger counties such as Franklin and Lucas, pathway assignments were often made at the point of screening, by the screeners or Screening Decision Makers (supervisors) on duty. The size of the county influenced the volume of reports, and consequently the screeners' or supervisors' ability to take extra time to make decisions and gather past information about the family. Large metro counties were not likely to be able to know what happened in past cases. This was not the case in some smaller counties. In Licking County, for example, a group decision making process every morning allowed the intake workers to contribute knowledge they may have about a family's past and help determine which worker would be best for the case. Past

CPS history and cooperation of the family, therefore, was more of a clear factor in counties that were able to analyze this information. Nevertheless, counties were often willing to assign even tough, chronic families to alternative response for the opportunity to try a new approach.

In other counties, other factors influenced decisions to assign to alternative response. A few counties were very determined to assign as many cases to alternative response as possible, while others made frequent use of the option to restrict alternative response assignments based on their alternative response worker's caseload. Counties also varied in their comfort level with assigning certain types of cases to alternative response. Ross County, for instance, did not assign any domestic violence (DV) cases where the suspected abuser was still in the home until the last months of the pilot. Prevalence of adult drug abuse in the county also may have impacted assignment as a discretionary consideration in other ways. Workers in counties where minor drug use was involved in nearly every case reported that this did not sway their decision to address a case through alternative response; counties with high rates of methamphetamine or other hard drugs may have been more cautious in their initial screening. Ross County had a court directive to remove any infant who was born drug-exposed. All county screening personnel used careful judgment with regard to less severe physical abuse, such as inappropriate discipline. The age of the child was reported not to be a significant factor in pathway decisions, except within the full context of the report. By the last few months of the pilot, counties reported that they were being less conservative with their pathway assignments and expanding their acceptance of higher-risk cases.

**Conclusions Concerning Pathway Assignment.** The pathway assignment tool is the only way that counties can systematically document the trends in decision making regarding pathways and the reason why some types of families and situations receive a traditional response. Best practice in an alternative response system assumes that traditional, incident-driven investigations are appropriate when certain well-defined conditions concerning criminality and danger are present. But it is also important to understand the differences in discretionary decision making between active alternative response locations in order to understand how each agency implemented alternative response. The information garnered through analysis of the pathway assignment document helps show how Ohio counties developed their understanding and acceptance of alternative response as a method for addressing family needs. The analysis of the written and interview comments also suggest that differences existed among the counties regarding which families could best be served through the new approach.

**Pathway Change.** Another important topic concerns pathway change. Counties were instructed that they could change the pathway/track of experimental cases should it become evident that the original determination of appropriateness for alternative response was incorrect. For example, sexual abuse cases were excluded from alternative response family assessment. If a worker discovered during the initial contacts with the family that sexual abuse of one of the children had occurred, the pathway would be changed and a traditional investigation would be pursued. The question for evaluation research is what to do with such cases.

**Procedure Regarding Pathway Change Followed in the Evaluation.** The alternative response evaluation was a field experiment. The *experimental treatment* was an alternative response family assessment. In cases that switched pathways, the family did not receive the experimental treatment. The procedure followed was to set aside these families in the analysis. As there was no way to also exclude an equivalent set of families (if they indeed existed) from the control group, statistical controls were used in subsequent analyses for covariates that were related to outcome variables. In addition, it was important to compare the experimental and control groups on as many variables as possible to determine whether any major differences existed.

Pathway change was known to have occurred for 92 families (3.9%) of the experimental group. Evaluators had some concerns that not all changes in pathway among experimental cases were reported. Much of the information on the experimental side in this evaluation was collected using paper forms. A Pathway Change form was created for counties, but it was not used consistently or was not always forwarded to evaluators. Evaluators were informed about the 92 changes in various ways including submission of the form, local spreadsheets of alternative response cases, and directly via email messages.

## Random Assignment

After families had been determined to be appropriate for alternative response they were submitted to random assignment. Figure 1.1 is reproduced below as Figure 3.2. It shows the pathway assignment process and, on the right side of the diagram in the dotted box, the random assignment process. Random assignment occurred from July 2008 through September 2009.

Although the pilot began formally on July 1, 2008, counties began accepting and assigning reports at different times during July. Franklin County (Columbus) did not begin assigning until early August.

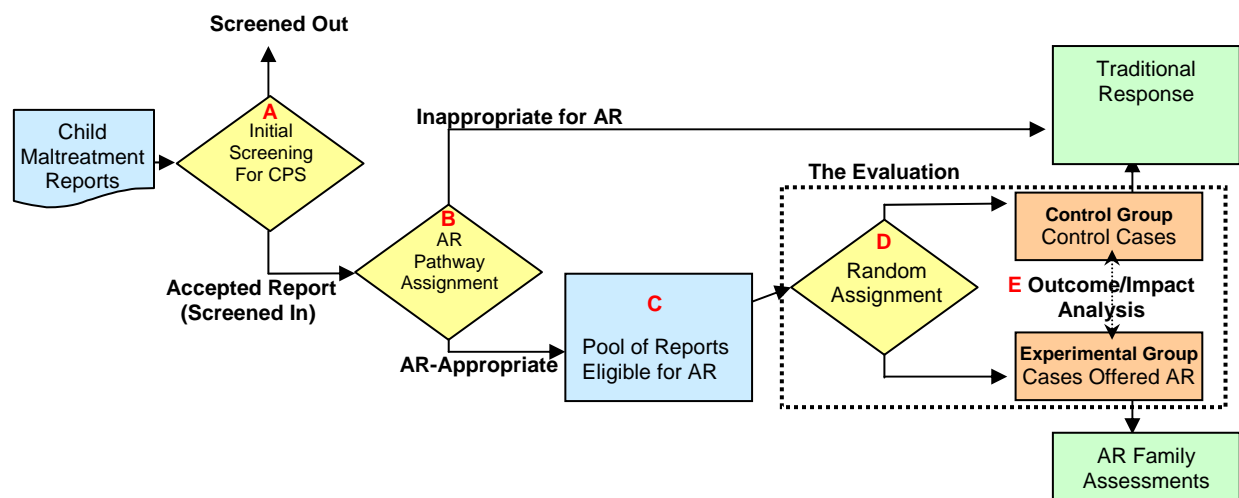


Figure 3.2. Pathway Assignment and Random Assignment Process

When it was determined that a report was appropriate for alternative response, the report was then submitted to a secure web-based randomization program that required password entry to operate. The local individual(s) responsible for entry would log onto the https site of the evaluator and enter a user name and password into the randomizer. A screen with two options then appeared. The first was entry to random assignment and the second was entry into a review page that permitted the county to list past entries in various orders (e.g., name, ID, date, etc.).

Selection of the first option brought up another page into which one to 10 reports could be entered for random assignment. For each report the intake ID, the intake date, and the first and last names of the primary caregiver (name associated with intake) were required. When the submit button on this page was pressed, the program would randomly assign each report to an experimental or control status, and would print a follow-up screen showing the end user group assignments. Group assignment was fixed and could not be changed by the end user. Counties were instructed that once a family was entered it was never to be entered into the randomizer again. Families were unaware of their status in the study, and many experimental and control families had later reports during the pilot period. In at least one county, some of the experimental cases that returned were provided with a second alternative response family assessment but not as an experimental case.

There are many challenges to conducting random assignment in the context of a live child welfare office. During the 20 months of random assignment, more than 300 entries were made of families that were subsequently determined to be inappropriate for alternative response. For example, a family might be entered and then discovered to have a pre-existing open traditional case and thus be inappropriate for the pilot. Because they were randomly assigned, such mistakes occurred equally for the experimental and control groups and were simply removed by the evaluators. These reports and families did not, therefore, appear in subsequent analyses. Another problem that occurred less frequently was double entry to the randomizer. In most cases, evaluators found the error after linkage to SACWIS case IDs and removed the case. Additionally, some counties were beginning their implementation of SACWIS at the same time they began the Pilot Project. A certain number of entries into the randomizer included intake ID numbers that referred to the pre-existing local system and not the new SACWIS. In some cases, local staff eventually supplied a valid SACWIS intake ID but in most, without the proper intake ID, it was impossible to link the family to other data in SACWIS. A further problem was incorrectly entered intake IDs or intake IDs that had been immediately recreated in SACWIS of which evaluators were not informed. By the end of September 2009, 5,071 reports had been entered into the randomizer, but of those, 440 fell into one of the categories just mentioned. These reports were approximately equally divided, as would be expected, between experimental (215) and control (225), and were removed along with an additional 10 bad entries. This brought the total to 4,621. Setting aside the 92 track changes described above, *the full study group consisted of 4,529 families in the final alternative response database, of which 2,285 (50.5%) were experimental and 2,244 (49.5%) were control.*

The total experimental and control cases are shown by county in Table 3.7. The numeric column labeled *Total* shows the total number of families from each pilot county that were finally present in the full study group. The columns to the left show the breakdown of this total into experimental and control cases. The division is roughly half and half, as expected from approximately 50/50 random assignment. The column on the far right side of the table shows the percentage contribution of each county to the pilot total. Four counties — Clark, Franklin, Lucas, and Trumbull — included medium to large urban areas and together accounted for more than two-thirds (67.1%) of the total study group.

**Table 3.7. Final Experimental-Control Assignment by Pilot County**

County	Control	% Control	Experimental	% Experimental	Total	% of Total
Clark	257	49.4%	263	50.6%	520	11.5%
Fairfield	162	45.0%	198	55.0%	360	7.9%
Franklin	691	50.3%	683	49.7%	1374	30.3%
Greene	206	55.1%	168	44.9%	374	8.3%
Guernsey	82	48.5%	87	51.5%	169	3.7%
Licking	127	49.0%	132	51.0%	259	5.7%
Lucas	312	51.2%	297	48.8%	609	13.4%
Ross	86	48.0%	93	52.0%	179	4.0%
Trumbull	256	47.6%	282	52.4%	538	11.9%
Tuscarawas	65	44.2%	82	55.8%	147	3.2%
Total	2244	49.5%	2285	50.5%	4529	100.0%



## CHAPTER 4: CHARACTERISTICS OF FAMILIES ASSIGNED TO ALTERNATIVE RESPONSE

This chapter has two goals: 1) to examine certain social, economic and CPS background characteristics of study families, that is, experimental and control families as a whole and 2) to compare and contrast the characteristics of the experimental and control groups. As noted in the previous chapter, all the families that entered the Pilot Project were first determined to be appropriate for an alternative response family assessment and subsequently randomly assigned to the experimental or control group. The entire study population, therefore, represents the type of families that counties are likely to continue to assess through alternative response. The purpose of random assignment was to produce two generally equivalent groups of families that could later be compared in order to observe differences that the two pathways might produce. Two evaluation data sources were used for this chapter: SACWIS data for 4,529 families and family survey data for 804 families.

### Family Size, Ages of Family Members, and Race

**Numbers of Adults, Children, and Caregivers.** Family composition information was taken from intake records of CA/N reports.<sup>8</sup> As shown in Table 4.1, experimental and control families had very similar proportions of children and adults. The large majority (70.7%) of families determined to be appropriate for alternative response included one or two children, while the remainder had three (17.2%) or four (12.2%) children. Adults were counted somewhat more broadly and included immediate *and* extended family members. Based on intake reports, all these individuals together included an average of 1.8 adults and 2.1 children.

**Parents.** Only one parent (biological, foster, adoptive or step) was included in 51.8% of reports. A slightly smaller proportion of families (43.1%) contained two such individuals but as noted above, this does not mean that both were actually living in the family with the children. The remaining 5.1% of reports had three parents listed and represented more complex arrangements, involving both biological and step-parents. Again, experimental and control differences were negligible.

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<sup>8</sup> Intake records sometimes fail to include one or more children or adults in families, and may also include individuals who are not currently part of the family, such as divorced or separated parents. It can be assumed that actual families' sizes differed somewhat from the proportions shown in Table 4.1.

**Table 4.1. Number of Children and Adults in Study Families**

<i>Number of Children*</i>	<i>Control</i>	<i>Experimental</i>	<i>Total</i>
One	38.0%	40.2%	39.1%
Two	33.0%	30.1%	31.6%
Three	16.6%	17.7%	17.2%
Four or More	12.4%	12.0%	12.2%
<i>Number of Adults*</i>	<i>Control</i>	<i>Experimental</i>	<i>Total</i>
One	38.2%	37.9%	38.1%
Two	51.6%	51.2%	51.4%
Three	7.7%	8.1%	7.9%
Four or More	2.5%	2.7%	2.6%
<p>* Children were determined from the SACWIS relationship table and were limited to these statuses: biological daughter/son, adoptive daughter/son, adoptive brother/sister, alleged daughter/son, foster daughter/son, granddaughter/son, and stepdaughter/son.</p> <p>** Adults were determined from the same table and included only: biological father/mother, adoptive father/mother, stepfather/mother, foster father/mother, grandfather/mother, aunt/uncle, wife and alleged father/mother.</p>			

**Ages of Children, Adults and Caregivers.** Table 4.2 provides age information for families in the study population. The categories in the table are *not mutually exclusive*. For example, a family that has a teenage child might also be counted as having an infant under 1 year old. Proportions in the control and experimental groups were again very similar and no statistical differences were found. Note that the largest family category for ages of children was 6 to 11 years and for adults was 25 to 34. Children and adults were defined based on SACWIS relationship codes (as defined in Table 4.1), as well as age, which resulted in some families having “children” that were 18 or older and some having “adults” under 18.<sup>9</sup> Most of the adults in the latter category, however, *were not parents*. Only 1.1% of individuals who were defined as parents were less than 18 years old. The majority of parents were either 18 to 24 years old (18.8%) or 25 to 34 years old (45.6%). Parents older than 34 years were found in 34.5% of families.

Nearly all families had a woman present in the household (91.8%), and for eight of 10 families (82.2%), the woman was the mother or other female caregiver. A male adult was present in 60.5 % of reports on families but in only half (49.7%) was the male a parent of the children. When a single parent household was identified in a report, single biological mothers headed 75.8%, but only 13.2% were headed by biological fathers. As with previous statistics, the proportions in the experimental and control group were comparable and differences were not statistically significant.

<sup>9</sup> Birth dates, and therefore ages, were missing from records for 16.3% of adults and 4.3% of children.

**Table 4.2. Ages of Adults and Children**

<i>Families With One or More Children of Age:</i>	<i>Control</i>	<i>Experimental</i>	<i>Total</i>
Under one year	15.4%	13.2%	14.3%
1 to 3 years	33.9%	30.7%	32.3%
4 to 5	20.9%	21.8%	21.4%
6 to 11	44.3%	44.6%	44.4%
12 to 17	29.8%	30.2%	30.0%
18 or older	9.7%	8.7%	9.2%
<i>Families with One or More Adults of Age:</i>	<i>Control</i>	<i>Experimental</i>	<i>Total</i>
Under 18 years	7.3%	11.0%	9.2%
18 to 24 years old	22.2%	19.9%	21.0%
25 to 34	46.3%	45.9%	46.1%
35 to 44	28.4%	27.5%	28.0%
45 to 54	11.3%	11.5%	11.4%
55 years or older	4.9%	6.7%	5.8%

**Race/Ethnicity.** The codes for race and ethnicity were not always entered into SACWIS records and were missing for 12.3% of families.<sup>10</sup> Among families in which race could be determined, 71.5% were Caucasian and 28.25% were African-American, leaving only a few (0.3%) in other racial categories. Hispanic identity, independent from race in SACWIS, was found for only 2.8% of families. Similar proportions were found in experimental and control groups. African-American families were located primarily in the urban counties of Franklin (Columbus) and Lucas (Toledo), with 65.45 and 18.0% respectively. Smaller proportions were found in Clark (5.5%) and Trumbull (5.5%) counties. Although the number of Hispanic families was small, nearly all (94.5%) were found in Franklin, Lucas and Clark counties.

## Social and Economic Characteristics of Families and Family Caregivers

**Marital Status.** Caregivers who responded to the family survey provided information about their current social and economic status. Overall, less than about one-fourth (22.5%) of caregivers in families were currently married (Figure 4.1). Most (74.3%) were either never married (46.2%) or separated/divorced (29.1%). On this variable, there were significantly fewer experimental caregivers who were married and more who were never married.

<sup>10</sup> Family race was determined by the racial designation, when present, of the parent/caregiver. When race was missing for the parent, the majority racial category of other family members was used.

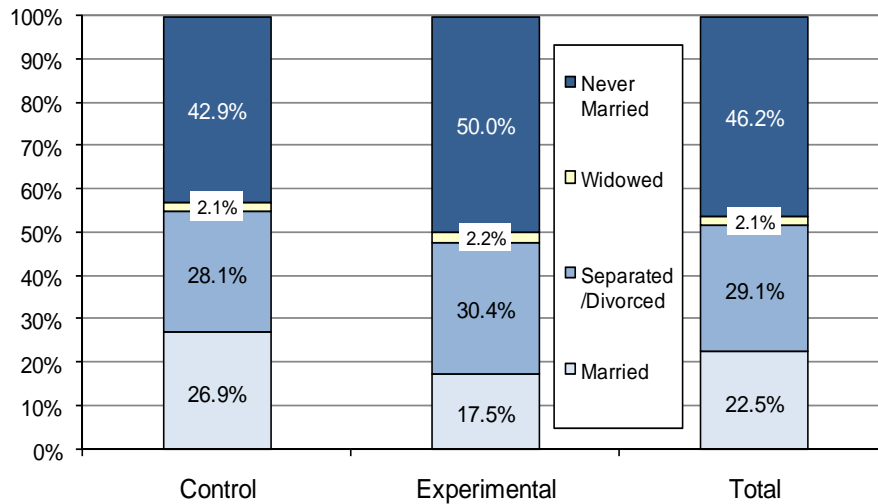


Figure 4.1. Marital Status (Family Sample)

**Education.** The education levels of family caregivers in experimental and control cases are shown in Figure 4.2. For the total sample of families, more than two-thirds (68.8%) had a high school diploma or more. This included 30.5% who had had some college or completed a two-year program, although only a very small proportion (3.8%) had actually graduated from a four-year program. An equivalent percent (31.2%) had not finished high school. Compared with statewide statistics, a higher proportion of family caregivers in the study had less than a high school diploma (31.2%) than in the general population of Ohio (13.0%). Similarly, while only 3.8% of this sample had a four-year college degree, the corresponding percentage for the Ohio population generally was 23.7%.<sup>11</sup>

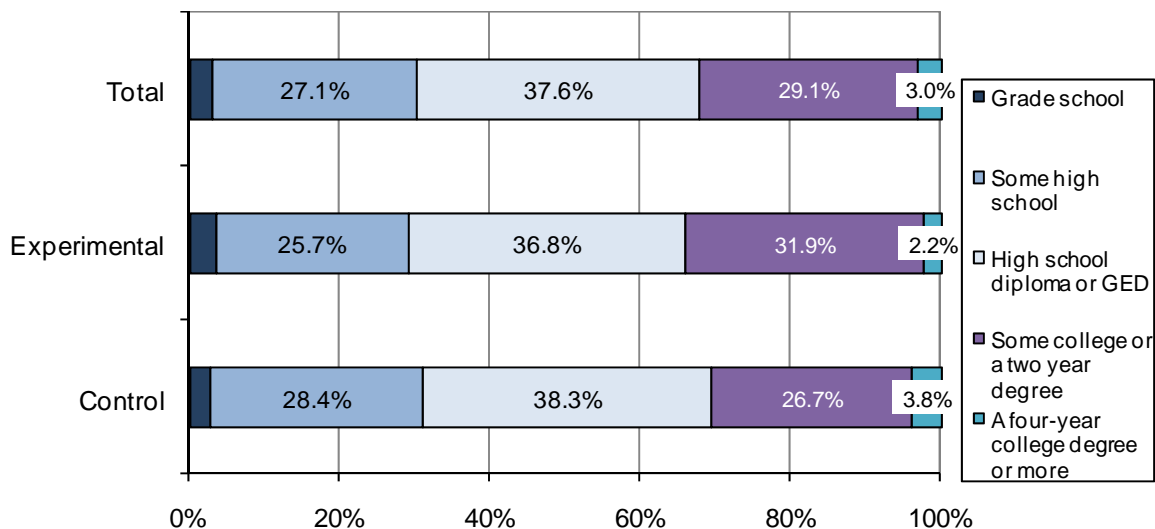
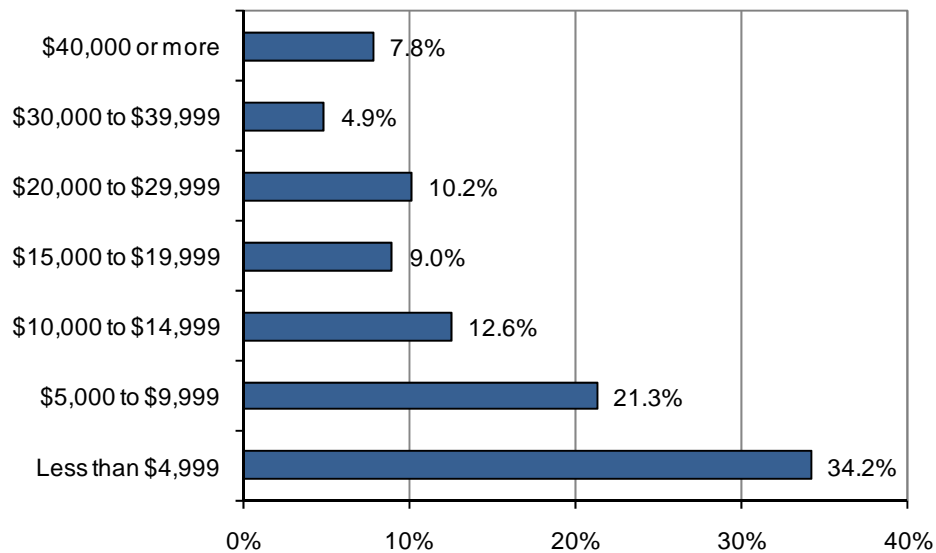


Figure 4.2. Education Levels of Family Caregivers

<sup>11</sup> US Census Bureau, 2006-2008 American Community Survey. Education figures for individuals 25 years or older.

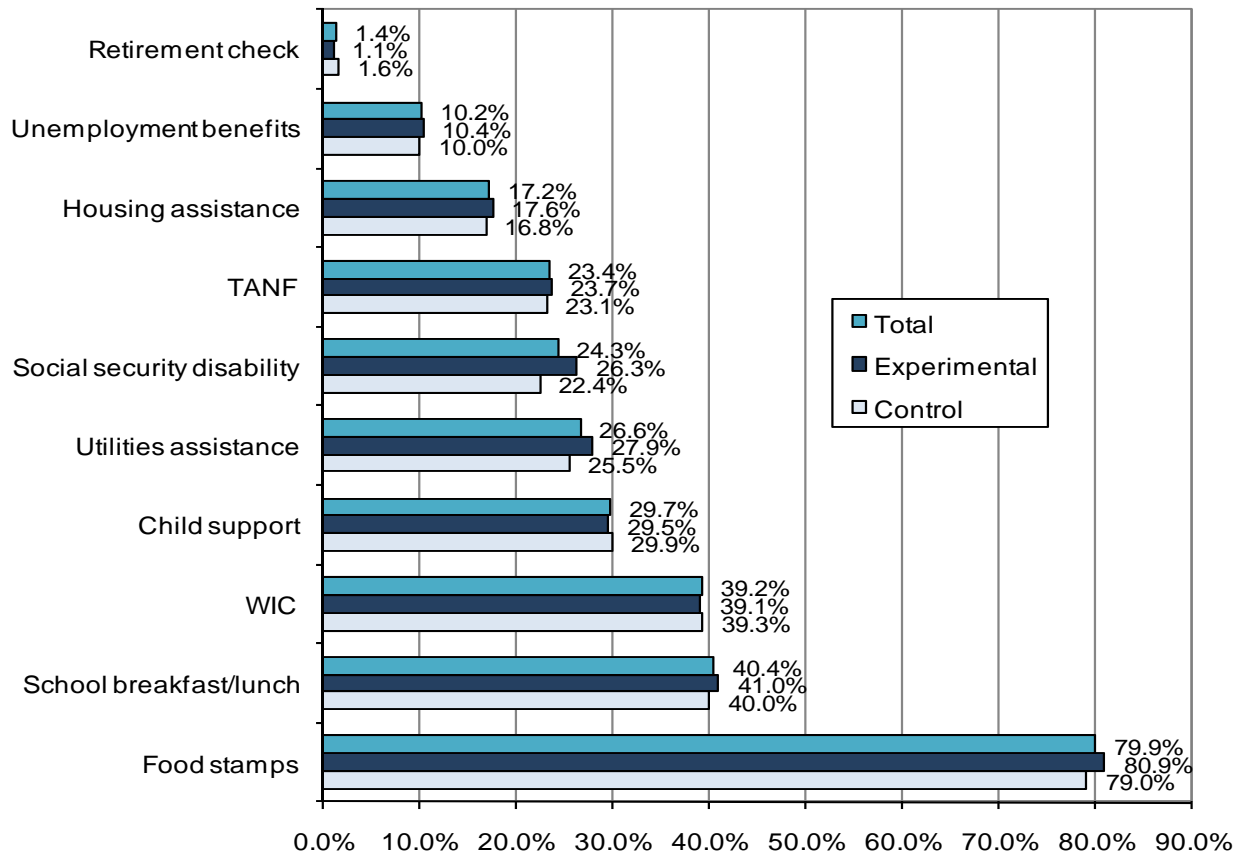
**Income.** Nearly all families in the survey sample were in poverty or near poverty. More than two-thirds (68.1%) reported incomes of \$15,000 or less and a third of families (34.2%) reported incomes of less than \$5,000 during the previous 12 months (see Figure 4.3). Corresponding figures for Ohio as a whole show only 8.0% of families with yearly incomes of less than \$15,000. A small minority of families (12.7%) had incomes of \$30,000 or more, yet most Ohio families (74.6%) earn \$35,000 or more per year.<sup>12</sup> The income distributions of the experimental and control groups were very close to the values in Figure 4.3 and were not significantly different.



**Figure 4.3. Family Income During the Previous 12 Months**

**Welfare and Income Support.** Given these income levels, it is not surprising that many families had participated in various cash and non-cash assistance programs at some time during the previous 12-month period. Eight of every 10 families (79.9%) had received food stamps and a little less than a quarter (23.4%) had participated in TANF. Participation levels in these and other government support or social insurance programs are shown in Figure 4.4 for the total family sample and for the experimental and control portions. As can be seen, proportions for the experimental and control groups were highly comparable. Women, Infants and Children (WIC) and the school breakfast/lunch programs would be expected to be high for impoverished families with young children. Some of the sources shown in the chart, such as child support, refer to income support rather than welfare. Others refer to social insurance programs available to the entire population, such as unemployment, retirement benefits, and Social Security disability.

<sup>12</sup> US Census Bureau, 2006-2008 American Community Survey. Family Income for combined three-year sample.



**Figure 4.4. Income Support and Welfare Participation**

**Employment.** Family caregivers were asked about employment during the previous 12-month period. Among all families, 46.1% of caregivers reported no employment during that period and 20.1% reported having a job for the entire 12 months. The remaining 35.8% were relatively evenly distributed, reporting from 1 to 11 months of employment.

The number currently unemployed at the time of the survey was higher: 61.6% of families (Figure 4.5). The difference between current unemployment and unemployment for the previous 12 months, along with reports of receiving unemployment benefits (see Figure 4.4), illustrates the dynamic nature of the employment situation of CPS families, as some move between employment, underemployment and unemployment. Figure 4.5 also shows the number of hours worked, with about one-fifth of parents (20.3%) working full-time or nearly full-time (30 or more hours per week) and another fifth (18.2%) working less than 30 hours per week. Among those caregivers with a live-in partner, 15.1% fewer reported that their partner was employed full-time and another 4.6% indicated part-time employment, while 17.3% said their partner was currently unemployed. No significant differences occurred between the experimental and control groups on any of the employment measures.

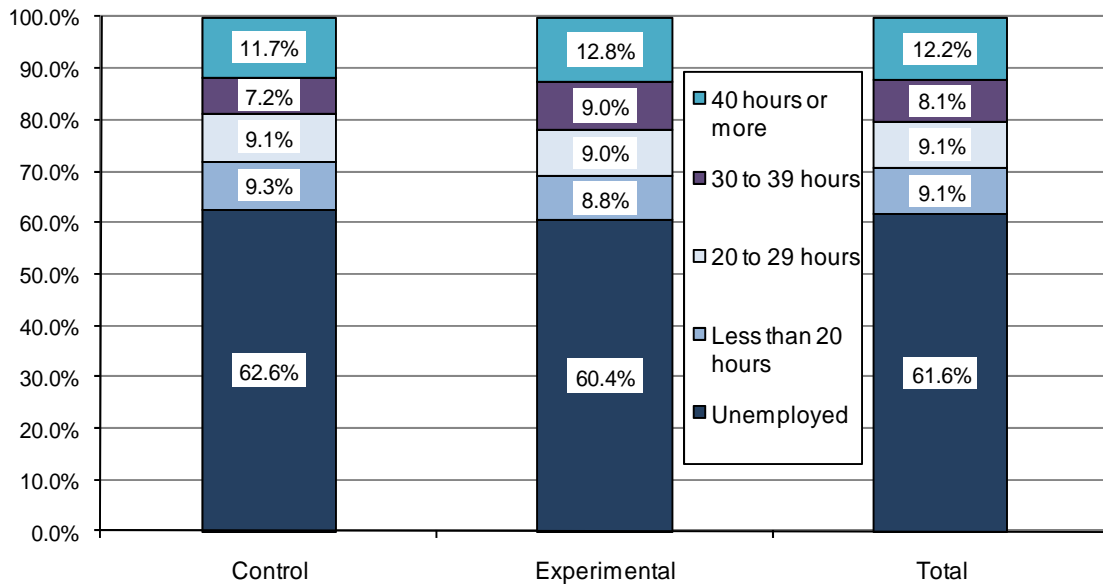


Figure 4.5. Current Employment and Hours Worked

## History of Encounters of Alternative Response Families With Child Protective Services

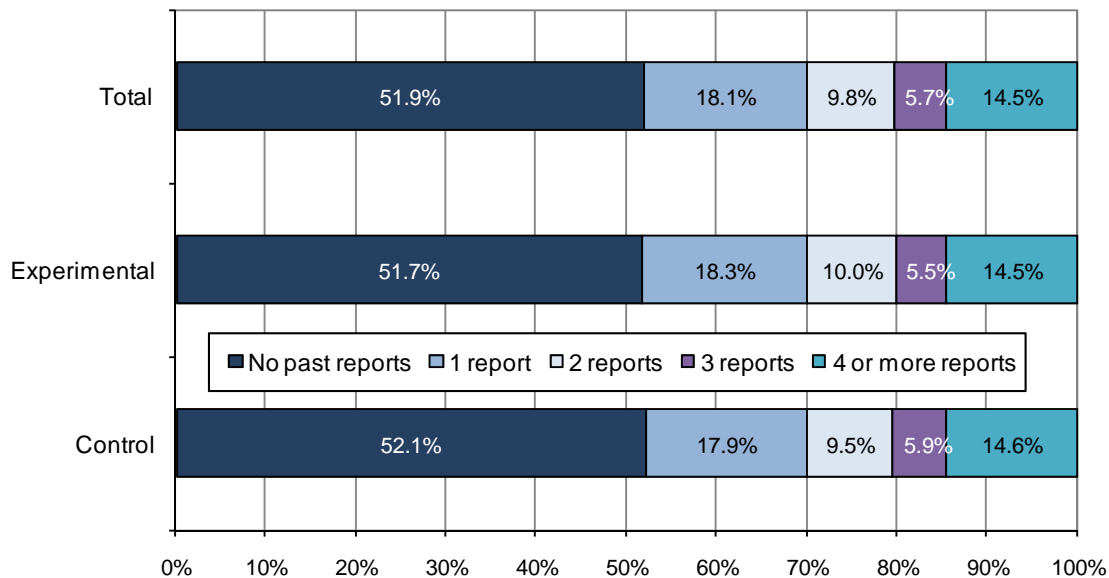
As shown in the earlier analysis of pathway assignments, the primary criteria for determining the appropriateness of families for alternative response were found in the allegations of the current report of child abuse and neglect. In a minority of cases, long-term background or historical factors were considered, such as past instances of lack of cooperation or numerous previous incidents, but given the flow of CA/N reports into larger child welfare offices and the anonymity of families, intake personnel and alternative response decision makers find it difficult to consider such factors.

Records of past reports and other actions by CPS for experimental and control families were transferred into and summarized in the evaluation database. As the next analysis shows, the assumption that families that are approached through alternative response family assessments have generally had minimal or no past experience with CPS is unwarranted.

**Previous Reports of Child Abuse and Neglect.** It is true, of course, that a CA/N report does not constitute proof that a child was abused or neglected. However, accepted reports of child maltreatment, whether substantiated or not, are indicators of risk of future reports. Agencies receive more new reports for families with past reports than for families that have never before been reported. Additionally, the more reports received, the greater the likelihood of threats to the welfare of the family and the safety of the children. In this way, numbers of past reports are

statistical predictors of future threats to children and indicate a *higher probability* that factors threatening child safety and welfare will appear. This is what is meant by *risk*. For this reason, past reports are an important variable in any evaluation of child welfare reform, especially those that have been designed as field experiments.

In Figure 4.6 it can be seen that nearly half (49.1%) of the families accepted as appropriate for alternative response had at least one past accepted report of child abuse and neglect.<sup>13</sup> Families with past reports were divided into four categories: one, two, three, and four or more reports. The breakdowns for the experimental and control group were similar, as would be expected when random assignment is used.



**Figure 4.6. Past Accepted Reports of Experimental and Control Families**

Most past reports were for alleged child neglect (34.1%). Fewer were for physical abuse (26.0%), sexual abuse (13.2%), or emotional maltreatment (4.1%). In addition, the more past reports found for a family, the more likely the reports were for child neglect. For example, 93.9% of families with four or more past reports had at least one report of child neglect and 48.8% had four or more past neglect reports. There was also a significant association ( $p = .003$ ) between the number of past neglect reports and the specific allegations of neglect that brought the family into the pilot. We refer to the latter as the *target report*. For example, 40.6% of

<sup>13</sup> *Accepted* means *screened in* to CPS, that is, determined to be a potentially valid report of child maltreatment and a candidate for action by the agency. *Past* refers to any report before the report to CPS that led to entrance into the experimental or control group (referred to here as the *target report*). For example, for a family that entered the experimental group based on a report received on December 15, 2009, *past* would refer to any report received and screened in before that date. In some cases the period considered was 10 years or longer, extending back into the 1990s. These reports were generally investigated in the traditional manner. A smaller proportion of families (27.0%) had one or more of these reports substantiated or indicated.



families with no past reports of child neglect had a target report of child neglect compared to 45.7% with three past neglect reports and 49.1% with four or more. This pattern was not found for physical or sexual abuse.

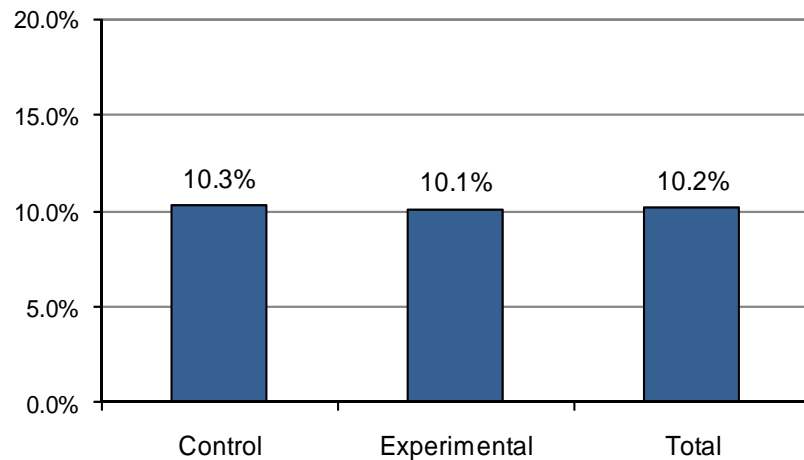
**Past Child Removals.** Another event that corresponds with numbers of past accepted reports is the number of past child removals for out-of-home placement. One of every 10 families (10.2%) determined to be appropriate for alternative response previously had at least one child removed and placed sometime in the past (Figure 4.7). Again, no significant difference was found between experimental and control families on this variable.

In most cases (7.4%) only one child had been removed, while for the remaining families (2.8%) two or more children had been removed. An average of 1.5 children per family were removed.

These removals had occurred on average a little more than one year (393 days) before the target report leading to study assignment. The

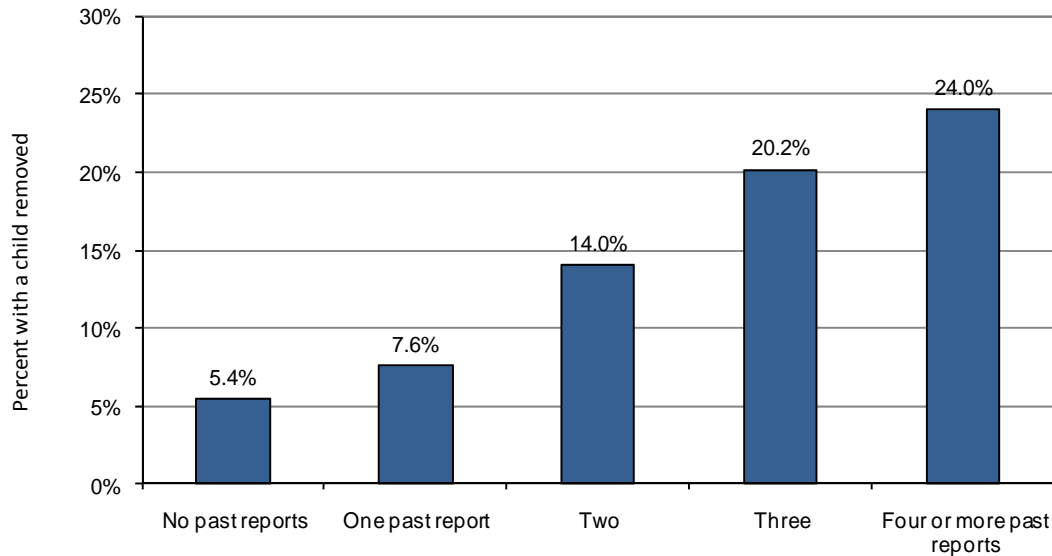
range, however, was rather large ( $SD = 1,380$  days) indicating that many removals had occurred several years earlier. Children were in placement for an average of 65 days with a standard deviation of 354 days. Thus while there were many short-term placements, a substantial proportion of children placed were out of homes for a year or longer.

The relationship between past reports and child removals was examined (Figure 4.8). As the number of past reports increased the proportion of families that had a child removed and placed in the past also increased. Nearly a quarter of families with four or more reports had had a child removed at a previous time. A seemingly anomalous finding is that a few families with no past accepted CA/N reports nonetheless had records of child removals and placements. Placement is possible without a formal report of child abuse and neglect; for example, dependency reports, which are a large category in some Ohio counties, were not counted in these statistics.<sup>14</sup>



**Figure 4.7. Child Removals Among AR Appropriate Families**

<sup>14</sup> An alternative explanation is that there was some slippage and loss of data in the conversion to SACWIS of county MIS data prior to 2009.



**Figure 4.8. Past Reports and Past Child Removals**

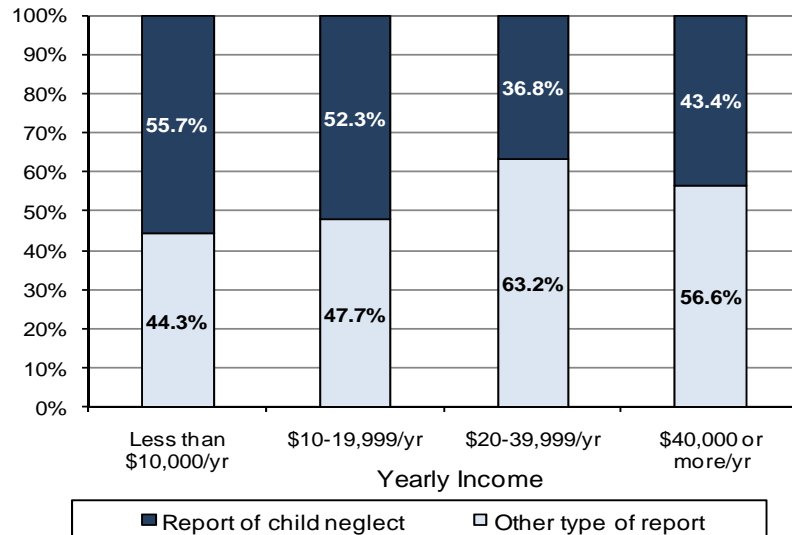
## Types of Allegations

Types of reports can be distinguished by the types of allegations. Allegations are not proof of child abuse and neglect, but because the cases that were provided with alternative response family assessments involved no findings, the allegations of the report are the only consistent categorical way to distinguish the types of reports on families.

Allegations records were not always present for the target report in the SACWIS records received by evaluators. Allegations of child neglect (failure to provide basic needs, lack of supervision, etc.) were the most frequently received (54.5%) followed by physical abuse (46.2%). Emotional maltreatment was reported in 5.1% of reports. These total more than 100 % because some reports involved multiple allegations. Allegations are attached to children in SACWIS and the allegation was designated in the evaluation database for families when it was found for at least one child in a family. No statistically significant difference was found between the experimental and control group on these variables.

**Neglect, Previous Reports and Income.** Child neglect is more often found among families that have been reported in the past. Among families with no past accepted reports, the proportion with neglect allegations was 52.4%; for one past report it was 55.3%; for two, 54.9%, for three, 56.4 %; and for four or more it was 59.2%. The probability associated with these differences can be described as a statistical trend ( $p = .069$ ). No relationship with frequency of past reports was found for physical abuse or emotional maltreatment.

Child neglect is also associated with income. This is understandable since many of the categories of child neglect are indicators of poverty. These include lack of food, absence of proper clothing, unsafe housing, unsanitary housing, etc. In many instances these reports recount safety problems that arise in part or in whole from the financial circumstances of the family. For the sample of alternative response-appropriate families included in this Pilot Project, the poorer the family, the more likely the report received on the family was for child neglect. This relationship is evident in Figure 4.9. Allegations of neglect in the target report that brought the family into the pilot were found for 55.7% of families in the lowest income category (less than \$10,000/per year). In the highest income category, it was 43.4%. The differences illustrated in this chart were statistically significant ( $p = .02$ ).



**Figure 4.9. Allegations of Neglect for the Target Report by Income (Family Survey)**

Finally, there was also a significant relationship ( $p = .046$ ) between income and past reports. The more past reports that had been received on families, the lower the income of the families.

Thus, the following relationships have been found:

1. As noted earlier, the more past reports that were received, the more likely those reports were for child neglect.
2. The more past reports, the more likely the current report was for child neglect.
3. Lower income families in this sample had more previous reports.
4. Lower income families had more reports alleging child neglect.

The causal relations are less clear. However, this analysis of families indicates that low-income status is implicated in chronic child neglect and current child neglect. Poorer families had more past accepted child maltreatment reports of child abuse and neglect. Poorer families were more likely to have a current report of child neglect. Many of the subcategories of child neglect are manifestations and effects of low-income status. This raises the question of whether addressing the

basic poverty-related needs of families reported for child maltreatment might not only contribute to the welfare of families and children but improve the long-term safety of the children.

## Summary

With one exception (marital status), the experimental and control groups at the level of the full study sample and in the family survey were shown to be highly comparable. This means that experimental-control comparisons can be carried out with relatively high confidence and that differences found in the responses of families, services to families, and longer-term outcomes can be attributed to the change in approach brought about under alternative response.

Other findings concerned the entire sample of families determined to be appropriate for alternative response. Information collected through the family survey showed that alternative response appropriate families were likely to be headed by a single mother and have a limited income. Caregivers in the families typically had a lower educational attainment and often had periods of unemployment. The financial strains experienced by families resulted in frequent participation in government support programs, such as food stamps and WIC. Additionally, about half of alternative response-appropriate families had previous accepted reports of child maltreatment. Taken together, these factors suggest a population with multiple needs and ongoing risk for future reports.

## CHAPTER 5: FAMILY NEEDS

The purpose of this chapter is to review information from various data sources related to the needs of families for assistance and formal services. Some family needs are implicit in the characteristics of families presented in the previous chapter. Others were learned from workers or from families themselves.

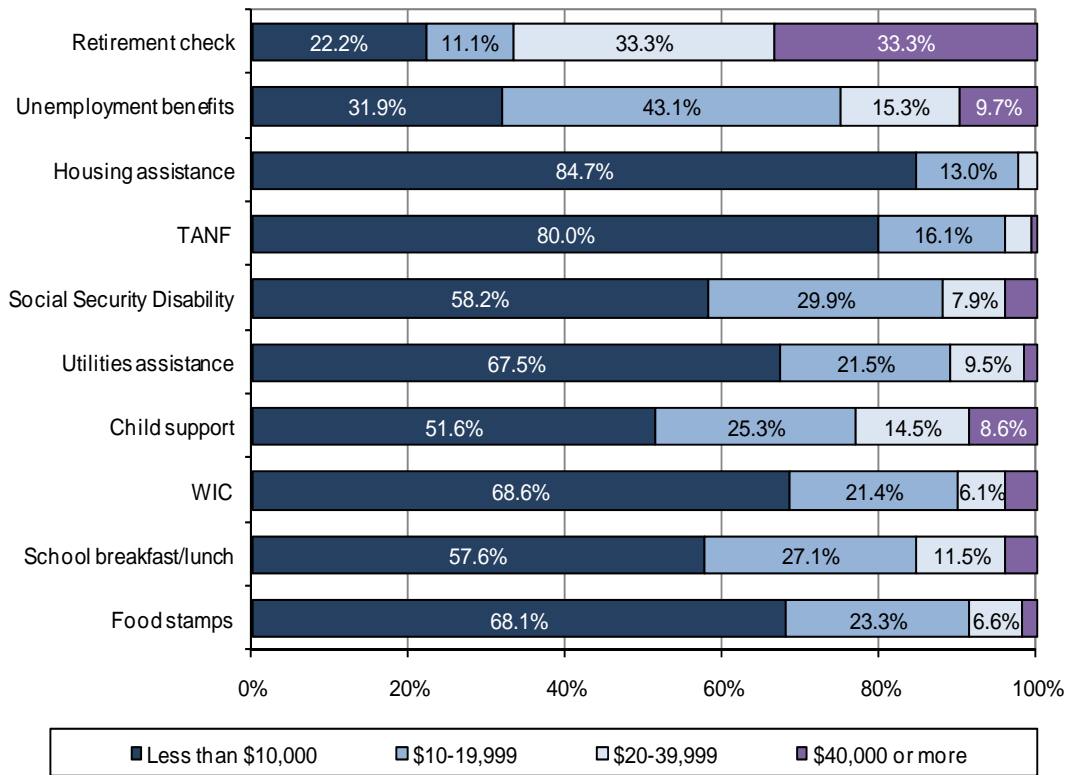
### Poverty-Related Needs

In the previous chapter, it was evident that families in the alternative response study population are among the poorest families in Ohio. While only 8.0% of all Ohio families had incomes less than \$15,000, the majority of alternative response appropriate families (68.1%) fell into this category. More than 6 in 10 family caregivers (61.6%) were unemployed and another 18.2% were employed fewer than 30 hours per week. A substantial portion (31.2%) had not finished high school. Most parents (mainly female) were not married and were managing a household on their own. Each of these characteristics is associated with financial difficulty and strain, and participation in various cash and non-cash welfare programs supports this conclusion. In the following analyses it is clear that the lowest income families were those headed by single mothers with limited education. Low-income families with these characteristics typically experience problems with unaffordable and unstable housing, utility payments, lack of furniture and appliances, unreliable transportation, and occasionally lack of sufficient food and clothing.

**Family Income and Participation in Support Programs.** Experimental and control families completing the family survey instrument provided information about their current incomes and participation in various welfare programs. In Figure 5.1, four categories of family income are compared for participation in various programs. Families in the lowest income category (less than \$10,000 per year) participated significantly more often in food stamps (68.1%), TANF (80.0%), school breakfast and lunch programs (57.6%), utilities assistance (67.55), WIC (68.6%) and housing assistance (84.7%). Unemployment benefits were found more often in the higher-income categories and less in the lowest income category. Reports of unemployment support show that unemployment had occurred for some families in all income categories. Child support was spread more evenly and was not related to income. Similarly, Social Security disability checks were more evenly distributed. As a general rule, however, the lower-income families participated more often in government support programs.

Housing instability was measured by asking families about recent residential moves they had made. Frequent moves are associated with extreme poverty, as families are unable to meet rent payments and face eviction or fines. Two-fifths of the families in the sample (41.3%)

indicated that they had changed their residence at least once in the past year and of these, nearly half indicated they had moved two or more times.



**Figure 5.1. Yearly Family Income by Participation in Welfare and Income Support Programs**

**Family Income and Marital Status.** Single-parent female-headed families (mother-only families) experience the most severe income problems in American society. This was clearly evident among study families. For example, 71.7% of “never married” respondents had incomes of less than \$10,000 a year, while 22.3% were in the \$10,000-19,999 category. In total, 93.9% of such families had incomes less than \$20,000. Divorced and separated individuals (nearly all female in this survey) had only slightly better incomes: 83.9% of divorced and 84.5% of separated individuals had incomes less than \$20,000 per year. Married respondents fared somewhat better, with only 61.1% in the less than \$20,000 category and 20.1% having incomes of \$40,000 a year or more.

**Family Income and Education.** Low income was most clearly related to educational attainment. This is illustrated in Figure 5.2, where a substantial difference between income groups is evident. The relationship between level of education and income creates a stair-step pattern beginning with the least education (grade school only) on the left and progressing to the highest education (four year college degree or more) on the right. Those with the best education were clearly the highest-income families.

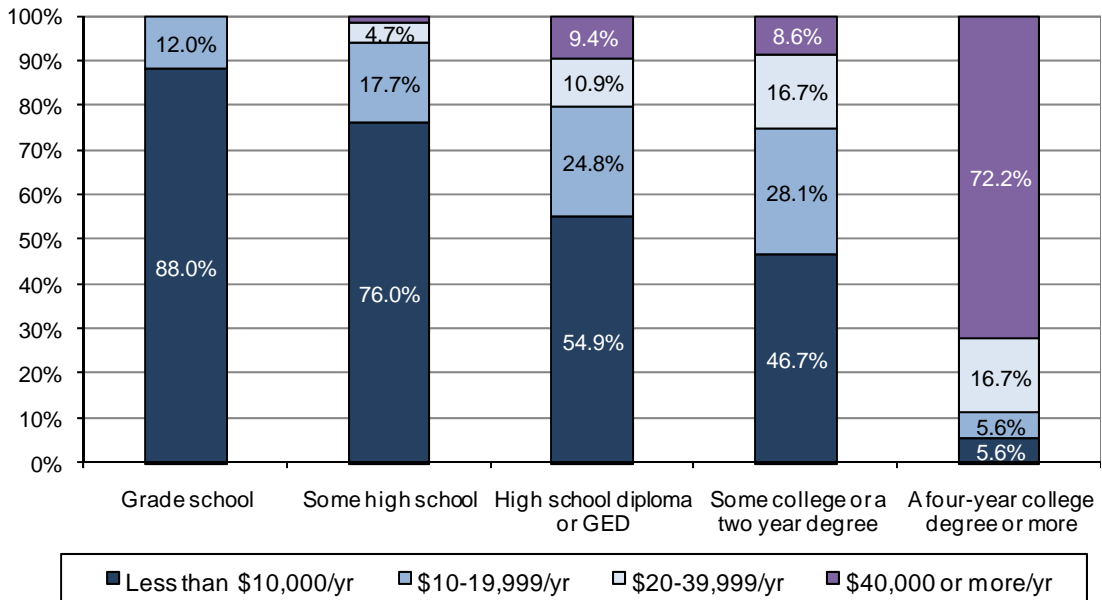


Figure 5.2. Yearly Family Income by Education Level

**A Measure of Poverty Potential.**

Education is an index of potential to earn and thereby to achieve higher income. Mother-only status is an indicator of barriers to higher income. Because education, marital status and income were highly inter-correlated, they were used to create a measure that is here called the poverty potential index. The *poverty potential index* is a measure of *current poverty* and the *likelihood of continuing or recurring poverty*. It is a measure of immediate financial need and the need for

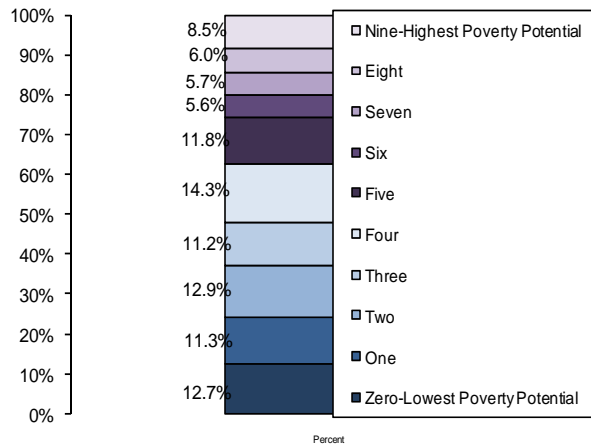


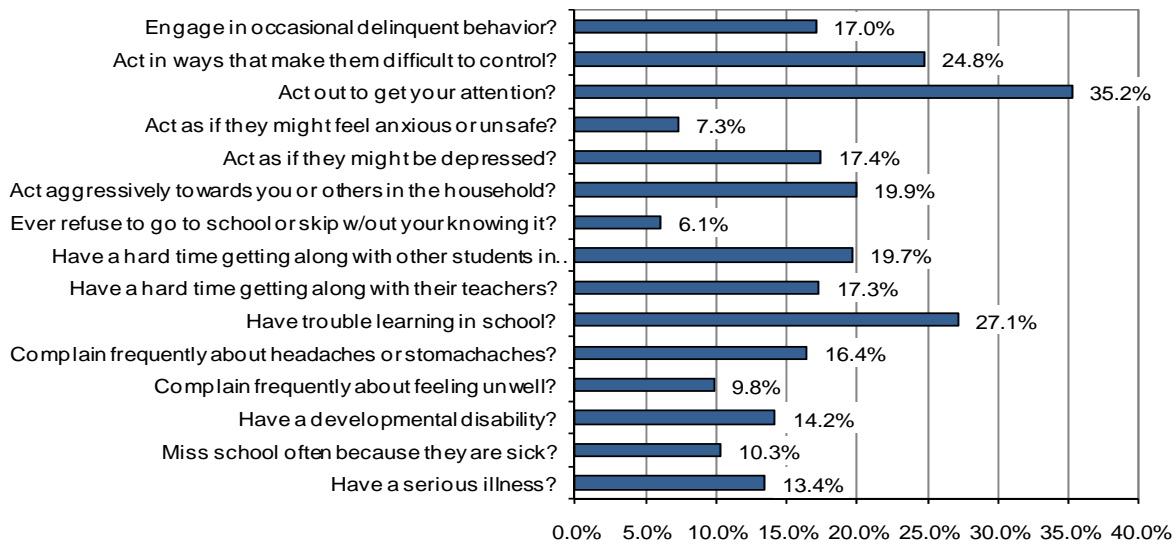
Figure 5.3. Poverty Potential Index

assistance in becoming more self-sufficient (see Figure 5.3).<sup>15</sup> Families were fairly evenly distributed and categories ranged in size from approximately 6% to 14%. About half the families in the alternative response study population (51.9%) had scores ranging from 4 to 9. This indicates deep poverty and/or a high likelihood of continuing in poverty for most of the families.

<sup>15</sup> The index was computed by summing the scores of families as follows: grade school education (3), some high school (2), high school only (1), income of less than \$5,000 (3), income of \$5,000 to \$9,999 (2), income of \$10,000 to \$14,999 (1), never married (2), and separated or divorced (1).

## Characteristics of Children

It is common to find various emotional or behavioral problems among children in families reported to CPS. These behaviors are sometimes associated with family situations that may threaten the welfare and safety of children. Conversely, the behaviors of a child may result in reports of child maltreatment when parents are unable to cope with or respond appropriately to their child's actions. With older children, the interaction between youth and adults can become even more challenging for the household. Family caregivers responded to questions concerning certain behaviors of children in their household in the family survey. Frequencies of child behaviors reported by caregivers are shown in Figure 5.4.



**Figure 5.4. Behaviors Seen in Children (Do Any of the Children in Your Household...?)**

Parents most often indicated that their child acted out to get attention (35.2%) and had trouble learning in school (27.1%). Notably, a quarter of respondents said their child acted in ways that made the child difficult to control (24.8%), while 19.9% checked aggressive behavior toward others in the household; 17.0% indicated delinquent behavior and 17.4% saw signs of possible child depression. A smaller number (14.2%) indicated their child had a developmental disability (mental retardation).

Almost half of caregivers (46.6%) checked two or more of these behaviors, and 16.3% listed one. A little more than a third of families (37.1%) indicated that none of these issues was present among the children.

Since many parents reported more than one of these behaviors in their children, a grouping analysis was completed to look at the interrelationship among the items. There was a high coincidence among many items; that is, when a certain item was indicated, certain other items



were often indicated along with it.<sup>16</sup> For example, the following items concerning child behavior problems, depression and anxiety were frequently checked together:

Does a child:

- Act aggressively towards you or others in the household?
- Act as if they might be depressed?
- Act as if they might feel anxious or unsafe?
- Act out to get your attention?
- Act in ways that make them difficult to control?
- Engage in occasional delinquent behavior?

At least one of these was indicated in 47.9% of families and in most of these cases two or more were indicated. The most strongly interrelated items in this group concerned acting out, acting uncontrollably and acting aggressively.

Another set of items concerned school problems:

Does a child:

- Have trouble learning in school?
- Have a hard time getting along with their teachers?
- Have a hard time getting along with other students in school?

At least one of these items was listed by 35.7% of respondents. This set of items was related, although less strongly, to the behavior problem items listed above.

Items concerning illnesses were also interrelated.

Does a child:

- Have a serious illness?
- Miss school often because they are sick?
- Complain frequently about feeling unwell?
- Complain frequently about headaches or stomachaches?

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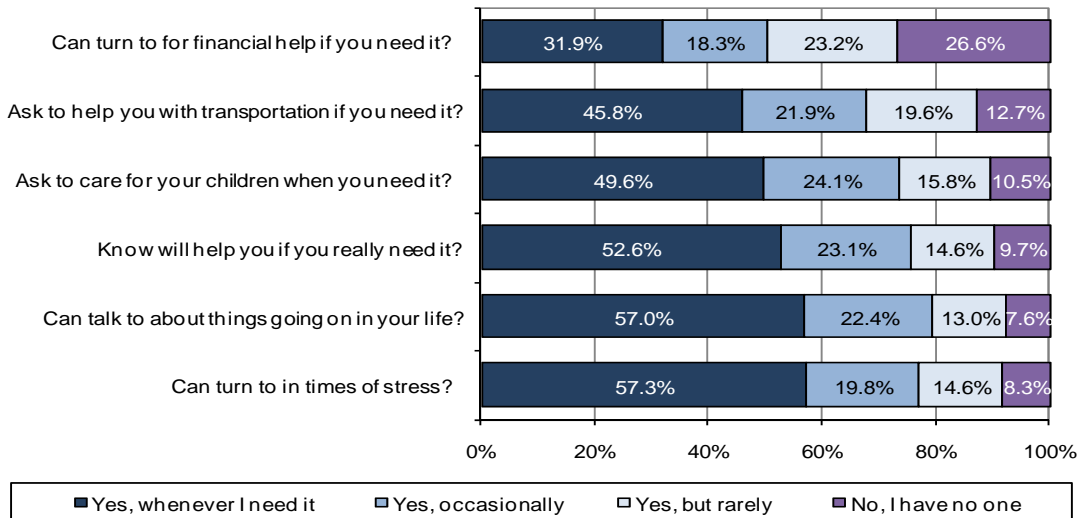
<sup>16</sup> Items were inter-correlated. Correlations of .4 and above indicate a moderate to strong relationship and this was in general the basis for grouping.

At least one of these was checked by 28.5% of family respondents, and of those, about half checked two or more. These items were interrelated but were more weakly related to problems in school and behavior problems.

Child behavior problems, school-related problems and developmental disabilities are each related to reports of child maltreatment. The presence of such problems may suggest a need for counseling for children or parents, parenting instruction, and other services that might directly address health, school and behavioral issues.

## Family Isolation and Stress

**Support and Isolation.** Families were asked a series of questions concerning social/financial support and isolation. Questions explored whether the caregiver felt she or he had someone to turn to for financial, practical, or emotional needs. Responses are charted in Figure 5.5. As shown, most parents felt that they always or occasionally had someone to talk to about things in their life and to turn to in times of stress. The support declines nearer the top of the table where *rarely* or *not at all* were indicated more frequently for child care, transportation, and financial help.



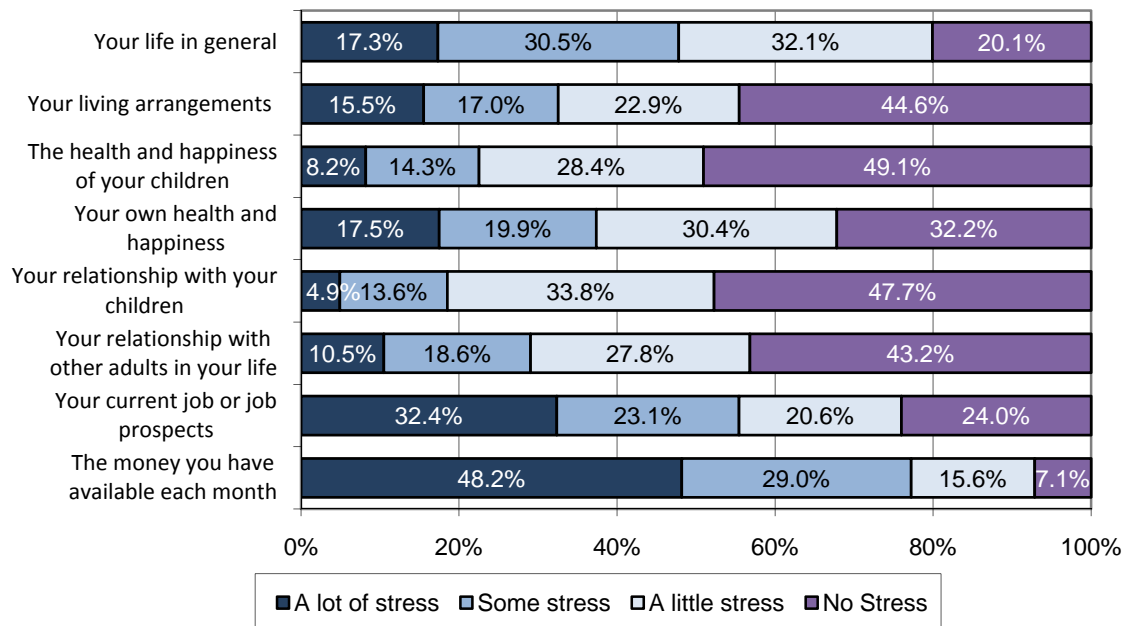
**Figure 5.5. Family Social/Financial Support and Isolation (Is There Anyone in Your Life That You...?)**

When the items were scored for social/financial isolation from 1 (full support) to 4 (complete isolation), about one fourth (24.3%) of the families were judged to be both socially and financially isolated.<sup>17</sup> However, as can be seen, half of the families (49.85) reported that

<sup>17</sup> Scores ranged from 6 to 24; 75.75 of families had scores of 15 or lower indicating moderate to high levels of social support. Scores of 16 to 24 for the remaining families meant high social isolation.

financial support was rare or nonexistent. A relationship was found between social isolation scores and yearly incomes. Those with the highest incomes (\$40,000 or more) were significantly less likely to report being isolated and those with the lowest incomes (less than \$10,000) reported being the most isolated. The exact nature of this relationship may vary from family to family since isolation can contribute to financial difficulties, and financial problems and social isolation may both spring from other sources. Substance abuse and mental illness, for example, may contribute to poverty and may lead to rejection by friends and family.<sup>18</sup>

**Reports of Stress.** Family caregivers were also asked about sources of stress in their lives. Responses are illustrated in Figure 5.6 (the negative response — stress — is shown in darker shades). In general, caregivers did not report much stress regarding their relationship to or the health and happiness of their children. However, relationships with other adults and current living arrangements were reported as stressful (a lot or some) by 29.1% and 32.5% respectively. The areas in which the most family caregivers reported stress were again financially related. Current job or job prospects were worries for 55.5% of respondents and money available each month for 77.2%.



**Figure 5.6. Family Caregiver Stress.**  
(How Much Stress Do You Currently Feel About...?)

<sup>18</sup> Some data were available in the SACWIS data system concerning these issues and domestic violence. However, because case data and characteristics of family members were not consistently entered for experimental cases, evaluators decided not to report these statistics or to use them in analyses.

## Family Functioning: The Perspective of Workers

Workers also gave their perspective on the functioning of families by providing information on specific cases on their caseload that had closed (the *case-specific* survey of workers). Traditional response workers provided information on 229 control cases and alternative response assessment workers replied concerning 236 experimental cases. One area of questioning answered by alternative response workers concerned the needs of families and risk conditions that might be present.

In Figure 5.7, alternative response workers reported that the areas with the highest needs and risk concerned interactions and communication among family members, parenting, approach to discipline, and mental health. Among poverty-related needs, rent and utilities and unemployment or underemployment were listed at about the same frequency. Food and clothing, housing, condition of the home and extended family support were less frequently mentioned. In contrast to family caregivers, workers emphasized financial needs less among the total mix of family needs.

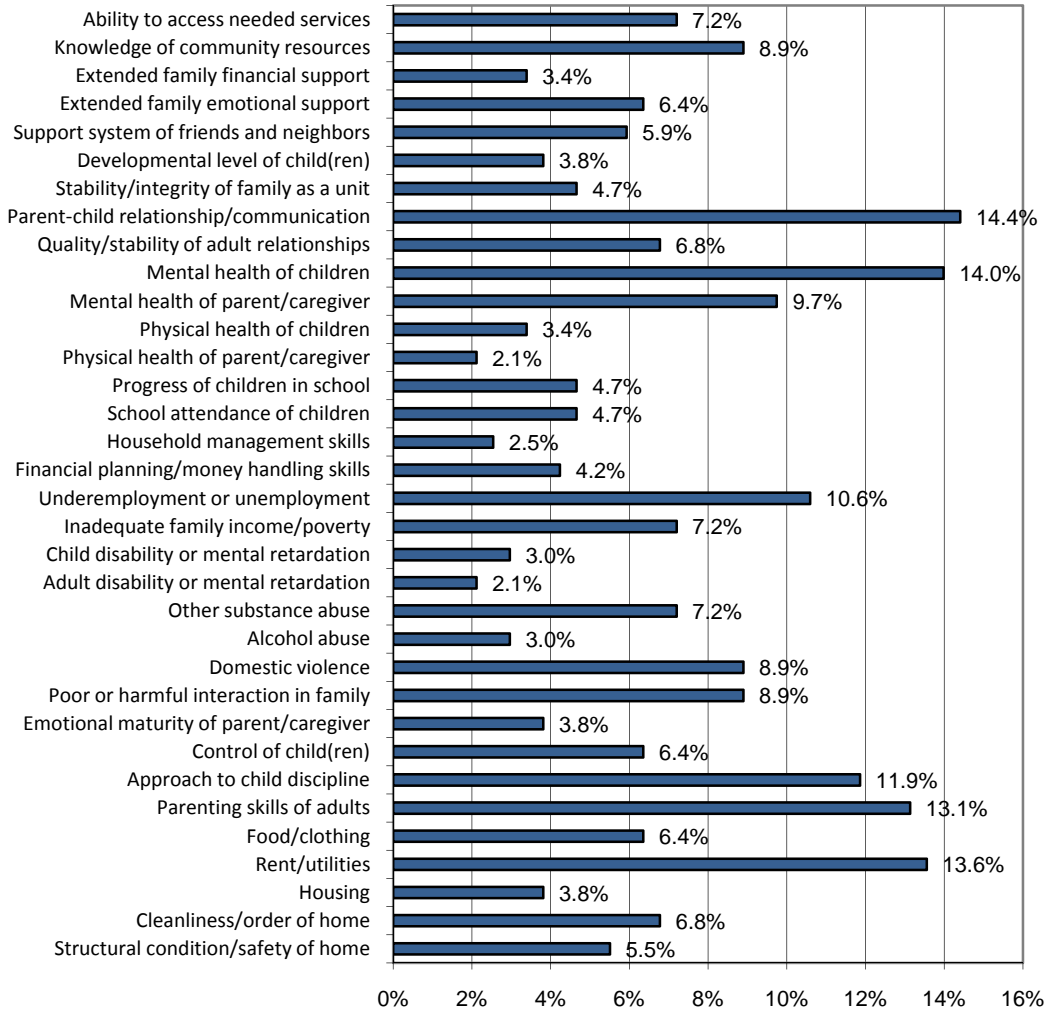


Figure 5.7. Family Needs and Risk Conditions Reported by Workers

## Summary

Alternative Response Pilot Project families had a number of needs, many of which stemmed from poverty. A large proportion of families were headed by never married or unmarried females with low educational attainment. These families were likely to experience unemployment and participate in government support programs, such as TANF, housing assistance, WIC, and food-stamps. About half of families in the study population had a high score on an index developed for this evaluation combining poverty and the likelihood that it would recur or continue. As a result of the lack of financial security, many of the caregivers of these families reported that the most stress they experienced involved the amount of money available each month. Workers also recognized that many alternative response families are impacted by lack of basic needs, but also reported that family functioning was affected by other issues, especially parent-child relationships and parenting skills.

## CHAPTER 6: ALTERNATIVE RESPONSE PRACTICE: CHANGES IN FAMILY ENGAGEMENT AND ATTITUDES

Alternative response practice emphasizes specific guidelines for how families reported to CPS should be approached and served. The shift from a focus on incidents and allegations to underlying family needs and participation in decision making should lead to measurable changes in worker actions and family response.

As noted in Chapter 2, Ohio has promoted family-friendly practice for a number of years. Many of the pilot counties believed that assessments by their workers were already carried out with careful attention to the needs and circumstances of each family. This is likely true, and it is therefore important to note that the Ohio pilot counties may have started alternative response implementation from a place close to the ideal principles and practices of the alternative response model. As this chapter shows, however, introduction of alternative response did generate positive shifts in the attitudes and engagement style of workers, which in turn, led to more positive family reactions.

Two kinds of feedback from families with alternative response and traditional response assessments were examined and compared: 1) the emotional responses of families to being visited by workers, and 2) the satisfaction of families with workers and the activities that took place in their homes. Each is an indicator of improved engagement. If families were more engaged through alternative response family assessments, the emotional responses of families in the experimental group should have been more positive and less negative than those of families in the control group. Furthermore, families in the experimental group should have expressed greater satisfaction than families in the control group. A third measure of engagement stems from the increased freedom that alternative response workers had to meet with families. More contacts with families are indicative of more intensive social work, and as is examined in the next chapter, improved services and family satisfaction with services.

### Emotional Responses of Families to Home Visits

Initial responses of family caregivers to receiving a traditional assessment versus an alternative response family assessment were quite different. Caregivers were asked to gauge their reactions to the assessment worker's first visit by checking a list of positive and negative terms that best described their feelings at the time. Specifically, they were asked: *"How would you describe your feelings at the end of the first visit?"* Their responses are shown in Figures 6.1 and 6.2.

The darker lines in the charts represent the proportion of experimental families that said they felt this way at the time of the first visit. Families that received an alternative response assessment experienced positive emotions significantly more often than families that received

traditional response assessments. Of the 12 positive emotions respondents could choose from, only one (*satisfied*) was not indicated more often for the experimental group. The statistically significant<sup>19</sup> differences for the other emotions were between 5% and 10%. Alternative response families significantly more often felt *optimistic, encouraged, positive, grateful, reassured, comforted, thankful, pleased, helped, hopeful, and relieved*.

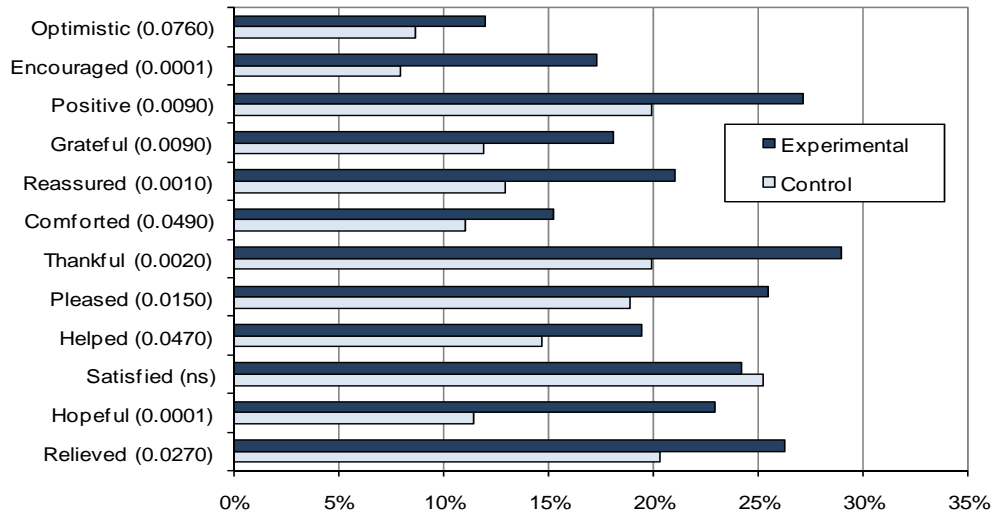


Figure 6.1. Positive Feelings of Family Caregivers at Time of First Visit

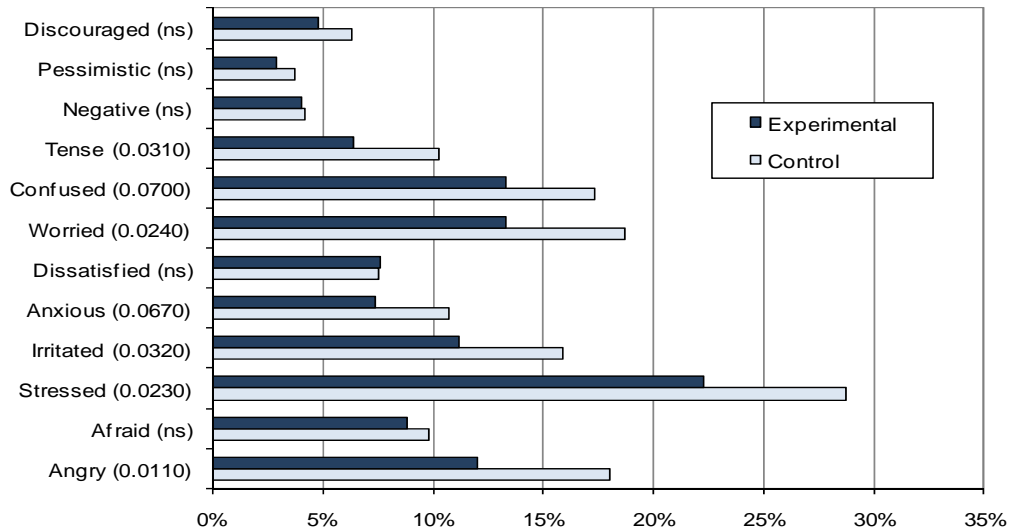


Figure 6.2. Negative Feelings of Family Caregivers at Time of First Visit

<sup>19</sup> The terms “ns” in the figures means that the difference shown was “not statistically significant,” while the numeric values indicate statistical significance ( $p < .05$ ) or a statistical trend ( $p < .10$ ).

The consistency of responses across all the positive emotions supports the conclusion that families receiving an alternative response family assessment felt more positive about the experience overall than traditional response families.

It is also apparent from Figure 6.2 that control families that received a traditional investigation significantly more often experienced negative emotions. Families in control groups indicated feeling *tense, confused, worried, anxious, irritated, stressed and angry* statistically more often than experimental families.

The responses of family caregivers usually referred to a visit that happened several weeks before they responded to these questions and may have been influenced by their subsequent experiences with workers. Whether or not this is true, the differences indicate that a less incident-driven approach to families and, as will be evident in the next chapter, a broadened consideration of family needs affected families' feelings about workers and the intrusion into their homes. It means that under alternative response more families were in a positive state of mind after they first met with their worker and this may be seen as a necessary precondition to establishing a subsequent positive relationship.

## Family Satisfaction and Sense of Participation

Experimental families provided with an alternative response family assessment were also significantly more likely ( $p = .044$ ) to indicate that they were very satisfied with the way their worker treated them. This can be seen in Figure 6.3 where 58.4% of experimental families indicated that they were *very satisfied* compared to 49.5% of control families.

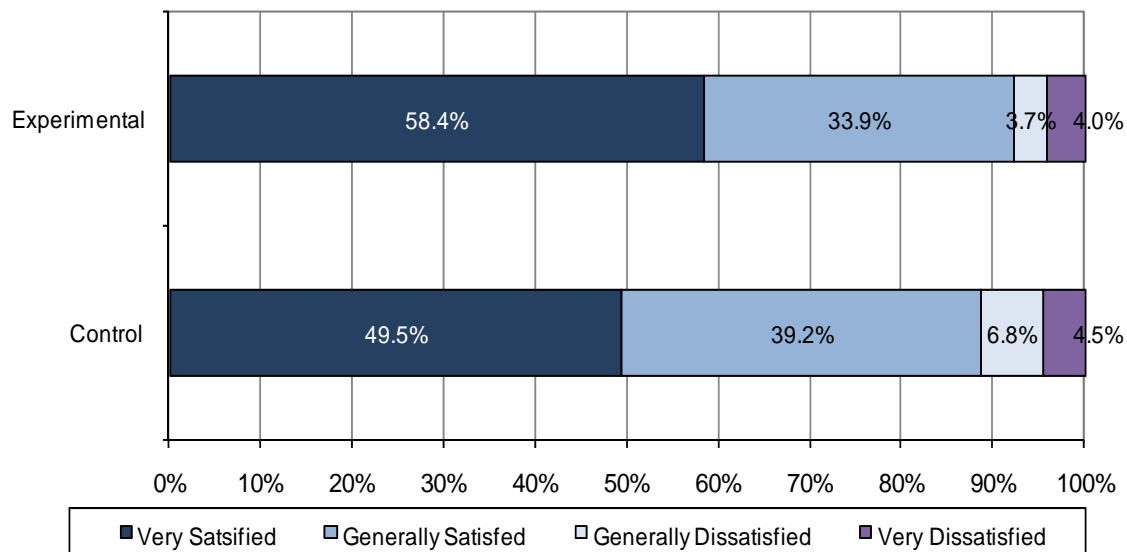
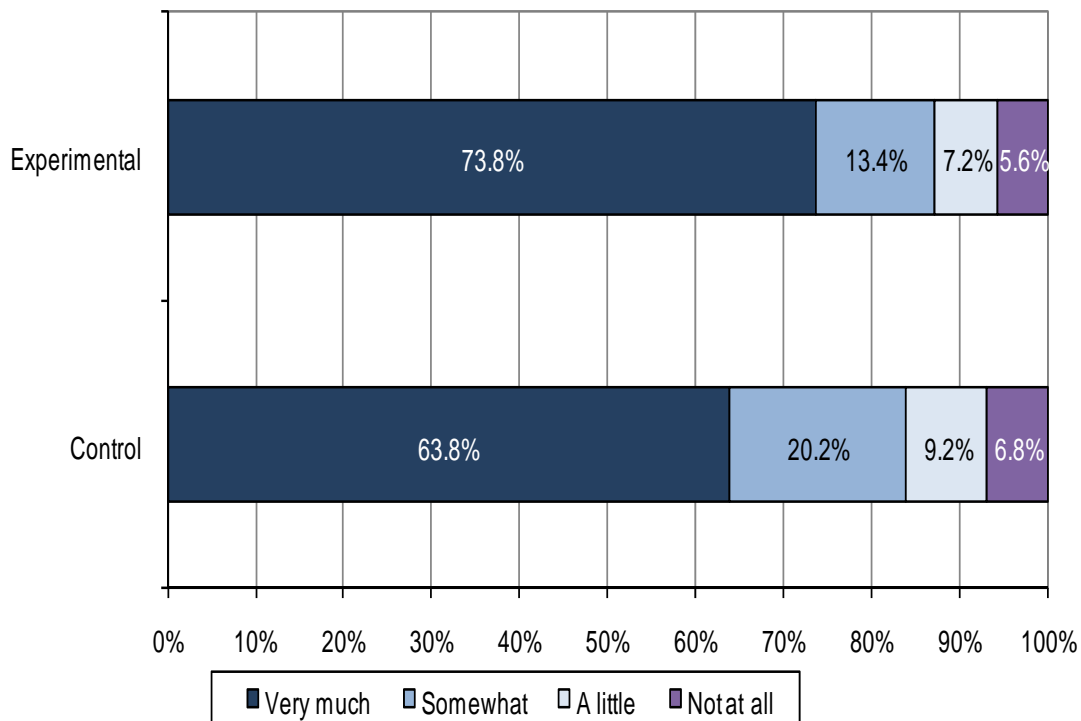


Figure 6.3. Family Reports of Satisfaction With Treatment By Worker



Alternative response families were also slightly more likely to say that they were treated in an overall *friendly* or *very friendly* manner. Slightly more experimental families indicated *very friendly* (52.3%) than did control families (47.2%) but this difference was not statistically significant. Therefore, in terms of friendliness, traditional response workers were regarded about the same as alternative response workers.

Family respondents were also asked about whether their worker tried to understand their family's situation and needs. Results are shown in Figure 6.4. Families in the experimental group significantly more often answered *very much* (73.8%) compared to control families (63.8%) while answering lower percentages in the other three categories: *somewhat*, *a little* or *not at all*.



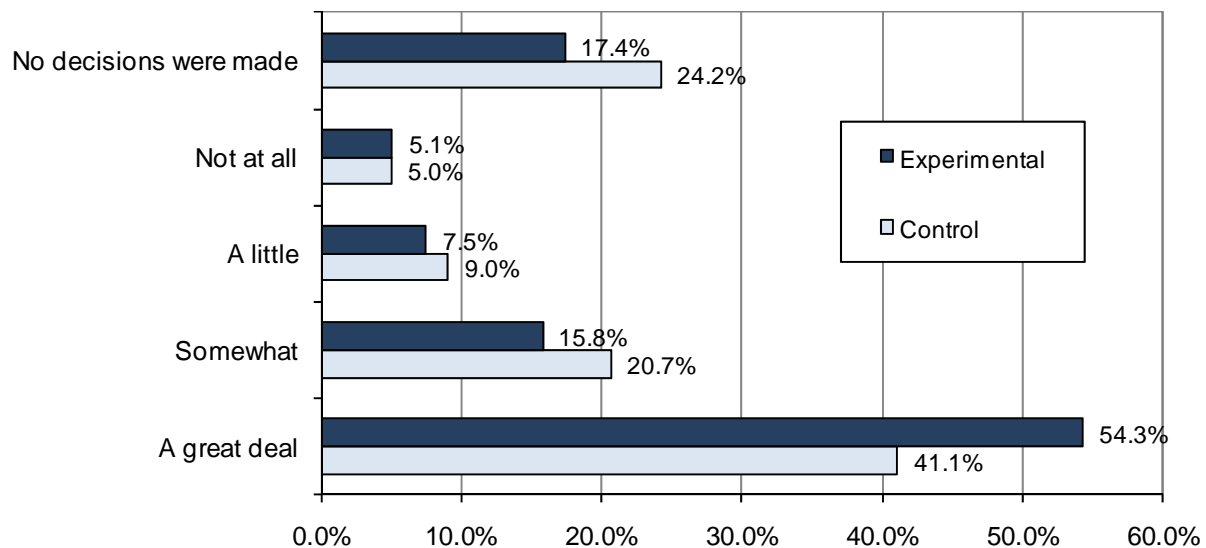
**Figure 6.4. Did the Worker Who Met With You Try to Understand Your Family's Situation and Needs?**

A similar pattern was observed for another question: “*Did the worker listen to what you and your family said?*” Experimental caregivers were a little more likely to respond *very much* (78.1%) compared to control (71.7%), but this difference was not statistically significant.

Survey respondents who had received an alternative response assessment also felt that they were more involved in decision making (see Figure 6.5). When asked about their level of involvement, 54.3% of experimental families answered *a great deal* compared to 41.1% of

control families ( $p=.005$ ). About one-fourth (24.2%) of control families, in contrast, said that no decisions were made compared to 17.4% of experimental families (see Figure 6.5).

These findings suggest that alternative response families were a little more likely to have active discussions with their worker about their needs and to be involved in any decisions that were made, but the shifts in attitudes of family caregivers under alternative response was modest. One of the striking findings illustrated in the previous charts is the level of positive response of control cases. For example in Figure 6.1, while nearly six in every 10 experimental families were *very satisfied*, half of control families were also *very satisfied*. Similar results are evident in the other figures. This speaks to the strong family-friendly practice that was already currently in place in the pilot counties. Only a minority of families in either approach — the traditional or alternative response — were dissatisfied or felt that they had not been included. On the other hand, the statistical analysis indicates that the modest shifts observed through the introduction of alternative response can be understood as real changes in practice.



**Figure 6.5. Family Reports of Involvement in Decision Making.**

### *Qualitative Analysis of Practice Shifts in Family Engagement*

As each county PCSA prepared to begin the Alternative Response Pilot Project, managers and supervisors selected workers to perform the duties of alternative response. Typically, existing intake or ongoing workers volunteered for the positions within their agencies and were selected after management considered their qualifications. In one county, the worker union also required that seniority be factored into the decision. Because alternative response requires superior engagement skills, workers who already possessed strong interpersonal abilities and had previously demonstrated high levels of investment in families were chosen for the

alternative response positions. The choice of experienced and engaging workers reinforced the likelihood that alternative response families would receive the type of assessment intended in alternative response. However, a few county supervisors speculated that because the workers assigned to alternative response were already friendly, family-focused and service-oriented, their approach to families may not have changed perceptibly. They thought that these individuals were likely already practicing child protection intake in the alternative response mode. As two supervisors commented:

*(Alternative response workers) need to have a certain personality. Workers that chose to go alternative response have the better interpersonal skills. The traditional response workers don't like to hand-hold, want to be in and out of the family. Alternative response workers tend to be more flexible with each individual family.*

*My worker was a good 'service linker' to begin with. So the same services she would give to an alternative response client, she would give to a traditional response client. Her practice is just her practice, because of who she is.*

While workers and supervisors saw their practice as essentially family-friendly to begin with, as the pilot progressed, alternative response workers began to see how subtle changes in their attitude and language affected families' responses.

In alternative response assessments, workers approach families more holistically. The content and allegations of initial referrals are addressed but they are considered in the fuller context of family circumstances, strengths and needs. The safety of the children is a primary consideration, but once that has been assured, the allegations of the original referral can be set aside for other topics. This is in contrast to the traditional investigative approach, which requires a primary focus on the allegations of the report. Workers are expected to gather information necessary to determine what happened, to identify victim children and adult perpetrators, and finally to substantiate or unsubstantiated the allegations of the report. As one supervisor stated, *"For traditional response, there is a lot more planning about how to do a series of fragmented interviews and thinking about a hypothesis for what happened."*

Where an investigator would ask, "Did you do this?" an alternative response worker might ask, "How can we change this?" Workers indicated that initiating discussions with families about how children's services can help, instead of focusing on what did or did not occur, defused the defensiveness of families. They noted that families were more likely to open up and provide information because they were less threatened by the process:

*We went out 10 times [on previous reports] to the same home, almost every time about drug abuse, and every time [the mother] denied it ... alternative response was able to change the flow of the family, she [the mother] admitted it and said she was so afraid of losing her son.*

Rather than interviewing individual family members separately, as was the practice in traditional investigations during initial visits, alternative response workers indicated that they were more likely to meet with assembled families. Though not required, family meetings were encouraged in most PCSAs as a way to involve all family members in the alternative response assessment process and reduce the sense of being investigated. The practice of telephoning families to let them know the purpose of the visit gave families the opportunity to assemble and be prepared. Workers found that family discussions could bring a new quality to assessments, and that often more information about the family was discovered than would have been obtained through separate interviews. As one worker stated:

*With an open setting everyone's there and everyone hears it. There's not the background fear that someone is going to get in trouble because of something someone else said.*

Another worker provided this example:

*[There was a] situation with a family with 10 children. Some reports were received of mom's paramour being abusive with some of the kids. The kids talked about it openly in front of him and in front of mom. It was a huge open conversation. It was really neat. I told the kids that I was proud of them, that it couldn't be easy. They said, 'No it's not, but someone needs to know and we need help.'*

Although all Ohio counties had adopted *family assessment* terminology for most of their reports prior to alternative response, dispositional language and procedures were still part of the assessment process. In traditional investigations, worker interactions with families were friendly and respectful but the primary focus was the content of the child abuse and neglect report. While transitioning to alternative response, some workers found it hard to break the habit of deciding whether the allegation was true or false even though in alternative response a formal determination of fault is not necessary. In an interview, a supervisor stated that workers in her county recognized the "limitations inherent in the current practice", but also found it difficult not to go through the same motions. "Some (workers) revert back to old behaviors when situations are uncomfortable or difficult," she said. During the pilot, both traditional response and alternative response workers admitted that occasionally they were not always sure how the alternative response process was different, and stated that alternative response assessments often felt essentially the same as usual:

*It's pretty much the same thing as (we) do now. We are just not calling them ACVs and APs [alleged child victims and alleged perpetrators]. Same old, same old.*

Other personnel insisted that there was no difference between alternative response and traditional response because their county already stressed family-focused practice: "Alternative response is just a different way to serve families, but it is not a different approach." In another

interview one worker explained why she believed she was not seeing a difference in reaction from her alternative response families:

*I am consistent with my families. ... you should be doing this approach whether you are doing alternative response or traditional response. If you are looking at the same level of risk, you should be treating cases the same. There shouldn't be a difference in your approach.*

Operationally, many alternative response workers were assigned traditional response cases as well, and this may have influenced the perception that there were not big differences between the two approaches. Workers described their approach as flexible in response to the situations they encountered in the field. Some supervisors, as well, suggested that workers needed to be able to conduct both alternative response and traditional response assessments in the event a severe issue was revealed during the first home visit and the case required a forensic interview.

*If it is a family with a dirty home, you would treat it the same (as alternative response). These aren't bad people, they are people with a dirty home. But when you talk about sex abuse, or more severe things, investigations are needed and warranted. You can turn it on and off. You need to be able to get information right away rather than wait for it to come out. You have to concentrate on specifics: documentation, taking photos,.. knowing every little thing. Questions are asked differently.*

However, when asked to reflect about what made alternative response different, workers and supervisors were able to provide many examples of small things that seemed to change. Most often these changes reflected the removal of barriers that dispositional procedures had placed between the worker and the family. They provided the following comments, and speculated about what kinds of improvements in their approach might lead to a better reaction from the family:

*Alternative response allows us to be more relaxed and thorough with our engagement.*

*(With alternative response) I'm not there to gather information to make a decision; I'm there to help the family come to a resolution.*

*The real benefit is not what the worker gets to see of the family, but what the family's perspective is of the worker — they have a clear understanding of why you are coming, they are expecting you, they know what your intent is. They feel less invaded.*

*The difference is the engagement of the family, the way they are approached. Not playing the blame game.*

*You address the referral, but set it down and then move on. With alternative response, you take them for their word. Allow them to say what they will about the referral, and move on, and usually in the conversation the truth will come out*

*Workers are starting to see that there is success and increase in family involvement — that some cases can be closed too soon in traditional and that these cases come back in easily. With more opportunity to work with the family, you may be able to decrease this potential.*

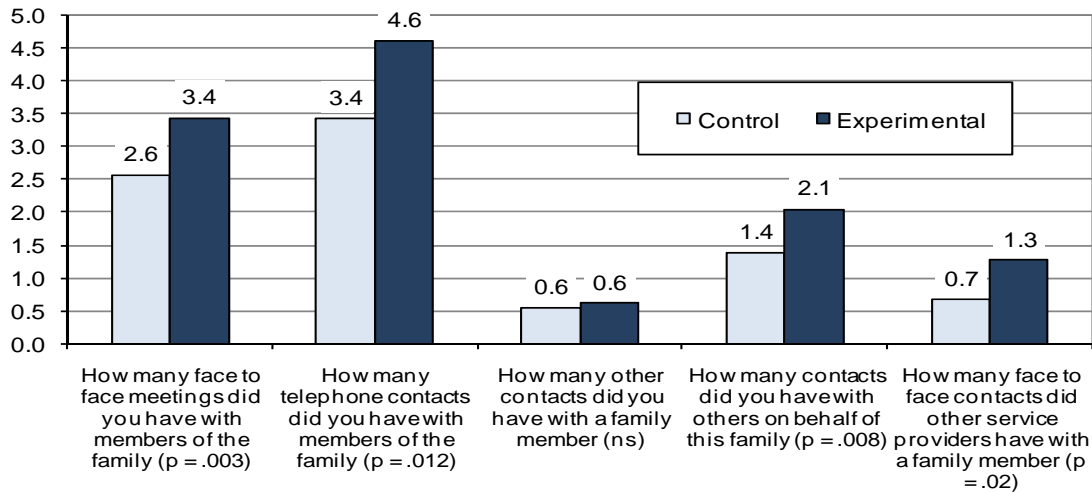
These statements show that shifts in attitude and approach were, in fact, present for many of the workers doing alternative response assessments. As the pilot continued, workers were able to identify more and more examples of how barriers to positive engagement had been reduced and how their practice had changed as a result. Though small, these adjustments were noticed and appreciated by families.

## Contact with Families

The shift in emphasis in alternative response away from the allegations of the report to the needs of the family potentially can impact the level of activity of workers with families. When a worker has a longer timeframe to work with families and the ability to access resources on their behalf, worker contacts may increase with alternative response families. To determine whether or not this occurred, workers who completed the case-specific survey were asked about the number and type of contacts they had with sample families. As noted previously, the case-specific survey asked workers to provide information about a particular family with whom they had worked.

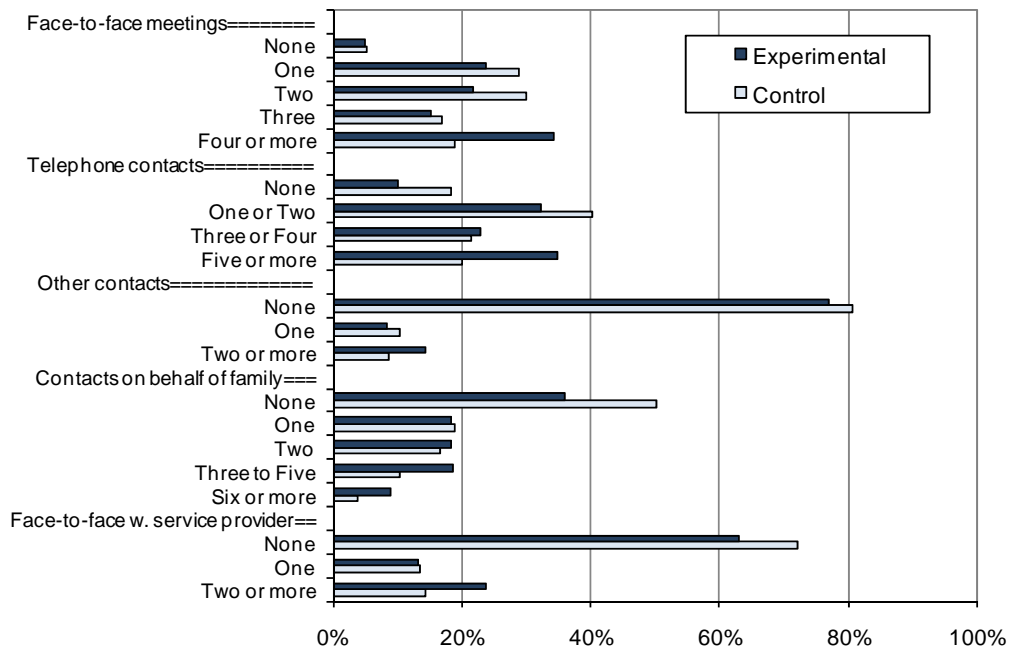
The length of time that workers spent with families was somewhat longer for experimental families. In the case-specific sample the average number of days before a case was closed (final contact between family and worker) was 53.6 days for experimental cases compared to 44.7 days for control. The freedom to keep cases open for a slightly longer period under alternative response (45 days) permitted worker to increase the number of contacts with families. Therefore, alternative response family assessment workers likely kept cases open longer to accommodate the need for more contacts with families.

Comparing experimental and control cases, alternative response workers had more contacts of various types with their families than those handling traditional cases (see Figure 6.6). Contacts were divided into five categories. Alternative response workers spent more time in face-to-face meetings, telephone contacts, collateral contacts (on behalf of family) and face-to-face contacts with service providers. The differences were statistically significant (probability values in column labels within chart).



**Figure 6.6. Level of Contacts of Workers (Means) With Experimental and Control Families (Case-Specific Sample)**

Figure 6.6 shows the average (mean) number of contacts of each type for each group. The same data are shown categorically in Figure 6.7. The categories reveal that the largest differences occurred within the highest frequency categories. Alternative response workers, for example, met face-to-face four or more times with 34.3% of their families. Traditional response workers met that many times with 18.8% of their families. Similar differences can be seen for the other contact categories. This indicates a change in intensity of activities with families under alternative response that is not clearly evident through the averages shown in Figure 6.6.



**Figure 6.7. Level of Contacts (Categories) of Workers With Experimental and Control Families (Case-Specific Sample)**

Part of this difference can be explained by unsubstantiated investigations. When reports are unsubstantiated under the traditional system, investigators sometimes supply emergency services to families, provide information on services to families or make referrals to services, but contact with families usually ends after one visit. In the case-specific sample, outcomes were *unsubstantiated* for the majority (55.0%) of control group families. In addition, workers indicated in another 8.3% of cases that the assessment (investigation) was *substantiated*, but the case was low risk and no further work was done with the family. We can assume that roughly these proportions of experimental families *would have been treated similarly* had they been approached in the traditional fashion. Under alternative response, however, from the time of the first contact with the family the worker is focusing less on the incident and more on child safety within broader family needs. The worker additionally has the option of working with the family past the formal assessment period, should the family need and want help. This leads naturally to additional contacts with families in many of the cases that would have been unsubstantiated. Thus, this analysis shows two things. Alternative response encourages: 1) support for families that would not have been served under the traditional system and 2) more intensive work with families while cases are open.

**Racial/Ethnic Differences in Worker Contacts.** Racial identification of families was discussed in Chapter 3. It was noted there that racial designations were missing from SACWIS data for 12.3% of families. This was also the case for families in the case-specific sample (family race missing for 11.9% of cases). When racial designations were present in the full study group of experimental and control families, 71.5% were Caucasian. In the case-specific sample, the corresponding proportion was 74.8%. In the full study group, 28.2% of families were African-American while among sample families this proportion was 25.3%.

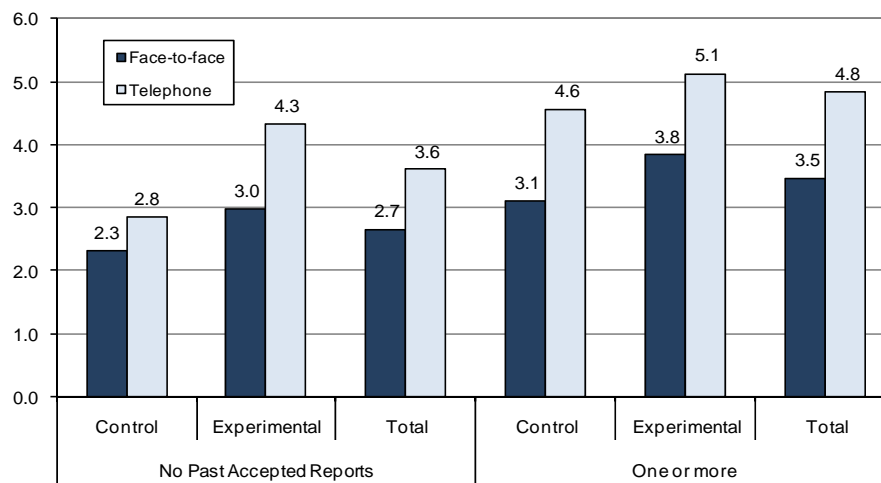
No attempt was made in any of the sampling in this study to stratify by race but there was an interest in analyses by racial grouping and this is attempted here and for select statistics in subsequent chapters. Considering missing data on family race, contact data were available for 93 African-American and 276 Caucasian families. This is a small and less reliable sample for the present analysis. Less of a difference in face-to-face contacts was found for African-American families under alternative response family assessments: Caucasian control: 2.7; experimental: 3.5; African-American control: 3.1; experimental: 3.2. There were similar findings for collateral contacts. For telephone contacts, a reversal (no statistical difference) was found for African-American families (control: 4.3; experimental: 4.0). Finally, a greater spread of differences was found for African-American families regarding worker contacts with service providers: Caucasian control: 0.7; experimental: 1.1; African-American control: 0.9; experimental: 1.9.

**Families With Previous Contacts With CPS.** It was shown in Chapter 3 that among the entire study population of alternative response-appropriate families 49.1% had had at least one past accepted report. Such families are at higher risk and usually tend to elicit more service activities than families that are being seen for the first time. An indication of this was in the



number of worker contacts with families. The analysis in this section was limited to the two largest categories of contacts: face-to-face and telephone (Figure 6.8).

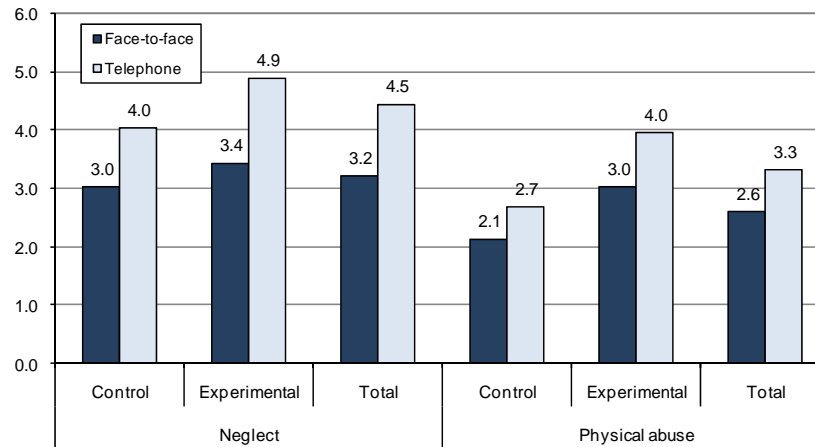
In the case-specific sample, 48.9% of the families had at least one previous accepted report of child maltreatment. Looking at the 'Total' category, it can be seen that workers spent more time with families that had previous contacts with the agency: For face-to-face, no past reports: 2.7; one or more past reports: 3.5 and for telephone, no past reports 3.6; one or more past reports: 4.8. Higher risk families receive more attention. However, the overall experimental-control difference seen in Figure 5.1 continued for both types of families. Regardless of past contacts with the agency, families provided with an alternative response family assessment received more of each type of contact than families in the control group<sup>20</sup>.



**Figure 6.8. Mean Level of Contacts of Workers With Experimental and Control Families With and Without Past Accepted Reports**

**Worker Contacts with Families Reported for Physical Abuse or Neglect.** A similar comparison was possible by type of target report. In the case-specific sample, the target report (i.e., the report that led to inclusion of the family into this study group) included allegations of child neglect for 53.2% of families and for physical abuse for 43.7%. There was a small overlap of reports with both these types of allegations and another 6.7% of reports with allegations of emotional maltreatment. Neglect allegations are associated more often with poverty, as was evident in Chapter 3. We will see in later chapters that poverty-related services were provided more often to experimental families during the pilot. Neglect families also received more contacts with workers, as is evident in Figure 6.9. This can be seen by examining the bars for the 'Total' category in the chart. Again, greater numbers of contacts were observed for experimental compared to control cases, regardless of the allegation.

<sup>20</sup> This leads to a peculiar finding often in non-experimental studies of child welfare. Families with a CPS history are significantly more likely to return to the system later. However, such families are also more likely to be attended to and to receive services. The unexpected result is that families that are served more intensively are more likely to be seen in the CPS system later.



**Figure 6.9. Mean Level of Contacts of Workers With Experimental and Control Families with Neglect Versus Physical Abuse Allegations.**

## Summary

Alternative response families reported more general satisfaction with their workers than those that received traditional assessments and indicated more positive emotions regarding the initial visit. Part of this increase stemmed from feeling more involved with decisions that were made about their family. Contacts with families also improved in both quantity and quality under alternative response. In general, workers provided more-frequent visits when necessary and more time spent with the family when they were there. Because of this responsiveness, workers reported that families were more likely to call and ask for help. In the words of a worker:

*Alternative response helps me respect and recognize the need to be more present for the family. I'm taking more time with phone calls, little things...You are taking the time to get to know the family, instead of just getting your questions answered and being done. You do take more time and more interest in each family.*

The Ohio pilot counties emphasized and engaged in strong, family-centered practice before the introduction of alternative response. The challenge under alternative response was to push workers to reflect on their practice and take advantage of the new flexibility that alternative response allowed. A more holistic assessment emphasized the needs of the family whether or not a safety issue was identified. Alternative response invited staff to explore the balance between ensuring child safety, respecting family autonomy, and expanding the supportive role of Children's Services through the provision of services. This analysis suggests that alternative response workers became more conscious of all their interactions with and on behalf of families, and how much these actions mattered to each individual family.

## CHAPTER 7: ALTERNATIVE RESPONSE PRACTICE: CHANGES IN SERVICES

In the previous chapter, implementation of the alternative response assessment model was considered. The degree to which practice shifts occurred and family engagement improved was examined through the reactions of families to workers and the ways in which alternative response workers themselves saw changes in their initial approach. This chapter looks at the other critical area of practice change — provision of referrals, resources, and services to meet needs identified in the assessment.

Alternative response assessments are intended to be holistic and thorough, and to explore the root causes of the problems and needs of families. Alternative response workers can address minor safety issues without court intervention or opening a formal case. Even when no child safety problems are found, they can provide support and resources to families so long as workers and families agree. On the other hand, for families to receive services and supportive case management in traditional investigations, formal cases usually have to be opened.

Though Ohio pilot counties estimate that half or more of all the referrals received involve only minor issues or questionable reports, workers acknowledge that most of these low- to moderate-risk families have other needs and could benefit from short term services. As seen in Chapters 4 and 5, poverty and lack of basic needs are especially common problems. As one worker stated:

*I can't think of many families where the report was totally invalid and the families needed nothing else. There aren't many cases where the family has no concerns. (In alternative response) we feel a greater responsibility than in a traditional case to ask what we can do to keep (the family) from coming back....Our families are fragile. In traditional response, you may not be able to help a family with no income until they are homeless. As long as they still have a safe place for their child, there is nothing we can do. (Traditional response is) very oriented to the immediate. Is the family safe now?*

Under alternative response workers are encouraged to engage families, offer services and other assistance and follow up to make sure services were received.

### Family Reports of Services Received

Caregiver respondents to the family survey were asked to indicate which services, if any, they had received. Comparative responses in the experimental and control groups for each service category are shown in Figure 7.1. The (blue) bars represent the proportions of experimental families responding affirmatively. The biggest differences in the chart — indicating the biggest

changes in practice — are in the area of poverty-related services. Substantial differences were seen in most of these categories (asterisks in chart row titles indicate the level of statistical significance). Alternative response workers more often provided referrals for or helped families receive food and clothing, help with utilities, other financial help, car repair and transportation, money to pay rent or help in obtaining appliances and furniture.

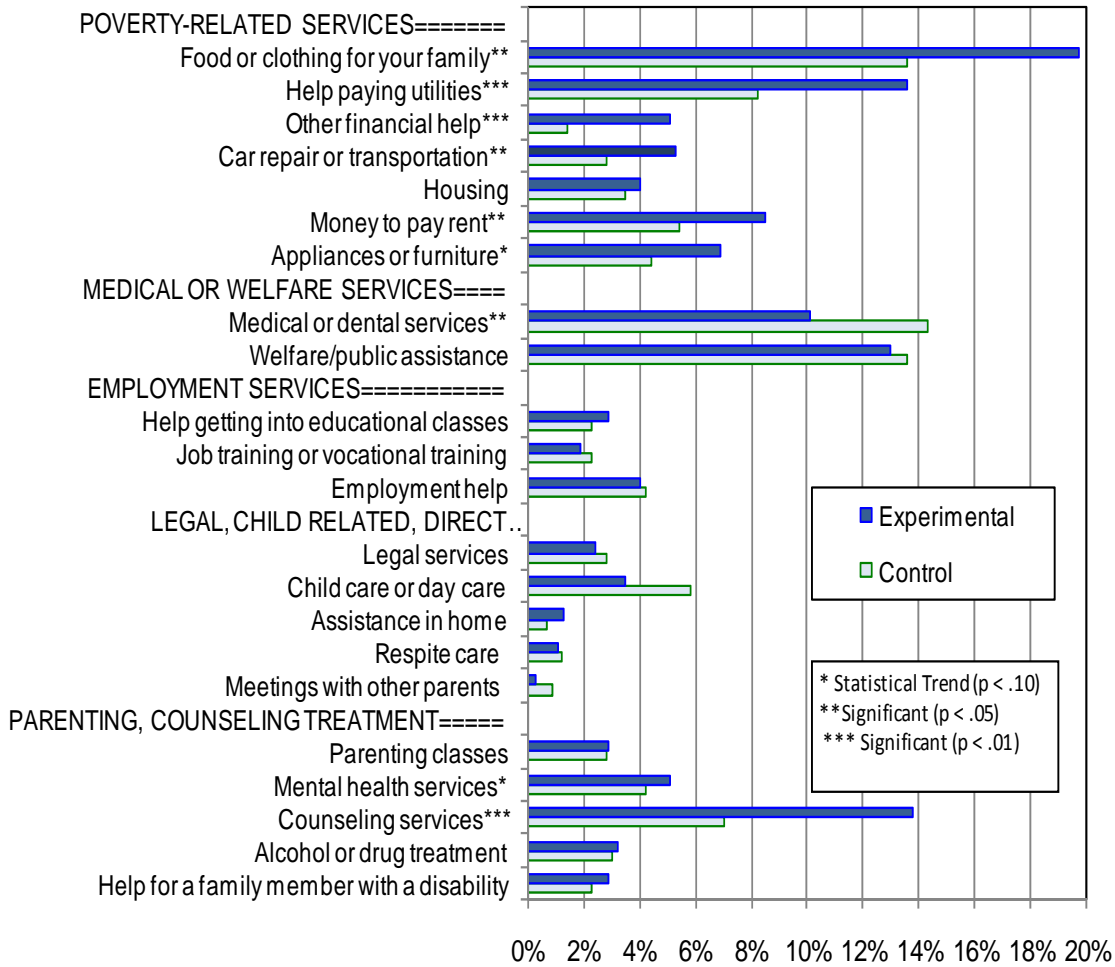


Figure 7.1. Family Reports of Services Received

Experimental families under alternative response also received more referrals to traditional counseling and mental health services. The only area in which control families were significantly more likely to receive help was medical or dental services. In addition to the services listed in the categories above, survey respondents also mentioned receiving services such as early child development programs, passes for recreational programs (e.g., YMCA), and gifts for their children during the Christmas season.

The increase in poverty-related services is consonant with the emphasis on addressing a broader array of family needs. Families coming into contact with child services are frequently in poverty, as was evident in Chapter 3. The differences observed between alternative response and traditional response indicate that alternative response workers were more likely to become aware of those needs and act directly to relieve them.

**Racial Differences.** As noted in the previous chapter, evaluators were asked to examine the question of racial disparity in the Alternative Response Pilot Project. An analysis of differences in services as reported by African-American and Caucasian families was conducted. The pattern of increased services overall in the experimental group was evident for each of the two racial groups. Within the experimental group no difference was found in the number of services or simply the provision of direct services. Within the control group, however, significantly *more* African-American families received a service (Caucasian: 39.2%, African-American 49.5%,  $p = .046$ ). This is likely explained by variation in the approach of counties to families generally, since most African-American families were found in Lucas and Franklin counties, although numbers of families in racial groups were too small to confirm this speculation. Regarding specific services listed in Figure 7.1, some variation was found: African-American families received more child care, more legal services, more disability services, more appliances and furniture; Caucasian families received more counseling, other financial help and respite care. While these differences were either statistically significant ( $p < .05$ ) or statistical trends ( $p < .1$ ), the actual numbers of families for each service was small. A study involving a much larger sample would be needed to confirm that these differences have any large-scale significance. We conclude that both of the two large racial groups in the evaluation experienced service increases under alternative response, with some possible variations in the service emphases.

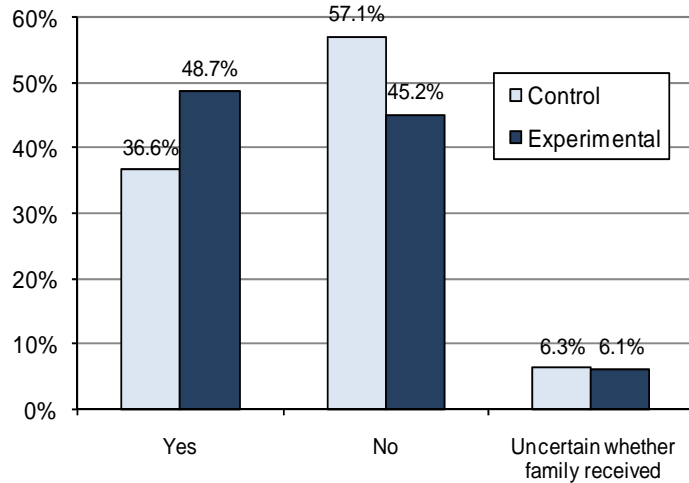
### *Worker Reports of Services Provided to Families*

Worker reports concur with the findings in the family survey and support the idea that service referrals and direct provision of resources were more likely with alternative response. As noted previously, in the case-specific survey workers answered specific questions about families with whom they had worked directly. Traditional assessment workers (investigators) were asked about control families and alternative response family assessment workers were asked about experimental families. Workers were asked whether any types of services, support or assistance were provided (see Figure 7.2). Significantly more ( $p = .03$ ) alternative response workers involved with experimental families answered affirmatively (48.7%) compared to traditional response workers involved with control families (36.6%). On both sides, in a small number of cases workers were uncertain whether the family actually received the services. In the remaining cases (experimental: 45.2%; control: 57.1%) the answer to the question was no.

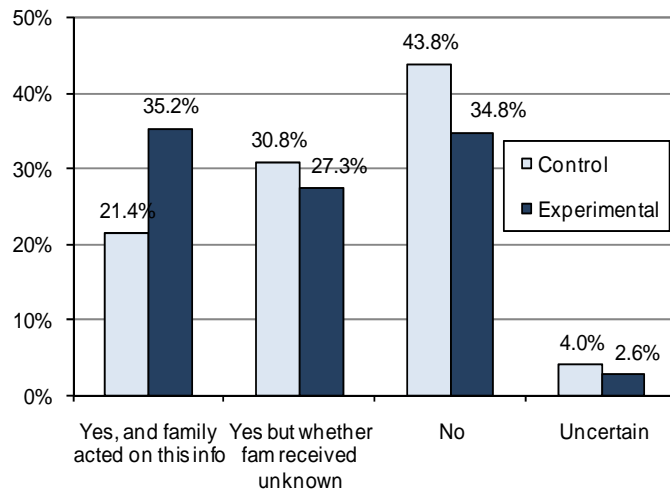
They were also asked whether any information about where services might be found was provided (see Figure 7.3). Again, significantly more workers in experimental cases (35.2%) answered yes compared to control workers (21.4%), and in this case the difference concerned whether the family received and acted on this kind of information. Thus, alternative response workers more often indicated that both direct assistance and referrals for services were provided for families in the experimental group.

**Specific Services Provided to Families.**

Provision of services should match each individual family’s needs and goals. Ideally, alternative response permits workers and families to determine what concerns are present and mutually agree on how to address them. Worker reports on services provided to alternative response families should reflect more closely the needs of the population and be similar to what families reported receiving. In the case-specific survey, workers were asked to indicate services they had provided to the families. Their responses are charted in Figure 7.4. The services are organized in an order similar to those in Figure 7.1. As with services reported by families, workers indicated that basic poverty-related services were provided significantly more often to experimental families. Thus, rent payments, housing services, help with basic household needs, emergency food, and transportation were more likely to be provided to families that received an alternative response family assessment. Other areas of increase included welfare and medical/dental services, daycare, and family counseling. Responses about welfare, medical care and childcare did not match those of families, but this



**Figure 7.2 Were Any Services, Support or Assistance Provided to This Family (Caregivers and Children)?**



**Figure 7.3. Was Any Information About Where Services May Be Found Given to the Family?**

could be due to some confusion on the part of family survey respondents about their current participation in benefit programs.<sup>21</sup> The only area in which control cases received significantly more services was in drug abuse treatment.

Workers also included written comments about other types of services that were provided. An alternate service that was frequently mentioned was early childhood programs. Also, in some counties, mentoring services were available for children and teens.

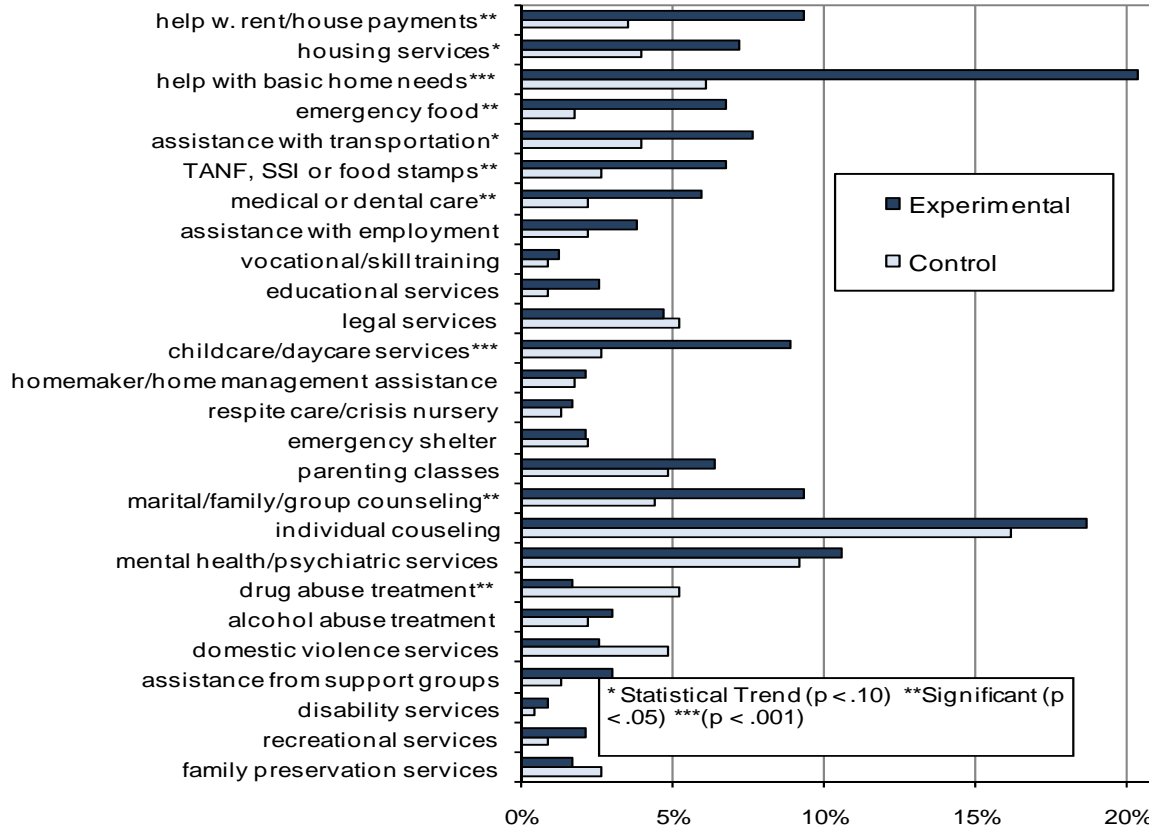


Figure 7.4. Worker Reports of Services Provided

**Direct Services and Facilitated Referrals.** Workers conducting alternative response assessments were also more likely go beyond simply providing information to families by assisting them in securing services. For each service that a worker listed for a specific family, they also indicated how the service connection was made: directly through their own efforts, or by information and referral (I&R) to other agencies/organizations. Alternately, workers could indicate that the service was already in place when they encountered the family.

<sup>21</sup> It should also be reiterated that the family sample and case-specific sample included different sets of families and may vary somewhat through sampling error.

Looking across all services indicated, 46.7% of alternative response workers said they were responsible for directly providing or connecting families to resources and services, while only 26.3% of traditional response workers reported this. Correspondingly, alternative response workers indicated I&R for 41.2% of the services compared to 59.2% for traditional response workers. The difference was greatest for the types of services that workers would most reasonably be able to play a part in providing. For example, alternative response workers directly assisted with 83.3% of services in the category *help with rent or house payments* compared to 30.0% for traditional response workers. Similar differences were found for other related categories, such as *basic household needs* and *emergency food*. All transportation services for experimental families were provided directly compared to 66.7% for control families. Fewer differences were found in categories such as legal, employment, vocational skill training, recreational, and domestic violence, which require a referral to other programs and agencies. Services were already in place (as a percentage of all services) for 14.5% of control and 12.2% of experimental families.

Family caregivers were also asked whether their worker provided them with any direct assistance, such as transportation, clothing, financial help, etc. Substantially and significantly more alternative response experimental families (27.1%) answered affirmatively than control families (15.4%). Caregivers described the type of direct assistance that they received from their workers in open-ended comments. Similar to what was reported by assessment workers, parents wrote that the worker frequently provided financial assistance. The proportion of all comments about direct help is shown in Table 7.1. Transportation, in the form of rides from the worker or bus passes was also common, but unlike the difference shown in Figure 7.1, no difference was found between experimental and control in written comments. A few survey respondents mentioned that the worker helped them apply for benefits or secure a medical card.

**Table 7.1. Types of Direct Assistance Provided by Worker  
(From Caregiver Comments)**

Direct Assistance Provided from Worker	Experimental, N=88	Control, N=56
General financial help	64.8%	42.9%
Transportation, bus passes, cabs	23.9%	23.2%
Assistance with benefit program	3.4%	8.9%

Workers were provided with a list of types of organizations and asked to indicate whether they or other workers had *assisted* members of the family in linking to the organization. Alternative response workers assisted 37.7% of families with making connections to specific types of agencies compared to 26.6% of control cases. This difference was statistically significant ( $p = .007$ ) but is less than one referral per family (experimental: 0.70/family; control: 0.45/family). It is likely that *information* about services was provided to families more frequently but that workers did not always facilitate the connection on behalf of families. Of the 18 types of service



organizations workers chose from, statistically significant differences in favor of alternative response were found for the following:

- Schools
- Mental health providers
- Childcare or preschool providers
- Community action agencies
- Recreational facilities

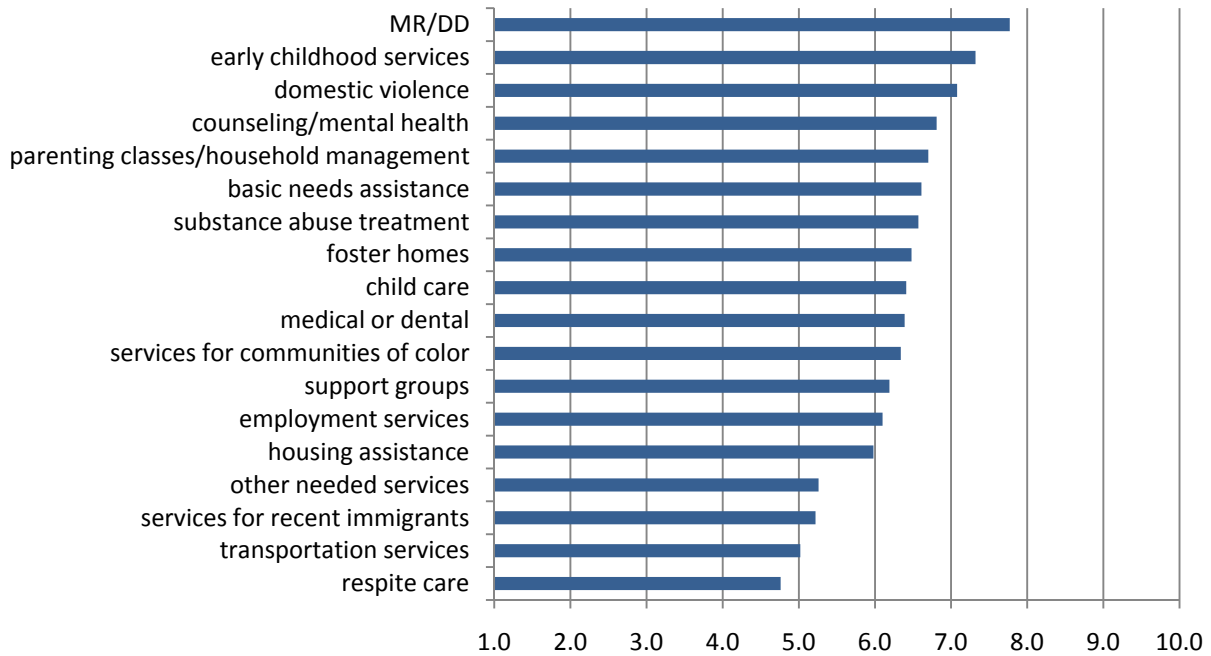
Workers indicated facilitated referrals to these service organizations significantly more often for experimental cases. More frequent referrals to alcohol/drug programs were found in control cases. In other service areas, such as employment programs and domestic violence agencies, no significant differences were found.

**Community Stakeholder Responses.** Outside of the resources that a PCSA can directly provide, workers must rely on other agencies and institutions in the community to fulfill service needs. This is dependent on the availability and accessibility of services in the local community, the knowledge that workers have of existing resources, and the quality of services.

A community survey (described in Chapter 1) was conducted to solicit the opinions of stakeholders who may have been affected by the alternative response pilot. In the survey, service providers and other community stakeholders in each county were asked to rate the adequacy and availability of various resources and services for families on a 10-point scale, with 10 being most positive. Overall, mental retardation/developmental disabilities (MR/DD) services were ranked highest (most available) across the 10 counties, followed by early childhood services, domestic violence services, and mental health/counseling, as shown in Figure 7.5. Housing assistance and transportation, two critical needs for families in this study, were ranked much lower in availability.

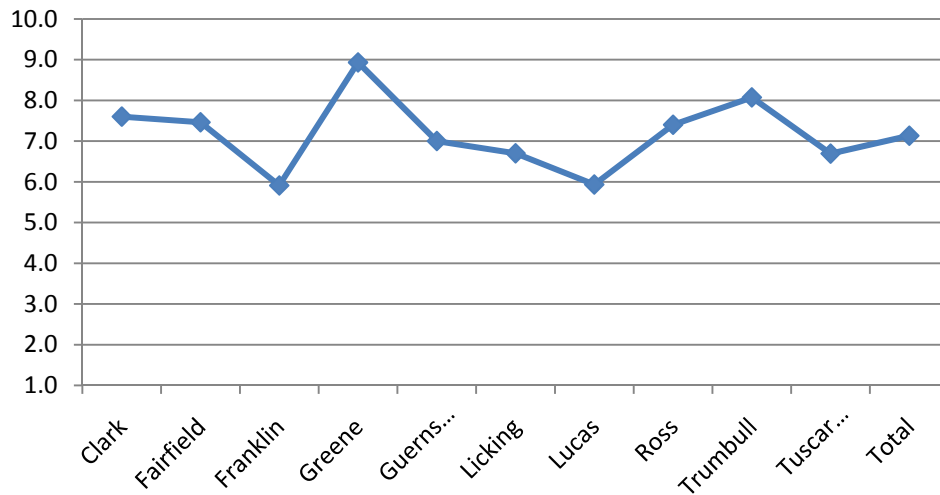
Stakeholders also provided a similar scaled assessment of the overall coordination among service providers in their area. Because each community has a different service landscape, the results were compared across counties. Average ratings are shown in Figure 7.6. In general, stakeholders rated the coordination of services positively, but there was some variation between locations. Counties with a strong network of providers that work closely together are likely to have better success in filling service gaps and avoiding duplication.

In such communities, it is reasonable to assume that social workers responsible for service coordination may be more knowledgeable and make better use of the resources available, though this knowledge varies according to worker experience. As one stakeholder commented, *“Workers are very different in their knowledge and use. It depends very much on each individual worker.”*



**Figure 7.5. Average Ratings of Stakeholders Regarding the Adequacy and Availability of Specific Services for Families in Local Area, 2009**

(1=very poor, 10=very good)

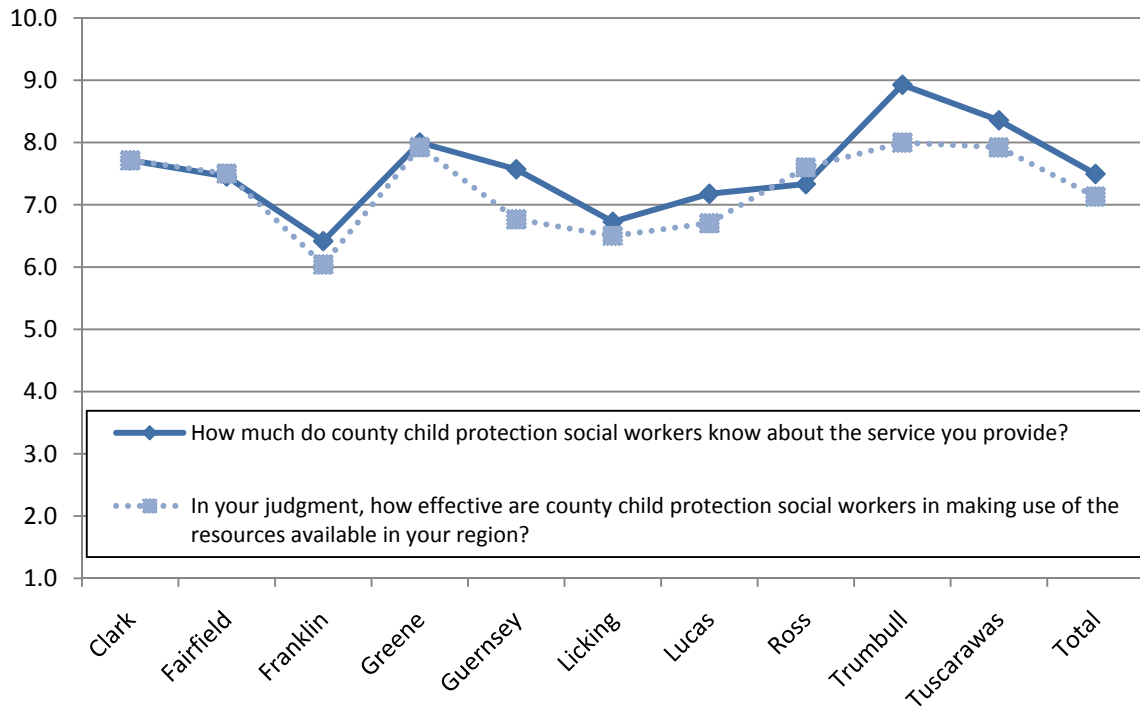


**Figure 7.6. How Would You Rate the Overall Coordination Among Service Providers in Your Area?**

Knowledge of the types of resources available and how they should be used is critical to providing the best service connections for families. One community stakeholder commented

that she believed that alternative response was improving the ability of workers to make appropriate connections: *“Alternative response is helping with referrals. Regular referrals leave families dissatisfied.”*

Figure 7.7 shows the mean ranking for community survey respondents’ answers to two questions regarding PCSA worker knowledge and utilization of services. A similar pattern can be seen between the two separate lines, suggesting a relationship between how stakeholders perceive the coordination of services among providers and the utilization of those services by PCSA workers.



**Figure 7.7. Stakeholders Ratings of PCSA Knowledge and Use of Local Community Resources**

**County Use of Alternative Response Family Service Plans.** Special funds were available to pilot counties to be utilized for alternative response families. While a few counties used these extensively, and often intervened with resources for basic needs, others did not change their service approach dramatically. For example, one county supervisor stated, *“We are trying to guard against making meaningful financial differences between alternative response and traditional response.”*

A review of a sample of Family Service Plans completed for alternative response families illustrates differences in patterns of referrals of counties. Table 7.2 shows the three most frequent services listed on the alternative response family service plans of each county. Similar to survey results, Family Service Plans revealed that help with housing, utilities assistance, and other financial assistance was provided relatively often to families in all counties. As can be seen, however, some counties were more likely than others to refer families to mental health or counseling services. Other counties, like Lucas, emphasized the use of vouchers for clothing, food, and household items.

**Table 7.2. Frequencies of Services Listed in Family Service Plans by County**

County (# plans reviewed)	1 <sup>st</sup> Frequent Service	2 <sup>nd</sup> Frequent Service	3 <sup>rd</sup> Frequent Service
Clark (72)	Mental health/ counseling 35%	Appliances, furniture, linens 26%	Housing assistance 22%
Fairfield (69)	Mental health/ counseling 55% (in-house worker)	Benefit assistance/ budgeting 25% (in-house worker)	Education/ employment services 22%
Franklin (214)	Beds, other household items 26%	Settlement house referral 10%	Utility assistance 7%
Greene (104)	Mental health/ counseling 30%	Utility assistance 10%	Housing assistance 9%
Guernsey (43)	Utility assistance 40%	Household items 21%	Housing and food assistance 19%
Licking (54)	Household items 35%	Housing assistance 30%	Utility assistance 28%
Lucas (107)	Clothing or food voucher 35%	Beds/furniture/ appliances 23%	Baby items/ household items 20%
Ross	Unable to review		
Trumbull (136)	Mental health/ counseling/ therapy 53%	Clothing or food voucher 32%	Utility assistance 26%
Tuscarawas (17)	Case-management by PCSA 47%	Housing assistance 29%	Mental health/ counseling 24%

The relative frequencies in part reflect relationships that counties had with the service providers in their area. This was especially true in places that had developed service arrangements with providers specifically for alternative response clients. For example, in Fairfield and Greene counties, collaborative arrangements with mental health providers were established for alternative response families. Fairfield created a special position within its alternative response unit for a mental health liaison from the local mental health provider. Since this individual was immediately accessible to assess a family's need for mental health services, alternative response caregivers were very often referred to him. Fairfield also had a special position for a benefits/eligibility specialist. Parents who needed assistance with TANF rules or needed help budgeting were sent directly to her.

Other counties had previously existing relationships with community institutions that influenced their service provision pattern. Counties with these strong prior relationships tended to connect caregivers heavily to those resources. For example, Franklin County Children Services had a previous contract with a furniture provider to supply low-cost mattresses, and consequently, this resource was frequently utilized for families. This county also worked closely with settlement houses in the area. As a Franklin supervisor describes:

*(We) have a lot of settlement houses that we contract with—(we) typically offer a linkage to this service whether there are concerns with the family or not. Many families need that connection. We want them to have that linkage in their community.*

Limitations set by service availability or waiting lists created some differences between counties as well. For example, smaller, rural areas sometimes had more difficulty securing drug treatment or mental health programs. Finally, nearly all counties, especially smaller or poorer counties, experienced service cutbacks in the community in 2009.

**Perception of Services Under Alternative Response.** Finally, in addition to determining what type of services were actually provided, the case specific survey also assessed workers' perceptions about what *would likely have happened* to these families had the pilot not been conducted. On the experimental side, alternative response family assessment workers were asked whether families received services under alternative response that they *would not* have received under a traditional response. Alternative response workers indicated that more than half of the families in the experimental group with whom they worked received services that they *probably or certainly would not* have received in the traditional system (*probably not*: 26.4%; *certainly not*: 26.8%). Conversely, on the control side, traditional response assessment workers (investigators) were asked whether they were aware of any services that the families did not receive that they might have received under alternative response. These workers answered affirmatively for only about one in every 10 families in the control group (*probably yes*: 9.7%; *certainly yes*: 0.5%). This suggests that workers who were directly involved in the pilot saw real differences in how families were treated, but these differences may have not been apparent to workers who were not directly involved with alternative response.

### ***Qualitative Analysis of Service Shifts in Alternative Response***

Survey responses of both workers and families show clearly that shifts in service provision did occur under alternative response. Workers were more likely to have addressed families' basic needs through alternative response and provided more direct support to families to secure desired services and resources. The following section discusses what aspects of alternative response implementation made this shift in intervention possible.

**Factors Leading to Service Shifts.** Workers and supervisors were asked during site visits about factors that shaped service provision in alternative response cases. Six common variables emerged:

- Family need for services
- Family engagement
- Time that could be devoted to cases
- Funding availability
- Service availability and worker knowledge of community resources
- Agency history and patterns of resource use

According to workers and supervisors, all of the above factors worked in tandem to provide changes in services to alternative response families. These factors were often mentioned together during interviews, and because they are interrelated, alternative response staff found it difficult to say that one factor had more impact than another.

Key operational guidelines for alternative response influenced two of those factors directly. All 10 pilot agencies let the alternative response assessment workers hold cases open up to 45 days (an increase of 15 days beyond original CAPMIS guidelines) and by the end of the pilot all ten experimented with followed a “one-worker, one family” model to allow assessment workers to hold cases that needed services beyond 45 days when necessary. Though most assessments were closed before 45 days, the option for additional time was important. Not insignificantly, agencies also had access to additional state funding for families with completed Family Service Plans. Family Service Plans could be used at any point after the completion of the safety assessment to facilitate a discussion about family concerns and to initiate use of state funding.

The more holistic focus on families coupled with an extended time frame and access to funds provided several benefits. First, workers were able to begin thinking about services for families sooner. As mentioned in the previous chapter, workers felt that parents and their children were more likely to open up and communicate concerns during the alternative response assessment. This happened more quickly than in the traditional approach because alternative response emphasizes an early focus on family needs. When needs were identified, especially those that involved basic living requirements, workers could directly address them, particularly those that were short-term. A slightly longer assessment period and the option to continue services beyond assessment enabled workers to ensure that families were actually connected with resources and services. Evidence for this can also be found in Chapter 8, where the analysis of traditional response and alternative response worker assessments of family participation in services is presented.

In essence, better communication with families and a more flexible time period led to a broader range of issues dealt with earlier in the case. The funding that was available for alternative response cases allowed for more immediacy, flexibility and creativity in service provision. During site visit interviews, several workers commented to this effect:

*Alternative response allows us to be more 'human' and to share more, to sit down and work on a budget or organizational skills or coping skills. It's a privilege of the longer time-frame.*

*With a longer time-frame, you are not rushing as much, and are not closing cases before it feels right to do so. (You) don't feel like you are harassing people to hurry up and do things, just because you need to close their case.*

*Families are more likely to talk to you in a casual environment and more apt to want to go shopping and make appointments. There is more of an aspect of modeling (by the worker) for clients in alternative response.*

Workers also stated that the Family Service Plan document developed for alternative response was more family-friendly than the case plan instrument it replaced. The document was purposefully designed to be simpler and ask more general questions about family concerns and actions that should be taken. When using the Family Service Plan, the worker usually sat down with the family in their home and asked about their worries, ideas and solutions. In this way, families were given more opportunity to lead the discussion about services. As workers said:

*The families seem to understand it (the Family Service Plan) more. It gets to the core of what concerns a family. The worker asks a lot of questions, but does not tell a family what to do.*

*We stuck to the alternative response opportunity of doing Family Service Plans after the safety assessment. (We) like to use the Family Service Plans as an up-front engagement tool, to discuss concerns and needs. It builds rapport. The family gets a copy right up front.*

Statements by workers during interviews about types of services that were often provided supplement the findings of the survey instruments and Family Service Plans. Services most often discussed with families were those that addressed basic needs, such as rent, deposits, utilities, emergency food, and clothing. Occasionally, agencies also provided nontraditional services such as car repair, YMCA memberships, games or activity fees for the family, fuel for wood burning stoves, or bikes. Workers stated that families were more receptive to the offer of help when the approach was inclusive of their opinions. Meeting needs up front, especially immediate concrete needs, helped to solidify trust.

*The funding is very helpful. (It) increases flexibility and creativity. We are looking at the whole picture of the family. It allows us to look at all different things to help them.*

**Caseload Management and Resource Budgeting.** Lengthened time for alternative response cases and additional funding were helpful to workers and supervisors but also created challenges. Workers were sometimes unsure of when cases should close because they believed that families would continue to need help in the future. This was particularly the case when families were concerned about their situations and asking for assistance. As one worker noted:

*Funding is clearly easier, and you don't have to be as concerned about whether you can meet needs. People do buy in to what your message is. It is not threatening and people are more willing to work with the county. But in some cases it has been difficult to close cases because people are still asking for help.*

By creating new options for agencies to provide resources and support to families, alternative response led staff to raise questions about the role of child services. Workers and supervisors noted that they grappled with the tension between assuring child safety (the protective function), and working to improve the family's overall well being (the welfare function). Two problems were frequently mentioned: how to distinguish the *needs* of families from their *wants* and how to intervene meaningfully without creating family dependency on the agency. As two supervisors said,

*There are many times where there is one more thing they (the workers) would like to do for the family. We have to remind them, 'What does this have to do with child safety?'*

*When we become an enabling agent, then we have been there too long. We go back and forth on this — did we enable? If we had done less, the kids might have been out of the home.*

There were differing opinions among counties and between workers and supervisors within counties about how much time and resources should be devoted to alternative response cases. Some saw alternative response as serving only low risk, less serious cases that could be closed quickly; others viewed it as a program to provide intensive support for families in need. Most of the caregivers in the alternative response population were not a danger to their children, but often needed support with other aspects of their lives. Workers and supervisors were faced with the question of how much support could and should be given in these circumstances. PCSA representatives in general said they would like to be able to help as much as possible, but did not want to linger with families that do not really need help.

The capacity to give alternative response families more time and energy was also dependent on caseload size and the intensity of existing cases. Working closely and longer term with families was a luxury that not all counties could afford. Several pilot agencies found that it was more



difficult than originally expected to keep the caseloads of alternative response workers to a manageable size and to allow those workers time to work more closely with alternative response families. Volume of cases was unpredictable from month to month and, given the nature of the pilot's randomization, most alternative response workers had to take a traditional response case from time to time. Workers remarked about how this affected their work with alternative response families:

*When the caseload is high, you can really see the number of contacts decrease.*

*You do run into an issue with capacity. If we get overloaded then we cannot spend the time we need. We are getting traditional response cases because of the high volume.*

In a few counties, managing “dual” caseloads of both alternative response and traditional response cases was a major challenge for some workers. Other felt that it did not negatively impact their alternative response cases. Those who felt the challenge said that it was difficult to fully attend to their alternative response cases and provide as much attention as they would have liked because of the demands of traditional response cases. Traditional response assignments sometimes required that workers investigate emergency situations, such as a shaken-baby report. As one worker stated, the immediacy of a high-risk case can occupy a worker's whole week. High-priority traditional response cases may deflect the worker's attention and jeopardize family engagement in alternative response cases.

*Once we become distracted with something else, we may lose the opportunity to make a connection with our alternative response family. Once that initial window of time is lost, we may not be able to get an opportunity to work with them.*

The challenges of caseload management and resource budgeting highlight the long-standing philosophical tension in CPS between the dual roles of focusing on child safety and providing preventive social work. Alternative response introduced some operational shifts that allowed workers to explore more supportive ways to help families. While alternative response allows freedom to provide more contacts and services to families, workers and supervisors do not always find the balancing act between the desire to help and available time and resources to be an easy one.

## **Summary**

Services increased for families under alternative response, especially in the areas of basic needs. Families reported receiving help with food and clothing, utilities, car repair and transportation, rent, or appliances and furniture significantly more often than control families. Workers likewise reported that alternative response families received rent payments, housing services, help with basic household needs, emergency food, and transportation more often than traditional response families. Through alternative response assessments, workers were

also more likely to provide direct support and assistance to their families. Again, this direct assistance was most often related to areas of basic need and financial resources. Other services, such as mental health providers, were also often suggested to families. Specific PCSAs had particular patterns of services that were related to existing contracts and the community resources available in each county.

Alternative response personnel often stated during interviews that increased family engagement, the extended time-frame for alternative response assessments, and access to flexible funds were three of the main factors that contributed to increased service provision among alternative response families. However, workers and supervisors also acknowledged that the capacity and inclination to provide additional resources, in the form of staff time or funding, varied between pilot county PCSAs. This led to some differences between agencies in how services were emphasized for alternative response families.

## CHAPTER 8: RESPONSES OF FAMILIES TO ASSISTANCE PROVIDED

As the previous chapters show, both families and workers indicated that engagement and assistance increased under alternative response. Workers spent more time with families and were more likely to provide direct support and services. The overall makeup of services changed, as more poverty-related services were made available to families.

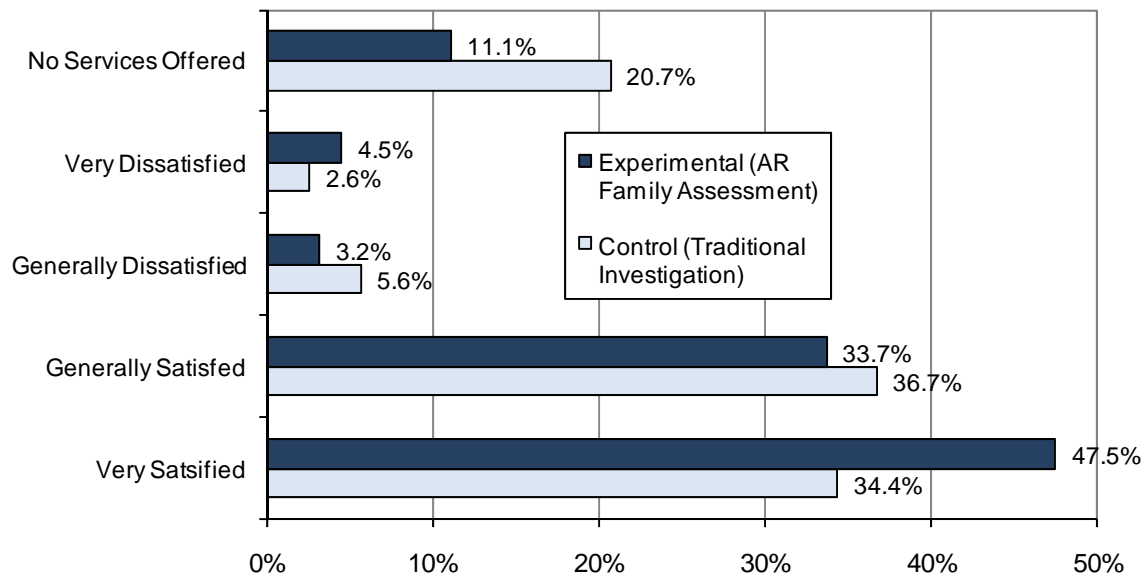
The next set of questions, discussed in this chapter, is whether the services offered to families through alternative response were actually appropriate and sufficient to meet their needs. The quality of the help and services offered can dramatically change the experience families have with CPS. To explore these issues and get a fuller picture of how caregivers reacted to receiving an assessment and services, a small set of families was interviewed in addition to survey data analyzed.

**Family Satisfaction With Services.** Alternative response experimental and control families indicated their general satisfaction with the help received or offered by the PCSA worker. In Figure 8.1, answers from the two groups are compared and a statistically significant difference found ( $p < .001$ ). Nearly half (47.5%) of the alternative response families said they were *very satisfied* with services received or offered, compared with 34.4% of control families.

The top category in Figure 8.1 is also revealing in that nearly twice as many control families (20.7%) as experimental families (11.1%) indicated that no services had been offered to them. This finding supplements the earlier discussion of family engagement and is another reason why experimental families under alternative response were more generally satisfied. When families that were not offered services were removed from the analysis, 53.4% of experimental families were very satisfied compared to 43.3% of control families.

**Appropriate and Sufficient Services.** Families were asked, “*If you received some help or services was it the kind you needed?*” Experimental families were 10% more likely to agree: 56.2% of the experimental families answered affirmatively compared to 46.4% of control families ( $p = .06$ ). This result arose primarily because more experimental families reported *receiving services*. The percentage difference, therefore, referred to both whether a service was received *and* whether it was satisfactory. However, when the analysis was limited only to families receiving services, the percentage difference was very small (experimental: 89.6%; control: 86.7%) and was not statistically significant. Similarly, when asked if *the help or services received was enough to really help*, 52.5% of experimental families answered *yes* compared to 36.9% of control families ( $p = .002$ ). The same proviso applies to this question, and when results were limited only to families receiving services, 83.0% of experimental families answered *yes* compared to 72.2% of control families. Nonetheless, these analyses suggest that families

offered alternative response family assessments were more likely to feel that the services received were appropriate and sufficient for their needs.<sup>22</sup>



**Figure 8.1. Family Reports of Satisfaction With Help Offered or Received**

Workers also gave their impressions of how successful services were at meeting family needs. Alternative response workers were asked a series of questions and ranked the sufficiency of services on a scale from 1 to 10. The majority of alternative response workers (81.5%) indicated that the level of services was very sufficient (8 to 10 on the scale) to meet family needs affecting child well-being. Likewise, 85.4% thought that the actual services provided to families were ‘well’ to ‘very well’ matched to families’ real service needs. The proportion of very positive responses was somewhat lower for the question “*How effective were services in solving family problems or in producing needed changes?*” A majority of alternative response workers (72.2%) indicated that services were highly effective (8 to 10 on the scale), while 20% said services were moderately effective (5 to 7 on the scale).

**Help Needed But Not Received** Related to the question of service sufficiency, each family respondent was asked to list any services that were needed but not received during the time the case was open. Survey respondents wrote in 189 comments describing these services. A little over 1 in 5 families provided a response (control: 23.8%; experimental: 23.1%) that included one or more resources still needed. About as many experimental families as control

<sup>22</sup> Methodological note: Interviews with families revealed a misunderstanding on the part of some family caregivers of the services being referred to in these questions. Some evidently thought the question referred to “other services” that workers made available. This does not mean that the reported experimental-control differences are incorrect but that some respondents simply did not answer yes or no to the questions, reducing the sample of families that could be compared.

families indicated remaining unmet needs. A list of these additional needs and how frequently each was mentioned is given in Table 8.1.

**Table 8.1. Type of Help Needed but Not Received Listed in Family Comments  
(Control  $n=102$ , Experimental  $n=87$ )\***

	Control	Experimental
Housing/Rent or Utilities	31.4%	34.5%
Clothing or Food	20.6%	13.8%
Benefits, Financial Assistance	12.7%	11.5%
Furniture, Beds, Bedding	9.8%	11.5%
Employment Assistance	9.8%	5.7%
Parenting	8.8%	5.7%
Transportation	8.8%	9.2%
Counseling or Mental Health	5.9%	6.9%
Other Basic Supplies, Baby Items	4.9%	3.4%
Help/Medical Treatment for Disabled Child	2.9%	0.0%
Other	8.8%	10.3%

\* Because families listed multiple items totals are greater than 100%.

Not unexpectedly, financial difficulties were the main concern of respondents, leading them to list items that are directly related to lack of sufficient income to meet basic needs. A little more than 30% of those indicating unmet needs wrote that they needed additional help with housing, rent, or utilities. Family caregivers usually just listed *housing* or *help with rent* but in some instances there were fuller comments, such as:

*I needed enough money to pay my rent but barely got enough to cover it.*

*Had a fire and had to live with relatives until got a new place.*

*Money to help getting a place...I only needed help with deposit.*

Clothing and food assistance were also mentioned frequently. When specified, clothing most often referred to the needs of the children, such as *clothes for my child*, *uniforms* or *diapers*. Furniture included such items as *baby beds*, *bunk beds for the kids*, and a *refrigerator*.

Reasons why parents did not always have all their immediate needs met are not completely straightforward. It does not necessarily mean that workers were not responsive to the requests of family caregivers. As shown in previous sections, many families did receive help with their immediate basic needs, and most were satisfied with what they were provided. What these unmet needs suggest instead is that impoverished families often lack resources for multiple

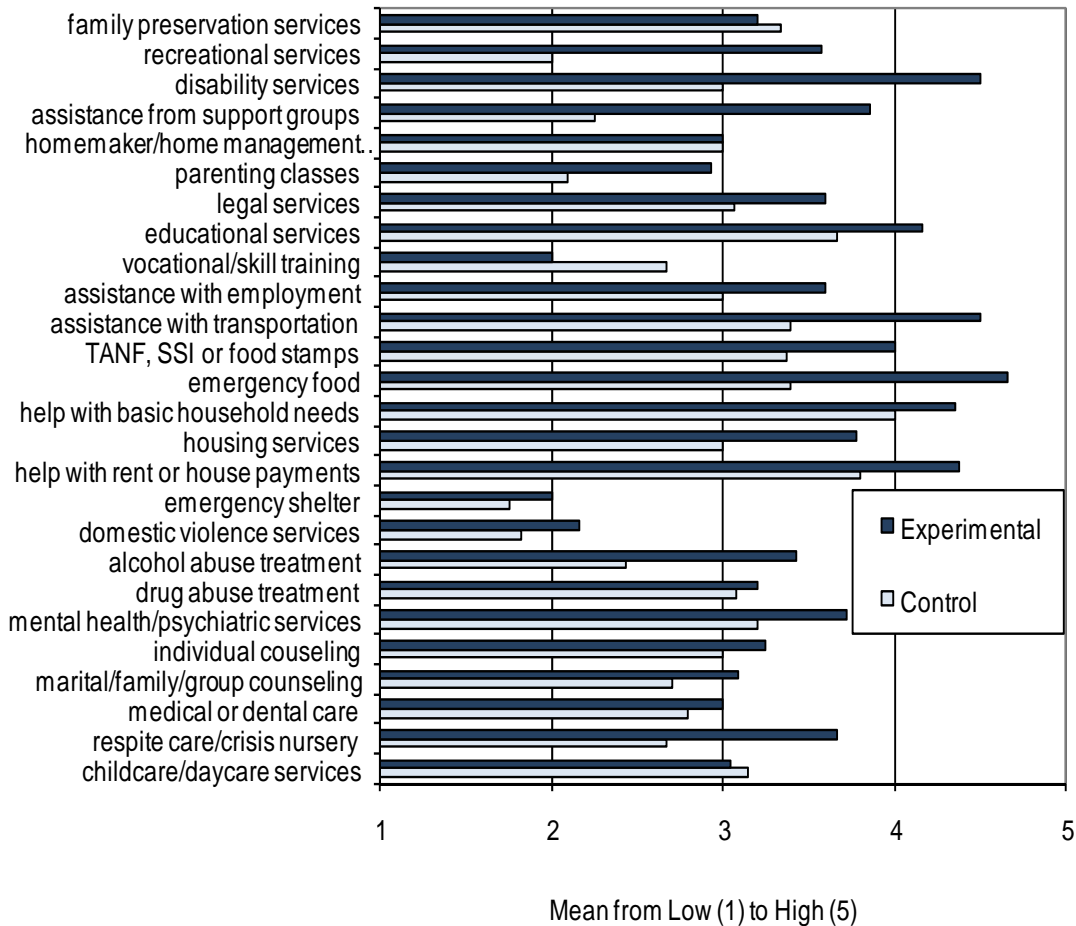
things, and many may have chronic problems that resurface periodically. It also may imply that community resources that were suggested to families were not fully able to meet the families' needs. The capacity and responsibility of child services to meet those needs directly is limited by the resources available to each agency, and critical decisions must be made about how to best use them. Workers must consider the availability and accessibility of services in the community, the resources the agency may have to help directly, and the criticality of each family's current circumstances.

**Worker Comments About Unmet Service Needs.** When considering what services are best for families, workers often had different ideas than parents about what types of services were most needed. For instance, workers were more likely to think that families needed to change their behaviors than were families themselves. When asked what is needed in their lives, family caregivers most often listed basic needs. When workers were asked about services that families needed but did not receive, their comments were more often related to traditional psychological services. Written worker comments about unmet needs were given in only a small number of cases (37), but these comments most frequently concerned *counseling* and *substance abuse assessment and treatment* and almost never the kinds of issues listed in Table 8.1. From the workers' perspectives, these were important needs, but the contrast between worker perspectives and those of family caregivers is important. Within a brief 30- to 45 day-period( the duration of most family assessments), a family may not agree to a service like family therapy unless they were already motivated to request and explore this type of help. Short-term interventions, like "hard" services that address a family's top priorities -- such as providing a pre-paid card to a grocery store, are much more possible and of interest to the family. However, the worker can and often did provide suggestions and information for longer-term services, for families' future reference.

## Responses of Workers Concerning Services

**Workers' Assessment of Family Service Utilization.** An important part of the effectiveness of services is the level of participation by families. It was evident in Chapter 7 that the reports of service provision increased under alternative response. But service *provision* is meaningful only if families participate in what is offered. Worker reports concerning services provided to families were shown in the previous chapter in Figure 7.5. Service increases were shown for experimental families in a number of areas, particularly basic poverty-related services, but also in counseling and daycare. Regarding those services, workers were also asked to rate the level of participation of families for each service they indicated. A five-point scale for participation was given, from 1 = *very little* to 5 = *very much*.

Mean levels of participation are shown in Figure 8.3 for experimental and control families<sup>23</sup>. Experimental cases had larger mean participation rates for all services. For example, mean scores of 3.5 were found for 14 of the services for alternative response families. Traditional response families had participation rates at the 3.5 level for only 3 services. For those families that received services, workers indicated that family participation in most service areas was greater for experimental families.



**Figure 8.3. Worker Perception of Level of Participation of Families in Various Received Services (Scale: 1=very little to 5=very much)**

Provision of services and participation level in the service can be examined together. We can call this the provision/participation measure because it combines the number of services made available to families with the utilization level of each service. Take the example of a family that received three services: emergency food with a participation level of 4 (high), individual

<sup>23</sup> This chart shows participation only for those families receiving the service. For this reason the number of families associated with the mean for any one service is small.

counseling with a participation level of 3 (mid-range) and assistance with transportation with a participation level of 5 (very high). The summed score for this family would be 12.

Provision-participation scores ranged from 0 (no services offered or used) to 36. Experimental families were provided with more services (see Figure 7.5 in the previous chapter) and tended to use or participate in services more (Figure 8.3). Thus, one would expect the provision-participation score to be higher for experimental families. This was indeed the case. Experimental families received an average score of 5.62 while control families received a score of 2.95. *This shows that families provided with an alternative response family assessment had services made available to them and utilized those services at nearly twice the level of control families.* It should be remembered that these families were very similar as groups—all were considered appropriate for an alternative response family assessment. Therefore, the primary difference between groups of families was that the experimental families were provided with an alternative response family assessment while the control families were not. Thus differences in provision and participation can be reasonably attributed to the introduction of alternative response.

**Barriers to Completing Services.** The reason for a family’s decision to participate is a difficult thing to judge. While it is safe to assume that alternative response families probably did make more use of services provided to them, there are also many legitimate reasons that families may have for opting out of certain services or choosing not to participate. In a few cases, a family may have been offered resources, but chose to decline because they did not feel they required them. Overall, however, very few families refused assistance. Fewer than 1 in 10 families indicated that they turned down help.

Workers were asked to speculate on why certain families may not have been fully served by the PCSA. In general, workers did not think that things like caseload size, limited staff time or limited funds were major reasons why families were not fully served. Instead, alternative response workers provided written comments to explain. Of the 69 written comments, 39.1% stated that families said they *did not need or want services*, either because they felt it was unnecessary or because they were already well connected to services. Another 17.4% stated that families were *non-cooperative or evasive* with child services. Finally, 15.9% said that families simply *could not be located*.

**Worker Perspective of Family Cooperation.** Like participation, cooperation is complex behavior to assess. As part of the case-specific survey, workers were asked to rate the level of cooperation (attitude and effort) of family members at two points: the first time they met with a family and, for families they met with more than one time, the last time they met with them. They rated family members on a scale from 5 to +5, where 5 indicated *very uncooperative* and +5 indicated *very cooperative*.



At the time of the first visit, workers judged 23.2% of control families as *uncooperative* compared to 16.2% of experimental families. Correspondingly, 83.8% of experimental families were rated as *cooperative*, compared to 76.8% of control families. This difference was statistically significant ( $p = .038$ ), although modest in size. Similar but smaller (not significant) differences were observed for ratings of the final visit with families. The number of respondents for this measure was fewer, as over a quarter of the families had only one visit.

Open comments from workers on this survey item are more revealing. Cooperation is, of course, not a univocal concept, and ratings do not always have the same meaning. For example, when some members of a family were cooperative and others members were not, a few workers averaged the score and rated cooperation in the midrange. Other workers assessed a family's change in cooperation over time, and scored a family according to how it averaged. Also, cooperation was often judged based on a balance between the caregiver's attitudes and behaviors. The following quotes are samples of worker comments regarding cooperation:

*W. was cooperative. However, L. was extremely oppositional and defiant (scored as -1)*

*On the surface mom was cooperative, but not on her follow-through (scored as 0)*

*Family was not pleased with agency involvement but allowed access to home and children (scored as 3)*

*The family was open to services but wanted things handed to them without having to do anything, they didn't want to look for employment or look for a new residence, they wanted all of it to be done by this worker or the new ongoing worker (scored as 3)*

*Family met with CW and answered questions but was verbally hostile to CW when CW did not agree with them (scored as 0)*

These examples illustrate the problem of using ratings to measure *cooperation*, because numerous aspects of families' attitudes and behaviors are encapsulated by the term. However, there appears to have been a general correspondence between workers' perceptions of cooperation during the initial visits and family perceptions of their relationship with the workers. Experimental-control differences show up in both analyses. This may be all that can be accomplished when attempting to compare groups consisting of hundreds of separate and unique families.

### ***Families' Experience as a Whole***

From the perspective of parents and other caregivers that received a PCSA assessment, there was little need to distinguish separate elements of the experience, such as satisfaction with the worker and satisfaction with services received. Whether interaction with the worker was only

one short visit or involved multiple contacts, parents were not concerned with precise counts like the number of referrals or the number of phone calls. If a family was experiencing stress and had unmet basic needs, their appraisal of their encounter with CPS was based on the overall impact of the experience on their lives.

**General Satisfaction and Sufficiency of Services.** When considering the whole assessment experience for families, the distinction between the approach and the services becomes vague. For example, the primary correlate of family satisfaction with treatment by their worker was satisfaction with services. When family satisfaction with worker (as shown in Figure 6. In the previous chapter) was controlled for level of satisfaction with services received, experimental and control differences disappeared. Therefore, in this analysis, satisfaction with services was a dominant factor associated with a positive overall response from families. Whether improved family engagement under alternative response was a function of the change in approach or the change in service emphasis is a complex question. Approach and services cannot be easily separated. The approach emphasized under alternative response was more than being non-threatening and sympathetic; it involved active listening to expressions of need, planning with families to solve problems and meet needs, and following up by workers and families in carrying out the plans.

**Family Comments About Overall Experience.** To families, the overall level of help and support was what made the assessment experience productive and positive. However, help and support can have different meanings to families. For some, simply talking with a friendly person can be helpful. For others, support implies that the worker went much farther in assisting them.

To gauge how families reacted to the general experience, families were invited to write comments to a broad open-ended request for their thoughts: *We are interested in anything else you might want to say about your experience.* A large percentage of both experimental and control parents provided these comments. The 105 comments from experimental families and the 114 comments from control families were coded as *positive*, *negative* or *neutral* based on their overall tone and attitude. The proportion of positive comments was about 10% more frequent for experimental than for control families (43.3% and 32.5% respectively) but the number of negative comments was about the same for both groups (17%). Neutral, or balanced, comments, such as *the experience I had was ok* or *I would like more information about programs*, were found in 36.2% of experimental family comments and 47.45% of control comments. In addition to giving a general comment about their experience with child welfare services, as most did, a little more than 30% of parents in both groups also included a comment about needing further help with problems in their lives. Several of these comments suggested that the respondent wished that more help could have been provided while their child services assessment or case had been open. Examples of comments in each category are given below (neutral comments excluded).

### **Positive — Experimental**

*Children Services was a life saver. [My worker] was wonderful. She really listened to me and truly cared. She went above and beyond her job title.*

*[The] accusations or complaints against me were extremely ridiculous and I was furious and upset. The worker spoke to me in manner that immediately calmed me down. Explained her position clearly which I found very considerate and understanding.*

*My experience was good and she helped with the biggest problem which was a daycare provider while I worked. Now I am not worrying every day about that and can go back to school to better myself.*

*I have learned a great deal. Without these things I've learned, I would not be the parent I am today.*

*I was surprised by how much help was offered. I didn't know they offered you all that extra help. It was appreciated.*

*[The] social worker was fantastic. She did not come to our home with predetermined ideas, but came to conclusions based on our family and our home.*

*The caseworker treated us with respect and made us feel like we mattered and that we had our own voice to speak. We enjoyed our case worker coming and explaining things to us and made us feel wonderful.*

*My caseworker was awesome. She saw I wasn't a bad mother. I just needed a little help to get back on the right track. And I love her for that.*

### **Positive — Control**

*The experience was good, even though all the accusations were false. The caseworker was very nice and helpful.*

*I was falsely accused and the caseworker saw through the false statements and listened to myself and family.*

*The case worker was assigned to us when my daughter was going through a rough time was amazing! Things are much better now.*

*The workers were very resourceful, I felt like I had a team for me not against me.*

*The caseworker I talked to gave me some useful tips to use in my life.*

*I was kind of nervous. I had nothing to hide or be afraid of. She was very nice to us and my son. I was very satisfied with the way she handled the situation.*

**Negative — Experimental**

*They ruined my life. Worse experience I have ever been through in my life.*

*She was so negative in everything. She would tell my son's father he had no say of my son. Then said she had Christmas gifts for my son but never bought them over.*

*She was rude and aggressive as if I did something wrong.*

*I was not really helped. They rushed my case and didn't want to help with the things I told them. Only was interested in the allegations.*

*I don't think I needed a visit from Children's Services, and the case was eventually closed. I felt belittled and targeted.*

**Negative — Control**

*You can never feel comfortable with someone coming to your house not knowing you but already judging you as soon as [they] knock on door.*

*It was very belittling.*

*The woman was mean and judgmental. She did not think things were pretty enough (in the home)!*

*Treated poorly, no real help offered.*

*They're nice to your face then stab you in the back!!*

**Additional Service Needs — Experimental**

*I need help with low income housing and food please.*

*Tried to be helpful, but didn't seem to know a lot about available services.*

*Are we still able to get a bed? Or are we not because we don't have an open case?*

*I feel that the services were good, but they closed (my case) so quickly...There's nothing wrong with that; I just think that they should close when everything that is agreed to be done is done. They should at least wait until it's all done.*

### **Additional Service Needs — Control**

*I'm 20 yrs old. I have a two year old. I don't have job. I also don't have a car to get back and forth. I'm taking care of my daughter on my own. I need help with anything possible. It's hard out here. I want to finish school and all that's hard.*

*I was wondering if family services could help me and my family help make our lives much better in society. I'm a single parent with no help. Not working right now.*

*They need to offer more help to the families that are in need. Especially food, clothing, and utilities for the kids and adults.*

*Worker helped a lot but since then things have gotten worse. We are evicted with no place to go.*

*I am very thankful for all the help I have received but I think that people like me who are really trying should get a little help on rent and things like that. I am a single mother trying to do the best I can.*

These comments provide insight into how families perceived their experience with CPS. As the positive and negative comments of both experimental and control families show, being treated with respect and being listened to was critical to the quality of a respondent's experience. Workers who took the time to listen to families elicited highly positive comments. Families also remarked frequently about the level of help they received or were offered. Caregivers expressed disappointment when workers did not try to meet expressed needs or promised things that were not subsequently delivered. This qualitative analysis suggests that providing good information to families and following through by connecting them to resources, as promoted in alternative response practice, was one of the most important things workers could do to create a positive and productive experience for families, even if the interaction was very short term.

**Family Interviews.** In fall 2009, a series of 20 phone interviews<sup>24</sup> were conducted with caregivers of families that had completed the family survey. Of these, 15 were completed with

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<sup>24</sup> Interview candidates were selected from the total pool of family survey respondents. All the interviewed caregivers indicated that they would be willing to complete a telephone interview. The surveys were then reviewed in order to select families that had marked that some service connections had been made during the assessment. Finally, phone interviews were attempted with at least one experimental family from each county and control families from five counties.

experimental families and 5 with control families. The purpose of completing family interviews was to provide context for understanding what took place in alternative response assessments and to give a more complete picture of the type of experience that families have with child services. Though the interview sample was small and cannot be considered representative, the review of the 20 cases is nonetheless illustrative of some of the family situations encountered by workers.

Of the 20 cases — all of which were screened as appropriate for alternative response — eight involved target reports regarding some kind of domestic altercation that was first reported to the police, sometimes by a family member. Usually, the police contacted the county PCSA to be sure that the child’s situation was assessed. Another 5 cases involved a target report that, according to the parent, was called in by a vindictive neighbor or former friend. The remaining cases involve other scenarios, such as children with mental health diagnoses, and incidents of dirty homes, overcrowding, or lack of supervision.

Although all of the circumstances were unique, by and large the situations were not immediate safety problems. The target reports involving domestic altercations were minor and only one directly involved a child — a teenager who verbally fought with her mother and was harshly grabbed by her father. All of the “vindictive neighbor” reports were determined not to contain valid allegations. Only in a few cases were the target reports directly reflective of the real needs of the families.

However, for all 20 cases, the majority of families had other stresses in their lives that were discussed during the assessment. Although in most cases the worker was able to determine within the first visit that the incident was not critical, the assessment brought other concerns to light. Though other needs were explored by the worker in both experimental and control cases, in 4 of the 15 alternative response cases the worker made special efforts to engage families and offer a full range of resources as a way of answering any and all concerns and alleviating current stress. Here is one example:

A neighbor called in a complaint about the family (a pattern for this neighbor) regarding supervision. The mother and her children were staying with friends until they were able to move into the mobile home they had purchased. Fighting between the mother’s children and her friend’s children was a problem, and the overcrowding was causing tension. However, the furnace in the mobile home to which they intended to move was not functional and the family could not afford to fix it. The mother stated in the interview that the alternative response child services worker “was nice enough to get a grant from CSB (Children Services Board) to get the furnace fixed so that we could move into our home....With children’s services help, everything got settled, and me and my fiancé and the other people are still friends. The kids are friends again. It’s just that we were living in their house and it put a strain on everybody.”

Since this mother had had previous contact with other workers due to ongoing harassing reports by neighbors, she was able to compare her current experience to those she had in the past. To this effect, she said, “This worker didn’t seem to want to jump at me and threaten to take my kids. She was working with me to keep them with me. The others seemed to want to take my kids from me. But once they figured out it wasn’t true, they had to close it. They did not offer me anything.”

In this scenario, while the incident did not point to problems with immediate safety, the full circumstances of the family suggested that some kind of intervention was important. Since funds were available through the Alternative Response Pilot Project, the worker was able to directly assist the family in making the transition to a new and more stable living environment. The case was open for about 3 months, and the family had multiple contacts with the worker. In addition to the repaired furnace, the family also received vouchers for a bed and two dressers as basic furniture for their home. When asked how she and her family were currently doing, the mother said, *“We’re together. We’re surviving. I mean, it’s kind of tough for everyone right now. But my home is working out beautifully. Kids are very happy at the school. Everything is working fine now that we moved out here. The people that used to harass us and hang around don’t want to make that drive. We haven’t had any further trouble with phone calls.”*

Another example, in a different county, depicts how a worker took advantage of the opportunity in alternative response to provide preventive support even though there was no truth to the initial allegations and no immediate safety issues. The mother described her encounter with the worker this way:

*She [the worker] said she already had proof, so there was going to be no case, but that I was entered into a new program that they had that helps out families....She asked, was there anything we needed help with? Anything that was giving us stress in our life that we could try to work on? And basically I told her no...I mean...not unless she wants to work for me! I work three jobs, I go to school full time. I have three of my own kids and I just got married so I have two step children now. And I'm trying to grow a web design business on the side. There's still never enough money...She offered me YMCA passes, which we use. She also paid a few of our utility bills, which really helped out. And that's really about it. I've contacted her one other time when we needed help with another bill, and they took care of it for me. Other than that, I'm in group therapy and counseling, and we just got our oldest son into counseling at M\_\_\_\_\_. She also referred us there. Not like a paper referral, just that I didn't know where to go for counseling and she told us to go to M\_\_\_\_\_. We didn't utilize that at the time, but it was recently that me and my oldest got into counseling. My youngest son is going to start counseling as well.*

As this parent had also had previous contact with Child Services, she was able to provide this comparison of her alternative response worker to the first worker she met:

*This woman was much more pleasant, much more friendly. Non accusatory. She never once asked to search my house or search my kids. The first lady was very rude, very condescending, talking down to me, which was, I felt like I was a peon or something, and demanded to look at my house and look at my kids, and I refused her. I absolutely refused her, because I'm a human being! No matter what your report says, I'm a human being. And she made me feel like I was insignificant. And this lady was absolutely wonderful! She smiled at me, she didn't make me feel uncomfortable. She didn't demand anything, you know? She asked. And I actually, even though she already had proof [that the report was false], I took her into my kitchen and showed her my cabinets...I felt comfortable showing her my house.*

In 5 of the 15 alternative response interviews, the caregivers stated the worker talked to them about other issues in their lives, but did not provide any direct help, either because they were already well-connected to services, or because they just did not feel help was needed. In these instances, the worker usually provided information about a few main community resources or left a resource guide with them. The worker usually did not make more than one or two visits with the family. Of the five control cases, four received information only, while one family received some direct assistance (a grocery voucher).



Another 4 of the alternative response families in this small interview sample received some direct support from the worker, for minor things, which typically were resolved within the 45-day assessment period. One example involved a domestic violence report initiated by police. During the interview, the mother explained how the worker helped her, and as the conversation continued, it was clear that the worker had in fact done a lot directly on her behalf:

*He came out to help me make sure that I felt okay about where me and my baby were at now. Just to make sure that we were okay, that we were safe. To make sure we had a roof over our heads. He walked back just to see where she was sleeping and to make sure I had diapers. And I asked, 'Does this mean you're going to try to take my kid away?' And he said, 'No it's nothing like that. We just have to make sure that you're okay and have all the stuff you need.'*

*He did ask me about other things...I was pregnant and Job and Family Services kept sending me a letter saying they couldn't send me a medical card, and I hadn't seen my doctor for the first time, and I was worried that I wasn't going to be able to get care. So he went back and talked to his supervisor and came back and said that it was nothing to worry about. It was just the computer sending that stuff out...He gave me a referral to counseling and I went to counseling for a while. Because he asked if I needed anything like that, and I told him that it would be nice to have someone to talk to. Because at that point my boyfriend was going to try to get counseling and we were going to do couples counseling....*

*I think he came about 5 times. He would always say he would look into something then he would call me back that same day and let me know what was going on....I think he came out every other week. He just wanted to come out and make sure we were doing okay, that we were doing fine. To see if there was anything else that I needed help with. And to see how the counseling was going. I was trying to figure out how to drop the charges and he helped a lot with figuring out who I needed to talk to and all that. And find phone numbers of who to talk to, so he was helpful with all that too....I asked him about daycare help. And he said he had a packet, but instead of making me drive out to Job and Family to get it, he brought it out with him on one of the visits. So now I have help for daycare for my daughter. He helped me fill out the form and brought it back to Job and Family.*

This narrative provides an example of how an alternative response worker provided extra time and effort to make sure that the family had all their questions and concerns answered. This commitment was clearly important to the parent, who used the information provided by the worker and later took advantage of suggested services.

Not all experimental families who were interviewed described a positive experience, however. Two persons whose family received alternative response expressed dissatisfaction, though for very different reasons. The first situation involved a woman with two disabled children, who were living in an unsanitary, overcrowded home with her parents. Though the worker was very determined to help the woman improve her family's living situation, the mother did not feel like the worker listened well to what she had to say. While the worker felt very strongly that she and her kids needed to move, the mother did not think this was financially realistic. As the mother explained:

*The worker didn't listen to me when I said I couldn't afford to move. Eventually I found a place, but it was never really affordable. I had so many back bills that I couldn't afford the heat through the winter. I ended up moving back with my parents just to stay warm. I had to sell my car, which I just paid off, in order to move into the new place, but that made everything worse.*

A few months after the case had closed, she moved back to her parents' property, and set up a living space for her family and boyfriend in a camper in the backyard.

In this example, the worker and the parent had different views of what needed to take place. The tension in this scenario was difficult to resolve, because, on one hand, it was very likely that something needed to change in the family's living situation and it was the worker's responsibility to make sure that circumstances improved; on the other hand, the family's capacity to make those changes and sustain them were beyond the worker's control. The question this example raises is whether there were other options for the family that would have better achieved both the worker's and the family's objectives.

Alternately, dissatisfaction can arise simply from a sense of disengagement. A woman who previously had a formal case open in 2007 stated in her interview that she received no help at all from her alternative response worker. She felt that the worker was abrupt and disrespectful, and although she genuinely did need help, her case was dismissed without any follow-up. In the interview, she described it this way:

*I was forced to miss class (for the interview with the worker), and the worker was 20 minutes late for the appointment.... We did discuss things about my family. The worker wrote it down and said that she would check into it and get back to me. But I didn't feel like I got follow up on any of it. I was told in a phone call that I couldn't be helped. I had said I needed help with rent money, transportation, bus tokens... I said I really needed a washer and dryer for the apartment. I had 3 kids, and had just had a C-section, so walking up and down the stairs, especially with loads of laundry, was very difficult. I was told that I needed to have an open case in order to get help... The worker acted like she didn't really want to be here. Had a little bit of an attitude and acted like she didn't understand. No empathy. I was given a folder with information about CSB, but was not provided with any community resources.*

During the interview, the mother described all of the help she received previously, when she worked closely with the PCSA during her ongoing case. At that time, she received help with her home as well as with her parenting. She did not understand why she could not receive similar help while her children were still with her. Some of the disengagement perceived by the mother may have had to do with her expectations for the role of child services. From the worker's perspective, decisions about how to budget available resources for families most in need will always be challenging and recurrent. However, the example does raise the question of whether the worker could have supported the family in finding community resources that were better suited to her longer term needs.

These interview examples show the diverse range of circumstances that were encountered in alternative response and how the degree of help also varied according to the relationship that was built between worker and family. Most reports did not lead to major concerns about safety, but Ohio's Alternative Response Pilot Project created an opportunity for workers to do more supportive social work during a flexible assessment period. Particular workers in certain counties may have approached alternative response cases from a preventive angle and deliberately spent extra time and resources to help improve families' overall stability. In other counties, workers may have focused more on supporting families in connecting them to other community resources. In general, though, all alternative response workers tried to address the families' concerns, regardless of whether an immediate safety issue was identified, in ways that reflected the needs expressed.

## *Summary*

Survey results showed that alternative response families were more likely to be offered services and more likely to be very satisfied with the services provided. According to workers, alternative response families were also more likely to participate in services than were control families. More alternative response families than traditional response families reported they received services that met their needs and were enough to really help them. Yet, families equate satisfaction with services to satisfaction with their worker as a whole. Comments from families illustrate that a worker's style of approach and helpfulness were considered part of a complete experience. While families generally liked their workers, many families commented that they would have appreciated further help with basic financial needs. Because many of these needs are persistent for families, agencies must always make decisions about how to budget resources. However, workers who simply listen well and volunteer useful information about existing community services can positively impact families. Family interviews suggest that genuine care and consideration for what families may need is key to successful assessments. A worker who is well-versed in available community resources that are appropriate for families can be a valuable influence. Families are likely to be helped both by the information and by the concern and interest in their lives. The most satisfied families are those who interact with workers who are knowledgeable, actively listen to their concerns, and are available to help.

## CHAPTER 9: PERSPECTIVES OF WORKERS AND SUPERVISORS

Feedback about the child welfare system and the alternative response demonstration was collected from PCSA personnel through an online survey at two separate points during the project. The first survey was conducted early in the project, in December 2008, and was completed by 66 respondents; a second survey was carried out late in the project, in December 2009, and was completed by 159 respondents. Because worker response was much improved for the second survey, it is more representative of the general opinions of PCSA staff. This section includes major findings from the December 2009 survey, augmented with information from interviews. Differences between the 2008 and 2009 surveys are also discussed, where applicable.

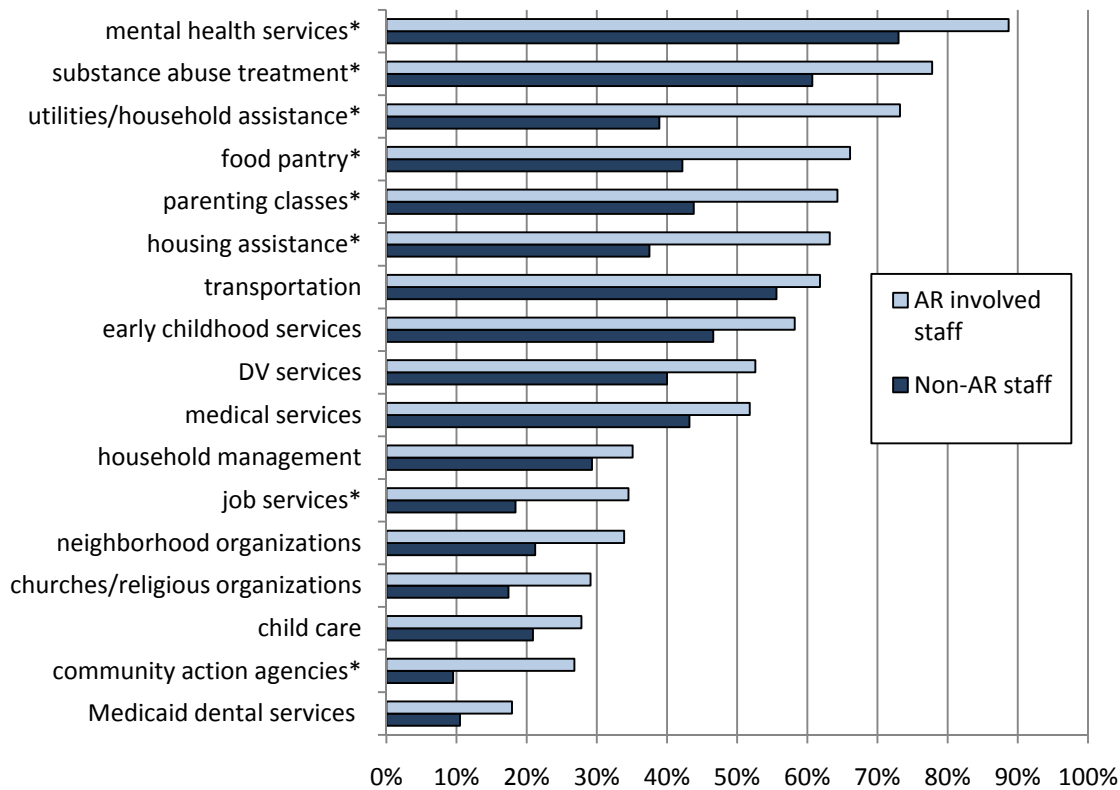
Of the 159 respondents to the December 2009 survey, 66.0% reported having a caseload of either assessment or ongoing cases, with an average caseload size of 12.4. About 1 in 4 respondents (26.4%) reported having alternative response families as part of their active caseload at the time of the survey. Another 10.7% of respondents supervised alternative response cases. Of the total number of respondents, 61, or 38.3% indicated that they had been involved with the alternative response project in some way, either through administration, supervision, or frontline work.

### *Worker Perceptions of Assistance to Families*

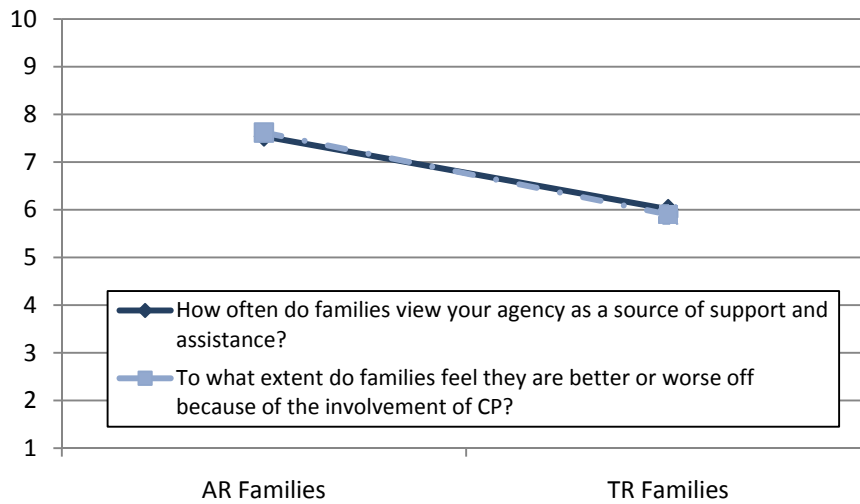
PCSA staff involved with alternative response reported an increased ability to help families. On a scale from 1 to 10 (1=very negative, 10=very positive), workers reported being able to intervene more effectively with alternative response families (mean 7.87) than with other families (mean 7.26,  $p = .008$ ). Knowledge of service resources in the community was greater among workers involved with alternative response than for those who were not ( $p = .016$ ). Workers also felt slightly more able to help alternative response families than traditional response families obtain the services and assistance needed ( $p = .08$ , a statistical trend).

Referrals to local service providers and community resources also increased through alternative response. The survey included a list of different types of community resources and services and respondents were asked their level of familiarity with and utilization of each. Staff involved with alternative response more often reported referring clients to resources within the last month. Figure 9.1 shows responses of alternative response-involved and non-alternative response-involved staff for 17 service areas where the strongest differences in recent referrals were seen (asterisks indicate significance at  $p < .05$ ). The areas of greatest difference correspond in general with findings described in previous chapters based on reports of families and workers about specific cases. Alternative response-involved staff had an awareness of increases in certain types of services, particularly poverty-related services, under alternative response.

In general, survey participants also saw the reactions of alternative response families to assistance as being more positive than the reactions of other families in the child protection system. As shown in Figure 9.2, respondents indicated that alternative response families were more likely to view the child protection agency as a source of support and assistance ( $p < .001$ ), and feel better off because of involvement with the agency than were traditional response families ( $p < .001$ ). These findings also correspond with reports received directly from families, described earlier. Workers appeared to appreciate the more positive reactions of families reported by the families themselves.



**Figure 9.1. Service Referrals in Last Month Among Alternative Response and Non-Alternative Response Involved Staff**



**Figure 9.2. Worker Perception of Attitudes of Alternative Response and Traditional Response Families Towards Child Protection**

**(1=not at all and 10=very much)**

**Alternative Response Approach to Families.** Increased confidence in working with families among alternative response-involved staff can be attributed to changes in approach to families or in how child protection work is performed. When asked to report on whether alternative response has influenced a change in work style or performance, 62.3% of county staff involved with the alternative response project reported that alternative response had affected how they approach families *a great deal* or *in a few important ways*. Another 26.3% found involvement in alternative response to have affected them *in small ways*. Very few workers involved with alternative response felt their performance was not affected (8.2%). This suggests that alternative response was a force for change in practice among those who participated in its implementation. As expected, those not directly involved with the Alternative Response Pilot Project were much less likely to report experiencing changes in their work ( $p < .001$ , see Figure 9.3). Workers also wrote comments on the survey explaining their answers. Many of these comments are similar to those that workers and supervisors made during interviews; the themes were discussed previously in Chapters 6 and 7. The following examples illustrate the changes that alternative response-involved workers saw in their practice:

## **Approach and Engagement**

*[Alternative response is] more strength based approach [rather] than negative and adversarial. [We] ask families to identify strengths and areas of improvement instead of telling them what they need to focus on.*

*Alternative response has helped me with not pointing the finger as to who did what and why. I now look closer to what has caused things to fall apart and how it can be better to keep the children safe in their own home.*

*[Alternative response has] reminded me how blame driven we could be. A lot of the time, it doesn't matter whose fault it is, as long as the family is willing to work to function better. It's also important to involve the family in the process of planning. (Comment by a non-alternative response worker)*

*[Alternative response] gives the ability to engage the family in a new less threatening way that opens the door to discuss concerns not just the 'problem.'*

## **Intervention and Services**

*Alternative response has allowed me to work with families over a longer amount of time. This not only helps in identifying issues within families, but it gives me time to make sure solutions are implemented and followed through with.*

*I feel that I am able to offer them more ideas outside the box.*

*I think I've become more risk tolerant and more willing to let parents/family take the lead on safety planning for their children.*

*The approach and length of service are instrumental in assessing, building a working relationship with families and to coordinate the services needed to address family barriers to safety and well-being of children.*

## **Degree of Change**

*I have always tried to address concerns without labeling people as alleged perpetrators and alleged child victims, but the traditional approach makes this difficult. Now with the alternative response approach it is much easier to focus on the problem(s) and solutions with the family.*

*It impacts the way I approach families at the initial introduction. I think that many of my overall interactions have not changed much, because I was inclined toward an*

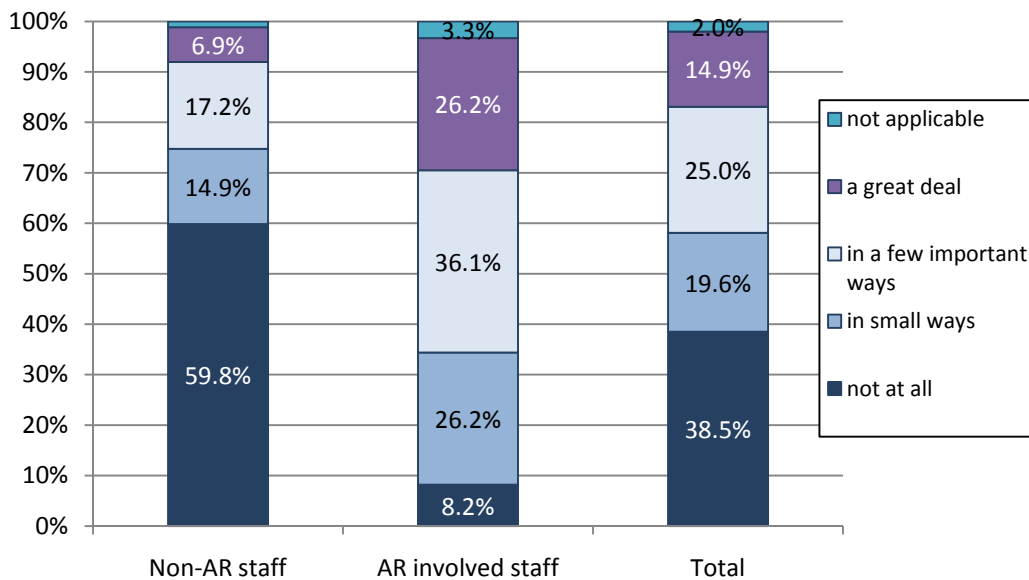


*‘alternative response-ish’ approach anyway and that was a part of why I was selected to do this.*

*The alternative response demonstration has helped us to critique our practice and make many improvements to assure families get what they need to keep their children safe.*

*This agency has utilized a positive form of family engagement, but not at the level or the degree found in alternative response. As a former investigator there was a good deal of family engagement, but the follow up is limited. Alternative response has proven to implement prevention.*

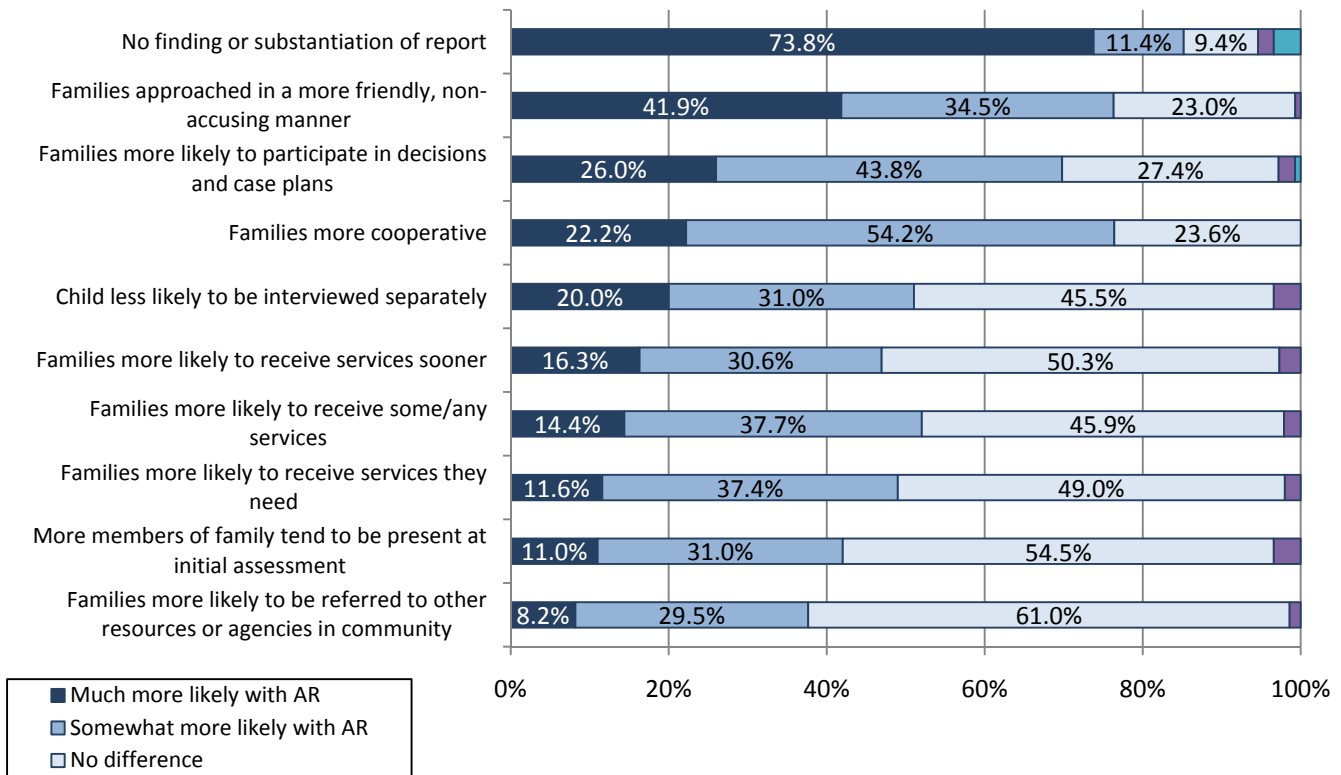
Most comments from alternative response-involved workers were very positive and pointed to modest but important changes in practice. Only a few comments suggested that the worker felt no shift in approach or services. These written thoughts show that implementing alternative response has encouraged workers to reflect on their practice and make adjustments to improve engagement and support of families.



**Figure 9.3. Effects of the Alternative Response Demonstration on Staff Approach to Families or How Work Was Performed (Alternative Response Involved and Non-Alternative Response Involved Staff)**

Workers and supervisors felt the changes in practice that took place through alternative response were related to several factors involving approach and services. Each of these factors contributed to the model of alternative response to varying degrees. As a whole, survey respondents found that the most obvious distinction between alternative response and

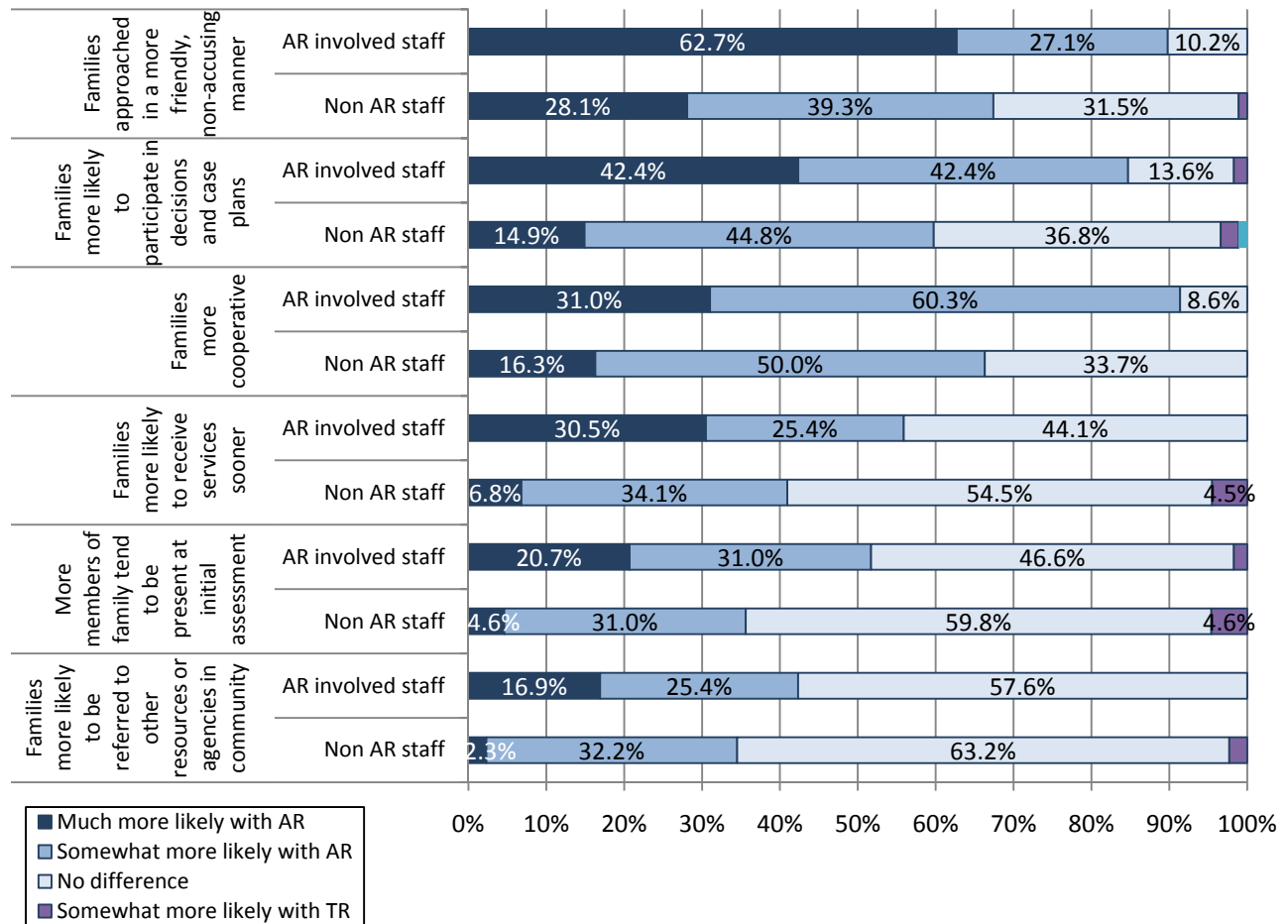
traditional response was the absence of a finding or substantiation of a report. Of all respondents, 7 out of 10 (73.8%) said that this was *much more likely with alternative response*, while another 11.4% thought it to be *somewhat more likely with alternative response*. For the other survey questions, the strength of the conviction that a certain factor was more likely to be found in alternative response decreased somewhat. Only 4 in 10 workers and supervisors (41.9%) indicated that families were *much more likely* to be approached in a more friendly, non-accusing manner with alternative response, though another 34.5% felt this was *somewhat more likely with alternative response*. Similarly, about three-quarters (76.4%) of survey respondents said that families were at least *somewhat more likely* to be more cooperative with the alternative response approach. As shown in Figure 9.4, about half of all staff felt that there was no difference between alternative response and traditional response for 6 of the child protection practice items.



**Figure 9.4. Major Differences Between Alternative Response and Traditional CPS According to All Workers and Supervisors.**

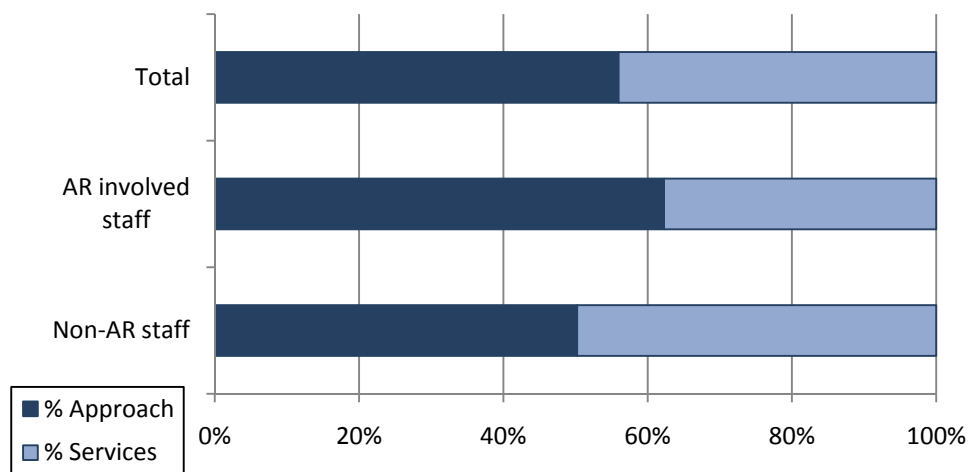
When considering the differences in alternative response and traditional response practice between staff members directly involved in the alternative response project and those who were not, notable and significant differences were found. Workers involved with alternative response more frequently reported that families were *much more likely* or *somewhat more*

likely to be approached in a friendlier manner (89.9%), to participate in decisions (84.8%), and to be more cooperative (91.6%) with the alternative response approach than were those staff not directly involved with alternative response ( $p < .01$ , see Figure 9.5). Differences in opinion among alternative response-involved and non-involved staff were not as great for the remaining items, but alternative response-involved staff indicated that they felt more strongly about families being *much more likely with alternative response* to receive services sooner (30.5%) and to be referred to agencies in the community (16.9%). Alternative response involved workers and supervisors also thought that all family members were *much more likely* to be present at the initial assessment (20.7%) with alternative response than those staff members who were not alternative response involved (4.6%).



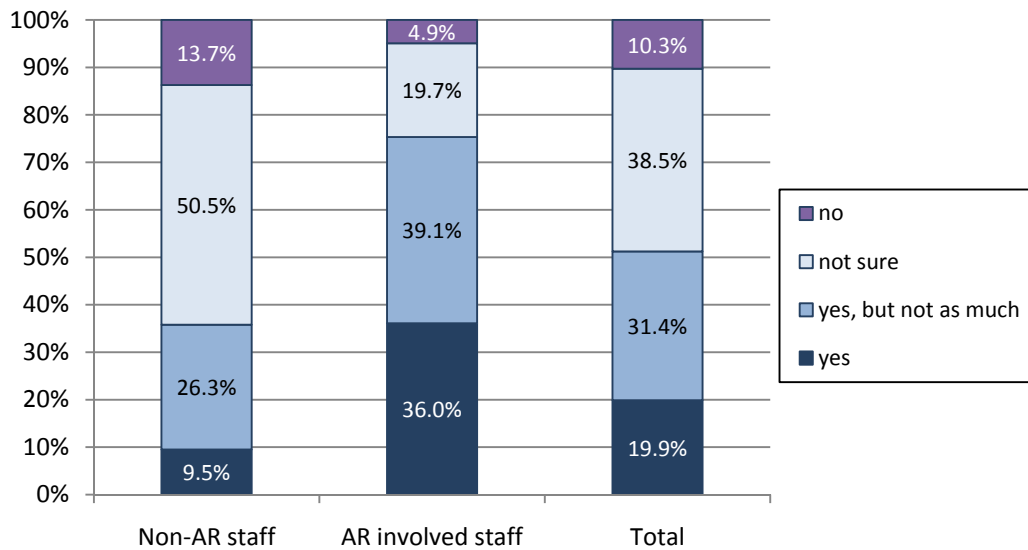
**Figure 9.5. Major Differences Between Alternative Response and Traditional CPS According to Alternative Response and Non-Alternative Response Involved Staff**

**Alternative Response Services and Funding for Families.** The relative importance of the additional funding available to alternative response families was examined in two questions in the survey. First, workers were asked to estimate how much of the positive impact on families served through alternative response was attributable to the family-centered approach versus the services provided. Each survey participant provided a percentage for *approach* and *services* giving the relative contribution to the positive impact of alternative response. Results are shown in Figure 9.6. Among all staff members taking the survey, the mean for the contribution of the approach was a little more than 56%, and the mean for the contribution of the services was about 44%. This difference reflects the judgments of alternative response workers who generally saw the approach as being the more important factor. Non-alternative response workers saw the two factors as about equivalent in impact.



**Figure 9.6. Relative Importance of Alternative Response Approach and Services Provided Under Alternative Response According to Workers and Supervisors**

In a similar vein, workers were asked if alternative response would still have a positive impact on families if there were no additional funds for services. Figure 9.7 displays the responses of all staff members as well as the difference between alternative response and non-alternative response involved workers ( $p < .001$ ). While nearly 20% of all workers and supervisors answered yes to the question of whether alternative response would still have a positive effect without additional funding, the proportion of staff members who agreed was much higher for those directly involved with alternative response (36.0%). In total, three-quarters of all alternative response-involved staff thought that the approach alone would be at least somewhat effective. Non-alternative response staff members were not convinced this would be the case, and 13.7% stated alternative response would not be effective without funds, while half were simply *not sure*.



**Figure 9.7. Would the Alternative Response Approach Have a Positive Effect on Families if There Were No Additional Funds for Services?**

Similar sentiments were found in interviews and in survey comments. While workers noted that the approach was helpful on its own, no one doubted the benefit of being able to meet family needs directly. Several workers saw the funding for services and the approach as being mutually reinforcing:

*Sometimes that service or item you provide to the family makes so much difference. For some families, it really is the thing that opens them up to trust and change.*

*With the additional funds workers are able to help the family meet specific needs, even something as simple as cleaning supplies — because there is NO money for such things!*

*I believe centering on what has happened to the family is making the bigger difference. Families seem more relaxed and are willing to talk about their problems. Listening and not blaming is more helpful to families opening up.*

*Some families need additional support to be more successful in employment, housing, or other areas. Additional funds help our agency provide those things to parents and families that will benefit.*

*The philosophical approach of alternative response is more family-friendly than the traditional response model, but service deficits are always limiting.*

*It is the extra money that allows the services to be there. Without the money, counties are too strapped to assist unless it is critical.*

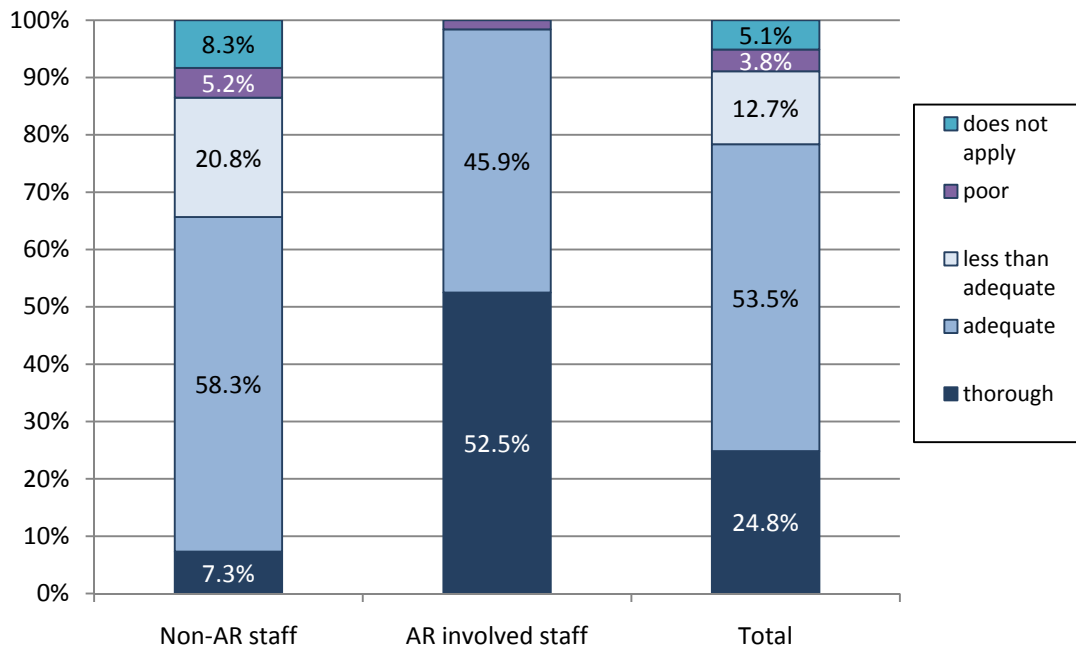
*How you interact with the family from the start is what makes a positive or negative effect on your relationship with a client; service availability in the community and willingness to change, not funding, makes the difference.*

*Family-centered and family-friendly is the best approach. But the reality is that having no funds or other resource options to meet the most basic, essential needs doesn't feel positive to families, no matter how friendly you are.*

These comments underscore the idea that the approach matters, but ultimately resource availability is critical to the success of working with families. Engaging families in a thorough assessment is what brings important issues to light. But as discussed in Chapter 8, families really do look to workers for concrete help and view their experience with Children's Services in these terms. When a community is resource rich and workers are knowledgeable about how to connect families with those services, more can be done outside of direct agency support. However, there are always areas of service gaps and limited community resources for certain areas of need. In these cases, both workers and families appreciate the ability to tap flexible funds to stabilize and improve the situations encountered.

### ***Understanding of Alternative Response and Training Needs***

To reasonably judge the effects and impact of alternative response, it is important for workers and supervisors to have an understanding of its principles and objectives. Among all survey respondents, nearly a quarter (24.8%) believed they had a *thorough* understanding of the goals and philosophy of alternative response, and half (53.5%) felt their understanding was *adequate*. Staff members involved with the alternative response project were much more confident in their knowledge than those who were not involved, as can be seen in Figure 9.8. Understanding of how to do alternative response was increased through the process of performing the work, and according to workers in interviews, knowledge gained through *doing* far exceeded learning acquired through *training*.



**Figure 9.8. Knowledge of the Goals and Philosophy of the Alternative Response Approach as Reported by Workers and Supervisors**

Most workers and supervisors who had an affiliation with alternative response received training about it before the pilot began. Screeners, intake personnel, and supervisors completed an introductory session on alternative response prior to the start date and, for some counties, this also included general training for workers and supervisors who were not going to be directly involved. Facilitated conference calls and meetings were also held so participating counties could discuss challenges they experienced in implementation. In addition, ongoing technical assistance from the Minnesota consultants was available by telephone throughout the 18-month pilot period. County-specific coaching was conducted during the final months of the pilot to assist with transition to agency-wide implementation.

Figure 9.9 displays the responses of workers regarding the need for more alternative response-related training. Though alternative response-involved staff members generally were confident in their knowledge of alternative response, as shown in the previous chart, this figure reveals that the majority of workers (73.7%) still felt the need for at least *a little* additional alternative response training. However, the overall proportion of all staff members that wanted additional training decreased somewhat over the course of the project, from 63.6% in December 2008 to 52.9% in December 2009 (see Figure 9.10).

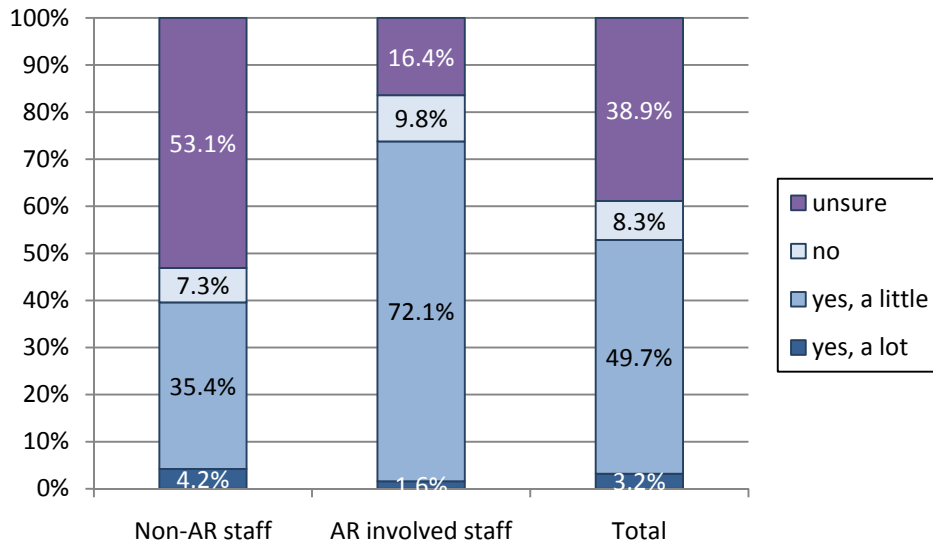


Figure 9.9. Perceived Need for Additional Training Related to Alternative Response

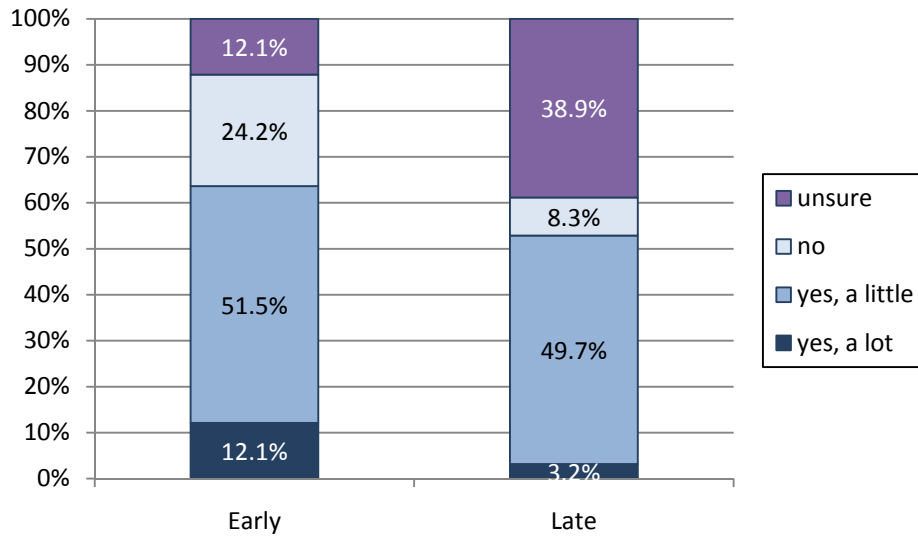


Figure 9.10. Perceived Need for Additional Training Related to Alternative Response Among All Staff Members Early and Later in the pilot period



Open-ended comments of survey respondents suggested types of future training that would be most useful. A general overview or a refresher of basic concepts for all workers was the most frequently listed idea. Those involved with the alternative response project were especially interested in having more in-depth training that involved such things as direct coaching, case examples, mentoring, or shadowing. Focused training on engagement techniques and interviewing was suggested in a few comments. Also recommended were specialized trainings for domestic violence situations or other special circumstances that affect families, such as mental health issues. American Humane was responsive to these specific requests when possible throughout the pilot and adapted new trainings to these topics. Direct support and visits from the Minnesota coaches were also perceived as highly valuable, though counties would have liked to see the coaching happen earlier in the process. Information on several progressive supervision and practice techniques was provided, which many counties found especially useful. For example, group supervision and decision making was adopted in five counties as a result of the advice from the Minnesota consultants.

In interviews, similar suggestions for training were made. In particular, more practical advice for how to work with families was requested, including special skill development for how to facilitate and mediate conversations where all family members are present, how to advocate for children within the school system, or how to access and provide community services. Workers agreed that family engagement in alternative response was best learned by doing.

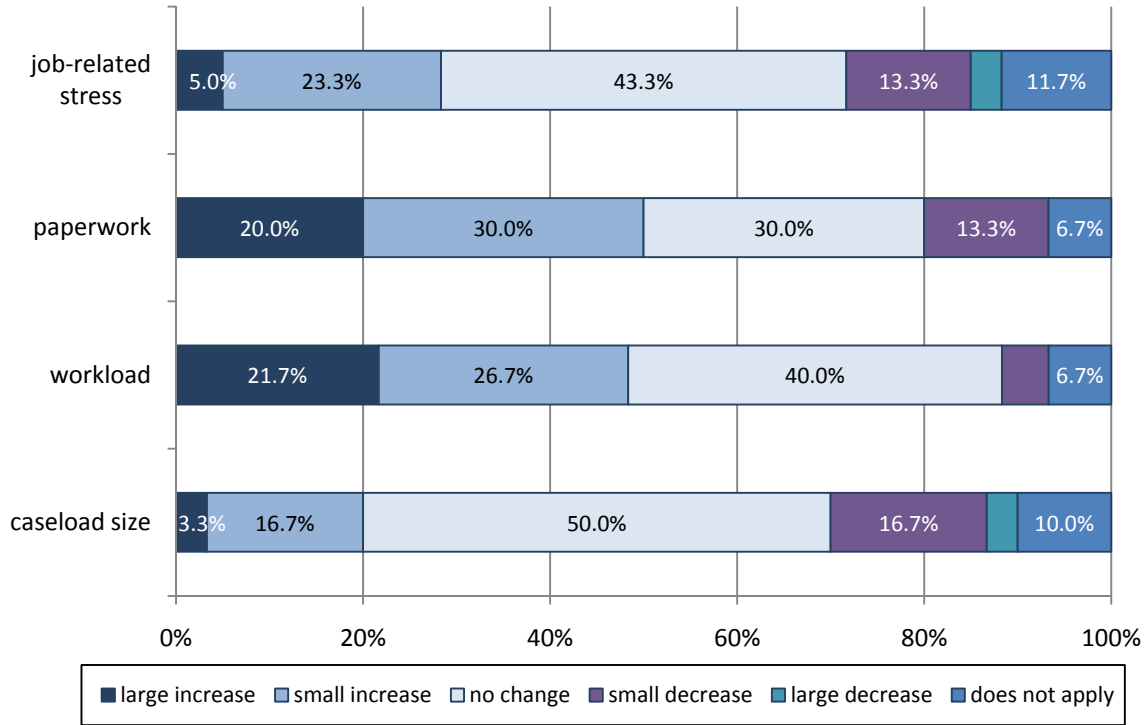
*It is kind of hard to say what kind of training (is needed), since it has taken time for us to develop our skill. Maybe to have workers shadow us? We have our own technique, so they still have to come up with their own personality and way of interacting with all kinds of families. That takes time. (Greene senior worker)*

*(We) should have done periodic training for those not doing alternative response, in order to keep them up to date and thinking about the transition. Anything that these other workers learned about alternative response is gone from their minds by now. (Lucas supervisor)*

### ***Job Satisfaction and Workload***

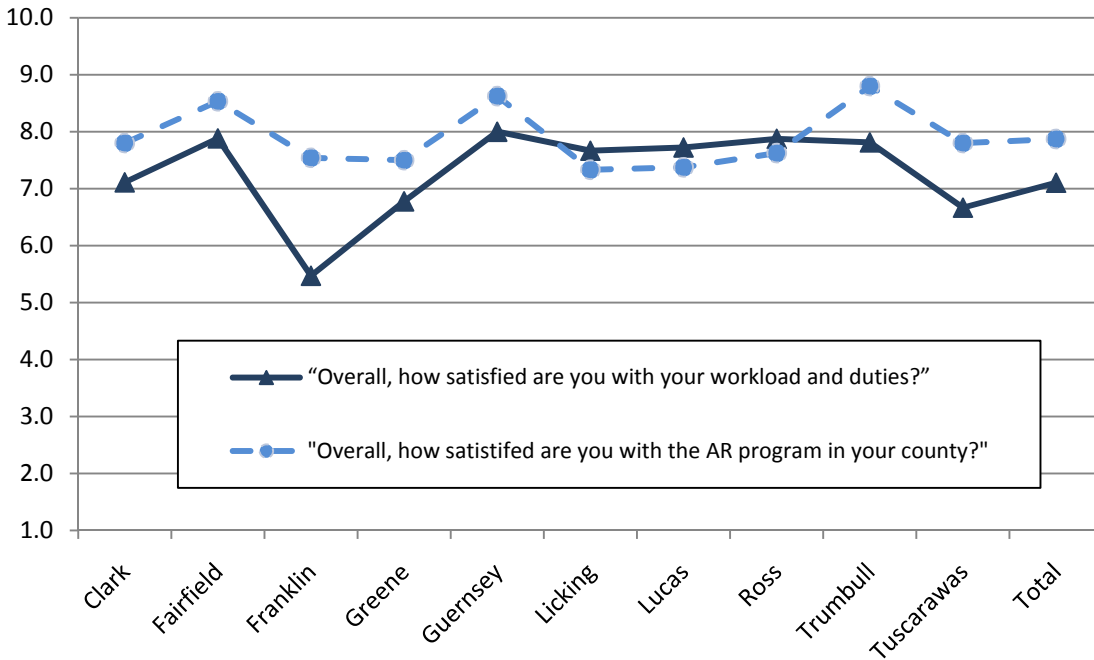
Given that the intent of introducing alternative response was to create change within the PCSA, workers and supervisors may feel the impact of the new initiative on their job in other ways. Workers were asked whether alternative response had caused any increase or decrease in job stress or workload. Figure 9.11 shows that most alternative response-involved workers found that alternative response *did not* impact their job-related stress (43.3%), and only a very small minority found a large increase (5.0%). Paperwork and workload were perceived to have increased about the same amount, and about half the respondents felt at least a small increase in those areas. It is likely that some of this perception of increased workload and paperwork is related to the Alternative Response Pilot Project documents being completed outside of the

SACWIS system, and requiring the workers to keep up with both SACWIS and alternative response tools when and if both types of cases were handled.



**Figure 9.11. Impact of Alternative Response on Workload and Job Stress for Alternative Response-Involved Staff Members**

Workers also were asked about their overall level of satisfaction with their job duties and with the alternative response project in their county. Questions were answered using a 10-point scale where 10=very satisfied and 1=very dissatisfied. Participating counties had very similar mean scores for each question, but slight variations were seen. Figure 9.12 provides the mean scores for all workers for each project county and the total across counties. As can be seen, attitudes about alternative response were very favorable in all the counties (pilot-wide mean = 7.87).

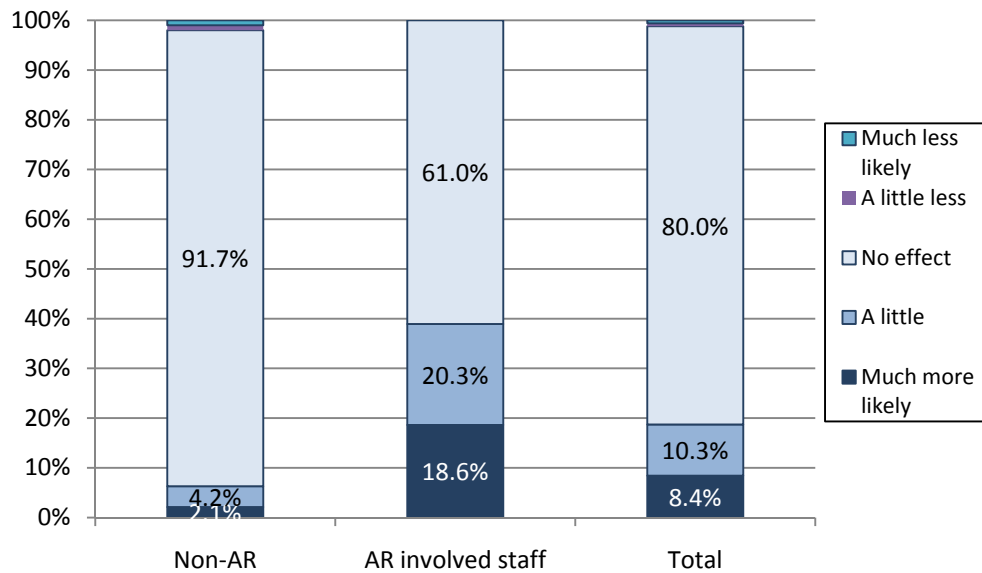


**Figure 9.12. Worker Satisfaction Ratings for General CPS Duties and Alternative Response Program by County**

Workers also provided comments regarding what may have been preventing alternative response from working as well as it should during the pilot. There were three major ideas in these comments:

- Lack of community resources
- Limited worker knowledge of community resources
- Need for more alternative response workers, smaller caseloads, and/or dedicated alternative response caseloads to allow alternative response workers to spend more time with families

These themes reiterate the importance — as introduced through the comments and interviews of families — of alternative response workers who are knowledgeable of local community services and are able to dedicate enough time to families to ensure they are well supported.



**Figure 9.13. Has the Introduction of Alternative Response Made It Any More or Less Likely That You Will Remain in This Field of Work?**

When asked if the introduction of alternative response has made it any more or less likely that they will remain in the field of child protection, workers and supervisors most frequently said that the program had *no effect* (80.0%, see Figure 9.13). However, among those that participated directly with alternative response, this proportion was smaller (61.0%,  $p < .001$ ), and nearly 4 in 10 workers (38.9%) indicated that alternative response had made it at least somewhat more likely that they would continue helping families through child protection work. Comments included in the survey point to why workers may feel more encouraged to stay in the child services field due to alternative response:

*I feel I have more control of really helping families. I don't feel a lack of support from my agency.*

*Engagement and empowerment occur more consistently in the relationship between the families and agency.*

*Our alternative response team is outstanding. From the start to the close of an alternative response case, each worker brings an attitude of success which is passed on to the family. The ability to be creative in how families are assisted has been critical.*

*I feel that alternative response has been the answer to the caseworker feeling that there has to be another way for families that just don't fit the substantiated or indicated disposition as with a traditional case.*

## *Summary*

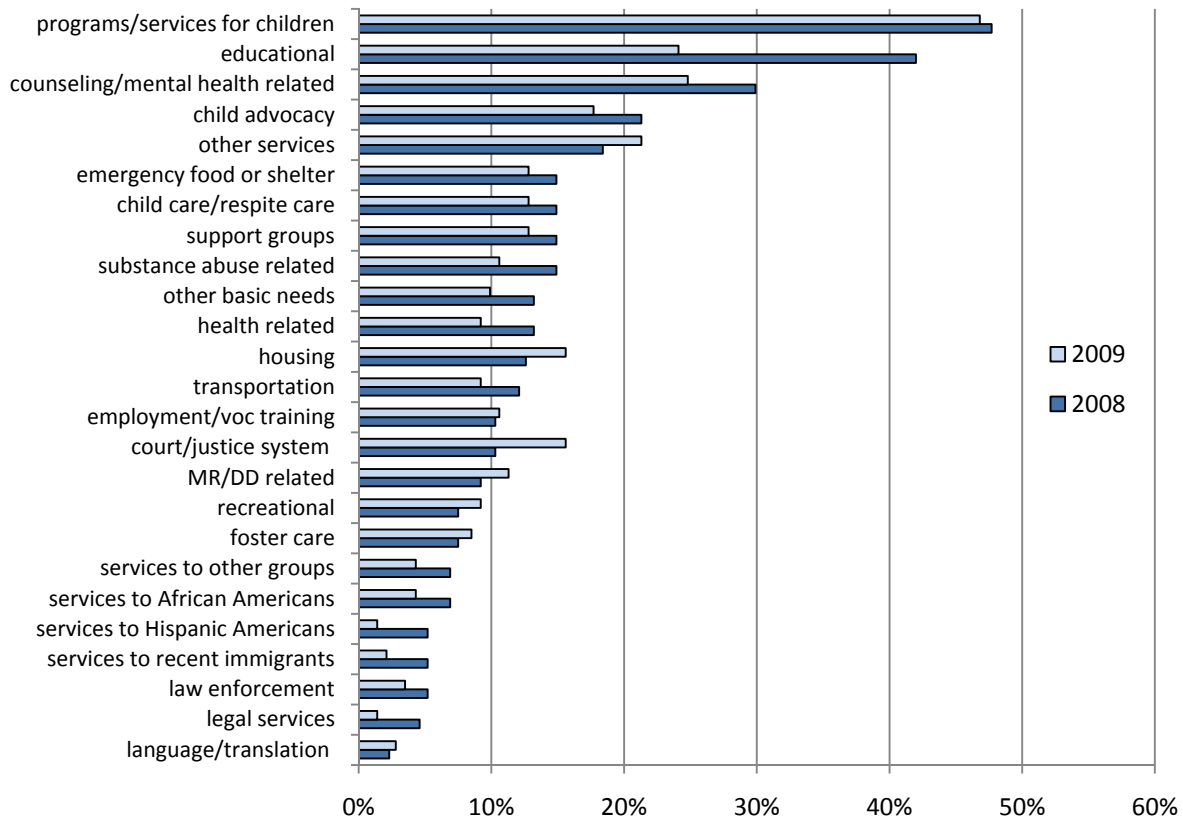
Workers who were directly involved with the Alternative Response Pilot Project had stronger positive perceptions of alternative response in general and saw greater changes in their own practice. The majority of workers and supervisors who handled alternative response cases felt that the Pilot Project had affected their work in several important ways. Alternative response was seen as leading to a more family-friendly, non-accusing approach in which families were more likely to participate in decision-making. Families were also viewed by alternative response-involved staff as being more cooperative and more likely to view the agency as a source of support and assistance. Workers felt more able to intervene effectively with alternative response families than with other families. Also, the less incident-driven approach that is possible through alternative response was viewed as slightly more important for impacting families than the additional flexible funding. However, many comments written by workers supported the notion that funding was critical for providing needed services. Staff not directly involved with the pilot were less likely to view alternative response as having these impacts. Though most staff involved with alternative response felt they adequately understood the goals and philosophy of alternative response, almost three-quarters of them still indicated the need for some additional training related to alternative response.

## CHAPTER 10: COMMUNITY RESPONSE

Strong relationships between child welfare services agencies and community service providers are important for creating a comprehensive system to support families in need. To gauge the attitudes and knowledge in the community about child welfare services and alternative response, stakeholders across the 10 participating counties were surveyed twice during the pilot. The surveys targeted individuals who would likely interact with the child protection system or act as mandated reporters, such as those working in the education system, in child-serving organizations, or in mental health agencies. A mail survey was returned by 174 individuals during the first part of the evaluation, in November 2008. To determine if opinions had changed by the end of the pilot, a second round of surveys was conducted by mail and telephone at the conclusion of the pilot, in November 2009. The second survey was completed by 141 individuals; 90 stakeholders completed both early and late surveys. Unless otherwise noted as a comparison of the early and late surveys, the statistics reported here relate to the 2009 responses.

Survey respondents represented a wide range of community institutions, as shown in Figure 10.1. In both the 2008 and 2009 surveys, 47% of individuals indicated that their agency provided programs or services for children. Persons who worked in the educational field made up 42% of the respondents in the 2008 survey, but only 24% in 2009. Other frequently mentioned services were counseling/mental health and child advocacy. Respondents also wrote comments describing other services their agencies provided, including information/referral services, early childhood intervention, residential treatment, and after-school programs. There was some duplication across categories because some agencies provided multiple services.

**Familiarity With and Opinion of Alternative Response.** The majority of survey respondents were generally familiar with the personnel and procedures of child welfare services. Nearly 8 in 10 stakeholders indicated they had made a report of child abuse and neglect in the past (78.3%) and close to 9 in 10 stated they had had other professional contact with a child protection social worker (88.7%). This contact was recent for most individuals, with 40.5% stating it was in the last week, and 86.0% stating it was in the last 3 months.

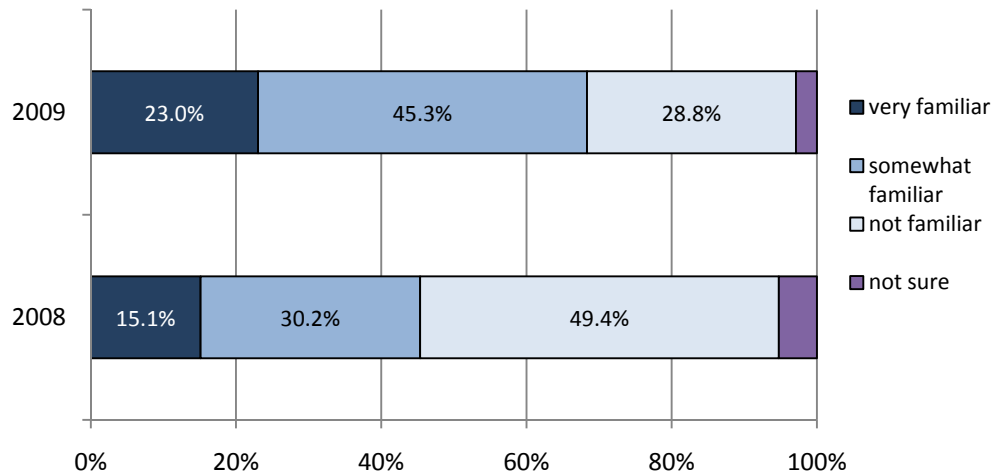


**Figure 10.1. Types of Stakeholders Responding to Surveys  
(Percent Indicating Provision of Specific Services)**

All the pilot-county PCSAs offered community education concerning alternative response both before and during the Pilot Project. Alternative response education was often integrated into the agency’s regular training on mandated reporting, for instance in schools or hospitals. It was also presented as an agenda item at meetings of community coalitions. The purpose of these information sessions was typically to engage the community in the pilot and educate stakeholders about the philosophy and process of alternative response. During interviews, PCSA administrators and supervisors responsible for community instruction said that the process of informing providers was a gradual one. A few institutions were very well informed because of their close working relationship with child welfare services. Among the survey respondents to both the early and late surveys, 30% reported attending a meeting related to alternative response in which their agency’s involvement or assistance with the pilot was requested. The remaining 70% had not yet been asked to participate directly in alternative response.

Due in part to the efforts of the alternative response information sessions, familiarity increased over the course of the pilot. Between 2008 and 2009, the general level of familiarity with the alternative response approach among community stakeholders improved. In the second survey,

respondents were more likely to say that they were *very* or *somewhat* familiar with the Alternative Response Pilot Project than they were in 2008. As shown in Figure 10.2, slightly more than two-thirds of respondents were familiar with alternative response by the end of 2009 (68.3%), compared with 45.3% in 2008 ( $p=.001$ ). Levels of familiarity among stakeholders varied somewhat among the 10 counties, but respondents in all counties reported an increase in knowledge and awareness of alternative response by the end of the pilot period.



**Figure 10.2. Level of Familiarity With Alternative Response Approach Reported in 2008 and 2009 Surveys**

For those stakeholders familiar with the pilot, the overall opinion of the new approach held constant between the early and late surveys. Respondents ranked their opinion of alternative response on a scale from 1 to 10, with 10 being *very positive* and 1 being *very negative*. Mean scores for respondents for both 2008 and 2009 surveys were 8.0, or highly positive, but about 45% of all respondents were *unsure* of their opinion, and did not give a rating score. This would indicate a continuing need for community education.

Opinions of alternative response provided through comments of individuals who completed the telephone survey paint a similar picture:

- *I have limited knowledge, but the idea has merit and has been beneficial.*
- *Overall approach is very good, but I don't know enough to comment.*
- *I sit on boards and hear excellent reports on the alternative response progress.*
- *Excellent approach; softer services are smarter. They help families together (as a unit), but it's still a work in progress.*
- *It would be better if more families got streamed into these services.*

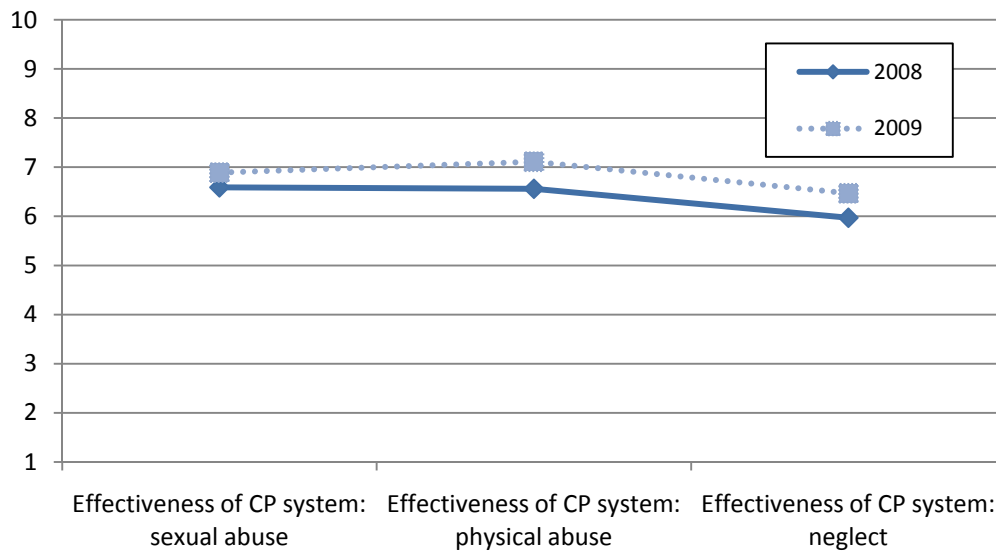


- *(I was) involved in the discussion, planning, and training, but have not felt recently involved.*

PCSA supervisors stated in interviews that they heard comparable things in the community. The overall opinion of alternative response seemed to be favorable, but in certain segments of the community there was some skepticism, especially among school personnel and juvenile courts. Some counties found that these institutions were most resistant to change and had a view that child welfare services should be more authoritative. During an on-site interview at one PCSA, a respondent noted that these institutions are supportive of alternative response on the surface, but in reality may prefer that someone be held accountable. As a supervisor stated, *“We [child protection] are going to have to consistently show a different face, and gradually with time, perceptions will change. Even some of our own colleagues will need to be convinced.”* In this sense, PCSA social workers will need to continue to clear up misconceptions about alternative response as they work alternative response cases. In the words of another supervisor: *“Workers are ambassadors.”* Informing the community about the goals and benefits of alternative response will take ongoing time and effort.

**Perception of Child Welfare Services System.** Community stakeholders also gave general opinions about the child protection agency overall. The survey questions in this area were not intended as a critical evaluation of PCSA work, but rather designed to provide a context for understanding how alternative response has been received by the community and the potential of alternative response to encourage positive change.

To gauge the perception of the broad success of child welfare services in keeping children safe, the survey asked stakeholders to rank the effectiveness of the child welfare services system to protect children from different types of harm. Means for both 2008 and 2009 surveys were between 6.0 and 7.0 on a 10-point scale (1 = *very ineffective*, 10 = *very effective*). Very slight improvements were seen between these points in time, but these were not statistically significant.



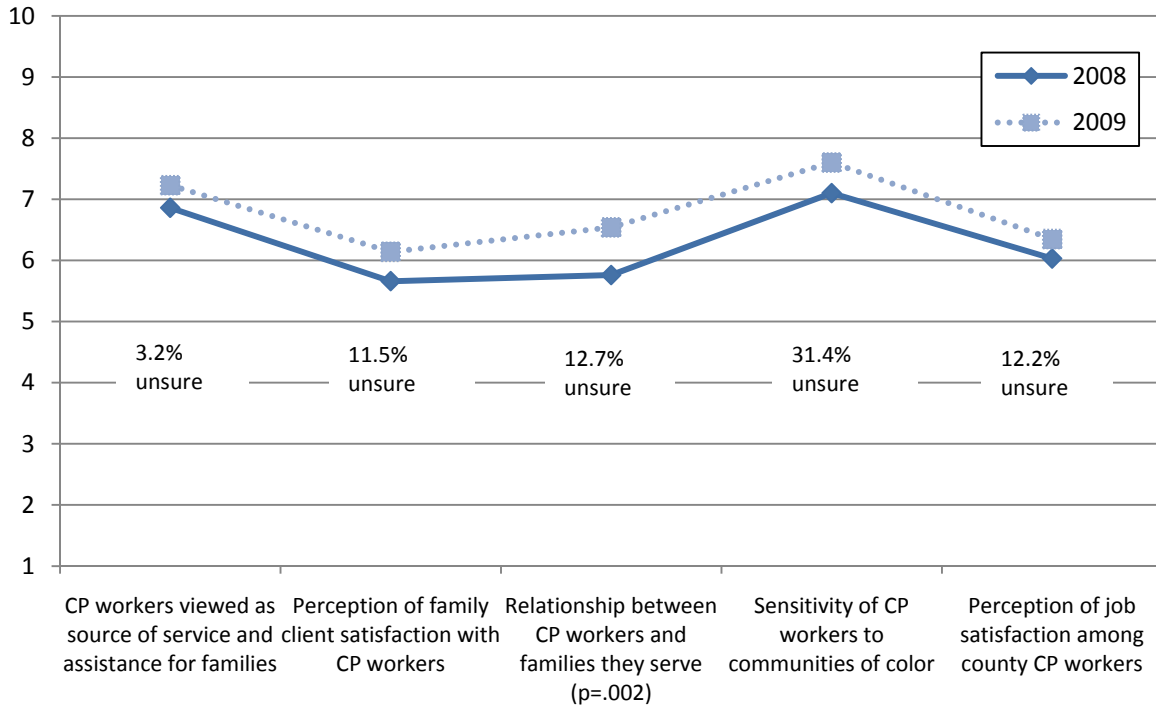
**Figure 10.3. Efficacy of the Child Services System to Protect Children at Risk, as Perceived by Community Stakeholders**

Survey respondents also answered the following questions on a 10-point scale. A *very negative* assessment was scored a 1 and a *very positive* assessment was scored a 10.

1. To what extent do you view the county child protection social workers as a source of service and assistance for families in your community?
2. Based on your experience, what do you perceive to be the level of satisfaction with county child protection social workers among families they serve?
3. Overall, how would you characterize the relationship between county child protection workers and the families they work with?
4. In your view, how sensitive are county child protection workers to communities of color?
5. How would you rate the level of job satisfaction among the county child protection workers you have encountered?

The mean scores for each question are plotted in Figure 10.4. Overall, the responses of stakeholders were positive. For all items, a slight increase in mean was found between 2008 and 2009, but was statistically significant for only one item: the relationship of child protection workers and the families they serve. For any given question, a small proportion of respondents did not feel confident enough to provide a ranking and instead indicated that they were *unsure* of how to answer. The proportion of respondents who checked *unsure* ranged from 3.2% to 31.4% and is shown for each item.

Several stakeholders commented in the telephone survey that they empathized with the amount of work that social workers in child protection must do, and acknowledged that “it is a big job and they work very hard.” Respondents seemed to understand the challenges faced in child protection. Another stated, “They like their jobs, but budget cuts are stretching workers thin. All are very dedicated.”

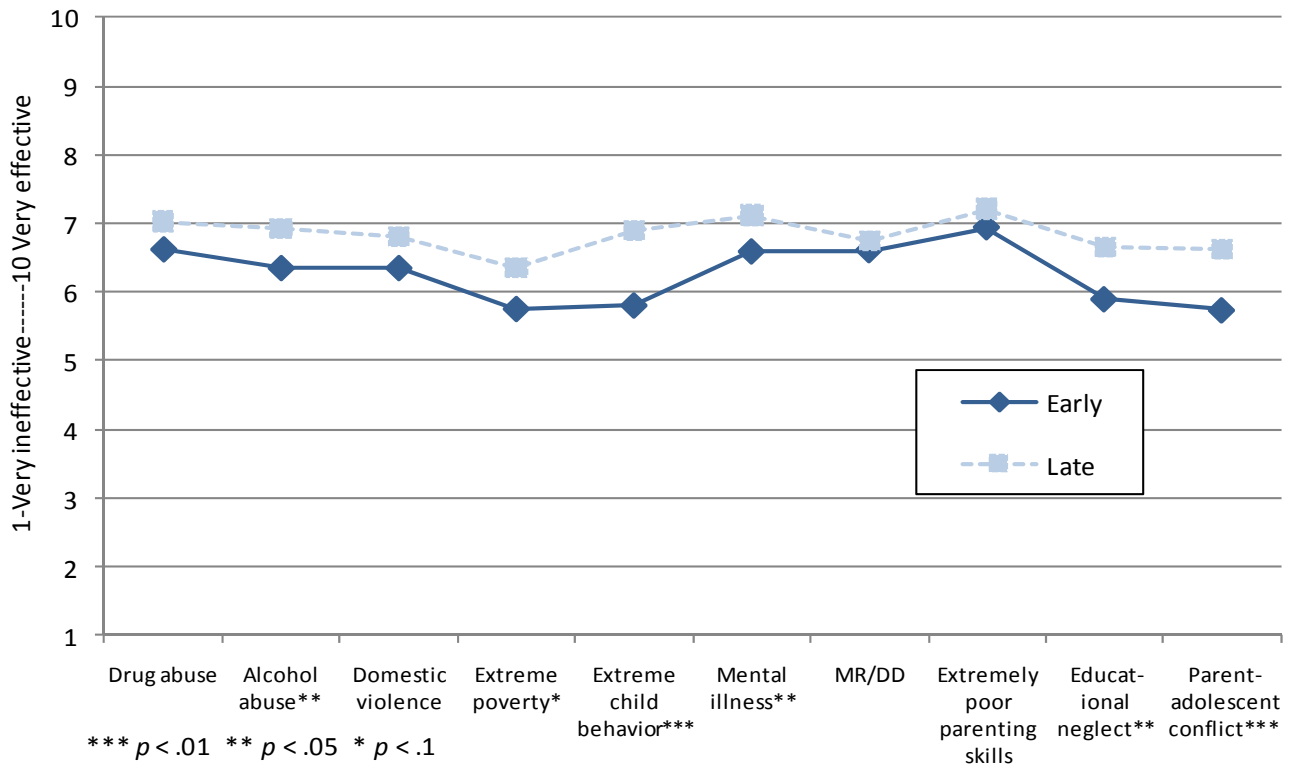


**Figure 10.4. Community Stakeholder Perceptions of County Child Protection (CP) Work (1 = very negative response, 10 = very positive response)**

When considering the question of family satisfaction and relationship with social workers, some respondents commented that family response is “highly individualized” and depends on the particular family and child. One provider said, “Families will often have problems with interventions. That is the nature of these relationships.” Despite having seen some negative reactions from families, stakeholders said, “Workers are very supportive and patient.” There is a “lifelong passion and commitment there.” “They love what they do but they hate what they see.”

**Worker Perception of PCSA and Community Relationship.** To provide a comparison with the perceptions of community stakeholders, the reactions of local workers and supervisors to similar questions about the effectiveness of child welfare services were captured in two general surveys (the early-late surveys discussed in Chapter 9). One series of questions concerned their rating of the effectiveness of the current system in working with families that exhibited various types of problems or risk factors. Workers were asked to rate effectiveness on a scale from 1 to

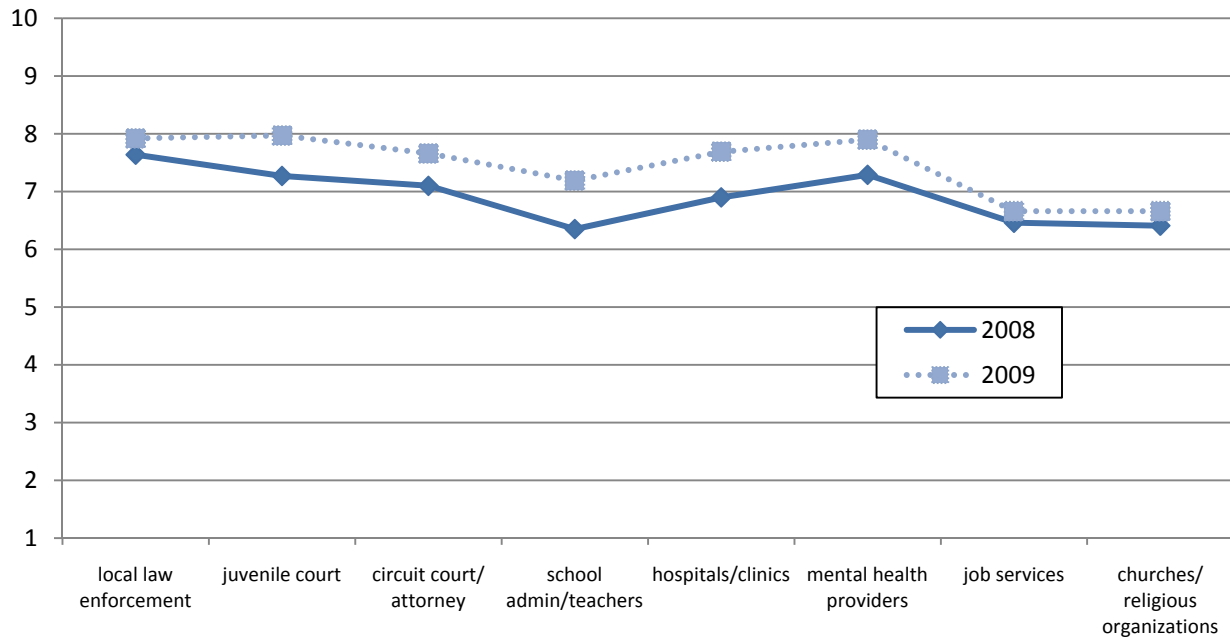
10, where 1 was *very ineffective* and 10 was *very effective*. The mean values of effectiveness can be seen in Figure 10.5.



**Figure 10.5. In Your Experience How Effective is the Current Child Protection System in Working with Clients in Which There is...? (Mean Values)**

There was a positive increase in ratings from the first survey to the second, but whether this indicates an increase in ratings of effectiveness is questionable because a majority of workers and supervisors who completed the second survey had not completed the first, and a smaller minority who had completed the first survey did not respond to the second.<sup>25</sup> What the chart shows is that *on average, local staff, regardless of the time of the survey, felt that CPS was moderately effective* in the problem areas listed. Only a small percentage (less than 10%) of workers rated services negatively (from 1 to 5) on any of the items. An interesting feature of the chart is that workers and staff on both surveys gave the lowest overall effectiveness ratings to the agency’s response to poverty and the highest overall rating to its response to parenting.

<sup>25</sup> An analysis was conducted comparing the responses of staff members who completed both surveys. No difference was found on any of the items in the figure. This suggests that the differences observed were due less to change in attitudes and more to changes in the sample.



**Figure 10.6. PCSA Staff Perception of Working Relationship Between CP Agency and Community Institutions (1 = poor, 10 = excellent)**

Workers also gave their assessment of their PCSA's working relationship with local community institutions. Workers and supervisors who completed the general worker survey reported a stronger working relationship with community providers in the survey conducted later in the pilot period, as shown in Figure 10.6. Staff members rated the working relationship with each type of community institution on a scale from 1 to 10, with 10 being *excellent*. Improvements were made in every category by the end of the Alternative Response Pilot Project, though none were large enough to be statistically significant.

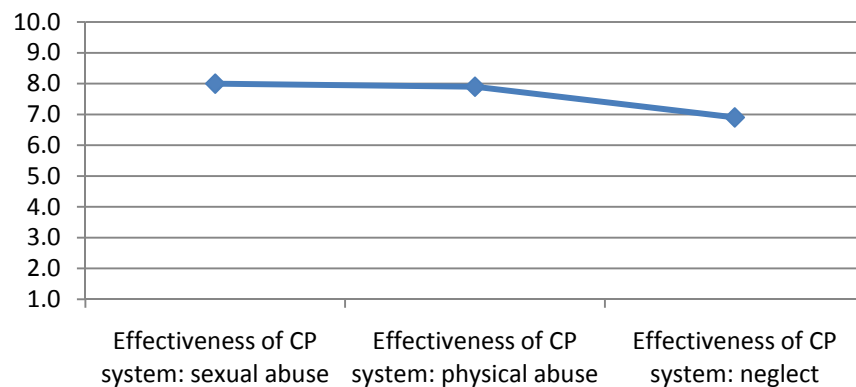
**Perceptions of Local Judges and Magistrates.** To determine how alternative response was perceived by the local juvenile court, a survey was sent to the judge or magistrate in each county who was responsible for seeing all or many of the child protection cases. The survey was very similar to the general community stakeholder survey and solicited the judges' opinions about alternative response and the child protection system in their county. Because part of the goal of alternative response is to divert cases from becoming formally involved with the court, however, it was expected that judges would have limited direct interaction with alternative response cases and limited personal experience with alternative response. Much of the interaction a juvenile court judge would have with alternative response would come from the

few alternative response cases that did end up requiring court intervention, or from meetings and discussions with child welfare services personnel about the project.

Of the 10 judges and magistrates in each of the pilot counties, 9 reported being *very* or *somewhat* familiar with the alternative response project and one was *not familiar*. Four recalled attending meetings where their involvement with alternative response was requested, while 6 did not. Opinions of alternative response were generally good: On a scale of 1 to 10, with 10 being *very positive*, 5 ranked the program at a 6 or 7, and 2 of them at an 8 or 9. One judge, however, gave his opinion as *very negative*.

Half of the judges and magistrates (5) were unsure whether or not they had heard a case that had been served through alternative response. Another 4 said they were certain that they had. Though 6 of the 10 judges had noted a change in the number of child protection cases on their docket, most were uncertain whether this was related to alternative response. However, when asked if alternative response might have the potential to lower the number of cases coming to court for CA/N, 5 said *yes* and 4 said *somewhat*. The same responses were given to the question of whether alternative response may have the potential to avert child placement: 5 said *yes*, 4 said *somewhat*.

For the question of the general efficacy of the PCSA system to protect children from harm, judges in general gave favorable rankings. On a 10-point scale, the mean response for all 10 judges is shown in Figure 10.7. Perception of the efficacy of child welfare services to protect children from neglect was only slightly less positive than the other two areas.



**Figure 10.7. Perceived Efficacy of the PCSA System to Protect Children at Risk (Judges)**

The current system, therefore, seems to be fairly successful in the eyes of judges. While current knowledge of alternative response may be limited, the majority see the potential for alternative response to bring positive change.

## Summary

Stakeholders in the 10 pilot counties who completed the community survey reported frequent interactions with child welfare services. Opinions of the effectiveness and quality of the child protection system overall were moderate, but slight increases in positive opinions were seen over the course of the pilot period. Workers, likewise, indicated more positive ratings for the child welfare services system in the latter half of the study than at the start for particular types of family-risk areas. Thirty percent of respondents had attended a meeting about alternative response where their agency's assistance in the Alternative Response Pilot Project was requested. However, more than two-thirds (68.3%) of community survey respondents were at least somewhat familiar with alternative response by the end of 2009. Of the stakeholders who were familiar, the average opinion of alternative response was 8.0 (*highly positive*) on a scale of 1 to 10. Judges and magistrates also generally held a positive opinion, and 9 of 10 judges said that alternative response had the potential to lower the number of cases coming into court for child abuse or neglect at least somewhat. Interviews with alternative response supervisors suggested that informing the community about alternative response and securing stakeholder support was an important but gradual process.

## CHAPTER 11: OUTCOMES AND IMPACTS

In program evaluations, outcomes refer to measurable effects. In this particular study, outcomes refer to changes that occur for family members, families as a whole, workers and supervisors, child welfare offices, and the larger community. Impacts are outcomes that can be attributed with confidence to the new ways of approaching and serving families under alternative response. Because this evaluation employed an experimental design, it was possible to compare two equal groups and to make the case that any differences found were due to the reforms introduced under the Alternative Response Pilot Project. Viewed in this way, most of the topics covered in previous chapters concerned impacts of alternative response. Three further impacts are considered in this chapter: (1) maintenance or improvement in the immediate safety of children, (2) changes in the rate of new accepted reports on families provided with an alternative response family assessment, and (3) changes in the rates of removal and placement of children. A fourth area of impacts, the cost of serving families and children, is considered in the next chapter. Before considering those, a brief review of impacts discussed in previous chapters is in order.

### Immediate and Instrumental Impacts Discussed in Preceding Chapters

Most of the impacts considered so far have been shown to be positive, that is, to represent improvements in the welfare of children and families. For example, more families were directed to emergency food under alternative response. This is an immediate outcome that represents an impact of alternative response. Immediate positive impacts are valuable regardless of the long-term consequences. However, many of these are also the kinds of impacts that make longer-term improvements in the safety and welfare of children possible, that is, they are instrumental to longer-term effects. Some of the more important immediate and instrumental impacts demonstrated or suggested by the analyses considered so far are listed below.

**Outcomes for Families.** Family engagement improved under alternative response. In general, caregivers in both the experimental and control groups that came into contact with county child welfare services reported satisfaction with their experience. This suggests that the pilot counties employ quality child protection practice for all their families and implemented alternative response from a baseline of strong family focused social work. Nevertheless, families that received an alternative response family assessment showed significantly increased positive reactions to their worker and the help provided. In particular, alternative response families were more likely to indicate stronger satisfaction with various elements of interaction with their worker. They were more likely to state that they were *very satisfied* with treatment by their worker and more often reported that their worker *very much* understood their situation and needs. Involvement in decision making also increased under alternative response, as significantly more alternative



response families than control felt a great deal of involvement in decisions about their family. Worker contacts of all kinds with families increased and the cases were open for longer periods.

Services to families increased and shifted in emphasis. Alternative response families reported receiving significantly more poverty-related services, especially “hard” services, such as food or clothing, basic household needs, utilities assistance, appliances or furniture, or other financial help. According to workers, families were more likely to act on the information provided to them and participate in services. Families under alternative response expressed more satisfaction with services.

These and the other services represent immediate impacts on families. Improved family engagement and services may be instrumental for enhanced child safety and long-term child and family welfare.

**Outcomes for Workers and the Agency.** The majority of workers involved with the Alternative Response Pilot Project found that alternative response has affected their approach to families positively and in important ways. Comments from workers show that engagement with families became less blame driven and more holistic. More services were provided, and workers reported being better able to intervene effectively. Alternative response was viewed as providing a way to approach families in a friendlier, non-accusing manner that allowed families a better way to participate in decisions and case planning. Most workers also saw families as being more cooperative when they are served through alternative response. Assessments of the relative impact of the alternative response approach versus the extra funding available show that workers found the approach to be slightly more important for affecting outcomes than finances. Most staff involved with the Pilot Project felt that the alternative response approach would have a positive effect on families even if there were no additional funds for services. In addition, nearly 40% of alternative response-involved staff stated that alternative response has encouraged them to stay in the field of child welfare.

**Outcomes for the Community.** Widespread impacts to communities take time. Given that the Ohio Alternative Response Pilot Project was only 18 months long, one would not expect there to be major effects on the community at large. The pilot PCSAs provided information to community institutions about alternative response, but recognized that widespread acceptance of alternative response would be an ongoing process. About 45 % of all community stakeholders who were surveyed were unsure of their opinion of alternative response, but those that did express an opinion on average held a very favorable one. From the beginning to the end of the pilot, there was also an increase in the positive community perception of the relationship between child welfare workers and the families they serve. Judges and magistrates, though somewhat removed from the daily process of alternative response, generally had a positive opinion of alternative response as well, and 9 of 10 saw a potential for alternative response to avert children from placement.

## Short-Term Child Safety

Short-term child safety refers to protection from immediate threats to the health and well-being of children. For CPS, these are found within the categories of child abuse and neglect: physical and emotional abuse, sexual abuse, neglect of medical needs, food, clothing, shelter, and inadequate supervision or abandonment. These have been the concerns of traditional CPS, both retrospectively in determining whether some harm has been done to a child for these reasons, and prospectively in ensuring that threats that are found to be present are reduced or removed. Changes in child safety in this sense are considered in this chapter: If a child was determined to be unsafe, were safety concerns addressed and resolved during the contact with a family? The period of time from the initial contact until the final visit with a family by CPS workers is considered.

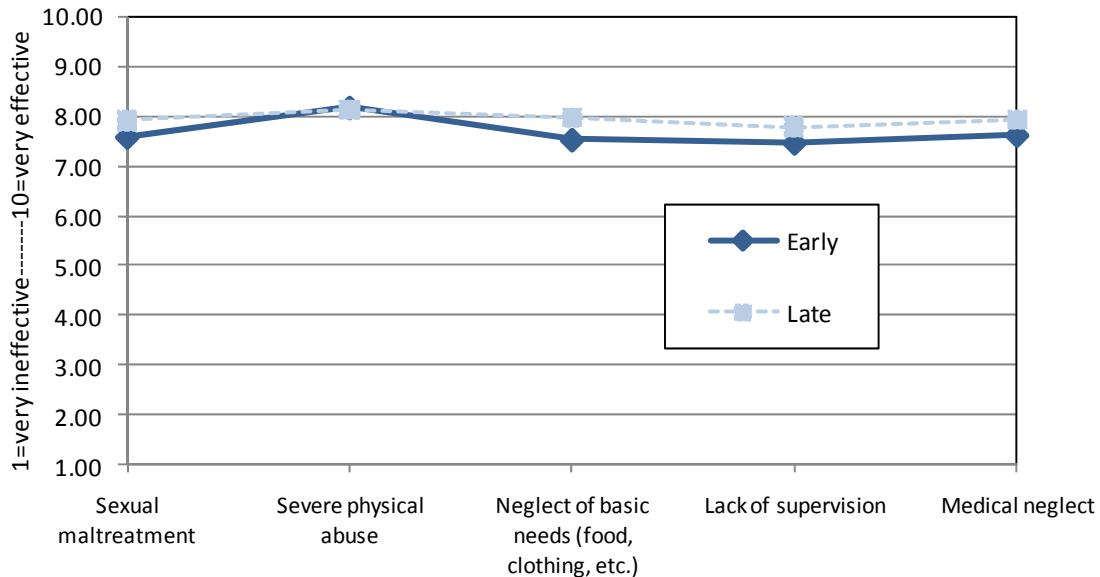
A relationship also exists between the more general welfare of families and children, and child safety. If these broader welfare issues are addressed, that is, if various risks to families and children are reduced, then the safety of children is more likely to be sustained in the longer-term. This assumption underlies a proactive approach to assessment and services that may not be immediately related to particular short-term child safety threats.

## Effectiveness of the Traditional System: Views of Local Staff

**General Attitudes.** The early and late general surveys of local staff were conducted in December 2008, and again in December 2009. Workers and supervisors were asked their opinions about a variety of issues, most of which are discussed in Chapter 9. Workers and supervisors involved with alternative response constituted a minority of respondents in both surveys (early survey: 45.3%; late survey 37.5%). Two questions are considered here that are relevant to child safety. The first concerns the effectiveness of the current CPS system in protecting children in families where there is risk of child maltreatment. Five categories of maltreatment were considered. Respondents were asked to rate effectiveness on a scale from 1 (*very ineffective*) to 10 (*very effective*). Responses for the five areas are shown in Figure 11.1. One of the purposes was to determine whether staff attitudes about child protection might change during the time that alternative response was being implemented. The early survey was conducted 3 to 4 months after the initial implementation of alternative response, and the second 15 to 16 months after implementation. If there were general concerns about child safety among staff, they may have shown up in comparative statistics.

On average, workers rated effectiveness in the moderately effective range (scores between 7 and 8) in both surveys. Fewer than 10 % of workers rated effectiveness negatively (scores of 5 or less) on any of the items in either survey. The differences in responses between the early and late surveys were not statistically significant, indicating no overall shift in attitudes about child protection (and child safety) issues. The largest change (a statistical trend:  $p = .058$ ) was an improvement in ratings concerning protection from neglect of basic needs (7.53 to 7.97). While this shift might be thought to be related to the introduction of alternative response, which

tends to address neglect issues more fully, no early-late difference was found in the responses of workers and supervisors involved in the alternative response pilot. The primary finding is that the introduction of alternative response did not lead to a sense on the part of people involved in working with families that children were less well protected under CPS. Attitudes of county staff about alternative response were considered more fully in Chapter 9.



**Figure 11.1. Perceived Effectiveness of CPS in Protecting Children in Families at Risk of Five Types of Child Maltreatment (Surveys: Early (12/08), Later (12/09))**

## Workers Assessments of Changes in Child Safety in Sample Cases

In the case-specific survey, workers were asked about the presence of child safety threats in particular families, whether they were addressed during the contact with families, and the safety status at the end of cases. Recall that in this survey workers were asked to respond concerning families with whom they themselves had worked. To achieve consistent responses workers in experimental and control cases were asked to respond to the same set of safety items.

Workers that have visited and worked with families are the best source of information about the presence of child safety problems in families. They are also the best *consistent* source of information about whether safety issues were addressed and the safety status of a family at the time of their final contact.<sup>26</sup> The present analysis is *comparative*. It asks whether the types of

<sup>26</sup> It might be argued that workers will for various reasons overestimate or underestimate the effectiveness of their work with families and thus should not be used as information sources for evaluation. An alternative might be to employ independent observers to accompany workers on their visits to families and judge child safety and changes in safety status. This approach

workers traditionally relied upon to make judgments about improvements in child safety will make different judgments under the new family assessment approach.

The families in the control group were determined to be appropriate for an alternative response family assessment, but were nonetheless provided with a traditional investigation. In the case-specific sample, the target report was *unsubstantiated* for the majority (55.0%) of control group families. In addition, workers indicated in another 8.3% of cases that the allegation was *substantiated*, but the case was low risk and no further work was done with the families. We can assume that roughly equivalent percentages of experimental families *would have been in these categories* had they received a traditional response assessment. Looking at both control and experimental cases, small percentages had moved out of the county or fled (control: 1.3%, experimental: 3.4%). It is likely, therefore, that in upwards of two-thirds of cases workers either found no child safety issues or were unable to determine whether child safety issues were present.

Workers were asked whether a child in the family was threatened or harmed before the first assessment contact by any of the following: 1) neglect or abandonment, 2) physical abuse or emotional maltreatment, 3) sexual maltreatment, 4) lack of supervision or proper care, 5) poor or damaging adult-child relationship, or 6) other threats to child safety. The questions prompted workers to reflect back to the initial situation in the family and to determine whether child safety issues were present. However, they were asked about this *after* the final contact with the family. Their assessments, therefore, were tempered by their communication and interactions with families. Overall, 29.2% answered yes to this general question, indicating some safety problem was present. Traditional response workers answered affirmatively in 33.2% of cases and alternative response workers in 25.4% of cases. This difference was not statistically significant.

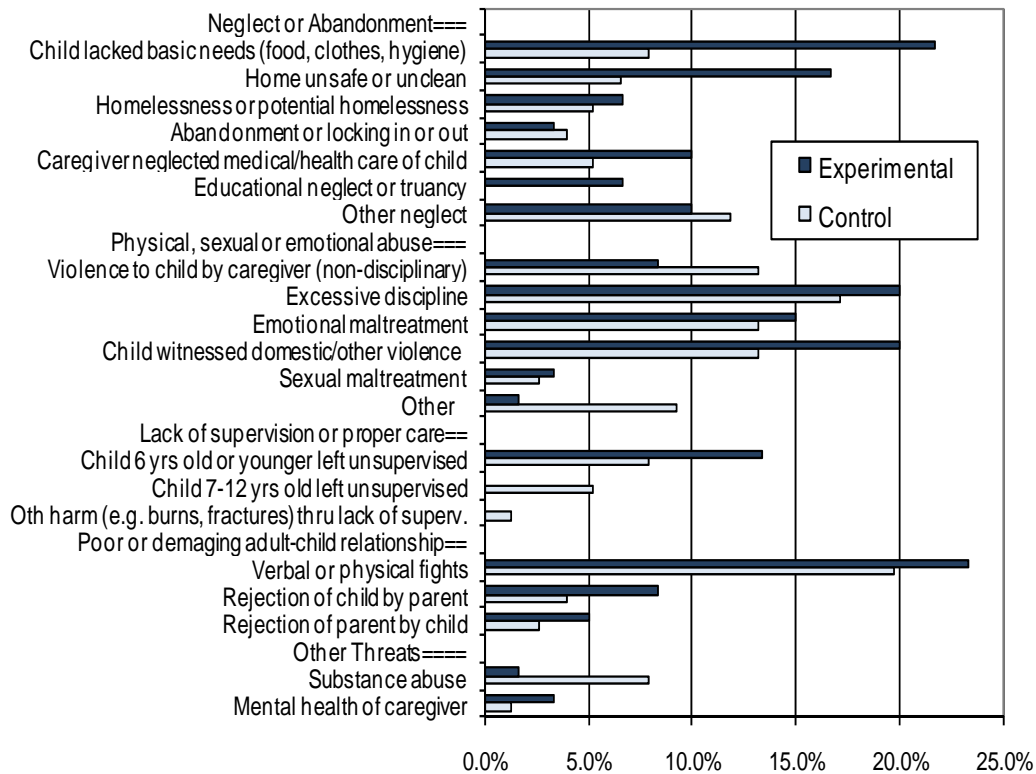
When they answered affirmatively, they were directed to go on to subsequent questions about specific threats. In more than half of these cases (55.6%), only one type of safety threat was indicated. In the remainder, more than one type of threat was listed: two in 21.8%, three in 15.8%, and four or more in 6.9%. Again, experimental and control cases were comparable with no statistically significant differences occurring.

The comparison of safety problems present before or at the start of contact with families is shown in Figure 11.2. Twenty-one categories with specified child safety problems were utilized more fully under each of the five general categories listed above. The latter two (parental substance abuse and mental health problems) represented open-ended additions by workers to the original listing presented to them. The differences between the experimental and control group were not great, generally in the range of 1% to 5 % and not statistically significant. There were two exceptions. Alternative response workers were significantly more likely to have

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might have the advantage of a greater consistency, provided that expert observers could be found or trained but it would be prohibitively expensive. Observations would have to be limited to no more than two visits with the family, and in the end, the criticism would be that their time with families was too limited and their judgments were superficial.

observed and noted neglect and children’s basic needs, such as food, clothing, or hygiene ( $p = .02$ ), and unsafe or unclean homes ( $p = .056$ ). These can be seen in the first two sets of comparative bars in the chart. This may be an indication of more intensive work with families by alternative response workers, and as is evident in Chapter 7, more attention to such needs in families. The issue of concern in this analysis, however, was not minor differences in observed safety problems between experimental and control cases, but possible differences in the *changes in safety* while the worker was in contact with a family.

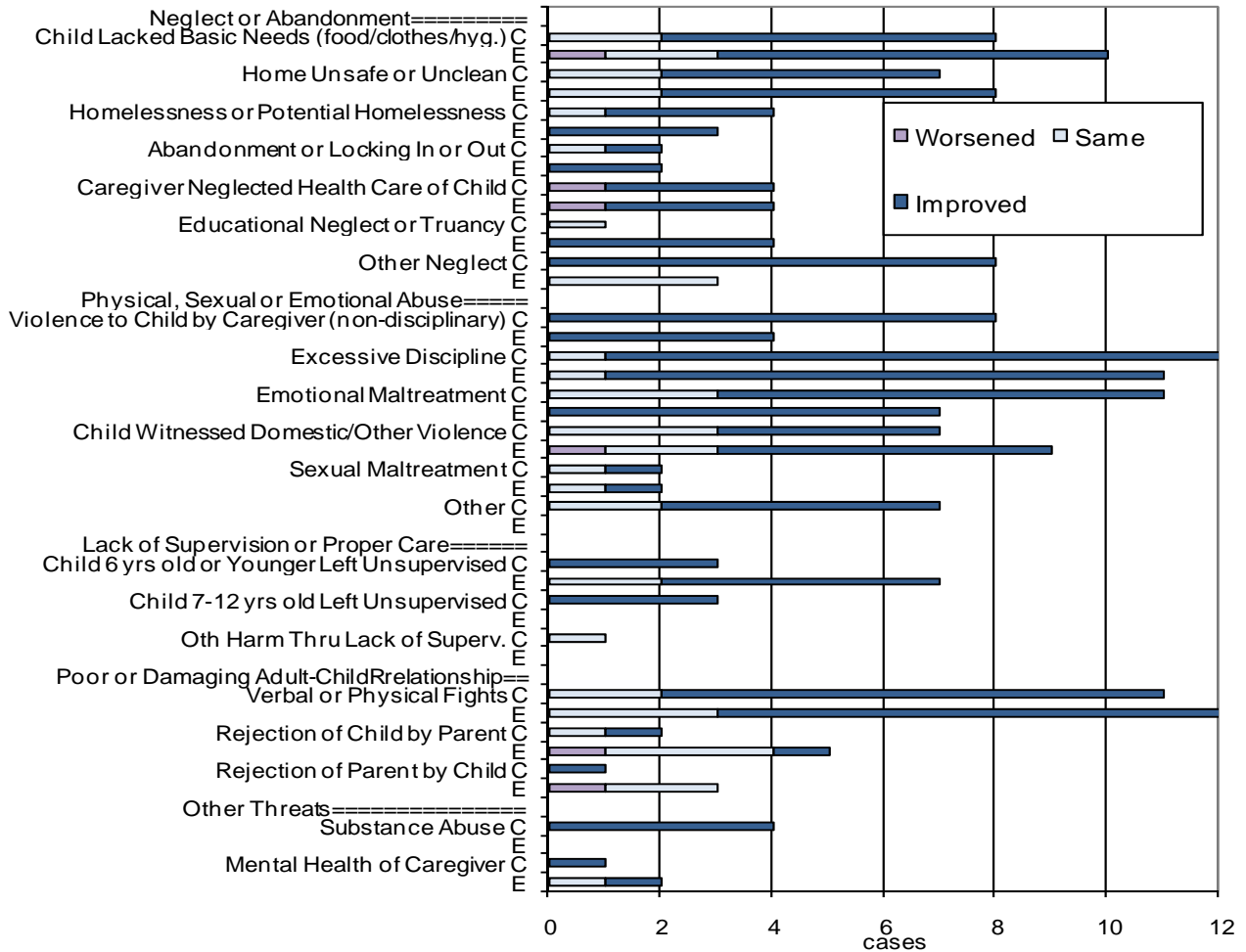


**Figure 11.2. Types of Child Safety Problems in Experimental and Control Families Before or at the Time of First Contact with Families (Case-Specific Sample)**

**Changes in Safety.** Workers were asked to rate each safety problem at the time of first contact (mild, moderate, severe) and at closure (mild, moderate, severe, none). This provided a standard basis for determining whether existing child safety problems worsened, stayed the same, or improved during the course of the worker’s contact with families. Based on changes in ratings, it was also possible to compare the reported effectiveness of alternative response versus traditional CPS in addressing and improving the safety of children.

In Figure 11.3, the beginning and closing ratings of families are compared by counting instances of worsening, no change, and improvement for each of the child safety areas shown in Figure 11.2. The important question for this analysis was whether there were areas in which family situations

appeared to improve or worsen more under the new approach. For each type of child safety problem shown, *no statistically significant difference was found between experimental and control families in the extent of improvement or decline in safety.* Although ratings of problems generally indicated improvements, workers also reported instances of no change, and in a very small number of cases, a worsening of safety problems. No change or worsening of safety arose in the context of uncooperative families, with shifts to other agencies, and with new reports of child maltreatment. The distributions of safety changes were essentially the same indicating that child safety was not lessened or compromised by the introduction of the alternative response family assessment approach. In other words, replacement of traditional investigations by alternative response family assessments did not reduce the safety of the children.



**Figure 11.3. Change in Safety Problems From First to Final Contact with the Family after the Target Report for Experimental (E) and Control (C) Cases (Case-Specific Sample)**

**Resource That Addressed the Safety Problem.** For each safety area workers were asked whether the safety issue was addressed and by whom. For 73.6% of problems, a county worker was indicated as the person addressing the safety problem, while in 5.4%, a vendor agency or

paid provider addressed the problem. Family, kin, or support groups addressed the issues in another 6.6%. The identity was left unspecified in 12.8%. Unfunded community resources were utilized rarely (1.7% of instances). Workers were also asked whether problems were left unaddressed, but this was indicated in a very small number of instances, and in virtually all instances the reason given was an uncooperative family. No difference was found between the responses of experimental versus control group workers, either in the frequency with which problems were addressed or who was responsible for addressing them. Thus, as it relates to child safety problems encountered in families, the traditional pattern as reflected in control cases apparently continued under alternative response.

## Returns to the System: Reducing New Reports of Child Maltreatment

One of the surprising bits of knowledge for people not familiar with CPS is that a large portion — usually the majority — of the families in contact with the agency on any particular day have been encountered before. The analyses in Chapter 4 showed that more than half of the families in the experimental and control groups had been the subjects of previous accepted reports of child abuse and neglect before the *target report* that led them into the present Pilot Project.<sup>27</sup> About 30% of the families had had three or more accepted reports in the past. This means that the majority of families had experienced one or more past child abuse and neglect investigations. Most of these reports were for child neglect, and the more past reports received, the higher the proportion of past reports of child neglect. This is why such families have sometimes been termed *chronic neglect* families. They also have been referred to as *frequently encountered families*, a less pejorative term. In most cases, reports were not substantiated or indicated. However, the presence of past reports is associated with many characteristics that are risk conditions for child abuse and neglect, including drug abuse, mental health problems, domestic violence, lack of education, and poverty. In Chapter 4, the relationship of the latter to the number of past reports, and to both past and present reports of child neglect, was demonstrated. Poverty is the source of conditions that make child abuse and, most particularly, neglect of basic needs of children more likely.<sup>28</sup>

Past reports, therefore, are indicators of *risk of future child abuse and neglect*. Similarly, future reports are also indicators of risk. *If we are successful in reducing future reports on a group of families, then it can be argued that the welfare of the children as a whole has been improved and by implication their long-term safety.* And just as past reports are indicators of risk, whether substantiated or not, so reduction of future reports of any kind that are accepted by CPS for further action is an indicator of improved child welfare and safety.

<sup>27</sup> The reader is reminded that we use the term *target report* to refer to the initial or index report that was the basis of pathway assignment and led to random assignment to the experimental or control group.

<sup>28</sup> These topics are treated in depth in Loman, L. A. (2006). *Families frequently encountered by child protection services: A report on chronic child abuse and neglect*. Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf>

**Limitations of This Variable.** One of the advantages of using records of new CA/N reports is that they are collected and stored in administrative data systems (SACWIS in Ohio) and can be monitored and collected on thousands of families in a large-scale, multi-year study like this pilot. But this is a far from perfect measure. The types of reports screened in and out vary from county to county and even among intake personnel within counties. This can create inconsistencies when data are combined across several counties. More importantly, most new threats to child safety and new instances of child maltreatment itself are not formally reported to CPS. The problem associated with both of these decision points — detection/reporting and agency screening — is whether systematic biases occur that create inconsistencies. This cannot be known in this evaluation. We are assuming that errors of these kinds across thousands of families cancel out one another, but in an evaluation of this kind, this cannot be proven.

More fundamentally, the ideal way to measure improvement in the lives of children and families is to revisit them in order to measure directly changes that may have occurred. The number of new reports is fundamentally a negative measure of child welfare. Certainly, the absence of new reports may be seen as positive, but other positive effects can and do occur that cannot be captured in this way. Reduction of accepted CA/N reports is a valid measure of positive change, but is only one limited criterion of the success or failure of alternative response. Indeed, it is only useful when viewed in the context of the other more proximate changes that flowed from the introduction of alternative response and were outlined in previous chapters.

**Accepted CA/N Reports.** The measure used in the following analysis was reports that were *screened-in* by the agency as potential child abuse and neglect. We have not included dependency and other categories of reports. Most importantly, we have excluded reports that were screened-out as inappropriate or for lack of adequate information. We refer to these as *accepted reports*. In the traditional system, these are the reports that were assigned to a worker for an investigation and usually resulted in one or more visits to families for observation and interviews of family members and children. The counts used here also contain a small number of new reports that were assigned to an alternative response family assessment.<sup>29</sup>

Several other measures were sought but were impossible to determine consistently for the experimental and control groups. These included final dispositions of reports.<sup>30</sup> More importantly, there was no consistent way to determine whether families in the full experimental and control samples were provided with *services*.<sup>31</sup> The family sample was a

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<sup>29</sup> The number of new alternative response cases was limited during the pilot period but in some instances families already assigned to the experimental group returned with new reports and were provided with an alternative response family assessment rather than a traditional investigation. These are included in the accepted report category and are not distinguished from reports that were investigated.

<sup>30</sup> Because of the method used to extract SACWIS data, monthly updates received by evaluators did not always contain the outcomes of investigations (intake dispositions) on reports that occurred in the immediately previous months. Missing information on dispositions of intakes precluded the use of counts of *substantiated* and *indicated* subsequent reports.

<sup>31</sup> As noted, the SACWIS system only permitted intake information to be entered on experimental cases. All other information, such as case plans, Family Service Plans, case narratives, safety and risk assessments, etc. was maintained in a paper system.



possible source of analysis, but timeframes for the evaluation were too short to permit accumulation of adequate follow-up information for the family sample. A more extensive follow-up, such as was conducted in Minnesota, might permit the richer information in the family survey sample to be utilized in long-term outcome analyses.<sup>32</sup> Nonetheless, even with these limitations, a remarkable consistency emerged between long-term outcome findings of the present evaluation and those of the earlier Minnesota alternative response evaluation.<sup>33</sup>

**Timeframes for Follow-Up.** The time available for following families was relatively short. The pilot began in July 2008. Random assignment to the experimental and control groups was completed at the end of September 2009. Follow-up data collection from SACWIS was extended through the end of January 2010, which amounts to a maximum of 580 days. The follow-up time for most families was much shorter— a year or less for families that entered the study in 2009. Experience in prior alternative response evaluations suggests that a minimum of 18 months of follow-up is necessary to begin to show differences between alternative response and traditional cases. Two separate analyses were conducted. The first included families that entered the study during the first 240 days. This included 1,942 families (1,017 control and 925 experimental) assigned from July 2008 through February 2009. The second incorporated these families and added families that entered during another 4 months for a total of 360 days—from July 2008 through June 2009. This analysis included 3,659 families (1,847 control and 1,812 experimental). For this group, the minimum follow-up period was 7 months and the maximum was 19 months with an average (median) of a little over 1 year.

**Starting Point of Follow-Up.** Ideally, follow-up data should be measured starting with the closing of the target case. However, in the present evaluation this procedure would have further shortened the time for follow-up. For this reason, we decided to begin counting new reports from the date of the initial target report that led to experimental or control assignment of a family.<sup>34</sup>

**Previous Reports and New Reports.** Many families in the study had a history with CPS, as described in several previous chapters. The first question that can be answered is whether, as indicated above, previous reports actually do predict future reports. This can be seen in Figure 11.4. This figure is based on data for families that entered the study during the first 240 days (from July 2008 through approximately February 2009). A minimum of 340 days of follow-up

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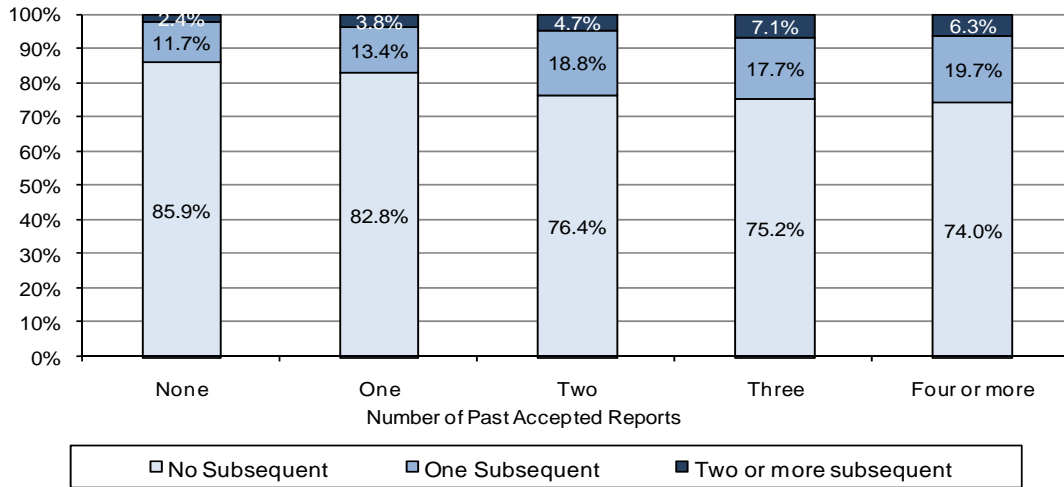
Further, as we have seen, service plans were created for only a minority of alternative response families. Service information was not available for control cases, except via case narratives, which are open-ended and not a consistent data source for experimental purposes. Service information reported in Chapter 7 was obtained directly from families and workers but on a sampling basis only, through reviews of alternative response Family Service Plans (completed for a minority of experimental families) and through general surveys and interviews of local office staff.

<sup>32</sup> See Siegel, G., & Loman, L. A. (2006). *Extended follow-up study of Minnesota's family assessment response*. Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

<sup>33</sup> See Loman, L. A., & Siegel, G. (2004). *Minnesota alternative response project evaluation: Final report*. Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>

<sup>34</sup> A 14-day window was always used when counting new reports to avoid counting multiple reports referring to the same incident. Thus, any reports within this period after the target report and after each subsequent report were skipped in the analysis.

data was available for these families. The chart combines experimental and control families that entered the study during the first 240 days.



**Figure 11.4. Number of Previous Reports by Number of Subsequent Reports (Families Entering Study during the First 240 Days)**

The counts of subsequent reports in this chart do not include the target report that brought a family into the study. Among families with four or more previous reports, 26.0% had one or more new reports after the target report and before the end of data collection. Compare this to 14.1% of families that had no previous reports when they came into the study.

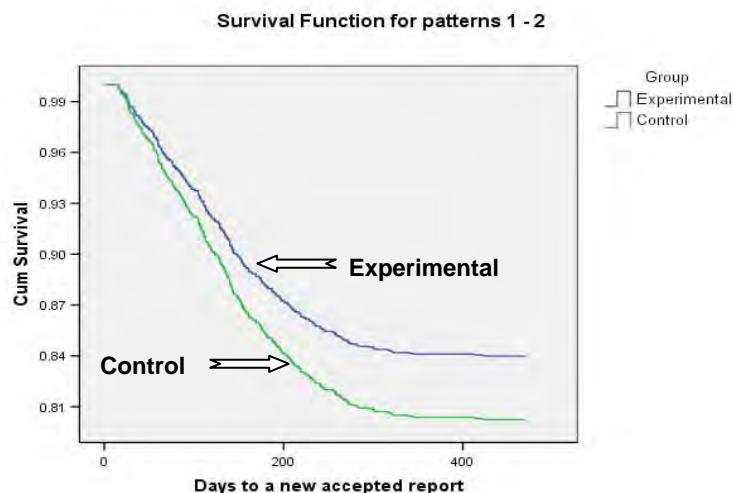
Based on this finding, it is important to take levels of previous reports into account in the outcome analyses. Random assignment produces overall equivalence between the experimental and control group, but not perfect identity. Thus, it is prudent to utilize statistical controls of this important predictor variable of the dependent variables used in the analysis.

**New Reports on Experimental and Control Group Families.** A simple uncontrolled analysis of the levels of new accepted reports in the experimental and control groups for families in the 360-day group revealed that 13.3% of control families had new reports compared to 11.2% of experimental families. The corresponding figures for families entering during the first 240 days were 19.7% for the control group and 16.5% for the experimental group. *The difference for the 360-day group was 2.1% and was statistically significant ( $p = .029$ ). The difference for the 240-day group was 4.2% and was also statistically significant ( $p = .045$ ).*

There are two limitations on this simple analysis. The first concerns the lack of statistical control. As we have suggested, the level of past contacts with CPS should be taken into account. In fact, experimental families had a slightly higher %age of past-accepted reports than control families, although the difference was not statistically significant. Significant or not, however, this difference weighs against the hypothesis that alternative response has positive

effects on levels of subsequent reports. The second limitation arises from variation in the number of days of follow-up. Other things being equal, one would expect more reports on families with longer follow-up periods. This is apparent in the statistics presented in the previous paragraph. Note the higher overall percentages (19.7% and 16.5%) for families in the 240-day group, which had an additional 4 months of follow-up, than families in the 360-day group (13.3% and 11.2%). Specialized statistical procedures are necessary to deal with this.

**Survival Analysis of New Reports.** The appropriate statistical test for this kind of follow-up data is referred to generally as survival analysis. In this study, we have used a form of survival analysis that permits multiple independent covariates to be introduced: *proportional hazards analysis*. This is a type of regression analysis that produces something called a hazard function, where *hazard* refers to the relative risk of an undesired outcome. The undesired outcome in this case is a new report of child abuse and neglect. This procedure deals with the problem of varying periods of follow-up on families and also permits the additional covariate of number of past CA/N reports to be introduced. The introduction of this covariate essentially forces an equivalence between the experimental and control groups in history with CPS; that is, it *controls for* historical contacts with the system. Figure 11.5 graphs the function for the experimental and control groups. The control group (lower) line descends more quickly, showing a greater percentage of new reports occurring and occurring more quickly during the follow-up. The difference between the lines appears to be large but is not. By looking at the percentages on the left side, we can see that the final cumulative difference is in the range of 4%, similar to the 4.2% reported in the previous section.



**Figure 11.5. Proportional Hazards Analysis of New Accepted Reports of Child Abuse and Neglect (Experimental and Control Families Entering Study during the First 240 Days)**

The function values and other statistics are shown in Table 11.1. The important thing to note in the table is that both covariates are statistically significant but, as can be seen by comparing the Exp(B) statistics, the number of previous reports is a more powerful predictor of new reports

than alternative response. The table tells us that while controlling for differences between families in previous contacts (and also utilizing the controls provided by random assignment), the use of alternative response family assessments led to a reduction in new reports of child abuse and neglect.

**Table 11.1. Hazard Function for Subsequent Reports: Variables in the Equation (240-day Study Group)**

	B	SE	Wald	df	Significance	Exp(B)
Number of previous reports	0.059804	0.014729	16.48706	1	0.00005	1.061628
Experimental-Control group difference	-0.23244	0.107986	4.633205	1	0.031359	0.792598

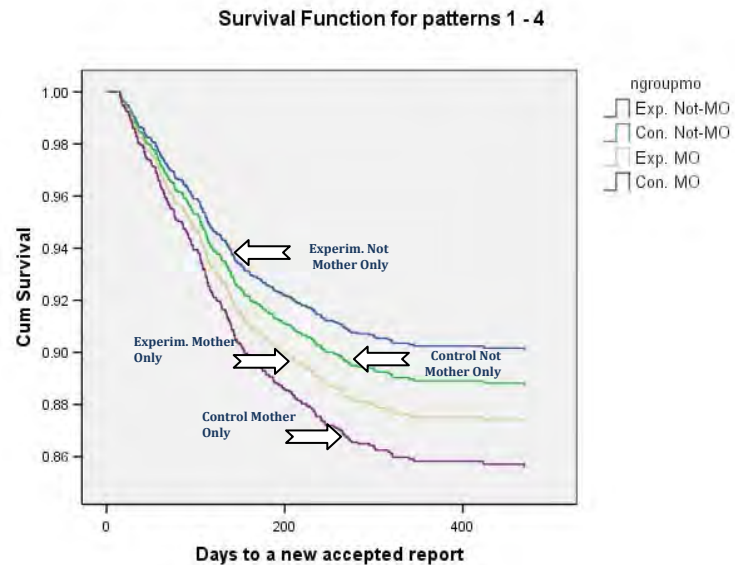
The chart and table for the 360-day group was similar and statistically significant but the experimental versus control differences were somewhat reduced.

On this general-purpose measure of longer-term outcomes, therefore, alternative response experimental families appear to have slightly but significantly better results than control families. To what can we attribute these changes? We have seen that experimental families were both more engaged and more satisfied with their workers and with the services they received. Experimental families also were provided with more services, particularly basic poverty-related services. These are two major differences. Unfortunately, this information was only able to be collected on a sampling basis and not for the entire set of several thousand families involved in the full experimental-control analyses. In the Minnesota evaluation previously alluded to, a proxy measure of services was available that permitted a consideration of the differential effects of services versus the alternative response approach. This cannot be done directly in Ohio. However, another measure was available and is presented next.

**Alternative Response, Mother-Only Families and New Reports.** We were able to determine fairly consistently the families that were female-headed but with no male present.<sup>35</sup> This measure was applied to the previous analysis. We have made the point that mother only families are the most impoverished families (see discussion of family income and marital status in Chapter 5). In addition, such families received the most services under alternative response. For example, 62.4% of mother-only experimental families in the family-survey sample received at least one service compared to 50.3% of non-mother-only families. The same difference was not apparent on the control group side where the corresponding percentages were 41.6% and 39.9%. Thus one of the effects of alternative response apparently was an increase in services for these kinds of families.

<sup>35</sup> There was some slippage in this measure because a minority of families had missing relationship codes for some members and gender codes were missing for some family members. Usually, however, this was not the case for the mother or for the father the children. (Relationship codes, when present, do not require gender codes. For example: biological mother is obvious female.)

In this sense, *mother-only families can be taken as a proxy variable for service delivery*. If better long-term outcomes are found for this group of families under alternative response than traditional response, it would be reasonable to attribute some of the effects to the increase in services available under alternative response. As shown in Figure 11.6, this was generally found to be the case in 9 of the 10 pilot counties. The following survival analysis function lines (Figure 11.6) are shown for combined families in Clark, Fairfield, Greene, Guernsey, Licking, Lucas, Ross, Trumbull and Tuscarawas Counties. Franklin County data were anomalous for this variable, as will be explained. This chart is shown as an illustration and only one of the four function plots (separate lines in the chart) shown was significantly different from others. The pattern of the function plots fits the hypothesis. Both of the experimental line segments are higher in the graph than their corresponding control segments, as would be expected. In addition, non-mother-only families fared better than mother-only families overall. This was also expected.



**Figure 11.6. New Accepted Reports of Child Abuse and Neglect for Mother-Only and Non-Mother-Only Families (Experimental and Control Families Entering Study during the First 360 Days)**

Mother-only families received more services because they are in greater need and at higher risk of future reports, particularly those of neglect of basic needs. The question here is whether such families *when provided with alternative response* show greater improvement than similar families not so provided. If there were no effects of services (and/or the alternative response approach), then we would expect experimental and control mother-only lines (the two lower lines in the chart) to coincide.

Franklin County families manifested a different pattern. For Franklin, the set of families represented in the second line from the top (control group, not mother-only) did substantially less well than any of the other three groups. Why this occurred is unknown, although the analysis in the next section may offer clues.

This analysis is presented as indicative of what a prolonged follow-up of families might reveal, particularly if enough data were collected to permit analysis of sample cases where richer family background and service information was collected.

### ***Alternative Response, Race, Poverty, and New Reports of Child Abuse and Neglect***

In this section, we compare the effects of alternative response on the two racial groups in this study: African-American and Caucasian families. Essentially, the following analysis suggests that alternative response produced the best results among African-American families. Predicted racial patterns are reversed, as African-American families as a group were being assisted to a greater degree than Caucasian families through alternative response. However, this pattern has less to do (perhaps nothing to do) with race directly and more to do with the degree of poverty.

It is the case, and nowhere more evident than in the child welfare population, that minority families — African-American, American Indian, and Hispanic — are more heavily represented among the poorest families. This is clear in the present study population when the results of the family survey are examined. As noted in Chapter 4, 71.5% of study families were Caucasian and 28.2% were African-American.

	African-American	Caucasian
• Income of less than \$10,000/year:	75.4 %	53.6 %
• Food stamps:	85.1 %	80.2 %
• Housing assistance:	22.9 %	13.3 %
• TANF	29.8 %	19.5 %

In addition, African-American families received child support *less often* (19.7%) than Caucasian families (33.0%). They were slightly more often unemployed, worked slightly fewer hours per week, and were less likely to report having an increase in income during the previous year. Only on the education variable were family caregivers in the two groups roughly comparable.

The poverty-potential index, discussed in Chapter 5, was based on a combined score arising from marital status, education, and income. On the 10-point scale, African-American families had a mean score of 4.62 compared to 3.65 for Caucasian families. This difference was statistically significant ( $p < .001$ ), indicating from the combined standpoint of income and earning potential that minority families were worse off. *Thus, race in this analysis was a proxy measure for poverty.* The Caucasian families in the study were as a whole in poverty or near poverty. The African-American families were deeper in poverty and had greater barriers to emerging from poverty.

The criterion of success in the present analysis was reduction in new accepted reports of child abuse and neglect. We reiterate here that this is one limited measure that is significant because it speaks to *risk reduction*, but other direct measures (if they were available) would be more desirable. Among African-American control families in the 360-day group, 15.9 % had new reports compared with 11.1 % among the experimental group. The raw percentage difference was 4.8 %. Compare this to the difference of 2.1 % for the entire study group. This was reflected in the proportional hazards analysis for this subset of families. As shown in Table 11.2, both the control variable (previous reports) and the experimental-control group difference were statistically significant.

**Table 11.2. Hazard Function for Subsequent Reports: Variables in the Equation (African-American Families, 360-day group)**

	B	SE	Wald	df	Significance	Exp(B)
Number of previous reports	0.095199	0.024893	14.62568	1	0.000131	1.099878
Experimental-Control group difference	-0.42215	0.179643	5.522309	1	0.018775	0.655633

Our analysis suggests that we should not focus on racial designation, but on family circumstances. The true underlying variable explaining the difference found between African-American and Caucasian is family poverty. There is a large body of evidence from various studies that family poverty (i.e., lack of basic needs) makes it more likely that events will occur in families that produce or are interpreted to be child neglect.<sup>36</sup> Deprivations of adequate housing, food, clothing, and supplies make child safety problems more likely to occur, and also affect family relationships through the stress and other emotional problems that result.

If income or other indicators of family poverty had been available for the entire study group, and if our supposition is correct about the effects of alternative response on impoverished families, an analysis by poverty would have produced similar results. This was, in fact, the finding of the extended analysis conducted in Minnesota (referred to by footnote earlier in this chapter). As it stands in this evaluation, however, the major positive effects of alternative response on new reporting of child maltreatment at this point in tracking families appear to have occurred among African-American families.

## Out-of-Home Placement

Removal of children is the most drastic step that CPS can take with families, short of complete termination of parental rights by the court. When children are removed from their homes, someone has determined that extreme safety problems exist that cannot be quickly remedied.

<sup>36</sup> For empirical evidence of the positive effects of differential/alternative response on the most destitute families, see the three studies by the current evaluators cited in footnotes earlier in this chapter.

Various efforts have been made to ensure that placements only occur when needed, such as ensuring that reasonable efforts have been made to find alternatives to removal. Family-preservation programs were instituted to provide intensive services to avert placements when there is imminent threat of child removal. Other programs have been established to speed the return of children to their homes as soon as possible or to assure that other permanent living situations are found other than foster care. These have generally been remedial rather than preventive programs.

Alternative response has been conceived by and large for families at the other end of the spectrum, where safety problems are less severe or can be quickly dealt with so that the focus can shift to child and family welfare issues. Whether alternative response might have some effect on out-of-home placement has been considered a misplaced question because it is thought that alternative response families are not likely to be the kinds of families where children are removed.

On the other hand, many families from which children are eventually removed come into contact with the system at an earlier point in their lives, when issues are less severe, and they are at that time precisely the kinds of lower-risk, low-safety-threat families that we think of when we consider alternative response. The question for such families is whether preventive services might have averted certain problems that culminated in a child being removed. In addition, we have seen through the analyses at the end of Chapter 4, that the view of alternative response families as *all* low-risk is naïve. Pathway assignment in alternative response is focused on immediate problems. Family history was sometimes considered when determining the pathway, but in most cases it was not, or if it was considered it was thought not to be important. Many families in the present study group have had multiple past reports, and more than 1 in every 10 had a history of child removal.

Thus, alternative response may be relevant to removal and placement of children both as a longer-term preventive program for low-risk, first-time-reported families, as well as an alternative and possibly more supportive approach to families that have a history in the system. In this section, the question of difference in removal of children among experimental and control families is considered.

**Levels of Child Removals.** Focusing on the 360-day group of 3,659 families that entered the study from July 2008 through June 2009, only 102 families (2.8%) had a child removed by the end of data collection in January 2010. This proportion is low, but is roughly comparable with the percentages of children removed at a similar point in time in the Minnesota alternative response



evaluation alluded to earlier. Within the control group, 3.7% of children had been removed, while 1.8% had been removed in the experimental group, a significant difference ( $p < .001$ ).<sup>37</sup>

Like the analyses of new reports, placements were counted from the date of the initial target report that brought the family into the study. This was not ideal, but it was unavoidable, as discussed earlier. For all 102 families, an average of 144 days had passed (nearly 5 months), before removals of children took place (156 days for experimental families and 138 days for control families). Thus, this was not a case of children being removed near the start of the alternative response or traditional response assessment. On average, 1.7 children were removed from families — two or more children in about 40% of cases.

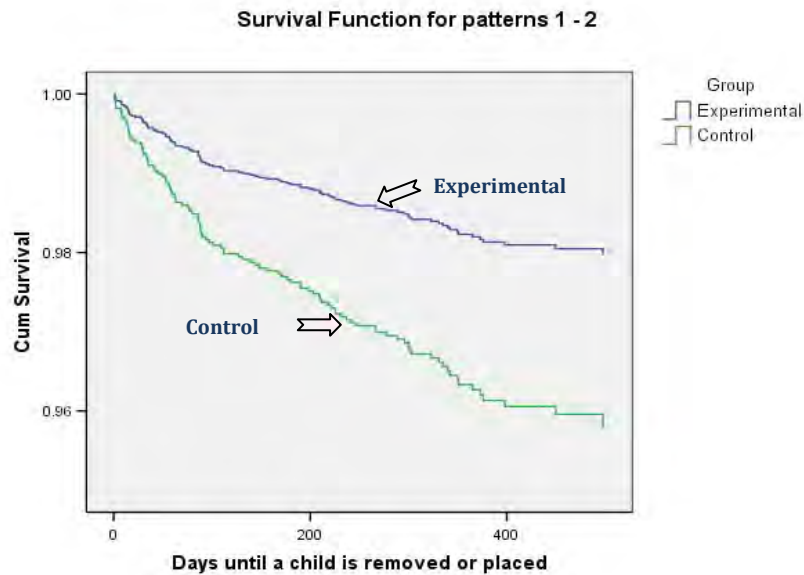
As with the question of new reports, these families had entered the study throughout this period, and consequently there were varying periods of time for new problems to arise and for new investigations and removals of children. For this reason, the proper kind of statistical procedure for this question was also proportional hazards analysis. The results are shown in the following table (Table 11.3). Past contacts with CPS were introduced as a controlling covariate and were statistically significant as before. The second variable concerned experimental and control differences in out-of-home placement. This was also statistically significant.

**Table 11.3. Hazard Function for Subsequent Child Removals:  
Variables in the Equation**

	B	SE	Wald	df	Significance	Exp(B)
Number of previous reports	0.075229	0.027617	7.42	1	0.00645	1.078131
Experimental-Control group difference	-0.73762	0.211943	12.11214	1	0.000501	0.478253

A pattern similar to those in the previous charts of hazard functions can be seen in Figure 11.7. Again, the differences may appear exaggerated because the percentage range shown on the left side of the chart is small. Generally, the cumulative percent differences correspond to those reported above — in the range of 2%. The statistical tests, however, support the idea that while the differences are modest, they are very likely real. We conclude that, like Minnesota, alternative response appeared to reduce the number of child removals and out-of-home placements.

<sup>37</sup> The experimental and control groups have been shown to be highly comparable on a variety of grounds. However, 93 experimental families were known to have had pathway changes and were subsequently removed from the analysis. It was thought that this procedure might have been an issue for child removals since no comparable control families could be removed. To determine this, the families with pathway changes were re-entered into the present analysis. The rate remained significantly lower in the experimental group. The analysis shown here does not include families with pathways changes.



**Figure 11.7. Proportional Hazards Analysis of Subsequent Child Removals (Experimental and control families entering during the first 360 days)**

## Summary

**Child Safety.** Child safety was defined in this chapter as protection from immediate threats of child maltreatment. Based on surveys of CPS workers in pilot counties, CPS was rated on average as moderately effective in protecting children in families at risk of child maltreatment and this estimate did not change during the Alternative Response Pilot Project.

In the case-specific survey, workers were to rate the level of improvement in the safety situation of children. They rated the severity of the problems at the first contact with a family and again at the final contact or case closure. The overall distribution of change in child safety was similar for experimental and control families with no statistically significant differences. This finding indicates that child safety was not reduced or compromised by the introduction of the alternative response family assessment approach.

**Frequency of New Reports and Out-of-Home Placements.** The number of past CA/N reports of families is an indicator of risk for future child abuse and neglect. In a similar way, the reduction of new accepted reports received on a family is an indicator that the welfare of the family and children has improved. Though the frequency of new reports is a limited measure of future risk and welfare, it provides a quantifiable way to measure outcomes for families.

A general analysis was run to determine differences in the number of subsequent reports within the study groups. The frequency of new reports was 4.2% higher for the control group for the families entered earlier in the study (240 days) and was 2.1% higher for the control group for those families entered within the first year. Differences in both cases were statistically significant.

This finding was confirmed by a proportional hazards analysis that controlled for the number of previous contacts with CPS. African-American families, who generally experience a greater degree of poverty, were shown to have had a larger difference in the number of new reports between experimental and control than was found for the entire study population. This suggests that African-American families likely received more help under alternative response because of the deeper degree of need.

Out-of-home placements occurred in only 102 families, or 2.8%, of the families entering the study during the first year. The control group had a higher proportion of these removals: 3.7% of children had been removed on the control side compared with 1.8% in the experimental group ( $p < .001$ ). This was also confirmed through a controlled proportional hazard analysis.

## CHAPTER 12: COST ANALYSIS

The final area of possible impact is on the cost of serving families. Findings concerning direct service costs and indirect costs to the PCSAs are discussed in this chapter.

**Cost Study Design.** The cost study design took advantage of the experimental design of the entire evaluation. If differences were found between experimental and control families in services, worker contacts, returns to the child welfare system, and placements of children, it was expected that those would be reflected in costs to the child welfare system. Assuming that a full cost-benefit study was not feasible, cost data were to be limited to direct services costs and indirect (administrative) costs within CPS agencies.<sup>38</sup> The total size of the experimental and control groups numbered in the thousands of families. A sampling strategy was designed to focus data collection on a smaller but representative set of experimental and control families. The costs of each direct service to families were to be collected for each experimental and control family in the sample. These were defined as expenditures for any service to any family member, including foster care payments. In addition, costs of indirect services were to be calculated, in this case, worker time spent with and for each sample family, by collecting worker time records and utilizing State-cost allocation records to determine average hourly costs by quarter in each pilot county. The object of the study was primarily a determination of *cost neutrality*, that is, whether the overall costs — including subsequent and long-term costs — for alternative response experimental families were greater or less than the costs for control families.

Certain practice changes were anticipated in alternative response and have been shown to have occurred, as stated in previous chapters.<sup>39</sup> It was assumed that services would increase under alternative response, as has been shown, and as a consequence, that cost of services would increase in the short-term. It was also anticipated that worker time with families would increase, as has been demonstrated, and that this also would lead to increased costs up front. Based on previous work, we thought it would be possible that new reports, ongoing cases, and later removals of children would decline. If this occurred, it would be reflected in reductions in costs. In fact, these changes appear to have occurred as well. In this sense, the cost study was designed to reflect the elements of the impact study, and by attaching monetary values to

<sup>38</sup> If alternative response produces differences in families and agencies one would expect to see effects in the greater community that might be measured as costs and benefits from the societal perspective. A full cost-benefit study would collect data for employment, income, medical service, mental health services, cash and noncash welfare, criminal justice, drug and alcohol abuse and other areas. Each would be valued and net savings would be computed.

<sup>39</sup> These arose from the evaluators' previous work in Minnesota where a similar study had been conducted. The cost analysis in the first study can be found in Loman, L. A., & Siegel, G. (2004). *Minnesota alternative response project evaluation: Final report*. Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FinalFRAREport.pdf>. A follow-up analysis is described in Siegel, G., and Loman, L. A.. (2006). *Extended follow-up study of Minnesota's family assessment response*. Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

services and time, show whether increased services to greater numbers of families under alternative response might have preventive consequences.<sup>40</sup>

**The Cost Sample.** Samples of experimental and control cases were selected in August 2009 for the cost study. Of all the outcome/impact categories, long-term costs take the longest time to develop. In the previously cited Minnesota follow-up study, over 3 years of cost data on average were collected on families. In the present study, a much shorter follow-up period was available — less than a year for many families. The strategy in selecting the cost sample was to maximize the time for costs to mature and develop for families. The sampling frame was limited, therefore, to families that entered the experimental and control group during the six months from July through December 2008, whose cases were closed when samples were selected, and for which full names and SACWIS identifying information were available. The final sample was made up of a random sample of 190 experimental families and 236 control families. Cost data were collected through the end of September 2009 insuring cost information for periods ranging from approximately 10 through 15 months, varying by the date of entry to the study during the initial 6-month period.

**Data Collection Problems.** Unanticipated problems arose that required changes in cost study design. Because case information on experimental cases was not available in the Ohio administrative data system (SACWIS), no time records were available for experimental cases.<sup>41</sup> This meant that no data were available for specific cases showing types of contacts, numbers of contacts, and length of time workers spent with and for families. A solution was to use *average times with families*. As a first step, a method was designed for collecting types and numbers of contacts with sample experimental and control families as part of the case-specific survey. Secondly, questions were added to the general-worker survey asking workers to specify the length of time they spent with families for particular kinds of service activities. The information collected through these two surveys is considered below. A second problem arose from variations in the methods of payment for direct services that were used for experimental and control cases in one of the pilot counties. This is further discussed below. These problems limited the applicability of the cost data.

### *Indirect Costs*

Indirect costs are administrative costs that cover worker time and associated office expenses of workers. This analysis considers only worker time and does not factor in time that supervisors and other office staff may have spent on cases. In this sense, the analysis is conservative and represents underestimates of the total costs associated with child welfare cases.

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<sup>40</sup> A sensitivity analysis is included in the technical appendix (see footnote 1).

<sup>41</sup> There was some hope of using control group records as part of the analysis. Evaluators discovered that the large majority of time records for control cases, which were generally available in SACWIS, showed no elapsed time for activities entered: for example, a home visit showing identical starting and ending times.

**Worker Time With Families.** As noted, worker contacts and time spent on various tasks with families were not available consistently on a case-by-case basis. The only alternative was to fall back to calculated averages per case. This is a method often employed in cost studies when case-specific data are unavailable, but data necessary to calculate means are available. The summary data can be seen in Table 12.1. The mean number of contacts was reported in earlier chapters and can be seen in the leftmost numeric column of the table. It was obtained by asking workers about their contacts with families in the case-specific survey when feedback from workers was obtained about specific families they had served. Next in the table, the mean number of minutes for each type of contact was obtained in another survey by asking workers about the number of minutes expended for various types of activities in alternative response or traditional response cases. They were asked to include preparation and travel time in their estimates. In each case they were asked about the most recent instance of this activity. Both measures are based on worker estimates of recent activity and to this extent are subject to memory errors. Nothing better was available.

**Table 12.1 Average Minutes per Alternative Response and Traditional Response Case**

<b>Alternative Response</b>	Mean* number of contacts	Mean** minutes per type of contact	Total minutes for type of contact	Total minutes per alternative response vs. traditional response case	Additional minutes for placement cases
Face to face	3.4	117.0	396.7		
Telephone	4.7	12.9	60.9		
Other	0.7	13.9	9.1		
Collateral	2.0	13.9	28.5		
Service Providers	1.3	13.9	18.2	<b>513.4</b>	
<b>Traditional Response</b>					
Face to face	2.7	98.8	267.5		
Telephone	3.7	15.4	57.1		
Other	0.6	20.8	12.0		
Collateral	1.4	20.8	29.8		
Service Providers	0.8	20.8	16.0	<b>382.4</b>	<b>374.5</b>

\* Obtained on a case-by-case basis in case-specific survey

\*\* Obtained from workers in the general worker survey

The two means for contacts and minutes were multiplied to obtain total minutes for each type of contact with families, and from that total, minutes for alternative response and traditional response cases were calculated. An estimated mean of 513.4 minutes (8.55 hours) was spent on alternative response cases compared to 382.4 minutes (6.73 hours) for traditional response cases. This is consistent with findings that alternative response workers have more contact *with more families* than traditional workers.<sup>42</sup>

The final number in the table was calculated by examining cases in which a child was later removed and placed in care. For this analysis 60 cases were found during the July 2008 to February 2009 period. The method was similar for these families, yielding an average of 756.9 minutes. The number shown in the table represents the excess estimated minutes for placement activities over and above regular assessment and case activities (756.9 – 382.4).

**Cost of Worker Time.** State indirect costs were used to compute cost of worker time. As part of their cost-allocation calculations for federal claims, states conduct surveys of workers in service agencies for programs that receive federal funding. The surveys, called Random Moment Studies, sample counties and workers within counties, and ask them on a specific (sampled) day to indicate what they were doing on a particular (sampled) minute during that day. Certain standard categories of child welfare activity are available for them to check. For the present evaluation, two categories of child welfare services were selected: intake/investigation and non-custody casework. These were the types of activities in which workers were most likely to be engaged with sample families. State-level staff responsible for determining cost-allocation tables were approached, who subsequently supplied the total cost data. This information was supplied for each of the 6 quarters from July 2008 through December 2009 for each Ohio county.

To determine the cost-per-unit time, it was necessary to obtain the percentages of random “hits” in the random moment surveys. These were available through the accounting firm with which Ohio contracts to conduct the studies. State staff mediated the request for data from that firm. Using this information, cost-per-minute figures were estimated for staff engaged in the two categories of activities targeted for study for each quarter and within each target county. Given these dollar amounts, and using the minutes per case figures shown in Table 12.1, the average cost-per-minute was \$1.69. Quarterly costs for all counties together were distributed around this mean in a slightly skewed normal distribution from a minimum of approximately \$1.00 per minute to a maximum of \$2.60 per minute, with two outliers of \$.80 and \$3.58.

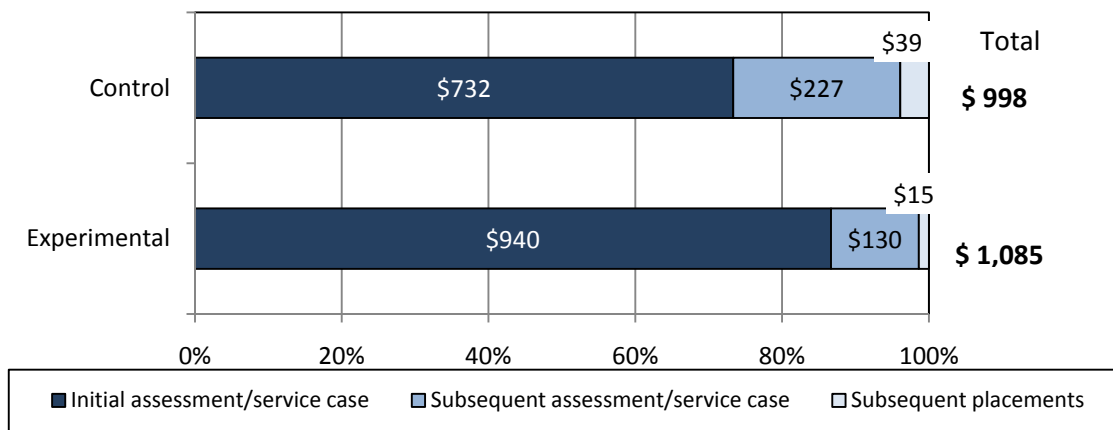
The calculations resulted in 60 estimated cost values (10 pilot counties for 6 calendar quarters) that represented the combined quarterly cost-per-minute for the two target categories of

<sup>42</sup> We did not attempt to distinguish time on assessment/investigation-only cases versus time on cases that were later opened for ongoing services, since alternative response family assessment workers themselves engaged in activities that would probably have been relegated to ongoing units under traditional CPS. The presumption is that the two averages encompass both assessment and service activities.

services: intake and non-custody casework. These activities account for about 20% to 40 % (with some county/quarter exceptions) of the indirect costs under child welfare. A more detailed study that collected information on the time devoted to other activities would result in higher average costs.

These costs were then applied to sample cases, using the minutes-per-case and cost-per-minute values. The choice of the latter value was dependent on the date attached to the child abuse and neglect report (or child placement). Average indirect costs for worker time are shown in Figure 12.1.

Initial assessment/case costs were associated with the original report and/or ongoing case. The mean values for experimental and control families are shown in the chart in the leftmost segment of each stacked bar. As might be expected given the differences in average minutes per case shown in Table 12.1, experimental cases were on average more expensive than control cases (\$940 versus \$732). The increase in costs results from services to families that formerly would have been unsubstantiated investigations and more services in general, including poverty-related services, provided to families. This pattern is consistent with the findings of the Minnesota alternative response evaluation (see previous citations). The middle portion of each bar represents indirect costs associated with subsequent reports. Since nearly all of these reports received traditional investigations, the times associated with traditional response cases were used for these calculations. The rightmost segments of the bars represent the mean excess costs associated with child removal cases. Together these summed to \$266 (\$227 + \$39) for control cases and \$145 (\$130 + \$15) for experimental cases. The relative reduction in costs for experimental cases reflects the reduction in new reports and new placements discussed in Chapter 11.



**Figure 12.1. Indirect Average (Mean) Costs of Experimental and Control Cases in Cost Sample**

This analysis shows that alternative response family assessments are more expensive at the front end. However, to the extent that alternative response leads to reductions in subsequent



reports, cases, and child removals, alternative response is less expensive subsequently. For this short follow-up period (a maximum of 15 months for this sample), the total average indirect cost for experimental cases was slightly greater than control cases (\$87). In Minnesota, where a longer follow-up period was available, the average total cost for control cases surpassed that of experimental cases.

### *Direct Service Costs*

As noted above, direct-service costs refer to any spending by the CPS agency for services to any family members, including payments for out-of-home placements.

The process of collecting direct service costs was elaborate and time consuming for both evaluators and local bookkeeping/accounting staff. Initial visits were made to each office in January and February 2009 to determine the best local contacts and inform them of the planned process. Starting in late September 2009, lists of sample cases were generated for each office and entered into spreadsheets with instructions for the kind of data needed. These were provided to the local contacts. During November and December, evaluators followed up with counties that had not submitted data. Over the next 4 months, spreadsheets and financial system reports (some printed) were received back from counties and were entered into the research database.<sup>43</sup>

The costs of direct services were obtained for the entire *experimental* segment of the cost sample.<sup>44</sup> However, control group costs were not obtained from two large local offices: Trumbull and Franklin. Franklin County was the larger of the two and accounted for a substantial portion of the total experimental and control groups. The problem in this county was that services are provided to most families via managed care contracts. This was the case for all control group families referred for services. It was also true of a small proportion of experimental group families. But experimental group families also had many other services that were paid for directly via Alternative Response Pilot Project funding. It might have been possible to collect the *capitated costs* for each agency providing services and to apply them to control cases referred to the same agencies but this would effectively compare apples with oranges — capitated costs for the control group and direct spending for the experimental group.<sup>45</sup>

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<sup>43</sup> Thus, another factor in obtaining full control group data was also the short timeframe for data collection. We had to wait until late in the evaluation period to request data in order to maximize the follow-up on cases leaving only a very short period for problem solving.

<sup>44</sup> There was one exception. No data were received from one of the smaller counties. The sample was very small and it is possible that no spending occurred for any of the experimental and control families in the sample, particularly since no Family Service Plans were received from this county. Therefore, the county was left in with zero values in subsequent calculations of mean values for the pilot.

<sup>45</sup> In addition, in both counties accounting staff had difficulty in generating service data of any kind for control group families. Unfortunately, the SACWIS system did not provide accurate and consistent information on service referrals.

An analysis was still possible for the eight remaining counties, but these counties accounted for only approximately half of the cost sample (53.5%). The experimental sample was reduced from 190 to 120 and the control sample from 236 to 108. Total sampling had resulted in imbalances between experimental and control groups in some counties, particularly the smallest counties in the pilot. Consequently, by setting aside Franklin and Trumbull Counties from this analysis, more control cases than experimental cases were lost.

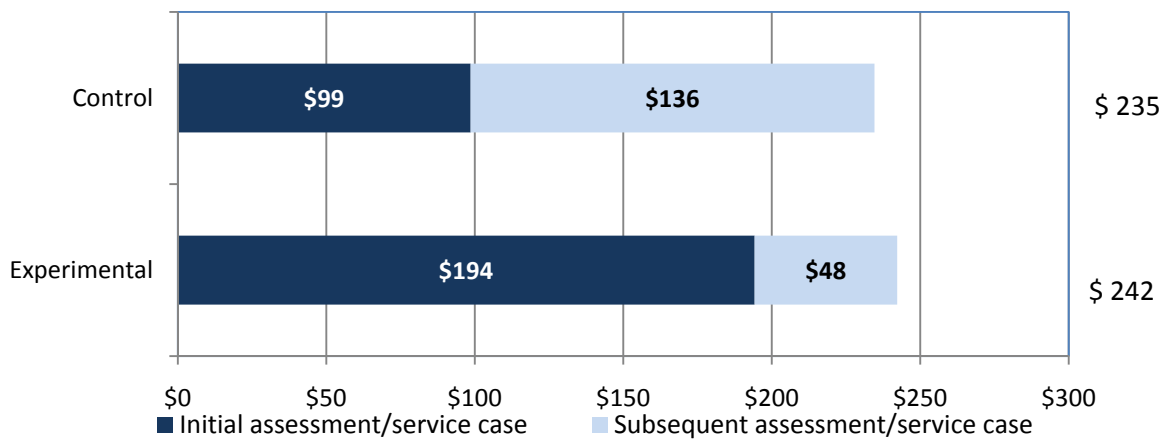
Table 12.2 shows the average amounts spent on families in the categories contained in Figure 12.2. Unlike similar categories in Chapter 7, these show actual spending on families. They are limited to the same eight counties for which data were available. More was expended on average for experimental families in the areas of food and clothing, rent, utilities, transportation and mental health. Control families were more likely to be provided with welfare and public assistance, child care, counseling and appliances and furniture. This is generally consistent with earlier analyses of service delivery in this report, which indicated an increase in poverty-related services. Among the sample cases for the eight counties illustrated in Table 12.2 out-of home placement occurred only among a small set of control cases. This was not true for the entire 10-county cost sample, as is shown in Table 12.2.

**Table 12.2. Mean amounts of direct spending by type of expenditure in eight pilot counties (Excludes Franklin and Trumbull)**

	Control	Experimental
Food/clothing	\$26.73	\$32.71
Rent	\$22.24	\$35.49
Appliance/furniture	\$12.54	\$10.03
Utilities	\$6.17	\$45.42
Medical/dental	\$2.66	\$0.81
Welfare/Public Asst	\$40.68	\$0.00
Childcare	\$40.30	\$0.00
Medical/dental	\$0.00	\$0.81
Legal	\$0.00	\$2.11
Mental health	\$8.25	\$33.06
Parenting	\$0.87	\$0.00
Education	\$0.13	\$0.00
Counseling	\$5.20	\$0.53
Transportation/car	\$9.07	\$11.47
Placement	\$147.27	\$0.00
Mentoring	\$49.08	\$32.00

In order to calculate direct costs for the entire 10-county sample, the direct costs data for experimental and control cases from the 8 counties were utilized as estimates and applied to the entire sample. Consistent with the impact data described in the previous chapter, 24.7% of experimental families in the cost sample were reported for child abuse and neglect compared to 33.1% of control families. Similarly, child removals and out-of-home placements occurred for 2.1% of experimental families compared to 4.7% of control families. These proportions reflect outcomes for families that entered the pilot study during 2008.

The calculations of direct costs, therefore, involved applying cost data derived from 8 counties to outcome data for all ten counties. This method is less than ideal but represents the best estimate based on available data. The results are shown in Figure 12.2.



**Figure 12.2. Direct Average (Mean) Costs for Experimental and Control Cases in Cost Sample**

Direct and indirect costs were combined by summing their values for the two groups of families during the initial and subsequent periods. These are shown in Table 12.3. The values in the table reproduce and sum the values in Figures 12.1 and 12.2. The analysis implies that alternative response and traditional cases have roughly the same costs when calculated over a period that includes an initial assessment and subsequent reports, cases and child removals. At this point in the follow-up alternative response cases are slightly more expensive overall (\$92), although the trend of the data was toward greater subsequent costs for traditional response cases. Analogous calculations in Minnesota showed increasing cost savings for experimental families after more extensive follow-up data had been analyzed. The implication is that the cost difference might reverse had more time for follow-up of families been available.

**Table 12.3. Total Direct and Indirect Mean Costs of Experimental (Alternative Response) Cases Compared to Control (Traditional Response) Cases (random sample of cases during the first six months of the pilot project)**

	Control	Experimental
Initial direct costs	\$ 99	\$194
Initial indirect costs	\$ 732	\$ 940
Subsequent direct costs	\$136	\$ 48
Subsequent indirect costs	\$ 266	\$ 143
Total Initial Costs	\$ 831	\$ 1,134
Total Subsequent Costs	\$402	\$191
<b>Total Costs</b>	<b>\$1,233</b>	<b>\$1,325</b>

An important question is what are the immediate and long-term implications of these analyses for counties considering implementing alternative/differential response within their child welfare systems? From this and earlier analyses the following can be expected:

1. Alternative response workers, when properly trained and supervised, on average spend more time with families and keep cases open for slightly longer periods of time. This has implications for caseload size. Alternative response family assessment workers can perform work more thoroughly with reduced caseloads. Assuming equivalent numbers of child abuse and neglect reports, costs for worker time can be expected to increase in the short term. More assessment workers may be needed and more staff may have to be shifted into family assessment activities.
2. Alternative response workers spent on average over twice as much for direct services expenditures compared to traditional response workers. This may have been in part a function of the increased funding available under the pilot, but was also a natural consequence of continuing casework with families that under the traditional approach would not have been served to the same extent. Thus, even in the absence of additional funds, the new approach produces an impetus toward greater spending, particularly on basic poverty-related needs.
3. This study has shown a consistent reduction in new reports of child abuse and neglect and later child removals, replicating the findings of the previous Minnesota evaluation. It was true of the 6-month sample in the present analysis as well as the 8-month and 12-month groups analyzed in the previous chapter. The reduced subsequent costs for experimental cases in the present analysis reflect these reductions. The long-term implications of this change are that fewer workers may be needed for the more expensive child removal cases. Payments for foster care may be reduced. Similarly,

fewer families may return with new reports. Thus, under a steady state scenario, with new CA/N reports being received at the same rate as in the past, the overall cost of child protection/child welfare activities might be expected to be reduced. This is based on the trend apparent in the present data and on findings in the longer-term Minnesota evaluation. This would involve a shift of resources from the back end of the child welfare system (longer term cases and foster care cases) to the front end, where families can be approached in a more preventative manner.

