Alternative Response in Maryland
Program Evaluation

Final Report
to the
Department of Human Resources
Social Services Administration

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Executive Summary and Recommendations of Evaluators

This is the final report of the evaluation of the Alternative Response (AR) initiative in Maryland. The evaluation was a multi-method study that collected information from a variety of sources, including families and family caregivers, Child Protection Services (CPS) staff, community stakeholders and the state's child welfare data system. The evaluation extended from April 2013 through September 2015. The AR program was implemented in five phases beginning with the northwestern Maryland counties in July 2013 and ending with Baltimore City in July 2014.

Characteristics of families entering AR

- Based on an analysis of 11,125 families that had been assigned to AR until mid-June 2015: 69% of AR families had 1 or 2 children; 89% of case heads in AR families were female. A single adult was found in 48% of families. Of the allegations of maltreatment reports, 39% involved physical abuse and 53% child neglect. Among the latter, inadequate food or nutrition was reported in 5%; inadequate clothing or hygiene in 7%; unsafe conditions in the home in 21%; inadequate supervision in 22%.
- Based on information provided by 251 AR families who responded to the family survey: Yearly incomes were less than $10,000 for 32%; $10,000-19,999 for 17%; $20,000-29,000 for 14%; and $30,000 or more for 20%. Concerning welfare, 58% were receiving food stamps; 14% housing assistance; 15% utilities assistance; school breakfast or lunch was received by children in 38% of AR families. More than half (53%) were unemployed and another 13% were employed part-time.
- An analysis of assignment to AR by race showed about equal proportions of Caucasian and African American families being assigned to AR family assessments versus investigations (IR) in jurisdictions organized by implementation phase. In one of the phases, however, more African American families appeared to be assigned to AR.

Child Safety

- When asked to review individual AR and IR cases for which they were responsible, Maryland workers rated children as no less safe in specific AR cases than in specific IR-comparison cases and indicated that safety threats were addressed and resolved at about the same rate in AR as in IR cases. In another survey, social workers and supervisors with direct experience with AR were asked about AR and IR cases generally. Of these, 7% reported they thought IR was the safer response and 8% thought AR was safer than IR for these referrals; 64% indicated they thought children were equally safe with either family assessments or investigations; while the remaining 24% said they could not judge if there was a safety difference or not.
- Recurrence statistics for AR families were that 5.3% of families had a new indicated or substantiated investigation within six months. Of children in these families, 5.6% were involved in such investigations. This should be compared to past statistics on IR cases with *great caution* since IR families include many types that are precluded from being assigned to AR (e.g. sexual abuse) and AR families include many with reports that would have been ruled out had they been investigated. Lower recurrence rates among AR families were found in jurisdictions with specialized AR units.

Family and Child Well-Being

- No statistically significant difference was found between AR and IR-comparison cases in well-being issues identified by social workers or in worker judgments concerning changes in severity by the time of final contact with the family.

Worker Descriptions of the Characteristics of Cases Reviewed

- Concerning the AR portion of the sample, workers were asked: "*In your judgment, would an IR have been more appropriate for this case?*" In 92% of AR cases workers answered *no;* in the remaining 8%, the primary reason workers provided was that the case would have been *ruled out* and thus the record of the report and investigation would have been expunged.
- In reviewing their AR cases, workers indicated that 74% would have been ruled out and only the remaining minority would have been indicated or unsubstantiated.
- Regarding *family cooperation*, AR families were rated as *more cooperative* compared to IR families, both at the first and last meetings that workers had with them. AR family cooperation was rated more highly by workers in the four jurisdictions with specialized in AR units.
- In most counties workers reported fewer face-to-face meetings and telephone contacts with AR families than with similar IR families. The exception to this finding occurred in jurisdictions where workers specialized in handling either AR or IR cases where about equal time was spent in both kinds of cases.

Family Responses to AR

- Regarding *family engagement*, most families in both AR and IR cases reported positive overall engagement with workers but the level of engagement, as measured by standarized items in family surveys, was higher under AR. For example, satisfaction with workers was more positive under AR and participation in decision-making was reported more often under AR. There was a similarity in the responses of Maryland families to families surveyed in previous AR evaluations in Minnesota and Ohio.
- Based on a standardized scale, positive emotional responses of families were similar in both AR and IR cases, with no difference found in the overall positive response to their first meeting with the worker. Overall *negative emotional responses* (e.g., angry, anxious or discouraged), however, were greater among families assigned to IR.

Services to Families

- When workers were asked about specific cases for which they were responsible, no overall statistically significant difference was found between AR and IR families in worker reports of information and referral or actual services provided by counties or other organizations within jurisdictions. These were responses of assessment workers and investigators *only* and did not include feedback from ongoing workers, FPS workers or workers in community agencies that may have worked with families after investigations or family assessments. No difference was found in services that AR and IR families themselves reported receiving.

- For each case in the case-specific survey, workers were asked a series of five questions about the sufficiency and effectiveness of any services provided to the family including 1) immediate safety threats, 2) future abuse and neglect, 3) family and child well-being, 4) appropriateness for family needs and 5) service effectiveness. No difference was found between workers in AR and IR-comparison cases on any of these items.
- Regarding the reports of families about services they received, there was some variation in particular types of services but no important differences were found in the frequency of services to AR and IR-comparison families.
- In regard to questions of *appropriateness and sufficiency of services* received, no difference between the responses of AR and IR-comparison families was found.
- Most AR families were in poverty or had incomes near the poverty level. Analysis revealed that the impoverished families received the most services and the most referrals to service providers of various kinds. By implication, they are the families that are most in need of services.

Organizational Issues, Staff Experiences and Attitudes

Evaluators made 26 site visits to counties and conducted on-site interviews with administrators and AR and IR supervisors and staffs. Two general surveys were conducted to gain the perspectives and experiences of county staffs—one shortly after AR was implemented in the county and a second in the final quarter of the evaluation.

- Evaluators found most county administrators and AR coordinators to view AR as a significant modification to their CPS programs and positively disposed towards the programmatic development. Some saw AR as primarily reinforcing the family-centered approach already in place.
- Overall, CPS practice in the state impressed researchers as already committed to many of the practice elements AR represents, and the introduction of the alternative pathway as a means of institutionalizing these elements.
- Supervisors and social workers typically expressed strong support for the collaborative nature of the preparation and planning that was done for the implementation of AR.
- Asked if AR affected how they approached families, 15% of social workers said it did not. The rest said it did with 31% saying it affected their approach "a great deal." The percentage who reported AR affected their practice grew over the course of the evaluation. Social workers in counties with specialized AR units were more likely than workers in mixed AR/IR units to say AR affected how they approached families.
- Social workers were more likely to say AR affected the manner of their engagement with families than to say it affected whether or not they provided services or assistance to families. Nearly all administrators and workers reported that service provision was based on family need and not referral pathway or whether or not there was an assessment finding. However, the greater the effect AR was reported to have on their engagement approach, the more workers were likely to report service provision.

- There is an undercurrent perception among a small minority of social workers that has been resistant to AR and a larger minority who tend to view AR as a less important pathway than IR and requiring less attention. These views are stronger among workers in mixed AR/IR units.
- Social workers and supervisors reported that families respond more positively to AR than IR interventions; the effect was stronger among staffs with specialized AR units whose workers reported more family cooperation and found families more willing to address problems. Most workers believe their ability to help families obtain the services and assistance they need is generally similar for AR and IR referrals. Overall, AR family assessments tend to be viewed as more effective than investigations; family assessments tend to be viewed as more effective by workers in specialized units than workers in mixed units.
- Social workers are split on the extent to which AR can be successful without additional funds for services or significant resource development. Many see the need for lower caseloads to do AR as expected. Some would like to see a relaxation on strict time frames for closing AR assessments.
- A majority (53%) of social workers report a need for "a lot" more training in AR, a figure that grew from the first to the final survey. This view is shared by county administrators who see training as an ongoing need.
- Workers also see a need for greater support related to community outreach and for strategies that ensure that what is known about available resources is effectively disseminated to all workers. Some administrators expressed the desire for the state agency to take a lead role in a statewide outreach effort, particularly to the courts and justice system personnel, but to other important stakeholder groups as well.

Views of Stakeholders

Community stakeholders, drawn from lists provided by county Departments of Social Services, were surveyed towards the end of the evaluation period. The lists of stakeholders included individuals with whom county DSS has some kind of working relationship, who serve on an advisory group, or otherwise represent organizations and institutions that typically are in close contact with the families that CPS serves—as service providers, court personnel, educators and health and mental health professionals. The most common service areas represented by survey respondents were programs or services for children, followed by counseling and mental health, education, child advocacy, and the justice system.

- 86% of stakeholder respondents said they were familiar with AR, 57% said "very familiar."
- Most of those familiar with AR had a positive to highly positive view of it. A small number were very critical of it. Law enforcement personnel had a generally high opinion of AR, along with providers of various basic services. Justice system personnel and mental health professionals were less positive than other stakeholder groups in their assessment of AR.
- Slightly more than half said they had been contacted by someone in the county DSS about AR and half said they had attended at least one meeting related to AR.
- A majority rated the coordination between their organization and the county DSS positive to highly positive.

Chapter One
Introduction

This is the final report of the evaluation of the Alternative Response (AR) initiative in Maryland. Findings of the evaluation are discussed in the following chapters.

1. Purpose of the evaluation

The Maryland Alternative Response Evaluation was designed to conduct an implementation and outcome study of the Maryland AR program approved by HB 834 and authorized by the Secretary of Human Resources as described in Policy Directive SSA #13-13. It was designed to be independent but under the direction of the Maryland Social Services Administration (SSA) and guided by the Alternative Response Advisory Council established for the project by SSA and consistent with SSA Policy Directive # 11-05 governing research involving human subjects.

The following is a list of the central research questions in the study.

1. How does Alternative Response impact the safety of children and the well-being of children and families involved in the child welfare system?
2. Are screening criteria applied appropriately and consistently in selecting cases for AR versus the investigative response (IR), and are cases switched, if warranted by child safety or better service to families, from one response pathway to the other?
3. Is there consistency across counties in the implementation of AR?
4. What is the level of family engagement in AR interventions?
5. Do caseworkers actively engage families in assessing their needs and are families equal partners in the development of case plans?
6. Are AR case plans effective and are families successfully linked to services?
7. What differences are there in the provision of services to AR and IR families and in the allocation of caseworker time?
8. What is the response of families to AR and how does it differ from families receiving IR? (Compared to IR families, do AR families feel listened to, respected, satisfied? Do they see themselves and their children as better off, strengthened, better able to access community resources, better able to help themselves? What concerns or problems do AR and IR families express?)
9. What is the response of SSA caseworkers and supervisors to AR? (Do they have concerns about child safety, practice protocols, community outreach, training, and preparedness? How do they perceive their own ability to intervene effectively with families? Are there changes in the way they perceive their jobs and role or the role of the agency and how it is perceived? How do they perceive the response of families and the community to AR? Do they have ideas for improving AR or IR?)

10. What are the responses of community stakeholders to AR?

This report attempts to address these questions in various ways. The evaluation was a multi-method study that collected information from a variety of sources, including families and family caregivers, Child Protection Services (CPS) staff, the general community and the state's child welfare data system. Regarding the first research question, the report looks at short-term comparative analyses. Long-term comparative analyses of child safety and child and family well-being outcomes are problematic in Maryland, as alluded to later in this chapter and in Appendix 1.

Preparation for the evaluation began in April 2013 and extended through October of that year. This consisted of construction and revision of data collection instruments and development of a method of receiving administrative data from the state's SACWIS system (MD CHESSIE). Use of the data collection instruments was dependent on identifying information for workers, cases and families available only in administrative data. During the preparatory period, data collection tools and methods were presented to the Research Review Board (RRB) of SSA and approval was granted for their use with Maryland families and workers. Full administrative data were first received by the end of November, 2013 and other data collection began in early December 2013. Data collection has continued but the present analysis is dependent on information received through June 2015.[1]

Following a planning period of several months, Maryland began actual implementation of AR with the acceptance of the first AR cases in July 2013 in an initial group of five Phase 1 counties and progressed through four other sets of counties (Phases 2 through 5) until it was implemented statewide (see **Table 1.1**) as of July 2014.

Table 1.1. Phases of Maryland Alternative Response implementation

Phase	*Date begun*	*Counties*
1	7/1/2013	Allegany, Frederick, Garrett, Montgomery, Washington
2	11/1/2013	Baltimore, Carroll, Cecil, Harford, Howard
3	1/1/2014	Anne Arundel, Calvert, Charles, Prince George, Saint Mary's
4	4/1/2014	Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester
5	7/1/2014	Baltimore City

The counties are also shown in the map in **Figure 1.1**, which is based on a graphic presentation produced in early 2013 by SSA. As can be seen the phases consisted of contiguous counties in the north (Phases 1 and 2) and the southwest (Phase 3) followed by the eastern counties (Phase 4) ending with Baltimore City (Phase 5).

[1] As indicated below, MD CHESSIE child welfare data extends back for some years before the beginning of the project (in July 2013).

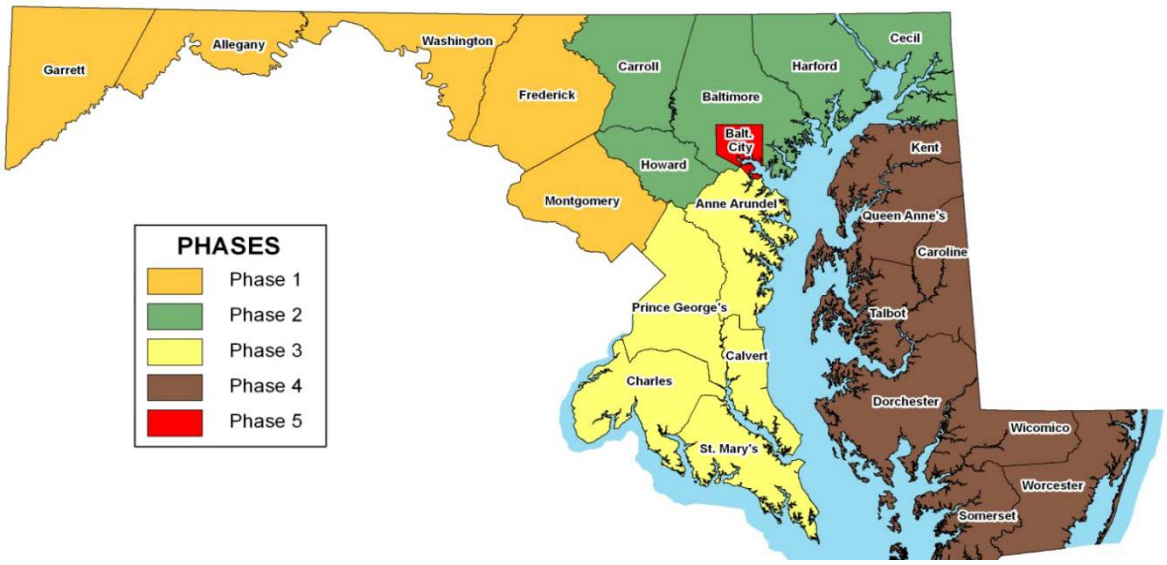

Figure 1.1. Implementation phases of the Maryland Alternative Response program

Training of workers and supervisors was conducted in counties in each phase during the months preceding the implementation in that phase. In addition Casey Family Services sponsored several cross-county collaborative meetings, attended by local and state-level staff to share learning and experiences.

2. Data sources

The following data sources were utilized for the evaluation. Copies of data collection instruments are available from evaluators upon request.

MD CHESSIE data. Administrative data was collected via uploads to evaluators on a monthly basis. This included tables dealing with intake, assessment/investigation, formal case activities, services, assessment tools, child removals and placements, etc. Data provided extended back for several years preceding the AR implementation.

General staff surveys. A survey was conducted in the counties in each of the five phases after they began implementing, asking staff members a variety of questions concerning their knowledge, attitudes and experiences related to AR and CPS generally. Respondents were notified of the survey via an emailed request with a link to an online automated version of the survey. A very similar follow-up survey was conducted in June 2015 to provide comparative analysis.

Family feedback surveys. Based on addresses available in MD CHESSIE uploads, we contacted AR and IR-comparison families for their feedback. Gift cards (valued at $20) to various retail establishments (e.g., Walmart, Target, CVS, etc.) were provided to each responding family.

Worker case-specific (case-review) surveys. Surveys were conducted of workers for samples of AR and IR-comparison families in order to collect data generally not found in SACWIS or, at least, not as fully

and/or consistently as needed for the evaluation. In the surveys, workers were asked to complete data about specific families assigned to them. Families and their assigned workers were identified in MD CHESSIE tables. The surveys were conducted on approximately a bi-monthly basis. Workers were contacted by email and asked to complete each survey online.

Community stakeholder surveys. Surveys of community stakeholders were conducted between in June and July 2015. Stakeholders were primarily from agencies that may provide services to or are otherwise in contact with families and children in the child welfare system. Stakeholders were selected from lists of names provided by local office staff.

Site visit interviews. Site visits are were made to local offices in each implementation phase throughout the course of the evaluation. Individual and group interviews were conducted that covered implementation and process study topics.

3. Data collection methods

MD CHESSIE: AR and IR-comparison Families. Fortunately, monthly downloads of administrative data were already being provided to a professor at the University of Maryland, who generously agreed to transfer the data to evaluators. This continued from the first full download in November 2013 through June 2015. Tables were received in SAS format and converted for use in the evaluation. The process involved identification of screening information, encounters with families assigned to AR, variables associated with families and family members, assessments of risk and safety, and other associated data. AR families identified in these data are described in Chapter Two.

Selection of the comparison group. The original research plan involved the selection of a comparison group of families from counties that had not yet implemented AR. The comparison group consisted of Investigative Response families that were very similar to AR families in demographics, report allegations and various risk and safety concerns. These are referred to as *IR-comparison* families in the following pages. The process of selecting comparison families continued on a monthly basis from MD CHESSIE data received through May 2014. At that point the selection process was terminated because the only county left from which comparison families could be selected was Baltimore City. The matching process proved to be useful in implementing the family feedback and worker case-specific surveys, but the comparison group could not be used for longer-term outcome analyses. That design modification is explained more fully in the present chapter and in Appendix 1. Appendix 1 also contains an analysis arguing for extending the period for retention of ruled-out reports before they are expunged.

Family feedback surveys. Beginning in December 2013 and continuing each month to the present, families that were provided with AR were identified in administrative data. As part of the planned comparison analysis, each family was matched with an IR family from counties that were yet to implement AR. Regular surveys were sent to families assigned to AR and their IR-comparison families from October 2013 through June 2014. Between June 2014 and June 2015, surveys were mailed only to AR families. The number and characteristics of these families are considered in Chapter Two.

Case-specific worker surveys. Samples of AR and IR-comparison cases were selected each month for case-review follow-up with the initial worker in the case. The samples were selected randomly from the families screened and referred during the previous period. Only one case per worker was selected (randomly within the worker's caseload) for each survey and no worker was surveyed more often than every 40 days. The response rate for these surveys was approximately 83% overall. Non-responses occurred for several reasons. The most frequent included worker turnover and invalid email addresses as derived from MD CHESSIE and SSA provided lists. In addition, there were a few cases that had reached the 120-day expunge limit by the time workers were contacted, courtesy cases that a worker was handling for another county, extended worker sick leave, worker retirement and other reasons. The characteristics of the families in this sample are also outlined in Chapter Two.

The first and final general staff surveys. Another series of surveys was carried out, that sought to measure staff attitudes, opinions and experiences with child protection and AR generally in their local offices. We call these the **early or initial** general staff surveys. They were conducted between 90 and 120 days after AR was begun in each county. Responses were received from 279 workers and supervisors in all Maryland counties. Respondent totals included the following: Phase 1: 62; Phase 2: 57; Phase 3: 53; Phase 4: 44; Phase 5: 63. The survey excluded workers who worked exclusively in out-of-home care and adoption cases but included intake and screening workers, CPS workers, ongoing case workers, family preservation workers, and some other similar categories. The **late or final** general staff survey was conducted in June 2015 and was very similar in form to the early survey. Respondent totals included the following: Phase 1: 55; Phase 2: 92; Phase 3: 137; Phase 4: 37; Phase 5: 65. Details of the characteristics of these surveys are described in Chapter Six.

Community stakeholder survey. The objective of the survey was to gain some understanding of the community dimension of Alternative Response—the level of familiarity with the new pathway among key stakeholders or "community partners," their attitudes towards it, and the extent of outreach that has been made to them. A total of 340 stakeholders were surveyed, most through an internet-based tool, a small number with mail surveys when email addresses were not known. A total of 127 responses were obtained in time to be included in the analysis, a return rate of 37%. Results are discussed in Chapter Seven.

Site visits. Evaluators made 26 site visits to counties and conducted on-site interviews with county administrators, AR coordinators, supervisors of AR and IR workers, AR and IR social workers, and screening supervisors and screening staff. Interviews with social workers most often took place in small group settings; some one-on-one worker interviews were conducted. Counties in each implementation phase were visited—four counties in Phase 1, three counties in Phase 2, five counties in Phase 3, five counties in Phase 4, and the single Phase 5 county. Seven site visits involved second-round meetings with CPS administrators and staff.

4. Long-term follow-up of comparison families

A topic of importance concerns a *modification of the research design*. As noted in the discussion of MD CHESSIE data reception, a process of selecting IR-comparison families was established and

continued on a monthly basis through the analysis of June-2014 MD CHESSIE data. The idea underlying the selection of a comparison group was to *identify a pool of potential match families that would very likely have received AR if AR had been implemented in their area.* It was necessary to select these families from counties that had not yet implemented AR. For example, Phase 1 AR families could be matched with similar IR families in Phase 2 through Phase 5 counties. Later, Phase 1 and Phase 2 AR families could be matched with Phase 3 through Phase 5 counties. And so on. No matches would be available for Phase 5 AR families. To accomplish this, a series of computer algorithms were developed to determine the characteristics of each AR family and then to search through the pool of potential IR matches to find the family that was most similar. The object of this pair-matching was to developed a *matched group* of IR-comparison families that, as a group, would be very similar to the group of AR families.

The purpose of selecting a comparison group is to have a kind of standard against which to measure changes in the new program. In this process it is important that 1) the pool be large enough to yield similar cases and 2) that follow-up data be available on all AR and IR-comparison cases. We did not fully appreciate at the time of presenting the design the strictness of the rule that information on *ruled-out* cases be expunged within 120 days of the original child abuse and neglect report. According to state legal counsel, no exceptions can be permitted to this rule, not even for program evaluation purposes. Like most states, the majority of investigations of reports in Maryland end by being ruled-out.[2] This means that many (a majority based on worker reports) of IR-comparison cases that have been selected cannot be tracked. Therefore, the present report *does not include* comparative findings on long-term safety of children, long-term child and family welfare and changes in risk and safety assessments of AR families. The report *does contain* comparative findings on implementation and process issues and some short-term outcomes but no conclusions about long-term outcomes (for example related to child safety) that would require AR-IR comparisons. Greater details about the limitations and the importance of such comparison are discussed in Appendix 1.

[2] The terminology varies. These are more commonly referred to as “unsubstantiated” or “unfounded” in other states.

Chapter Two
Characteristics of Families Entering AR

In this chapter we describe the three samples of AR families used for subsequent analyses, their characteristics and the characteristics of the comparison group of IR families selected for follow-up. We also take up the issue of proportionality of assignment to AR for racial groups. 1) In the first section, we include an analysis of the characteristics of families assigned to receive an Alternative Response from July 2013 through mid-June 2015. This consisted of 11,125 families out of 33,498 that had at least one report to CPS during this period.[3] We identified families assigned to AR through records in MD CHESSIE, the SSA administrative data system. In some cases, families were first assigned to IR during this period and were assigned to AR only after a new report. 2) We also examine the sample of AR families who responded to our ongoing monthly surveys and compare their characteristics to the larger ongoing group of AR families and to IR-comparison families who also responded to the survey. 3) In the third section, we describe the families that were the subjects of case reviews by workers in the case-specific surveys. 4) Finally, a special section is included on racial equity.

1. Families assigned to AR during the evaluation period

The breakdown of AR families by phase and county is shown in **Figure 2.1**. As noted the Maryland AR program was begun in five phases. Phase 1 was started on July 1, 2013; phase 2 on November 1, 2013; phase 3 on January 1, 2014; phase 4 on April 1, 2014 and phase 5 on July 1, 2014. The total number of families that was used as a base for the percentages is shown in parentheses next to the county name. These totals represent the entire AR caseload *after the phase-in date* for each county. For example totals for Allegany represent approximately 23 months on intakes while totals for Baltimore City represent about 11 months of intakes. It is immediately apparent that percentages increase by phase, that is, the longer counties were utilizing the AR approach the larger the proportion of families they were willing to assign to AR. This pattern of adoption matches that of other states. As counties become more comfortable with the approach—and convinced that child safety can be maintained under AR—they assign more reported families to the AR pathway.

Another interesting feature of Figure 2.1 is the relationship between AR assignment percentages and the total number of reports received. While there were a number of smaller counties that had lower percentages (less than 40%) assigned to AR, of the 7 counties with higher AR assignments (greater than 40%), 6 were counties with report caseload of less than 800 per year.[4] This may be a function of

[3] The number of families in MD CHESSIE summary tables during this period was larger: 12,124. This analysis is based the set of families that could be processed and included in our research database. In addition, some duplication occurred in the full count of families, although the 11,125 families were individual families containing no duplicate cases and are not duplicated in counts of IR families. The full set of 12,124 families was utilized in the section on pathway change.

[4] Based on a weighted analysis adjusting IR and AR cases to 12-month levels.

faster structural and training changes in smaller counties and may change during the next year as the counties in Phases 3 to 5 begin the increase proportions assigned to AR.

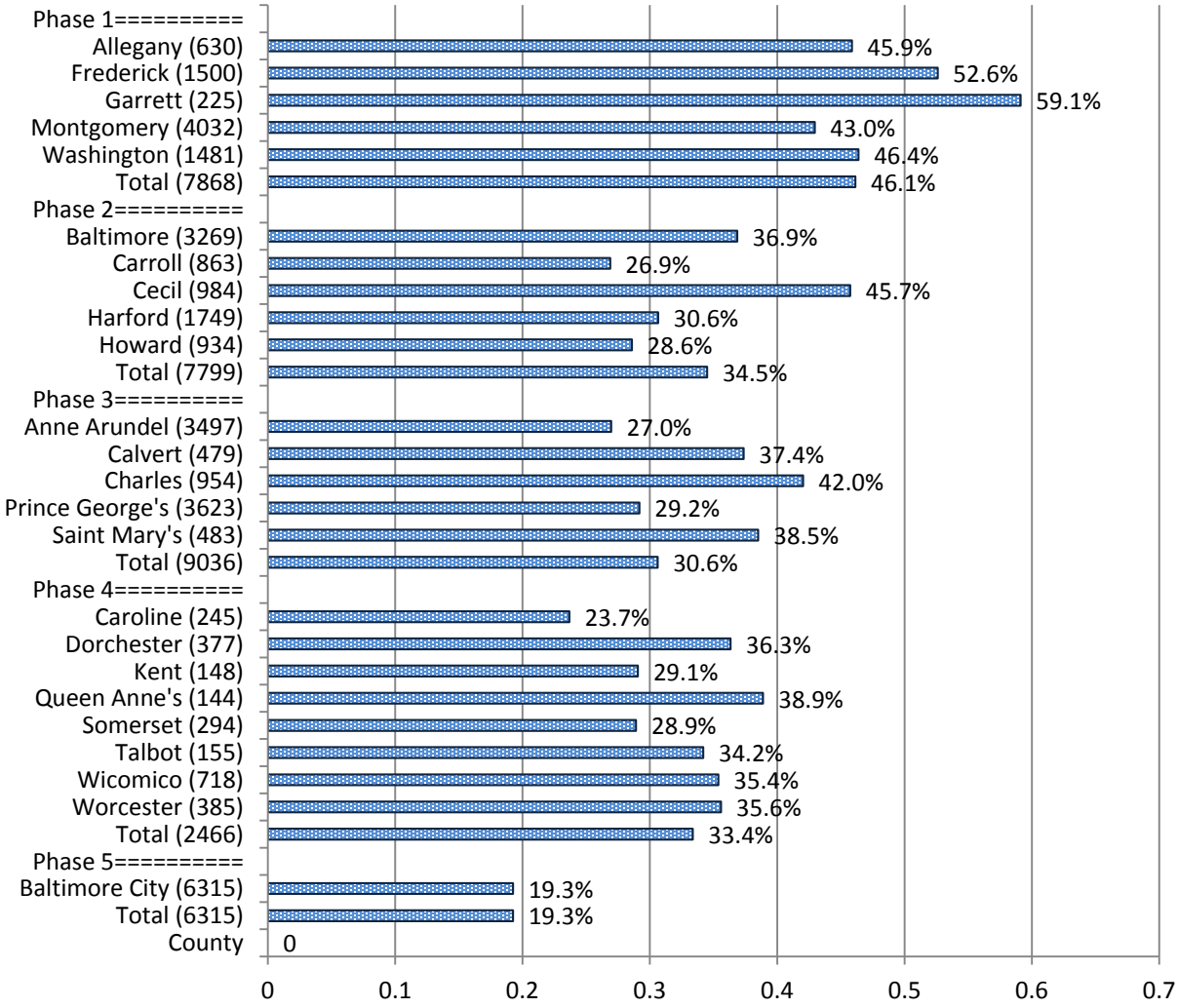

Figure 2.1. Percentage of families (N = 11,125) assigned to AR by Phase and County (available in MD CHESSIE data extractions through mid-June 2015)

Demographic characteristics. Most AR families had only one or two children. There were 40.6% in which a single child was identified and 28.2% in which 2 children were present. Families with 3 or 4 children made up 21.3% of AR families. In the remaining 9.9%, there were 5 or more children. The proportion of single-child AR families was lower than that of the full IR population, which amounted to 47.4%, showing that AR families as a whole had more children than families not assigned to AR. On the other hand, the proportions of children ages 1 to 4 years in AR and IR families was quite comparable—in the range of 5 to 6% for each ages group. However, AR families compared to IR families tended to have slightly more 5-year old (AR: 9.9%; IR: 8.5%) and 6-year old children (AR: 9.5%; IR: 7.7%). Similar differences were found across all the age group up to 17-year old teens. These proportions were based on cases in which the birthdates of family members were entered.

Considering individuals for whom birthdates were entered, we counted 47.8% of AR cases in which a single adult was listed in the case, 35.0% with 2 adults, and the remaining with three or more. Again, when gender codes were entered for the persons, the case head was seen to be female in 89.2% of AR families and male in 10.8%, although we could not identify in administrative data case heads or the gender of identified case heads in 30% of AR cases. When both the case head identity and the birthdate were known, the age of AR case heads averaged to 35.1 years, which was roughly comparable to that of the full IR caseload of 34.5 years. Race and ethnicity were unknown in 34.8% of AR cases but otherwise 34.3% of families were Caucasian and 30.7% were African American. Hispanic identity was indicated in 3.9% of cases. (See the final section of this chapter for a fuller analysis of race/ethnicity.)

Child maltreatment allegations. Among these AR families, 39.2% were categorized as physical abuse cases. Of these, 16.9% were reported as non-accidental physical injuries; 1.8% with injuries inconsistent with the caregiver's explanation; and 5.9% in which the caregiver's action was reported to have likely caused the injury. Reports were given a final categorization of child neglect in 52.9% of AR families. Among these, inadequate food or nutrition was reported in 5.2%; inadequate clothing or hygiene in 6.6%; unsafe conditions in the home in 20.9%; inadequate supervision in 22.3%.

Family risk. Family risk levels assigned in risk assessments of 10,989 of the AR families are shown in **Figure 2.2**.

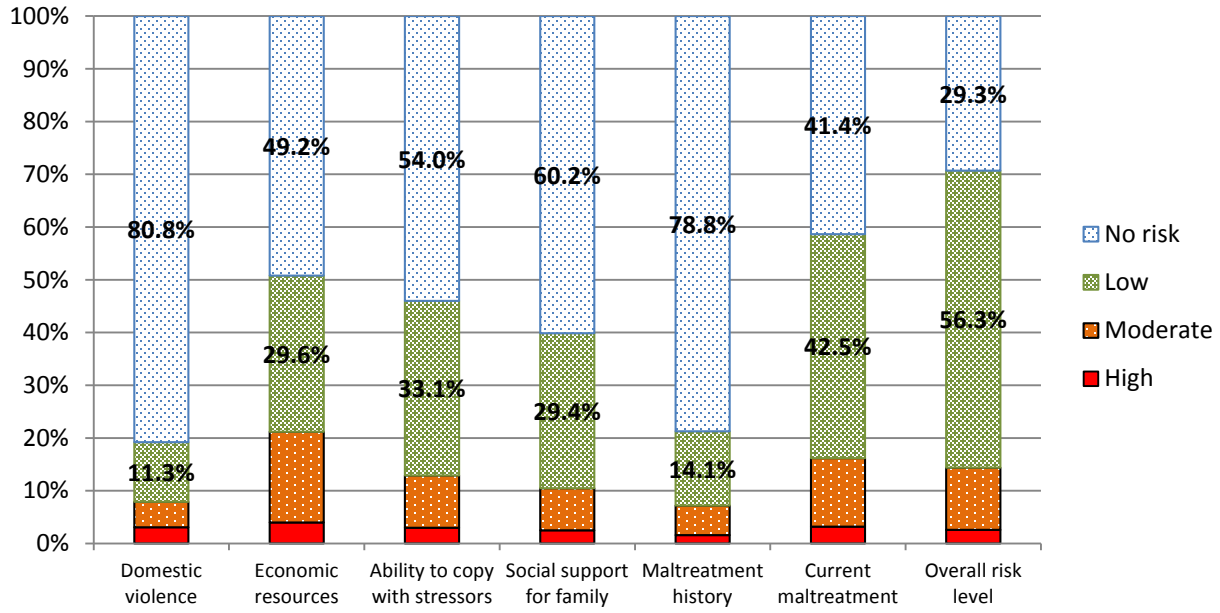

Figure 2.2. Family risk levels assigned to AR families (N = 10,898)

Figure 2.2 shows that an overall score of no risk or low risk was assigned to nearly 85.6%, although family risk was rated as greater in some risk categories. Moderate overall risk was indicated for 11.8% and high risk for 2.6% of AR families for a total of 14.4%. Not surprisingly, these two categories summed to 26.3% of IR families (total N=18,656 for whom risk assessment data were available). Thus while AR families **are not** "all low risk" as some are inclined to say, they are lower-risk

as a group than families assigned to traditional investigations. The Maryland risk assessment tool is a clinical tool rather than a research instrument and it is possible to obtain an overall score of no risk even though various low risk items have been checked in certain component areas. Overall risk is not determined mechanically from other risk scores but represents the professional judgment of the worker. For example "no risk" indicates that "there are generally positive family conditions and circumstances" and that "negative influences that are present are low to none."

The areas in which greatest risk was indicated were 1) economic resources, 2) ability to cope with stressors, 3) current maltreatment, and 4) social support. Each of these items is based on multiple indicators specified in the risk assessment tool. Only in the area of economic resources (such as indebtedness, housing problems, clothing, other money pressures, etc.) were more than 20% of the AR families considered to be at moderate to high risk. Importantly, according to workers interviewed the risk assessment instrument is completed near the end of contact with the family and may, therefore, reflect assistance that was provided. However, this is an indication of the general financial situation of families encountered by CPS. Their incomes are typically in the low to very low range and very often they stand in need of various kinds of financial and material assistance. This is no less true of families assigned to AR as the general run of families encountered by child protection.

Pathway change: Shifts from family assessment to investigation. We were able to utilize the entire set of 12,124 families in determining the proportion of families that were initially assigned to an AR family assessment but were subsequently shifted to an investigation, after a worker met or attempted to meet with them. Closing codes showed that 383 families were involved in such pathway changes. This amounted to 3.2% of all AR cases. This proportion is very much in line with similar AR-to-IR shifts in Missouri, Minnesota and Ohio. The reasons for pathway changes were available. Of the 383 families, 78 (20.4%) refused access to a child; 141 (36.8%) refused to discuss the allegations of the child maltreatment report; 123 (32.1%) refused to cooperate and family risk or child safety was a concern; and 41 (10.7%) rejected services necessary to address immediate safety concerns for the child.

IR-Comparison Group Selection. The rationale for creating a comparison group and the general procedures were briefly described in Chapter One. We reiterate that the original plan to use this group for follow-up comparisons proved to be impossible in Maryland because of strict laws dictating data expungement after 120 days for ruled-out families. However it was still possible to use comparison group families for family feedback and case specific surveys (as described in the next sections). Comparison group selection was terminated in mid-2014. The primary comparison group was selected through a pair-matching procedure from new IR cases in counties that had not yet implemented AR. We called this group the **outstate comparison group**. It consisted of 751 IR families pair-matched with 751 AR families in counties that had implemented AR. A second comparison group was selected using the same procedure from counties that had already implemented AR—the **in-phase comparison group**. This was based on the rationale that counties are typically conservative in adopting AR and that some families in the early months are assigned to IR that *would later have been assigned to AR*. This rationale is supported by the differences illustrated in Figure 2.1. By the time of termination of comparison group selection, 585 IR families had been pair-matched.

2. The sample of families responding to the family feedback surveys

Monthly mailed surveys were conducted of AR and IR-comparison families from December 2013 through June 2015. After June 2014, only AR families were contacted since no IR-comparison families could be selected during the final 13 months of data collection. Responses were received from 98 IR families during the December 2013-July 2014 period. But because AR families continued to be surveyed, the total number of responding AR families reached 251.

Similarity and representativity of responding families. The final group were imbalanced and this raises the concern that biases in selection may have been introduced. After all, the point of this kind of analysis is to determine whether *differences can be found between very similar groups of families that were treated in different ways*. If the groups are dissimilar then differences found may be attributable to dissimilarity rather than to the way they were treated. The 98 IR-comparison families consisted of 51 from the outstate comparison group and 47 from the in-phase group. These were combined the analyses.

A second issue concerns low response rates. The actual response rate to the survey, after elimination of known bad addresses was 23%. This is a conservative figure and actual response rates were very likely greater since bad addresses could only be identified through letters returned by the postal services.[5] Family caregivers who completed and returned surveys were sent a $20 gift card.

These two issues may be addressed by comparing AR and IR-comparison families with each other and with the full sample of AR families on variables drawn from administrative data sets. The risk factors shown in **Figure 2.2** was a first source of comparisons. While the Maryland risk instrument is a clinical tool and should not be taken as a validated research measure, it can still be used to provide a rough measure of the similarity of groups. The percentage values for AR and IR-comparison families were very close to the values shown in Figure 2.2 for the for areas of greatest risk. We show only the combined percentages for the moderate and high risk categories.

- economic resources (full AR sample: 21.2%, survey families: 23.5%)
- ability to cope with stressors (full AR sample: 12.9%, survey families: 18.4%)
- current maltreatment (full AR sample: 16.2%, survey families: 15.0%)
- social support (full AR sample: 14.4%, survey families: 16.3%)

The survey versus full differences are very close, and on none of the individual factors did the values for AR versus IR-comparison *survey* families differ significantly. However, a significant difference appeared for IR-comparison families in overall risk, which as noted earlier is a clinical assessment made by assessment workers and is not derived from scoring on individual risk items. No difference was found in the worker assessments of the need for further services, either in the survey-full comparison or

[5] CPS families tend to be low-income and are often residentially unstable. When letters arrive new residents may discard them. In addition, the postal service returns some letters but not consistently unless the sender is willing to pay a fee for each letter returned.

in the AR vs. IR survey comparisons. For example, 23.6% of AR survey families versus 21.1% of IR-comparison survey families were judged by workers to be in need of further services.

No differences of importance were found in the demographic characteristics of families in the number of children in the families or in the new of adults. The three groups appeared very similar in this regard. Slightly more African American families were found in the IR-comparison survey sample, because the outstate comparison selection had to utilize the more urbanized areas of the state that entered during later phases of the implementation. The only significant difference occurred in the ages of responding AR caregivers, who were about 10 years younger than the full AR population, although birthdates were missing from administrative data in some cases.

Looking at the broad categories of maltreatment allegations recorded in reports, the three groups were virtually identical in child neglect allegations (full AR sample: 52.9%; AR survey families: 51.4%; IR-comparison survey families: 52.0%). There were slightly more physical abuse allegations among survey families (full AR sample: 39.2%; AR survey families: 43.4%; IR-comparison survey families: 48.0%). None of these were statistically significant.

The comparability of the two survey samples is further supported by the comparisons in **Figure 2.3**. Each of the variables considered in the chart were reported by families themselves in the survey instrument. The only variable in which a significant difference ($p < .05$) was found was marital status, where greater proportions of AR families were married compared to greater proportions of divorced families in the IR-comparison group. Employment statistics for the two groups concerning the responding caregiver and his or her partner were quite similar. Over half the caregivers in both groups were unemployed. The two groups appeared to be better educated than respondents in our past surveys, with well over half have either some college or a four-year degree.

Another area of difference in **Figure 2.3**, although not statistically significant, concerned household income. The AR groups included a larger set of families with incomes over $30,000 per year. However, as can be seen a substantial set of families were in poverty or near poverty, as is also indicated by the proportions receiving cash and non-cash benefits of various kinds.

We conclude that the family survey groups (AR survey families and IR-comparison survey families) are generally representative on the full AR group on the variables considered. We also conclude that the same two groups were very similar based on characteristics reported by families and summarized in **Figure 2.3** and were generally similar based on variables drawn from administrative data sources. Of course, the limitation of this approach is that unknown differences may be present that might have compromised analyses. We reiterate this caveat, particularly in Chapter Four where some significant differences appear.

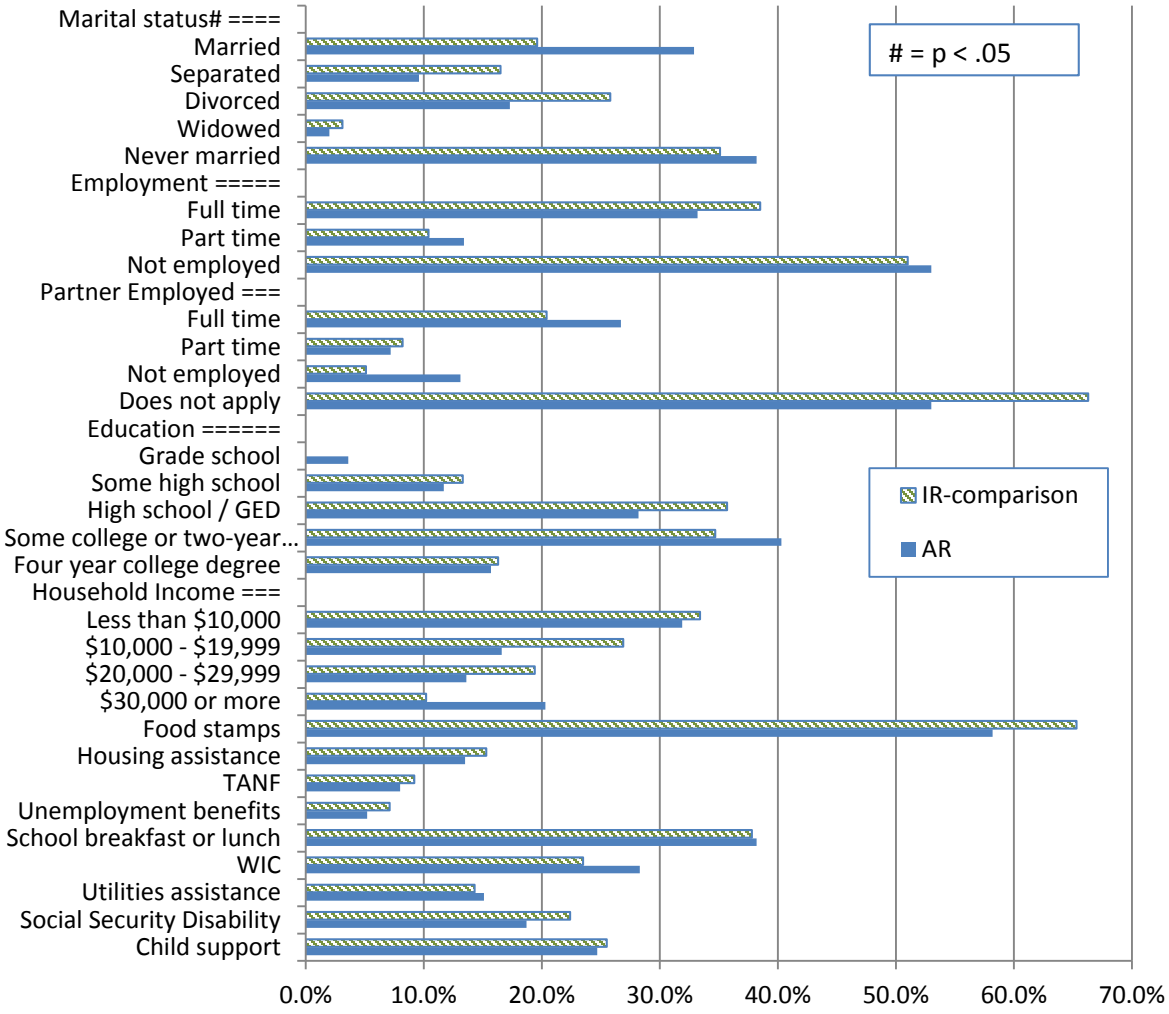

Figure 2.3. Characteristics of AR (n = 251) and IR-Comparison (n = 98) families responding to the family feedback survey

3. The case-specific survey sample

The case-specific survey included 403 AR cases and 249 IR-comparison cases. These are final counts after some minor shifting due to AR to IR and IR to AR pathway changes.[6] The demographic characteristics of the two groups (based on MD CHESSIE data) were generally similar with some differences. More one-child families were found on the IR side (AR = 33.3, IR = 44.0%) and fewer families with 2 children (AR = 32.7%, IR = 25.7%). There were similar proportions of families with 3 or 4 children (AR = 24.2%, IR = 23.0%) and of families with 5 or more children (AR = 9.8%, IR = 7.3%). No statistical difference was found in the proportions of children of different ages in AR and IR families

[6] AR and IR designations at the time of the surveys were based on the latest administrative data available to evaluators. By the time workers were completing the survey some cases had been shifted. There were 8 families that were changed from AR to IR and were analyzed as part of the 249 IR cases. There were also 7 families that were originally IR whom workers said were shifted to AR and these were included in 403 AR cases.

across the 1 to 17-year age spectrum. No difference was found in the proportions of families with one or more male children but a difference was found ($p = .04$) on the female side in that 62.2% of IR families had at least one girl compared to only 51.1% of AR families. As noted previously, proportions were based on cases in which a valid birthdate and/or gender code had been entered into MD CHESSIE tables. When the gender of the case head was present in data, we found that 87.7% of heads of cases were female in AR families compared to 89.5% in sample IR families. Correspondingly case heads were male in 12.3% of AR and 10.5% of IR cases. When racial designations were included, we found that 64.8% of AR families were Caucasian and 26.0% were African American while 56.3% of IR-comparison families were Caucasian and 43.7% were African American. This probably arises from the greater proportion of African American families in the counties from which comparison cases could be selected, but we are reluctant to make a judgment since in 34.0% of cases no family racial designation could be determined from administrative data.[7] A Hispanic designation was found for 4.0% of AR families and 3.2% of IR families. We conclude that the AR and IR-comparison families in the case-specific sample were demographically similar.

Allegations of physical abuse were present in 38.5% of AR families and in 44.2% of IR-comparison families in the case-specific survey. Neglect was found in 56.1% of AR and 51.0% of IR. These differences were not statistically significant, nor were important differences found in sub-categories, including "injury inconsistent with explanation," "non-accidental physical injury," "caregiver action that likely caused the injury," "inadequate food/nutrition," "unsafe conditions in the home," "inadequate clothing or hygiene," or "inadequate supervision," which were virtually identical across the two groups. This is not surprising since these items were given large weights in the comparison group selection process.

We did find that IR-comparison cases were rated as significantly more at risk on the items in risk assessment instruments. Those items can be seen in Figure 2.2. The analysis considered *all applications* of the risk tool throughout the course of the case and after. Thus, the following percentages refer to "ever" at risk. Looking at the overall risk level, ever no risk (AR = 30.3%, IR = 26.4%), ever low risk (AR = 39.4%, IR = 28.7%), ever moderate or high risk (AR = 45.2%, IR = 49.6%). The percentage differences were not great but were large enough to be statistically significant ($p < .001$). These items were used in the comparison selection process, but like all paired comparison procedures, slippage occurred. We concluded that IR-comparison families in the case-specific study were at higher risk than the AR families studied. This finding is alluded to in the Chapter 5 on services to families.

4. Alternative response and racial equity

This question was approached by comparing the proportionality in assignment of families to the AR versus IR pathway. These analyses were conducted in Missouri, Minnesota and Ohio and are

[7] When the race of the case head was missing (in 41.0% of cases in the present samples), we used the racial designation of other family members when present. As we noted in the interim report, this is not unusual in state CPS administrative data. Race is not coded in a large minority of cases, possibly because workers do not ask caregivers for their preferred designation and do not want to make that judgment on their own.

covered in the evaluation interim and final reports in those studies. In summary, we found no variation or only minor variations in assignment to AR. For example African American and American Indian families in Minnesota were assigned equitably. Where differences were found, we most often saw African American families assigned more often to family assessments. In Missouri, African American families assigned to AR also significantly more often had services cases opened (family centered services or FCS cases in Missouri). We found that African American (and in Minnesota, American Indian) families more often received material services of various kinds since those segments of the study samples had the lowest incomes and were most in need.

The primary problem in any analysis of racial equity in assignment and services is comparing groups of families that are similar in terms of risk of child maltreatment and need for services. This was less of a problem in Minnesota and Ohio where randomly assigned control groups were created, permitting comparison of very similar groups assigned to AR and IR. As noted earlier in this chapter, we attempted to create two different comparison groups in Maryland. The *outstate* comparison group is not appropriate for the present analysis because those families were selected from counties in the later and final phases of AR implementation. This meant that many families were selected from Baltimore City, where over 7 of every 10 families encountered by CPS are African American, and despite our efforts to maintain an ethnic and racial balance in pair-matching procedure, a greater proportion of African American families had to be assigned to the IR-comparison group than existed in the AR group. The latter was, of course, composed largely of families from Phase 1 and 2 counties, which overall had lower proportions of minority families (see Table below). As explained previously, the *in-phase* comparison group was composed of families assigned to IR from the counties in the same implementation phase. This group was demographically similar and thus more appropriate for a comparative analysis of racial equity. A broader analysis comparing all AR families with all IR families was also conducted. This analysis was also done within implementation phase county groups.

The second problem has to do with missing data on racial identity, which has been an issue in administrative data in past studies. As noted in the previous footnote, we used the primary caregiver's race as the race of the family, when it was known, and when the caregiver's race was unknown, we used the race of other family members. Nonetheless, for the total sample of 33,498 AR and IR families in the study, racial data were missing in 7,579 (29.5%) of cases, and as indicated earlier, in 34.8% of AR cases. The following analysis is based only on families in which racial identity was known. In addition, it is limited to comparisons of Caucasian and African American families since only small numbers of families in other categories were identified.

Equity in Assignment to AR. The in-phase IR-comparison group was reduced somewhat in size. We received monthly uploads of administrative (MD CHESSIE) data. We found that some families that we assumed were IR families and then selected for the comparison group appeared in data received for the following month as assigned to AR. This supported the accuracy of our matching procedures but reduced the size of the comparison group. In the present analysis, we compared 323 IR-comparison families to 511 AR families. Of these, 29.9% of AR families were African American compared to 31.3% of

comparison families. This difference was not statistically significant (p = .370), indicating no difference based on race in assignment to AR and IR between these small and roughly similar groups of families.

Turning to the much larger groups of AR and IR families identified in each phase, comparative proportions assigned to AR may be seen in **Figure 2.1**. (See also **Table 1.1** and **Figure 1.1** for counties by implementation phase.) Looking below at **Table 2.1**, the totals in the rightmost column include only families with racial identification. Nonetheless, the proportions generally reflect the level of assignment to AR among counties in each AR implementation phase, as was shown for all families in **Figure 2.1**. Roughly proportional assignments to AR family assessments were seen among the groups of counties in each of phase, except in Phase 2 counties where comparatively greater proportions of African American families were assigned to AR. By looking at the total families in each racial column for each phase it is possible to gain a sense of the racial breakdown of families across each phase. There were slightly greater proportions of African American families among Phase 3 counties and substantially great proportions in Phase 5 (Baltimore City). There were smaller proportions among counties in the other three phases. Based on these two analyses, we find little or no evidence of disproportionate assignment to AR by Race during and following the Maryland AR implementation.

Table 2.1 Assignment to IR and AR by race among counties in the five AR implementation phases (Families identified July 1, 2013 through June 12, 2015 with racial identification)

Phases	*Caucasian*	*African American*	*Total Families*
Phase 1			
Assigned to IR	50.8%	51.4%	1,582
Assigned to AR	49.3%	48.6%	1,525
Total families	2,177	930	
Phase 2[#]			
Assigned to IR	68.5%	64.8%	2,718
Assigned to AR	31.5%	35.2%	1,336
Total families	2,445	1,609	
Phase 3			
Assigned to IR	70.5%	69.6%	3,411
Assigned to AR	29.5%	30.4%	1,461
Total families	2,135	2,737	
Phase 4			
Assigned to IR	68.5%	67.9%	1,135
Assigned to AR	31.5%	32.1%	528
Total families	1,012	651	
Phase 5			
Assigned to IR	85.4%	85.5%	3,707
Assigned to AR	14.6%	14.5%	631
Total families	704	3,634	

p = .007

Chapter Three
Child Safety and Family Well-Being

In this chapter we consider the perspective of workers on the safety and well-being of children and families in AR and IR cases. First, we consider worker reports of the presence of safety problems in specific families with whom they worked and changes in child safety that occurred by their final contact with the family. Second, an analysis of general worker opinions about the relative safety of children in AR and IR cases is presented. Third, worker reports of child and family well-being in specific families is examined. Finally, an analysis of six-month recurrence of AR families has been included.

1. Changes in immediate child safety problems in specific AR and IR families

This analysis is based on the case-specific survey and concerns short-term child safety, that is, 1) child *safety threats* identified by workers at the time of their *first meeting* with the family and 2) *improvement or declines in the same safety problems* by the time of their *final meeting* with the family. The focus is on categories of safety threat in AR and IR-comparison cases. For example, how many cases of abuse through excessive discipline did workers identify in AR and IR families and how did this problem change during the time they were in contact with families?

The case-specific sample and limitations in the comparison process. In the case-specific sample, as described earlier, workers were asked to respond concerning types of child safety problems and family well-being issues in particular cases for which they were responsible. The survey was conducted on a monthly basis for 18 months, starting late in 2013 and extending through June 2015. By the conclusion of the survey workers from throughout the state had provided feedback on 652 unique families. There were 403 families provided with AR, which included 7 families that were initially assigned to the IR pathway but later switched to AR. There were 249 families provided with IR, which included 8 families initially assigned to AR that were later switched to IR.

The smaller number of IR-comparison cases resulted from a limitation in selecting comparison families. As noted in Chapter One, IR-comparison cases were selected during 2013 and early 2014 in counties that had not implemented AR at that time. As the counties in Phases 4 and 5 began AR, the selection of comparison cases had to be terminated. The case-specific survey continued, however, through June 2015, but was limited to *AR cases only* during this period. Because the comparison selected process involved *pair-matching*, AR cases in the case-specific survey during the final year of data collection had no matches. We felt the comparison process was still useful since the IR families were among the lowest risk and lowest child-safety cases among the set of all IR cases, that is, they were the IR families *most likely to have been assigned to AR* had the program been implemented at the time their child maltreatment report was received. The comparability of the two groups was considered in Chapter Two.

In 41.9% of the AR cases, workers identified at least one child-safety threat that was present at the time of their first encounter with the family. In 50.2% of the IR-comparison cases, workers identified at least one child-safety threat present at the first encounter. This difference reflects our inability to

select matching IR cases during the final year of data collection but also shows the limitations of the pair-matching process in creating a closely matched *group* of families. Whatever the reason, the increased proportion of IR cases in which a child-safety issue was identified at the first encounter with the family should be born in mind in later comparative analyses.

Because a minority of cases included two or more child safety threats some duplication of families occurred. For example, the same family might be counted in two different categories, such as 1) a child lacked basic needs and 2) an unclean home. This is acceptable since our main concern was whether any notable AR versus IR differences appeared in the *change in particular categories of safety reported by workers*.

Child neglect safety problems included: a) child lacked basic needs (food, clothing, hygiene, etc.), b) unsafe or unclean home, c) homelessness or potential homelessness, d) educational neglect or truancy, e) lack of proper supervision and f) medical neglect. About half of the safety issues discovered in AR cases involved these kinds of child neglect (49.1%) and slightly more in the IR-comparison cases (58.0%). The remaining categories (50.9% of AR and 42.0% of IR) included abuse or other forms of child endangerment: a) abandonment or locking out or in, b) non-disciplinary violence to a child, c) excessive discipline, d) emotional maltreatment, e) other harm (e.g., burns, poisoning, etc.), f) verbal or physical fights and g) rejection of child.

Approximately half of the problems identified in AR cases were considered *mild* safety threats by workers (50.9%) at the time of the first encounter with the family compared to slightly over half of the IR cases (54.0%). A minority was categorized as *moderate* (45.4% of AR and 32.0% of IR) and a smaller minority was rated as *severe* (3.7% of AR and 14.0% of IR). Workers were asked to indicate the level of the threat at their final meeting with family in one of four categories: *mild, moderate, severe*, and *not present*.

Figure 3.1 shows worker responses concerning child safety issues in AR and IR cases for which they were responsible. These bars represent the *number of cases* in which child safety problems were identified and in which the workers were able to rate of the level of safety threat when they first contacted the family and when they last contacted them. Case numbers rather than percentages are represented and readers should bear in mind that the total number of IR cases was lower in this analysis and thus the counts of safety problems were correspondingly lower. For each safety category in **Figure 3.1** there is a bar for AR cases and IR cases, enabling comparisons to be made. The shading shows three outcomes. 1) In most cases the safety threat had decreased by the conclusion of the case and in most of these workers indicated that the problem was no longer present. 2) The threat was rated at the same level in some cases and the majority of these had been considered mild at the start of the case. 3) In a few instances severity was thought to have increased by the end of the case.

It is apparent that increased severity of identified safety problems occurred primarily in IR cases. In most cases, workers judged that safety problems were reduced and shown no change in intensity before their final contact. Extenuating circumstances (next section) account for some of these responses, but we also remind readers that the ratings underlying this chart refer to status of the family

and children at the *time of final contact with the workers conducting the case reviews*. These workers were either assessment workers or investigators and many of the cases of no change or increased severity had been passed to ongoing workers or to other agencies and community organizations. In addition, several of the cases of increased severity involved referrals to court and/or child removals. The status of families and children after contacts with later workers, other agencies and the court system was not determined through this survey.

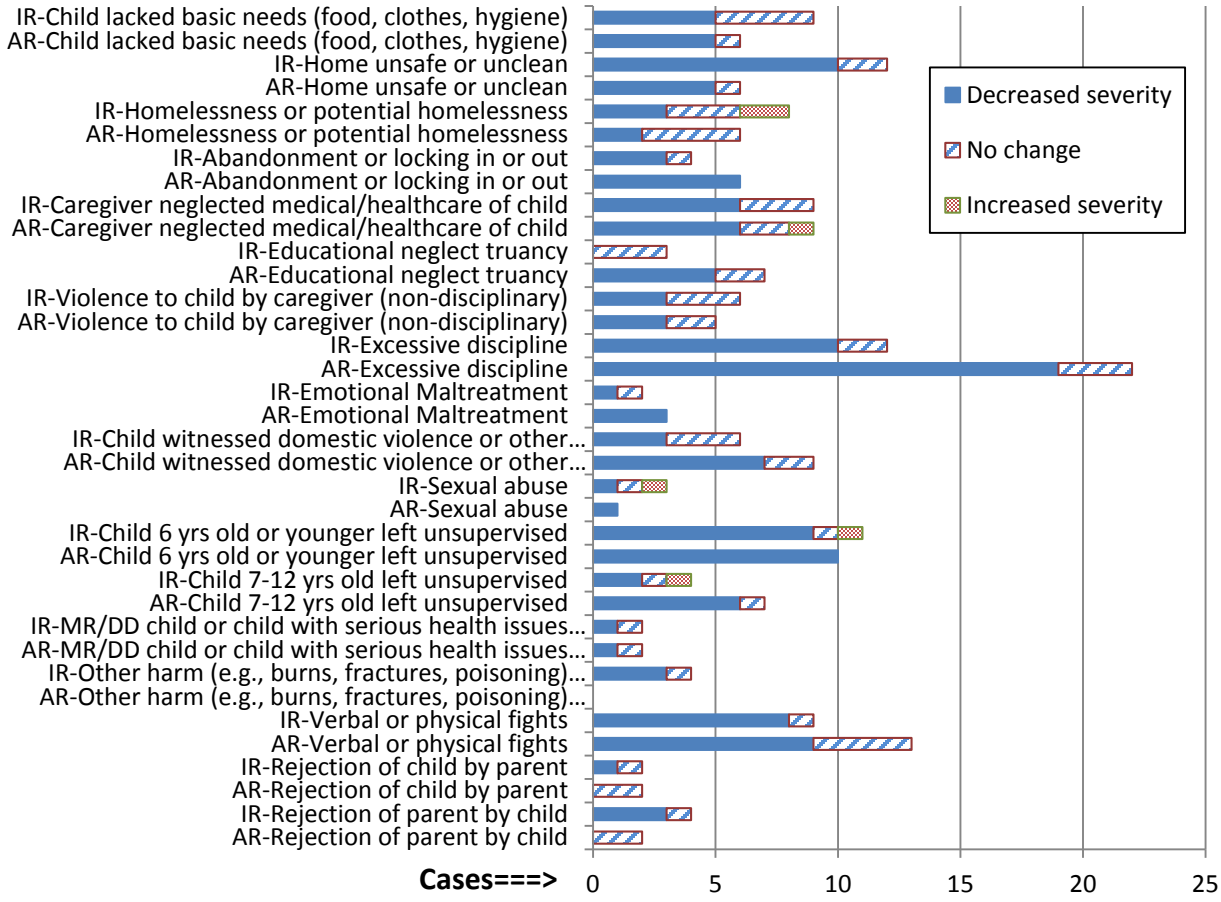

Figure 3.1. Child safety issues in AR and IR-Comparison cases. (Case-specific sample)

Note that workers completed the ratings underlying **Figure 3.1** in isolation and none knew how other workers were rating their cases, yet no statistically significant difference ($p < .05$) was found in the changes in safety across any of the categories (Chi Square, exact tests). When asked about specific cases, *Maryland workers rated children as no less safe in AR cases than in the IR-comparison cases and indicated that safety threats were addressed and resolved at about the same rate in AR as in IR cases.*

Extenuating circumstances. Workers were asked whether there were any extenuating circumstances that made work with this family difficult, impossible or unnecessary. Their responses

explain in part why no change occurred in some cases, and in a few IR-comparison cases, the problem became more severe. First, it is interesting in the light of our earlier comments about ruled out cases to note how often this reason was cited by workers in IR-comparison cases as to why work with the family was unnecessary or could not be done. This is shown in **Figure 3.2** where it can be seen that in 54.6% of IR-comparison cases the conclusion of the investigation was that the report should be ruled out. The high percentage of ruled-out cases in the comparison group shows that something similar would have happened in AR cases had they been investigated in the traditional manner. It again demonstrates why we cannot use the planned comparison method in an evaluation in which no follow-up and tracking is possible for ruled-out cases. For our purposes here it also shows one reason why workers felt further work with these families was unnecessary.

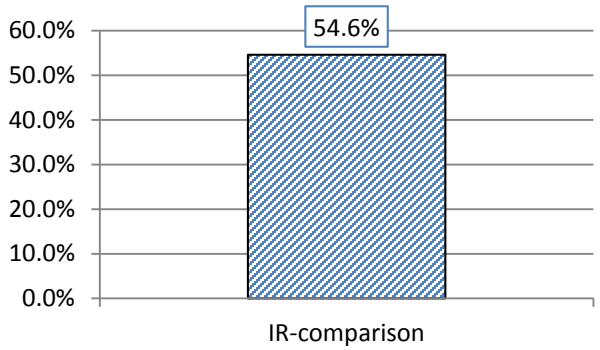

Figure 3.2. Reports Ruled Out

In **Figure 3.3**, we show other extenuating circumstances listed by workers.

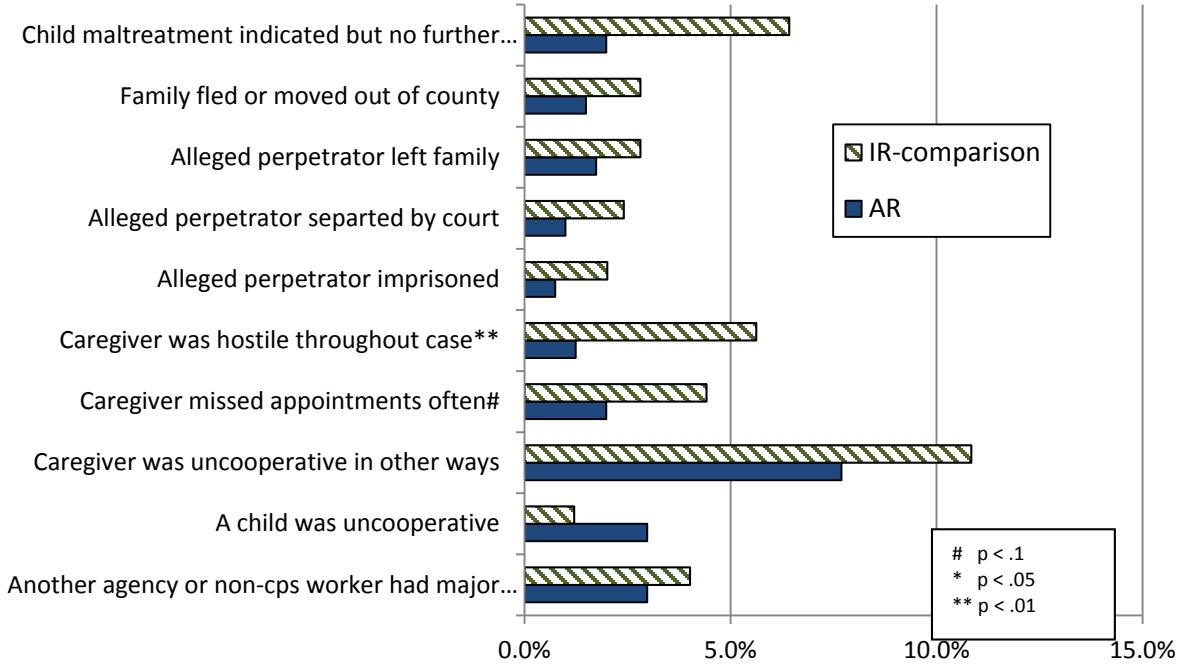

Figure 3.3. Extenuating circumstances listed by workers in AR and IR-comparison cases that made work with the family very difficult, impossible or unnecessary (Case-specific survey)

In most of the categories in **Figure 3.3** these occurred more often in IR-comparison cases. It is not surprising that the first category in which child maltreatment was indicated but further work was

unnecessary occurred significantly more often in comparison cases. Maltreatment was formally determined to be "indicated" only in investigations.[8] While all the categories were offered as reasons why working with the family was difficult or unnecessary, they provide an interesting comparison that replicates findings of our AR evaluations in other states. Family flight was greater (but not statistically significant) but caregiver hostility occurred significantly more often on the IR side, and this is consistent with findings in the Minnesota and Ohio evaluations and especially in the first evaluation in Missouri, where there were very similar findings. This is an indication a difference in reaction and attitudes of families to the AR versus IR approach. In addition, lack of caregiver cooperation through missed appointments (statistical trend) and hostility (statistically significant) was cited more often in IR-comparison cases.

2. Child safety in general

During site visits AR administrators, supervisors and social workers were asked if they had any safety concerns for children with the Alternative Response approach. The responses in nearly all instances were that they did not. Workers in particular noted that they conducted safety assessments as part of the initial home visit and that they always had the opportunity to switch the referral to an investigation if they had serious concerns or if the family did not cooperate and the immediate safety of children could not be established. The responses by county DSS staff were always firm on this point. In the early stages of AR implementation, but to a diminishing degree as time went on, there were a small number of workers who thought there were reports assigned to the AR pathway that should have been assigned to investigations. Partly, this was to increase the leverage of the worker to ensure compliance. As one worker said: "I feel families are more afraid of the Department in IR cases and as such comply more." Workers with this view were always a small minority, but they were often quite assertive in their view that reports that included moderate risk to child welfare including, in the view of some workers, any report of physical abuse, would be more appropriately handled through investigations. However, even these staff indicated the option workers had to switch pathways at any point should safety concerns warrant it.

Some seasoned social workers with investigative experience continue to feel uneasy that they cannot automatically see children alone, usually in a school setting, prior to talking to caregivers. "I miss having the one on one with a child in a neutral place where they feel safe," said one worker. "You can't always trust they will tell you the truth in front of their parents," said another. Some workers said they proceed directly to the school to talk with the child if they are unable to reach caregivers immediately in reports of physical abuse referred to AR. At the same time some social workers talked about the increased cooperation of families with AR, and a corresponding openness that they thought led to a safer environment for the children. "Caregivers are more open to listening and take in my concerns about a child's safety with this approach," said a worker. Another said, "Families are being assisted

[8] The case-review instrument simply used the term "indicated," and did not define this term as a formal finding of an investigation. Thus, some AR workers took the term in its more generic sense to mean their own belief that child maltreatment may have occurred in the family.

before issues rise. AR is preventive, which social work should be, correcting concerns before they become issues."

In the general worker survey the issue of child safety with the AR approach was raised. The general worker survey was not concerned with specific cases but with attitudes and opinions of workers and supervisors about AR and CPS more broadly. The survey instrument included this question: "For cases that are appropriate for AR, in your opinion how does the AR approach compare to the traditional investigative approach regarding child safety?" In the analysis, respondents were broken into three groups: social workers responsible for conducting family assessments for AR referrals, staff who supervise AR workers, and other staff including supervisors and social workers with other responsibilities, such as the provision of in-home and family preservation services, as well as investigators who do not carry out family assessments. The first two of these groups, with direct everyday experience with AR and AR families, may be considered in the best position to answer this question. Among these social workers and supervisors, 6.9% reported they thought IR was the safer response and 7.5% thought AR was safer than IR for these referrals; 64.2% indicated they thought children were equally safe with either family assessments or investigations; while the remainder, 24.4% said they could not judge if there was a safety difference or not.

The responses of county staff to the survey question about child safety are shown in **Figure 3.4**. In the figure, responses are shown broken into the three staff groupings mentioned above. The small percentages of staff who believed that children were more often safe with IR than AR are shown at the top of the figure. The AR social workers among these respondents numbered 10 among the 137 AR workers surveyed. Closer inspection showed that 4 of the 10 workers in this group had very limited personal experience with AR, with no active AR families on their caseload at the time of the survey and from 0 to 2 during the previous three months. Just 3 of the 10 workers had conducted more than 6 family assessments during the previous three months; and the three workers were in the same county. Overall, as the figure shows, about 7 in 10 workers said they considered AR as safe or safer than IR; a quarter of the workers surveyed said they could not judge. The same general pattern was found among AR supervisors, except that an even larger proportion of supervisors said AR was as safe as or safer than IR (86%). As a general point, it can be said that workers and supervisors who viewed IR as the safer pathway tended to have a less positive view towards the AR approach overall; staff attitudes about AR will be examined in Chapter Six. Among staff who said they "do not know" or "cannot judge" the comparative safety of children under the two pathways, many were newer workers with limited experience with one or the other pathway. One of the interesting things in the figure is the relatively large percentage of "other" workers who were without an opinion about the relative safety of AR.

Figure 3.5 breaks down the responses for AR workers by jurisdictions in the five implementation phases. As will be noticed, a considerably larger percentage of AR social workers in Phase 5, which is Baltimore City, said they thought AR was safer than IR for maltreatment reports screened appropriate for family assessments. Two things should be noted here: Baltimore City is one of the few jurisdictions which has separated its AR and IR units; at the same time it has screened proportionately fewer maltreatment reports into the family assessment pathway compared with other counties.

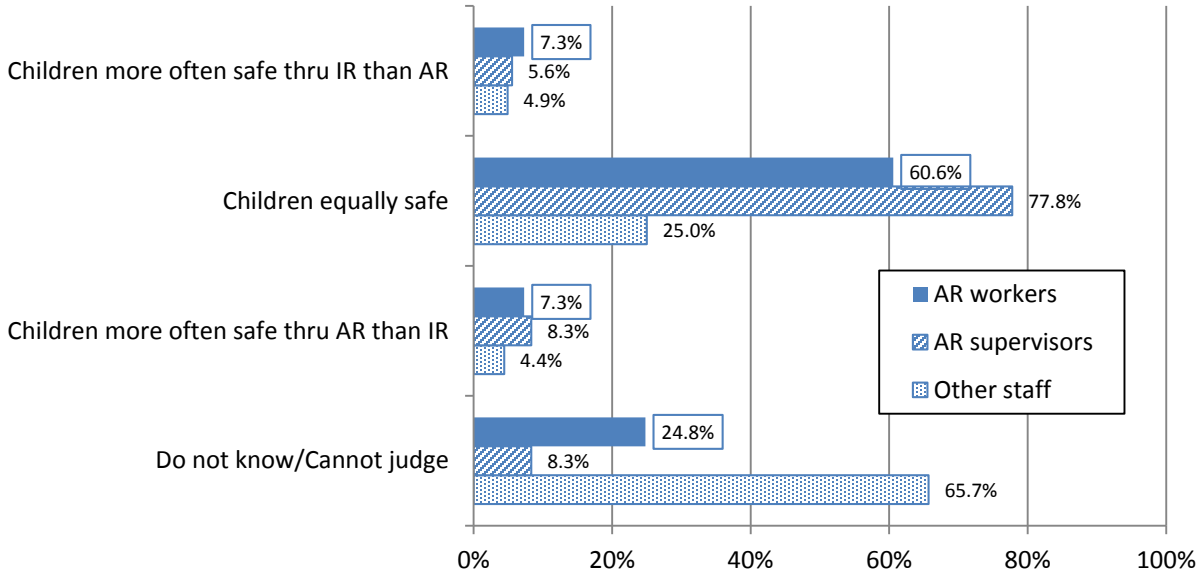

Figure 3.4. Responses of Maryland social workers and supervisors to the question: For cases that are appropriate for AR, in your opinion how does the AR approach compare to the traditional investigative approach regarding child safety? (General worker survey)

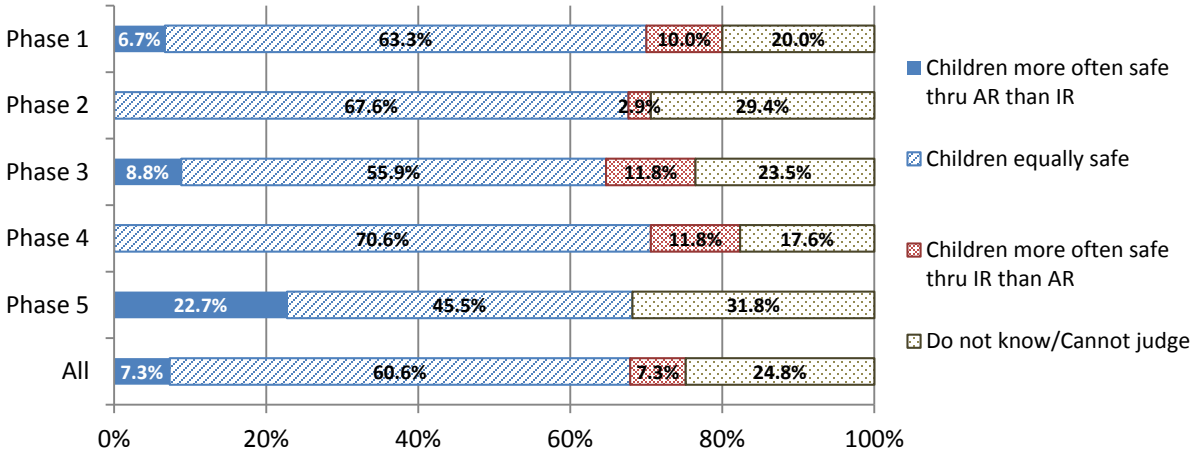

Figure 3.5. Responses of AR social workers to the general survey question about child safety

During interviews county workers and supervisors were also asked whether child safety was a concern among community stakeholders. It was a rare interview in which a major concern about safety with AR within the community was indicated. Nonetheless, some community safety concerns were expressed, particularly involving court personnel, county attorneys, police, and school personnel. The question about child safety asked in the general worker survey was included in the survey of community stakeholders. Seventeen percent of community respondents said they thought children were safer if an

investigation was done rather than a family assessment while about half that percentage (8.2%) thought ARs provided more safety. Slightly less than a third (31%) of community respondents thought children were equally safe with AR or IR. A large minority said they did not know or could not judge. The responses of community stakeholders can be seen in **Figure 3.6**. This figure shows the responses of AR workers (previously shown in **Figure 3.4**) as well as all county CPS staff, including those not involved in AR. Interestingly, the percentage of community stakeholders who responded they could not judge was very close to all CPS workers surveyed combined. From the comments of some community respondents it was clear that a few who expressed strong negative attitudes about AR did not have an accurate understanding of it—perhaps conflating it with family preservation or foster care reform efforts. Whatever the case, it is unlikely that the community at large can be expected to have a clearer or more accurate understanding of Alternative Response than CPS staff who may not be involved in AR. Even if not involved in AR, CPS staff who are engaged in in-home services and foster care and adoption work are in contact with community stakeholders whose views and actions are consequential for Alternative Response. Community outreach/education cannot neglect any CPS staff.

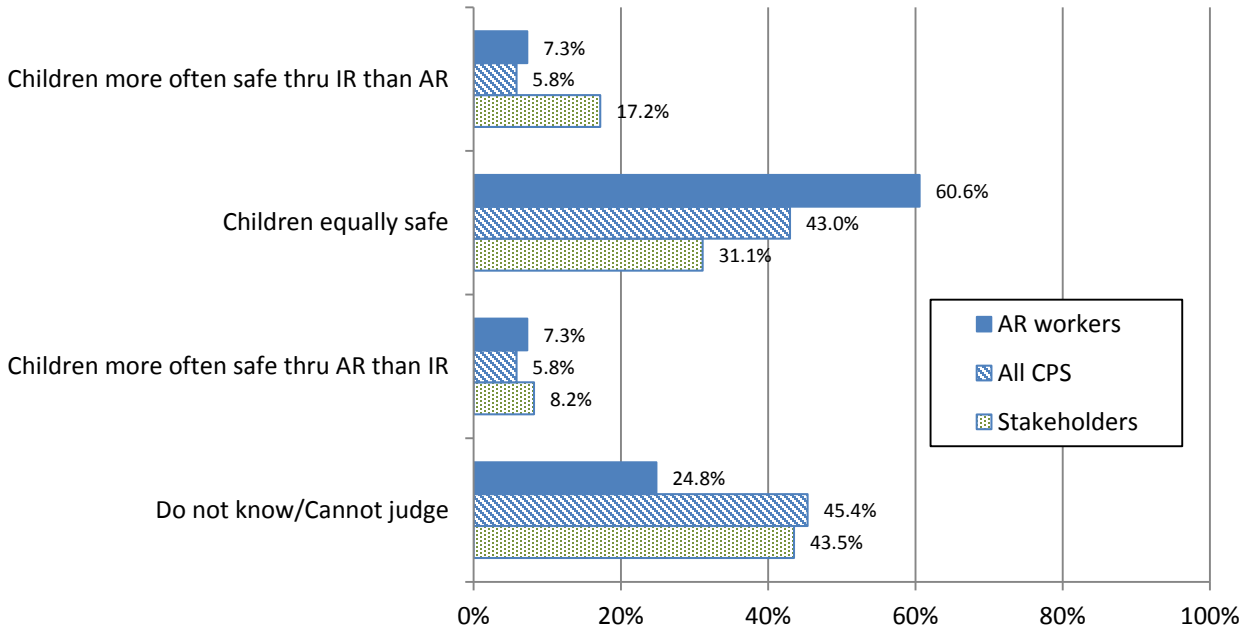

Figure 3.6. Responses of AR social workers and community stakeholders to the question of child safety

3. Changes in family and child well-being during the initial case

In the case-specific survey workers were also asked questions about the well-being of the children, the adults and the family in general. The format of the questions was the same as that used with the child safety items analyzed at the beginning of this chapter. For each of the cases in the survey, workers were asked to rate the level of problem or needs when they first encountered the family (*mild, moderate, severe*) and the same at their final contact, with the addition of the *not present* category. The

questions addressed many items, which we have grouped into three categories: 1) basic material needs, 2) parenting and family interaction and 3) individual family member issues. These are shown with stacked bars that contrast AR versus IR-comparison cases. As was noted in describing safety issues, the number of families in each category was relatively small. We again note that the *no change* category was composed primarily of issues rated as mild and moderate at the initial contact with the family. In addition, the *no change* response does *not* mean that nothing was done in the case. Workers often indicated that they referred families to various sources of assistance, as is shown in the next section in this chapter and in the following chapter. *No change* meant that the problem had not shifted in their opinion by the time of *their final contact* with the family.

Figure 3.7 compares basic material needs. There were no significant differences in either the initial presence of needs or in the outcomes. It is apparent from the chart that workers felt that there was little change in several of the material needs areas, although improvements were noted among both AR and IR cases in which housing, rent and utilities, and food and clothing were identified as needs. Many workers, particularly those in less densely populated areas of the state, noted that there was

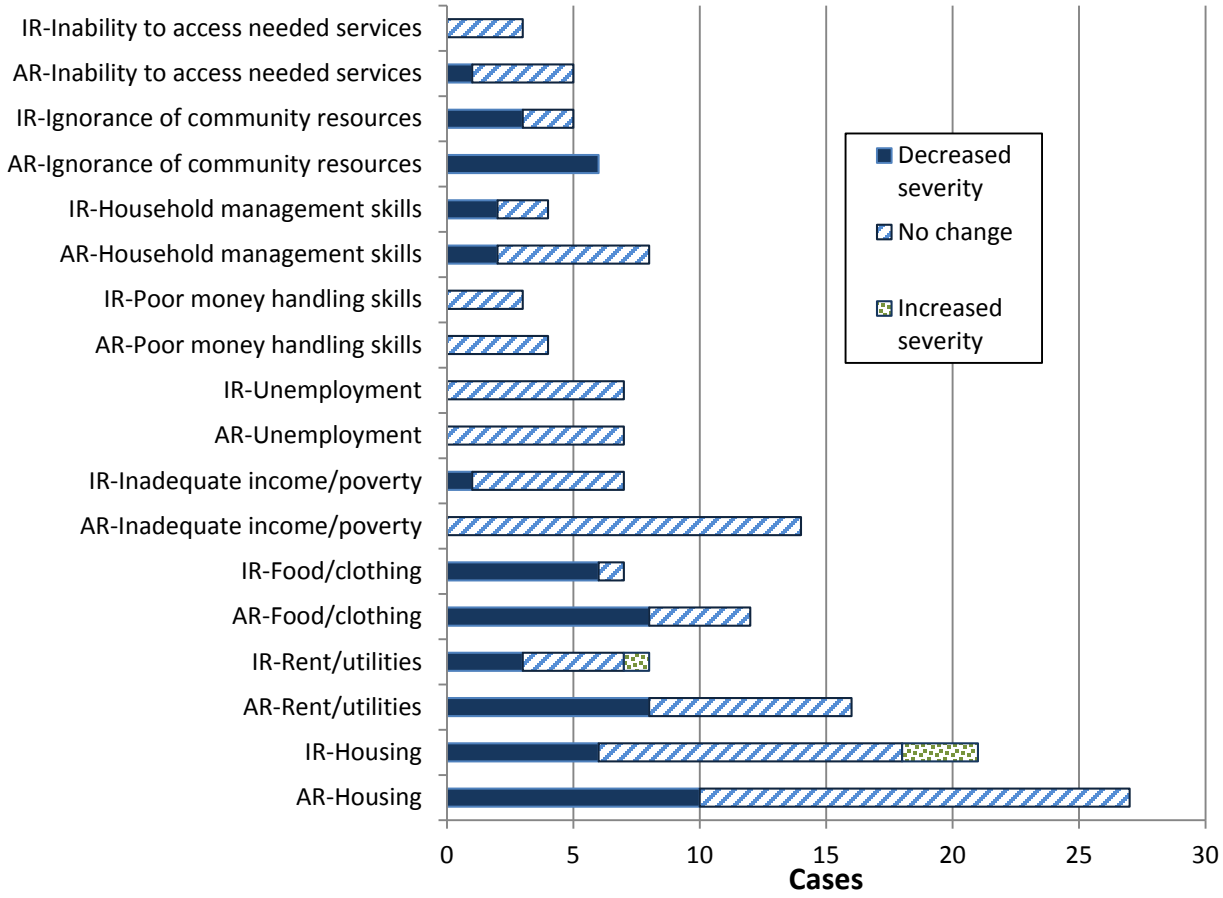

Figure 3.7. Basic material needs in AR and IR-comparison cases in the case-specific survey: frequency at the beginning of the case and change observed at final contact

little they could do to assist families directly with financially-related problems. Yet, as we show in Chapter Two and again at the end of Chapter Five, a large portion of the families encountered in both groups were in poverty. In two of the states we have previously studied, additional funds were available (from private foundations) to purchase services for families provided with family assessments, and under those conditions services addressing the problems listed in **Figure 3.6** increased significantly. (Note that there is more information on the views of staff on these and related issues in Chapter Six.)

We also remind the reader that the duration of the worker's contact with the families in these cases was often very short. The kinds of reported child maltreatment that were referred to AR were the least threatening and if the children were found to be safe or safety problems were dealt with adequately, the AR worker usually closed the case. The same would generally be true of the kinds of IR cases that were selected for the IR-comparison group.

In **Figure 3.8**, various issues related to parenting and family interaction are shown. While there were few differences among AR and IR-comparison families in the initial presence of the needs, some cases in most of the categories were reported to have shown improvements. This was true for both AR and IR cases. Many of these areas involve the kinds of problems that CPS workers can address directly.

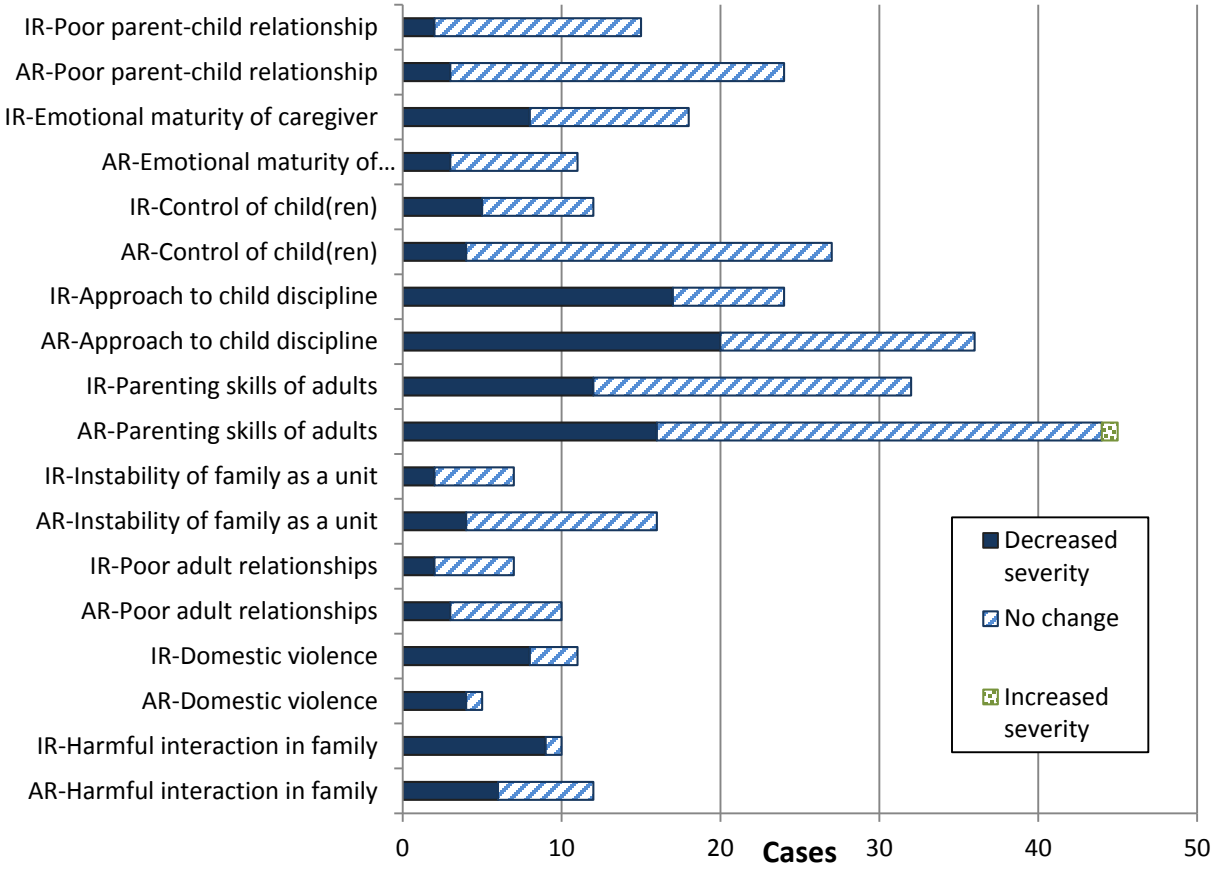

Figure 3.8. Parenting and family interaction issues in AR and IR-comparison cases in the case-specific survey of worker: frequency at the beginning of the case and change observed at final contact

For example, regarding physical punishment workers often instruct parents about alternative methods of disciplining their children. Thus, a greater proportion of cases were rated as improving compared to the previous chart, although no significant differences appeared between AR and IR cases.

Finally, **Figure 3.9** shows results for individual family member issues. There was general similarity in the frequency of presenting problems that workers identified and in the change reported over the course of the workers contact with the family. The one exception (even considering the larger size of the AR sample) was in the category *mental health of children*, which AR workers identified in 38 cases compared to 10 of the IR group. This may be due to errors in matching or simply to random variations among groups of otherwise similar families. Like the material needs listed in **Figure 3.6**, the kinds of problems outlined in **Figure 3.8** are generally beyond the capabilities and resources of child welfare workers to address and resolve. However, workers indicated changes in several areas including child and adult disabilities and mental health, school attendance, and in substance abuse problems.

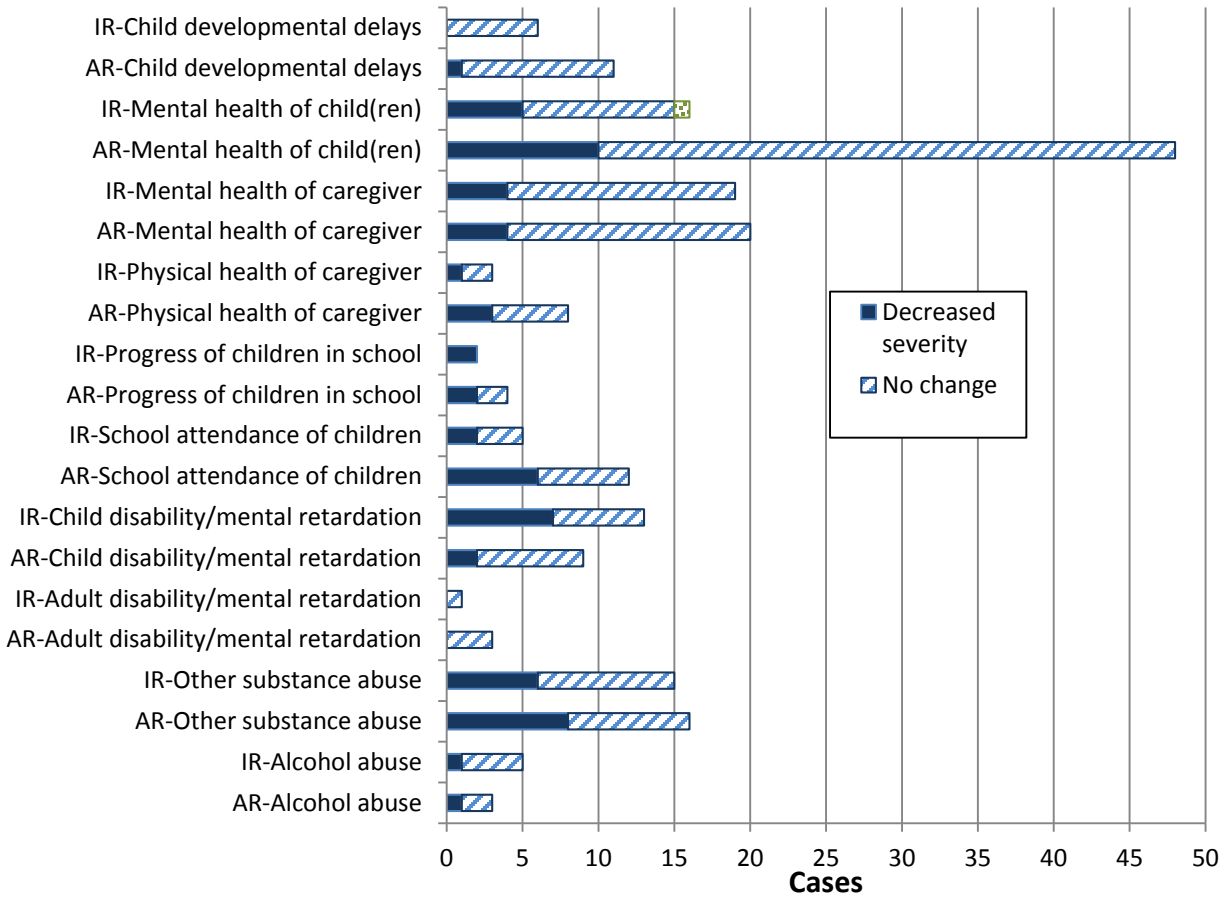

Figure 3.9 Individual family member issues in AR and IR-comparison cases in the case-specific survey: frequency at the beginning of the case and change observed at final contact

The child and family well-being issues evident in AR cases were, in general, very similar to the same kinds of cases in the comparison group from counties that had not yet implemented AR. This gives

us greater confidence that the comparison selection process was satisfactory. No differences were found between AR and IR-comparison in the degree of resolution of the problems identified.

4. Worker descriptions of the characteristics of cases reviewed in the case-specific survey

Since the case-specific survey was about particular families with whom workers were in contact, we asked them a series of questions about the appropriateness of AR and IR assignment in each case, the reactions the family and their work with the family.

Whether cases were assigned appropriately to AR. Workers were asked to make a judgment about whether an investigation would have been more appropriate in the case under consideration. This goes to the issue of the accuracy of pathway assignment. They were asked: "In your judgment, would an IR have been more appropriate for this case?" In 91.8% of AR cases workers answered *no*. But in 8.2% they said *yes*. Workers were asked to explain their reasons for this. In the majority of instances, workers responded that this case would have been ruled out and thus the record of the report and investigation would have been expunged. For example:

> *There were no issues with the home, so if it would have been an IR it would have been ruled out and then expunged. Now this family has used their one AR in three years and next time they will have an investigation.*

There were many variations on this response but all essentially the same. These responses raise two important issues. First, the rule that a family can have only one AR case in three years should be reconsidered as it appears to be based on the idea that investigations represent a more effective response to families or that families returning to the system should be treated with greater severity. Yet, re-encounters with families are very common in CPS. In other states, 40% to 50% of families with accepted reports have one or more subsequent accepted reports in a five-year period, and the percentage continues to increase after five years. Some of these reports are the type that should be investigated—sexual abuse, more severe forms of physical abuse and child neglect. But the majority of reports involve housing/food/clothing/hygiene issues, lack of supervision, less severe physical abuse, etc.—the kinds of reports that are appropriate for an AR family assessment. For incidents that are appropriate for AR, investigations do not make families more cooperative (as shown below) and do not make children safer, as responses of workers and others make clear (see Chapters Three and Six). No other state in past evaluations has such a rule and Maryland should consider changing the rule to permit families to be assigned to AR or IR *based on the current incident and needs of the family rather than solely on past reports.* Secondly, in interviews Maryland workers expressed the opinion that retaining records about ruled out reports is less than ethical. This arises from the 120-day expungement rule itself. Workers have been trained to believe, and many have obviously accepted, that ruled-out reports should be treated as equivalent to no report, which is the practical effect of 120-day expungement. Yet, we know that past reports, whether ruled out or not, may not be indicators of maltreatment but they are risk indicators, that is, they are predictors of future encounters with CPS. This is shown clearly in the analysis in Appendix 1. Consideration should also be given to changing this rule. No expungement should occur for ruled-out reports for a designated period—perhaps three years as with AR

assessments—although the MD CHESSIE records should be available only to CPS workers and should under no circumstances be made public. The information has the potential to enhance future work with families as subsequent workers will have available past narratives, safety and risk assessments and other relevant records.

Other reasons were provided in a handful of cases that had to do with the long-term history of the family, the preference of families for investigations so that they can appeal findings and risky conditions within families. In these instances, the concerns apparently did not rise to the level of requesting a pathway change from AR to IR.

If AR cases had been investigated. For each of the 403 AR cases in the case-specific study, workers were asked to tell us what, in their opinion, would have been the finding had the case been investigated. The results are shown in **Figure 3.10**. In nearly three-quarters of cases workers said that the report would have been ruled out. This is very much in line with randomly assigned control group findings in other states where AR-appropriate cases were investigated. Typically 60% to 80% of those investigations ended with ruled out findings. This finding also corresponds to results for the IR-comparison group selected during the first year of the evaluation. The large majority of those cases ended with a ruled-out finding. (As noted in Chapter One and Appendix 1, this along with the 120-day expungement rule explains why long-term comparative follow-up could not be done in Maryland.)

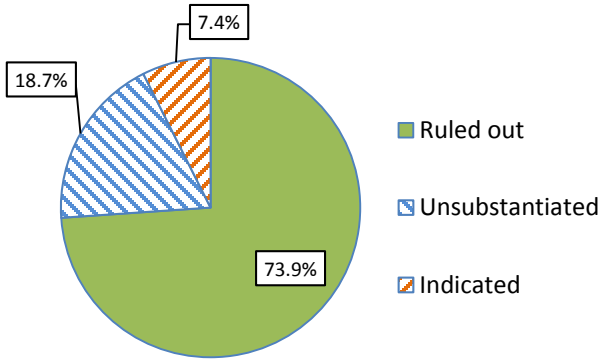

Figure 3.10. Workers answers to the question: *If this AR case had been investigated and you had investigated the initial report, what type of finding would you have made?*

This also points to an area of continuing training. The philosophy of AR is that after child safety has been assessed and addressed, broader family needs should guide further work with the family. Many workers noted in interviews and surveys that this has always been their orientation. Nonetheless, this philosophy should continue to be stressed in training on AR.

Differences in approach and services under AR. Workers were also asked in each specific case whether, in their opinion, the family would have been approached differently under an investigation. Remember that most AR workers in Maryland also conduct investigations and nearly all have had experience as investigators. Interestingly, over half (54.6%) said *no* (*certainly no* = 29.5%, *probably no* = 25.1%). The remainder answered *yes* (*certainly yes* = 20.6%, *probably yes* = 21.3%). This difference doubtless reflects workers' interpretations of the word "approach." During interviews of workers, many emphasized that they had been trained to always approach families respectfully, whether in IR investigations or AR family assessments, with an emphasis on assisting the family. Others may have

interpreted the term to refer to the formal search for an investigative finding and for formal designation of perpetrators and victims, which does not occur under AR. The perceptions of families are important in this regard, as described in Chapter Four. Families had generally positive responses concerning their treatment by workers under both IR and AR conditions, but they were significantly more positive in AR cases.

Responses about services coincide with findings about services in Chapter Five and responses concerning services of workers in interviews and on the general worker surveys (Chapter Six). As is shown in **Figure 3.11**, workers in 9 out of every 10 cases said that the families did not receive any more services than they would have received under IR

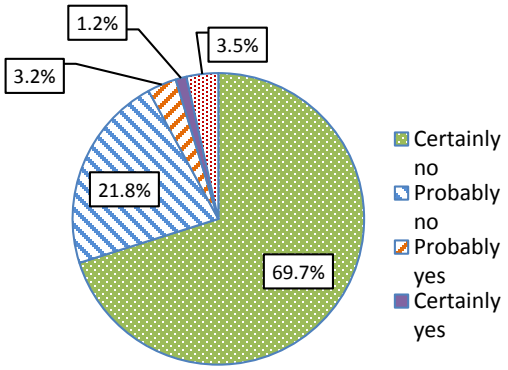

Figure 3.11. Worker answers to the question:
In your judgment,
did this family receive any services that is
would not have received under IR?

Cooperation of families. Workers in both AR and IR cases were also asked whether the specific family with whom they were in contact was cooperative at the first and last meeting of the family. This was rated on a 10-point scale from *very uncooperative (-5)* to *very cooperative (+5)*. The results are shown in **Figure 3.12**. The numbers for the two analyses vary because the second question was only completed for cases in which more than one meeting took place. As can be seen, the averages for family were on the positive side for both groups. Generally, families in both investigations and family assessments are cooperative. However, AR families were rated as significantly more cooperative on both occasions. This also coincides with the findings in Chapter Four of more positive responses of families to workers.

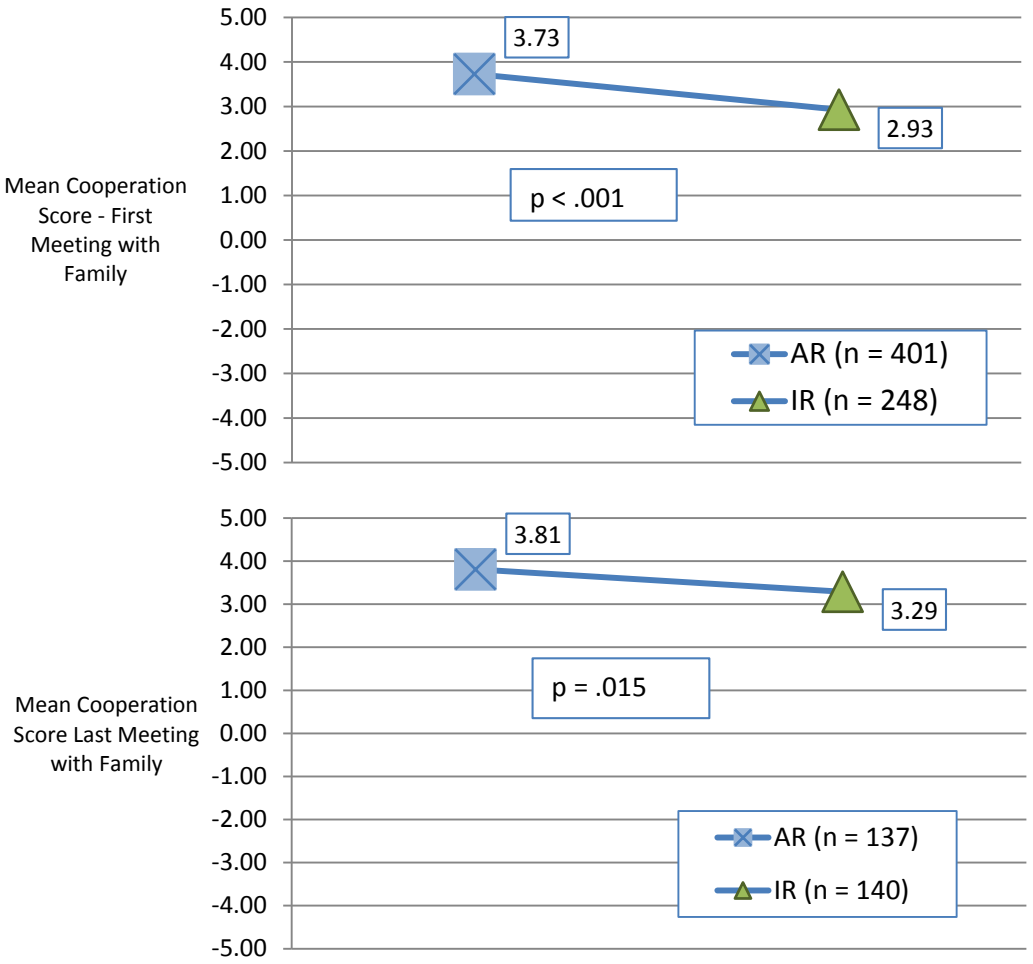

Figure 3.12. Worker ratings of family cooperation at the first and last meeting with the family

Reported contacts with families. Workers were asked to provide counts of various types of contacts they made with or on behalf of families. The results are shown in **Figure 3.13**. The findings in Maryland represents a reversal of findings on these items in our evaluations in other states. Generally, we have found that contacts of various kinds increased under AR. In Maryland is appears that in most areas fewer contacts occurred in AR cases. In the chart the square markers and dashed line shows the means for the IR cases while the triangles and solid lines show those for AR cases. Face-to-face contacts ($p < .001$) and telephone contacts ($p = .05$) were significantly lower for AR families. Other types were close and not statistically different.

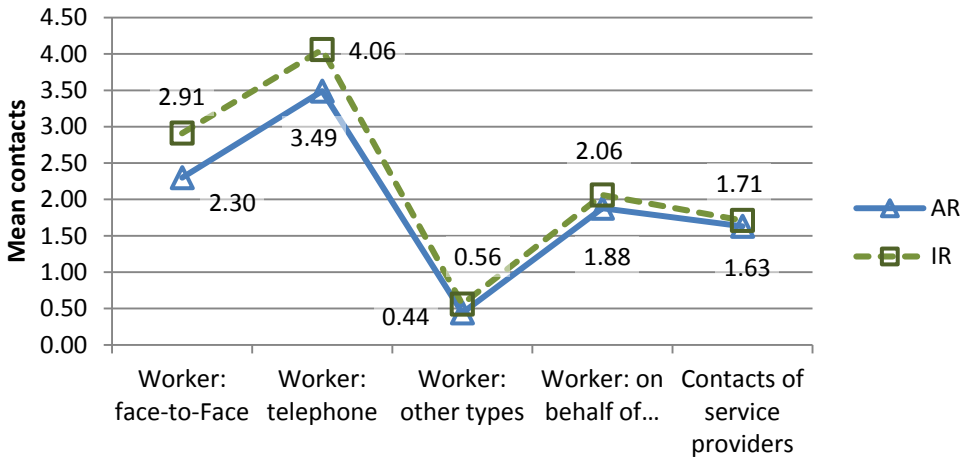

Figure 3.13. Mean worker contacts of different types for AR and IR-comparison cases

When we analyzed by implementation phase, an interesting difference emerged that may coincide with findings from the general worker survey outlined in Chapter Six. As seen in **Figure 3.14**, the values for face-to-face contacts (the leftmost means in **Figure 3.13**) are higher for IR families in each phase but except phase 5 where they are identical. Phase 5 includes cases from Baltimore City where the approach involved specialized workers.

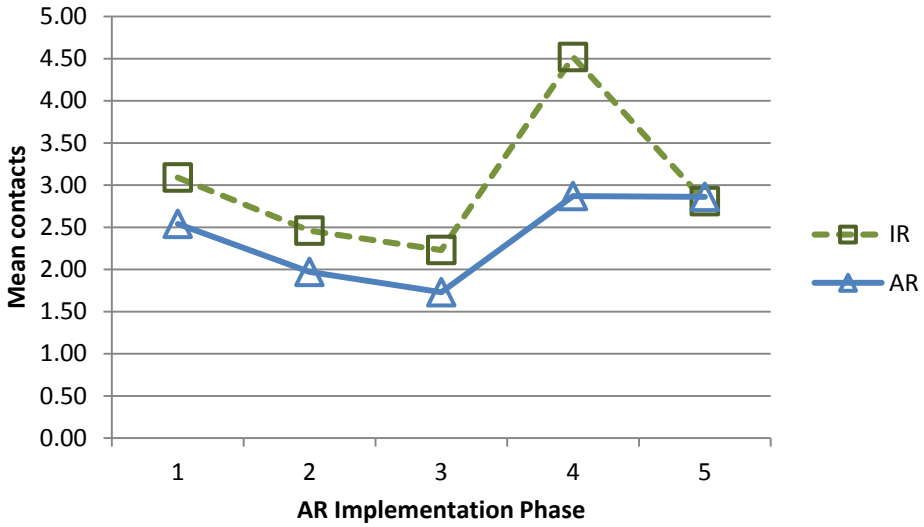

Figure 3.14. Mean face-to-face contacts for AR and IR-comparison cases by implementation phase

5. Differences among counties: mixed versus specialized caseloads

We isolated the four counties in which workers were organized with specialized caseloads—*either* IR or AR versus those in which workers had mixed caseloads of *both* IR and AR. The four *specialized* counties were: Baltimore City, Baltimore County, and Frederick and Prince George's

Counties. This dichotomy is considered further in Chapter Six, where the general worker survey is analyzed in greater detail. We then compared *face-to-face contacts* and *family cooperation* in the two groups.

The results for face-to-face contacts are shown in **Figure 3.15**. In counties where workers were handling both IR and AR cases, more contacts were made with IR cases. In the four counties in which specialization occurred (), AR and IR cases receiving on average the same number of face to face contacts. This further supports considerations in reference to **Figure 3.14** about the reason for the difference in contacts with families in Phase 5 (Baltimore City) cases.

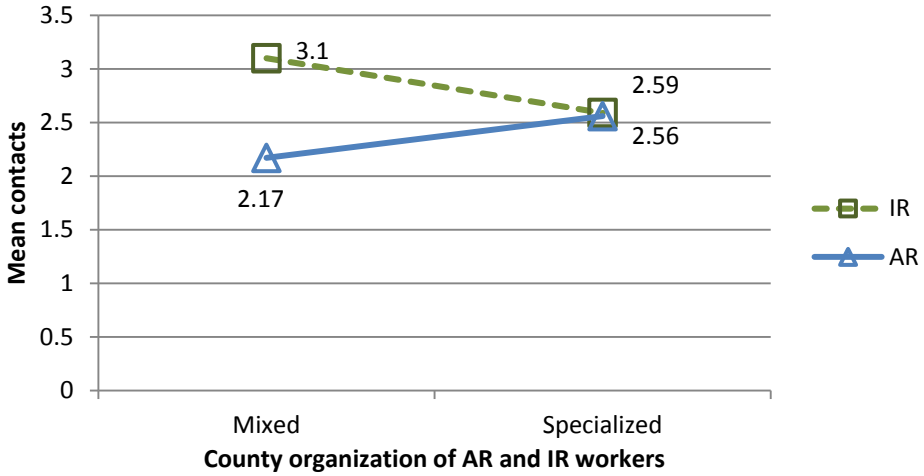

Figure 3.14. Mean worker face-to-face contacts for AR and IR-comparison cases by workers in counties mixed or specialized caseloads

Regarding family cooperation, we have combined cooperation at the first and last meeting into the same chart in **Figure 3.15**. This analysis considers AR cases only. We have limited the scale to positive numbers only, which highlights the differences. Notice that cooperation of AR families was rated greater in specialized counties at both the first and last meeting with families. These differences were statistically significant ($p < .001$). Workers in specialized counties rated family cooperation higher in the AR cases they reviewed.

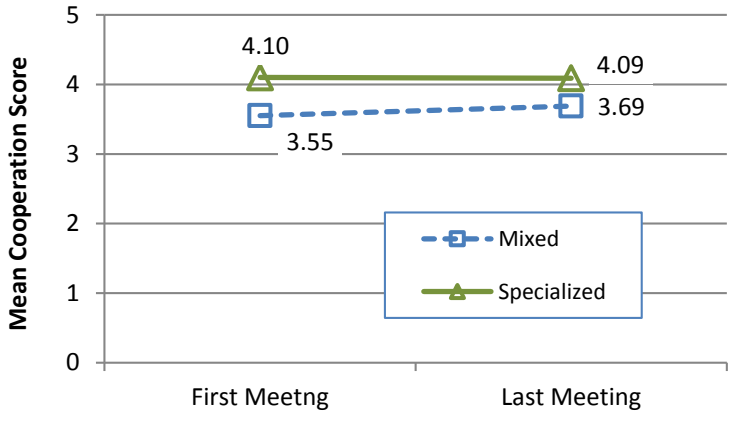

Figure 3.15. Mean family cooperation scores in counties mixed or specialized caseloads

6. Recurrence of indicated and unsubstantiated reports in AR cases

This analysis is based on the full set of AR cases from the beginning of AR implementation. Two recurrence variables were calculated: 1) at least one unsubstantiated or indicated investigation *within six months* after the original report was assigned to AR; and 2) at least one unsubstantiated or indicated investigation *within twelve months* after the original report was assigned to AR.

The statistics are presented for descriptive purposes only. There is a difference in the statistics presented here and the six-month statistics published by the state agency for IR cases. First, certain types of reports are excluded from consideration for AR—reports with allegations of sexual abuse, severe physical abuse or neglect, etc. Thus, as a group AR cases are not comparable to all IR cases. Secondly, the state statistics are generated based on tracking of IR cases that were originally either *indicated* and *unsubstantiated* cases. Ruled-out cases are not tracked because information on these cases is expunged. By contrast, the analysis of case-specific data in the previous section showed that, in the opinion of workers in contact with families, over seven in every ten AR cases *would likely have been ruled out* had the family been assigned to IR and investigated (see **Figure 3.10**). We cannot know whether these cases would actually have been ruled out, but based on the judgments of these workers we must assume that the large majority of reports assigned to AR are of the type that would be ruled out in traditional investigations. *Together these factors argue against a simple comparison of recurrence statistics for AR and IR families.*

Recurrence of indicated and unsubstantiated reports on families and children. We identified 7,671 reports *on families* assigned to AR between the beginning of the program and November 30, 2014 that were available for our analysis. Six months of follow-up data were available for each of these cases. We found that in 409 (5.3%) of these that AR families had received at least one investigation which ended with an indicated or unsubstantiated finding on at least one child in the family.[9] Concerning children, our understanding of recurrence calculations in Maryland is that tracking occurs on victim children in investigations that were concluded as indicated or unsubstantiated, who reappeared within six months in another investigation reaching the same conclusions. The statistics provided for Maryland were 6.8% for FY2013 (which is the period prior to Maryland's first phase of AR implementation), and 6.0% among victim children whose families were assigned to IR during a comparable period (July 2013 through September 2014). Evaluators maintained person records *on every child* in each AR family during the July 2013 to November 2014 period, and calculated recurrence among all children served in AR. An estimated 17,566 children were followed in the 7,671 families. Of these children, 994 were included within six months in subsequent indicated or unsubstantiated investigations for a recurrence rate of 5.6%. This recurrence rate is lower that two IR statistics provided, but as pointed out includes different kinds of families in the base. We reiterate that simple comparisons should be avoided.

[9] An analysis of 12-month recurrence of families was also conducted. There were 3,796 reports assigned to AR between the beginning of the program and May 31, 2014 that were available for analysis. Twelve months of follow-up were available for each of these cases. Of these families 362 (9.5%) received at least one investigation concluded as indicated or unsubstantiated within one year.

Recurrence of families in mixed and specialized counties. Looking again at the full sample of AR cases (i.e. families), a useful finding emerged concerning how social workers were organized. Recall that we isolated four jurisdictions in which workers were assigned specialized caseloads—*either* IR or AR versus those in which workers had mixed caseloads of *both* IR and AR. The four *specialized* jurisdictions were: Baltimore City, Baltimore County, and Frederick and Prince George's counties. The analysis in the previous section showed possible effects on face-to-face meetings with families and family cooperation of this difference. Various analyses in Chapter Six also demonstrated possible effects of this difference in organization. Here we looked at six-month and twelve-month recurrence rates among AR families in the two sets of offices. The six-month recurrence rate of AR families in jurisdictions with mixed units was 6.0% while the rate jurisdictions with specialized AR units was 4.1%. The difference was statistically significant ($p < .001$). There are, or course, other possible explanations for these differences, such as characteristics of case populations or other unknown variations in levels and types of preventive services available and provided, or worker effectiveness. Nonetheless, coupled with findings in the previous section of this chapter and those outlined in Chapter Six, these results are noteworthy.

Chapter Four
Family Responses to AR

The analysis in this chapter is based on responses of AR and IR-comparison families to the family feedback surveys conducted on a monthly basis between December 2013 and June 2015. The survey form was focused on three general areas: 1) family responses to AR (the subject of this chapter), 2) services families reported receiving (Chapter Five), and 3) characteristics of families and family members. Some of the latter were presented in Chapter Two. Each family was provided with a $20 gift certificate for returning the completed survey.

That the families responding were generally representative of the entire population of families assigned to AR was shown in Chapter Two, Section 2. The group-comparability of the 251 AR and the 98 IR-comparison families in the family survey was also shown in the same section of that chapter. As noted, the difference in the size of the two groups resulted from the necessity of terminating assignment of IR-comparison cases after mid-2014. We reiterate here, however, that the method of selection of IR-comparison families was based on pair matching of a large but nonetheless limited set of variables and that unmeasured variables could not be controlled. Such unmeasured variables also doubtless influenced the willingness of families to respond to the family survey. Nonetheless, we have shown that the AR and IR families compared in the present chapter do not differ in obviously biased ways, and we proceeded with the comparative analysis on that basis.

1. Indicators of family engagement (practice indicators)

Families were asked a set of questions intended to measure differences in the engagement approach used in AR and IR interventions and to gain the reaction of families to them. These included the overall satisfaction of families with the way they were treated by caseworkers who visited them in their homes. More specifically, they were asked whether the caseworker who met with them listened to what members of the family had to say and whether the worker tried to understand the family's situations and needs. Families were also asked whether they were treated in a manner they would describe as respectful and friendly. To each question, families were asked to choose from one of four responses, from most positive to most negative. Here are the questions analyzed here:

How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?

How satisfied are you with the help you received or were offered?

Overall, is your family better off or worse off because of this experience?

Overall were you treated in a manner that was: (very respectful, respectful, disrespectful, very disrespectful)

Did you participate in the decisions that were made about your family and child(ren)?

Did the worker who met with you listen to what you and other family members had to say?

Did the worker who met with you try to understand your family situation and needs?

Proportions of families responding to engagement questions. Differences in the responses of AR and IR families to these questions were not large. Overall, responses of both groups were more often positive than negative--by a wide margin. At the same time, the percentage of families giving positive responses was higher among AR families.

For example, **Figure 4.1** shows the responses of family caregivers to the first question concerning overall satisfaction with the worker or workers who visited them.

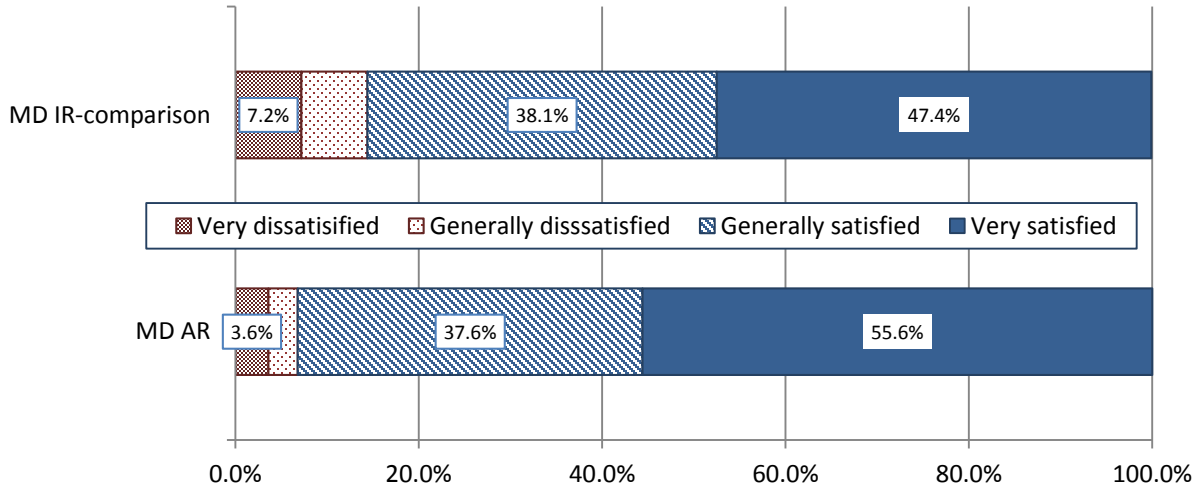

Figure 4.1. Maryland AR and IR-comparison family responses to the question: *How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?*

Respondents to the question in **Figure 4.1** were asked to choose among four response choices: very satisfied, generally satisfied, generally dissatisfied, very dissatisfied. As can be seen in Figure 1, the differences between the two groups of families was not large, but a larger percentage of AR respondents indicated they were "very satisfied" – 56.6% to 47.2%, and a larger percentage of IR-COMPARISON respondents said they were "very dissatisfied"—7.2% versus 3.6%. The degree of difference in the responses of the two family groups can be more clearly seen in **Figure 4.2** where response items are collapsed into either "satisfied" (whether "very" or "generally") or dissatisfied ("very" or "generally"). The differences in proportions on this question were not statistically significant ($p = .14$), although statistical significance was shown using the more powerful comparison of means below.

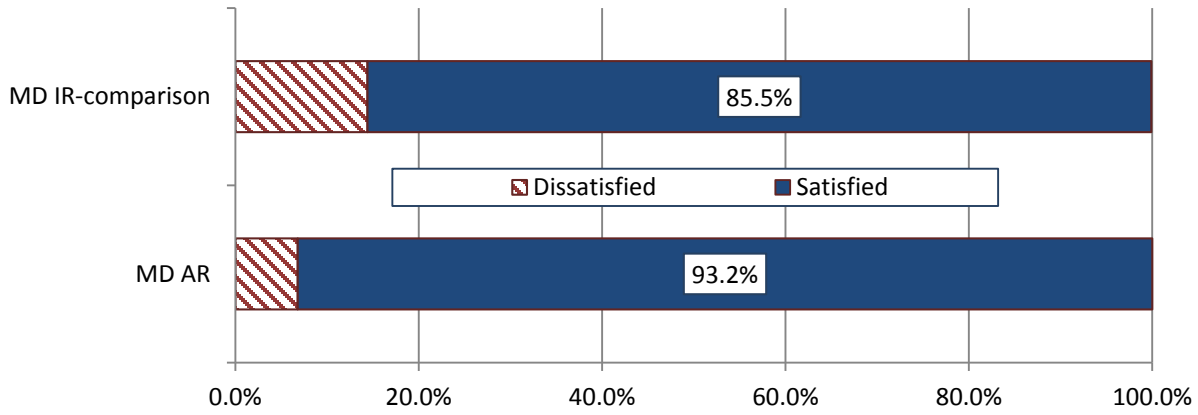

Figure 4.2. Maryland AR and IR-comparison family responses to the question: *How satisfied are you with the way you and your family were treated by the caseworker(s) who visited your home?* (Collapsed categories)

This pattern (in which the differences between AR and IR-comparison families is not large, but somewhat more positive for AR families) has been found on other survey items intended to measure differences in the manner in which workers approached families—as reflected in the reaction of families. A larger percentage of AR families said workers listened to what they and other family members had to say—92.4% versus 84.5% of IR families (see **Figure 4.3**). Similarly, a larger percentage of AR families said workers tried to understand their family situation and needs (see **Figure 4.4**). And fewer AR families said there were matters that were important to them that were not discussed (10.1% compared with 16.7% of IR-comparison families).

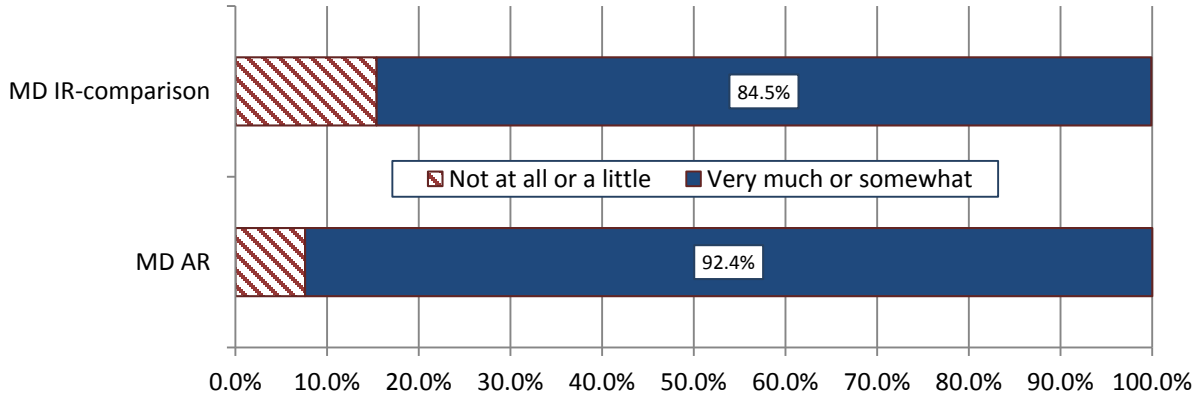

Figure 4.3. Maryland AR and IR-comparison family responses to the question: *Did the worker who met with you listen to what you and other family members had to say?*

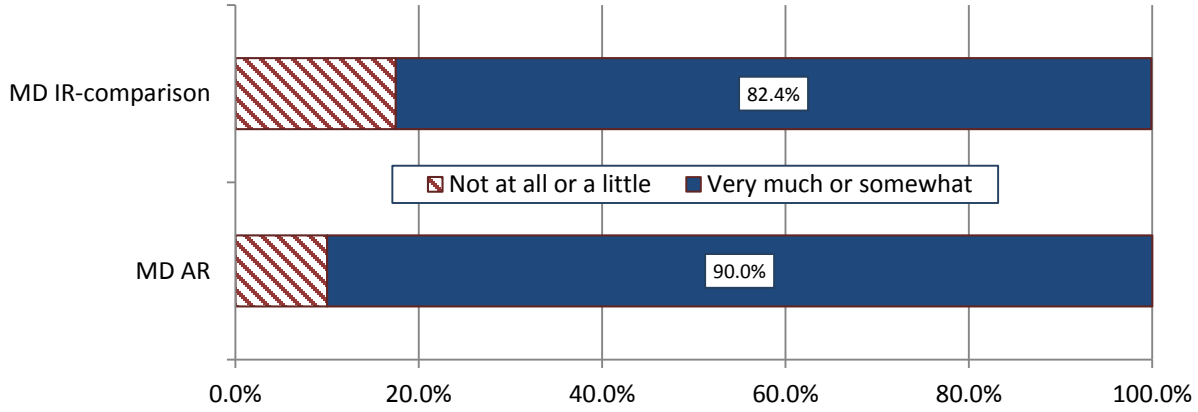

Figure 4.4. Maryland AR and IR-comparison family responses to the question: *Did the worker who met with you try to understand your family's situation and needs?*

Although a large majority of all families reported that workers treated them in a respectful, manner, the majorities were larger among AR families: 95.2 vs 87.6.

When decisions were made in families, family caregivers in AR families were asked about the extent to which they participated in decisions that were made about their family or their children. The difference in proportions was large for the category labeled "a great deal," as is evidenced in **Figure 4.5**.

Families were asked: Overall, is your family better off or worse off because of this experience. About half of both AR and IR-comparison family respondents have said they were "better off." A larger percentage of IR-comparison respondents have said their families are "worse off" (17.5% vs. 3.2% of AR respondents), while more AR respondents have said it has made "no difference" (41.0% to 26.8% for IR-comparison respondents).

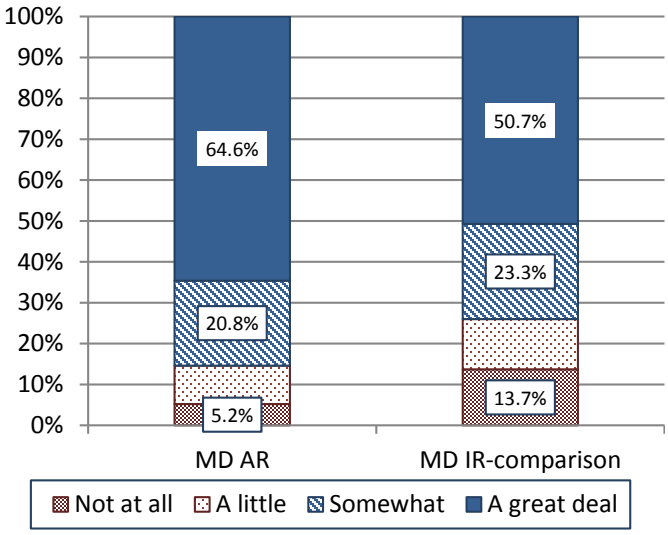

Figure 4.5. *Did you participate in the decisions that were made about your family and child(ren)?*

Mean engagement scores. Because these questions each involved four categories that ranged from negative to positive, it was possible to assign numeric values (1 to 4) for each category and to calculate means. Means scores on each item are shown in the following charts (**Figure 4.6**). The top chart shows differences for Maryland. The lower chart is included for comparative purposes showing similar scores from the Ohio AR evaluation.

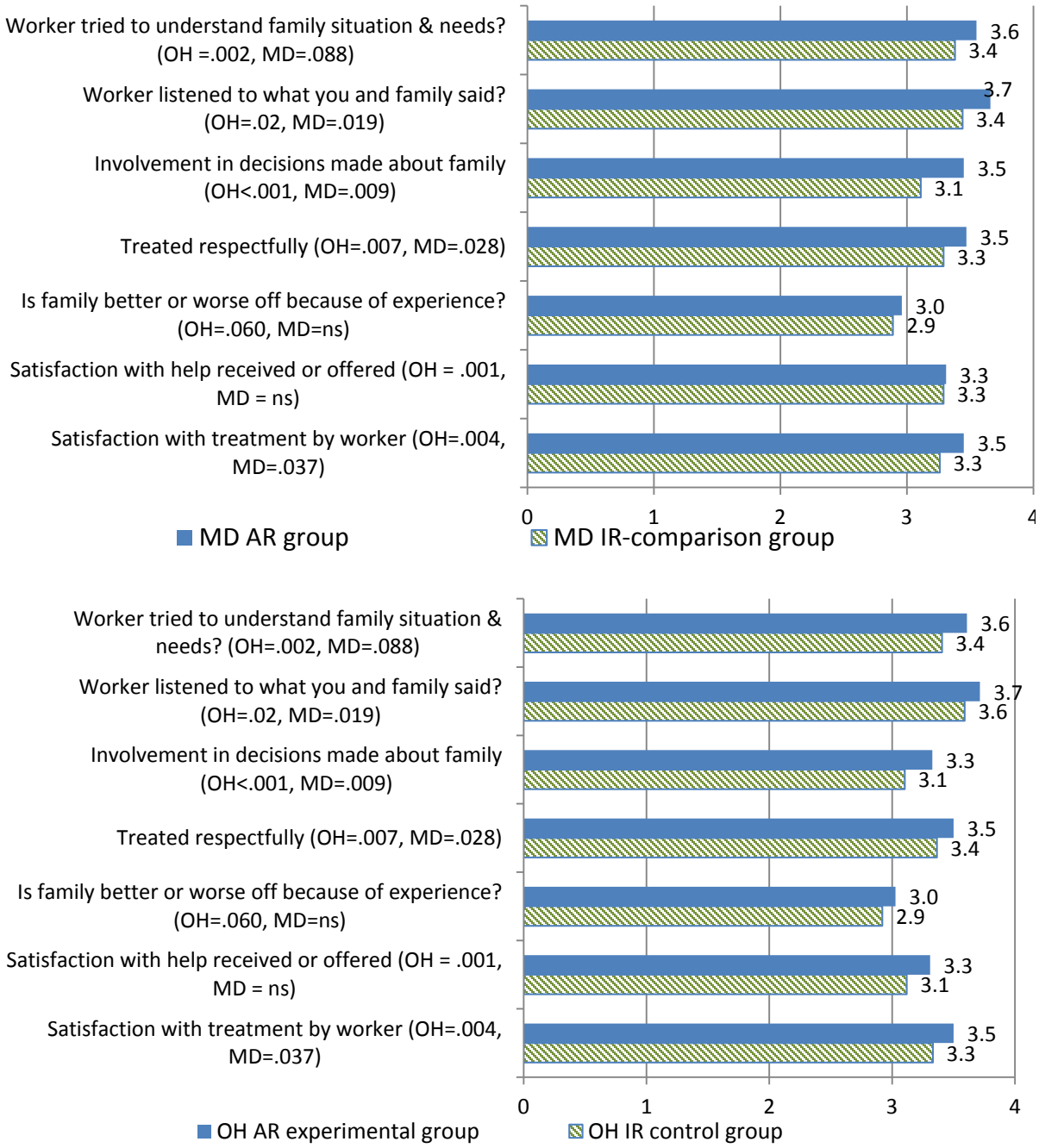

Figure 4.6. Mean scores on engagement questions of families in Maryland and Ohio

The similarity between the two is apparent. The probability values for Maryland and Ohio are shown in the row headers on the left of each pair of bars. Notice that in this analysis the differences among AR and IR-comparison families in Maryland are generally statistically significant ($p < .05$) or a statistical trend ($p < .1$). The difference on two items did not reach statistical significance. The lack of statistical significance is primarily due to the small size of the Maryland comparison group. The

consistent pattern is apparent, although as noted the differences were proportionately small in both states.

Mean summated engagement scores, calculated based on items 1, 3, 4, 6 , 7 and 8 as listed at the beginning of this chapter are shown in the following chart (**Figure 4.7**). Scores could range from 6 to 24. A higher the mean score indicates a higher level of engagement for the group overall. The difference in means was statistically significant (p = .013). We conclude that most families in both AR and IR cases report positive overall engagement with workers but the engagement, as measured by these items, was higher under AR.

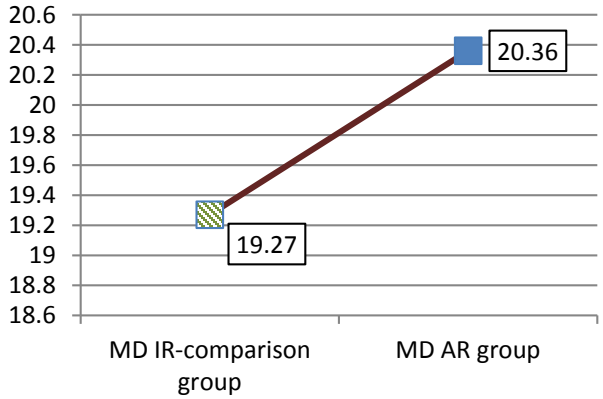

Figure 4.7. Mean summated family engagement scores for AR and IR-comparison families

We also have included the following comparative charts for engagement items (**Figures 4.8 and 4.9**). Like Figure 4.6, that demonstrate the overall similarity of results in family responses in Maryland with those in two other AR evaluations that we have conducted in Ohio and Minnesota. The response pattern described above is very similar to what was found in those studies—but in those studies with full samples, there were larger *numbers of families* and an unambiguous statistical difference. **Figure 4.8** shows the response percentages of AR and IR families in Minnesota, Ohio, and Maryland to the question of general satisfaction with how they were treated. **Figure 4.9** shows the responses of families in the three states to the question: Did the worker listen to what you had to say? The relative similarities in the response patterns are evident.

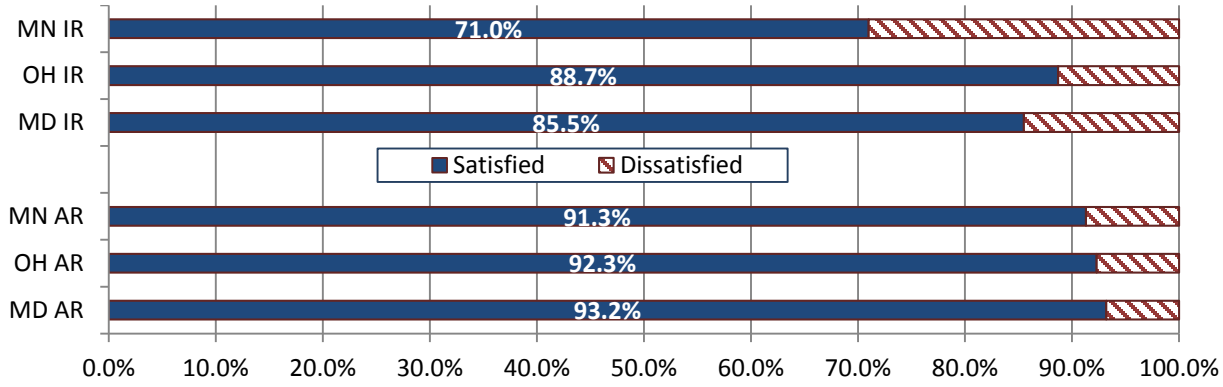

Figure 4.8. AR and IR-comparison family responses in Minnesota (MN), Ohio (OH) and Maryland (MD) to the question: How satisfied are you with the way you and your family were treated by the caseworker who visited your home?

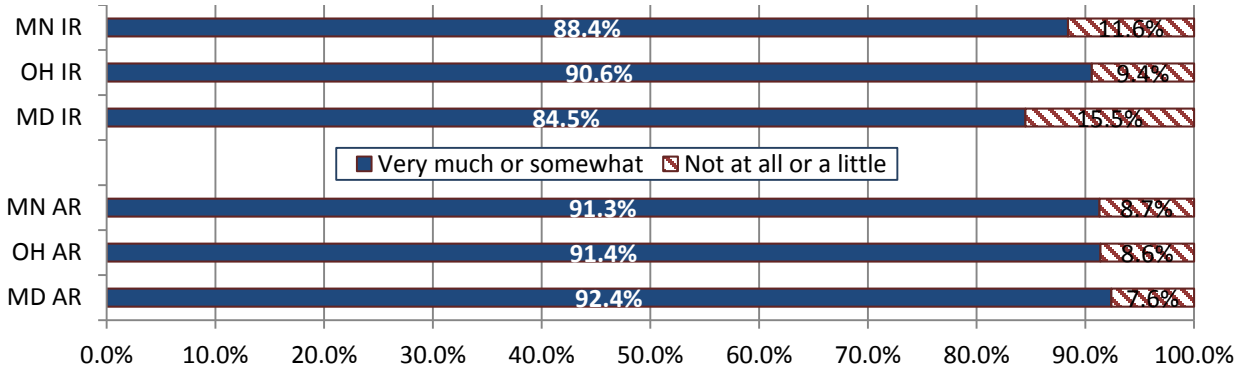

Figure 4.9. AR and IR-comparison family responses in Minnesota (MN), Ohio (OH) and Maryland (MD) to the question: Did the worker who met with you listen to what you and other family members had to say?

In summary, regarding the effect of AR on practice based on evidence from family surveys: The introduction of AR appears to have had an effect on practice in the direction consistent with policy hypotheses. The relative impact was modest but consistent across engagement measures captured by the survey. And, there was a similarity in the responses of Maryland families to families surveyed in Minnesota and Ohio.

2. Written responses of families relative to family engagement

The standardized responses analyzed above are highly simplified summaries of emotional responses, conversations and complex interactions among family members and workers. The following are the written responses from AR and IR families concerning their reactions to workers. They are included to provide a sense of the underlying content of the engagement measures.

We note, however, that less than half of family respondents wrote in a comment and many of their responses concerned services needed but not received (considered in Chapter Five). Family caregivers wrote about workers when they had a particularly positive reaction to the worker or when they had strong complaints about behavior or events. It is apparent that family engagement occurs and fails to occur under both approaches. However, while the AR sample was 60% larger than the IR-comparison sample, families that received an investigation provided almost as many written comments on workers as families that received an AR family assessment. Family engagement is a function of the training and skills of the workers but is also conditioned by the structure of the assessment and investigation processes. The greater proportion of negative comments on the IR side possibly reflects the more adversarial nature of the investigation process, but the presence of positive comments shows that family engagement is possible and occurs in traditional investigations. The presence of negative responses on the AR side shows that the family assessment process as well can result in disengagement with families.

AR Positive Comments[10]

Caseworker [was] very understanding & she listened to me & my children.

[10] Changes and clarifications are inserted in square brackets: [ ].

Miss [name] was the great worker [who] met with me and my daughter both times. She is a wonderful person. [Name] has my respect on so many levels. And I hope the next time I see her is passing in a store not on my door step.

This is my second visit [from CPS] & this one was different. Is this something new?

[Name] is very kind and compassionate.

At first, I was nervous about having the case worker come [to my home]. After speaking with the case worker, I was able to receive insight & set goals for my family.

Once the social worker received our family's case she was very prompt in visiting my kids at school & contacting me for a home visit within a week. This communicated to me that my family situation was important.

The worker was very nice & offered me to call if I ever needed anything.

I was very impressed. Great Job!!

She was kind & understanding, nothing more was needed [other than] to assure the doors were child proof. I am grateful she understood my situation.

[Name] and all CPS staff were very helpful & a delight to work with.

I am very glad the worker checked everything out. She was great and very understanding

Very wonderful social worker, personable & friendly.

The case worker found nothing that caused her concern by the claim. She was very professional and caring.

The worker was very respectful and I felt bad that her time was wasted on a bogus complaint. ...but she was reassuring and I knew she was just doing her job.

AR Negative Comments

Experience was unpleasant. [This] worker was disrespectful [and expressed] rude & negative views from the first sentence she spoke.

Did not appreciate taking my son out of class without parents' permission. I was confused, upset and bothered.

I do not feel the case worker resolved the issue as it is still happening... I [had to ask] the case worker 3 times while in my home not to say certain things in front of my children… She was pleasant and made my kids feel comfortable. [*positive*] But overall [I am] dissatisfied with the system and her visit.

I don't feel that CPS or DSS helped to improve my current situation. It caused extreme emotional stress to have CPS in my home AND the particular worker has never followed up with me about the original complaint.

I am deeply offended at the way I was judged & questioned & subjected to judgment & questions...

IR Positive Comments

[I am] on [service] from HCPSS. The detective & caseworker were very sensitive & patient.

I have never felt more comfortable talking to my CPS [name]. My worker was very friendly, amazing listener and assisted me with all my questions and concerns.

Caseworker [name] is awesome!!!!

Everything was very helpful!!

I was satisfied with the worker she answered all my questions was very professional and she was a great help.

My caseworker Ms. Meghan Rockwell-Aston was very respectful & understood my frustration. She referred me to the Family Navigator Service, who are very helpful. She has shown me ways to deal with my child's behavior & those seem to be working just right. She gives me hope for a brighter future with my child.

They were very helpful and I am very thankful for them.

An overall pleasant experience.

Caseworker was very helpful, polite & generally concerned.

IR Negative Comments

Have had 4 different workers in 6 weeks, every 2 weeks they get a new one. No communication, more of a hassle than help!

I tried to call the caseworker back so she & I could meet but she never called me back. I am a good person and take care of my kids.

Worker assumed what they (she) wanted / accused me of things without any proof. Generally harassed me. It's sad how they have the power to do whatever they want and break the law.

Two encounters with DSS this year. One tolerable, one horrible. Which I am reporting to the supervisor. Ex-husband abuses the system with numerous complaints, yet I'm treated like the bad guy. Really sick of the system!!

Overall, my family did not benefit from this experience. We felt disrespected on many different levels. Our caseworker [name] could use some classes or training on her social skills.

The CWW that visited my home seemed so understanding & supportive about the situation. He was good with my children. [*positive*] He told me he would be contacting my husband for an interview in the next few days. I was very concerned he [husband] would react in anger & show up at the house. That was exactly what happened, he called threatening me & raging & then forced his way into the house stating the CWW told him it was mutual combat. He gave my husband the fuel to come into the house and act like he had every right to attack my son. I tried calling the CWW later that evening & left a message, he has never returned my call. My children & I felt completely unprotected and not heard. I guess you have to be hospitalized.

I wish they would listen to mothers first. They think kids don't lie to get what they want.

I was happy children were comfortable talking to others but not thrilled with the nude pics that were shown. My girls have never seen boy's privates and had a lot of questions after.

You need to investigate the Dept. of Social Services, CPS workers they do not know how to do their job.

I was very surprised that the worker was so culturally insensitive in a time were cultural diversity is of high importance, the worker showed no sensitivity. I feel sorry for those that do not know they deserve to be treated differently. I was saddened by this process.

Social Services needs to take a better approach with parents. Children often tell lies & social services often have preconceived notions that the child is truthful.

[Name] (Soc. Worker) was often late-if she even showed up and NEVER called to notify me. Even lied about a time she came by once (I caught her in a lie). She was very inconsiderate of my time/schedule.

The caseworker was unprofessional, judgmental & made assumptions.

...the 1st worker, [name] was polite, helpful and fair. [*positive*] However, the current worker [name], is rude, insulting, condescending, only met with me 48 hours after a mastectomy, does not put in correct &/or verified information in reports & will not correct information, return calls or be helpful in any way. Her actions have my daughter living in unfit conditions with a drug addict.

3. Emotional responses of families (practice indicator)

The preceding comments show some details of the reactions of the survey respondents to AR and IR workers. To assess emotional reactions of family caregivers generally to AR and IR interventions a semantic differential scale was used to gauge the emotional response of families. Respondents were

asked to describe their feelings *at the end of the first visit* from the caseworker by checking a list of positive and negative terms—"any that apply." Positive terms included words like *optimistic, encouraged, reassured, and hopeful*; negative terms included words like *confused, worried, anxious, and angry*.

This tool has been used in evaluations of the Minnesota and Ohio differential response programs. In both of those prior projects, the results were strong and convincing that families responded more positively to AR and more negatively to IR.

The responses in Maryland to the positive items (**Figure 4.10**) differed from the earlier studies. An examination of the chart shows that AR families were more positive on some items and IR-comparison families were more positive on others. Only the *relieved* term produced a statistical difference in favor of AR (30.3% versus 20.4%, p = .041), while *hopeful* and *optimistic* differed in the same direction as statistical trends (p < .10). All the other terms were not statistically significant. The mean summated scores (range: 0 to 12) on the positive items were 2.51 for AR and 2.38 for IR (p = .723). This shows an ambiguity on the positive side, which as noted elsewhere in this report, may reflect the effects long-term training in Maryland of CPS investigators concerning family engagement. This also corresponds to the positive comments by some IR-comparison families about investigators.

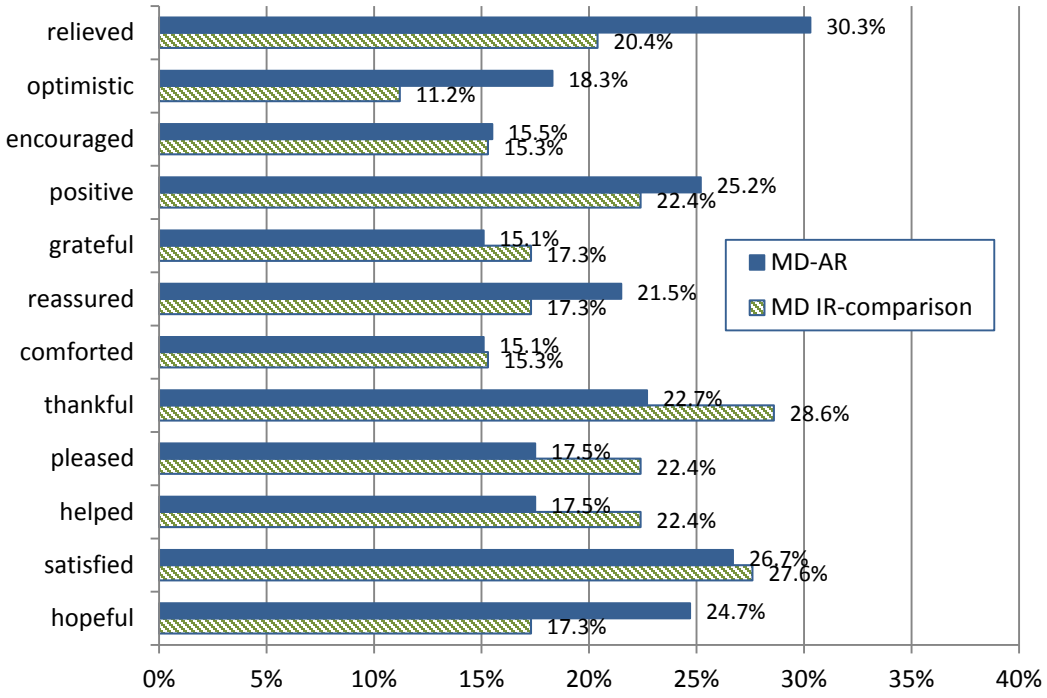

Figure 4.10. Maryland AR and IR-comparison family responses concerning positive emotional reaction to the first meeting with the worker

The negative items (**Figure 4.11**) present a different picture. More families on the IR side checked negative items for all but one term (*dissatisfied*). Three of these were statistically significant:

angry (p = .020), *anxious* (p = .034) and *discouraged* (p = .050). The mean summated scores on the negative items were 1.43 for AR and 1.99 for IR (p = .05), reflecting a higher rates of negative emotional responses of families to the first visit by investigators. This finding also corresponds to the larger proportion of negative comments from IR-comparison families in the previous section.

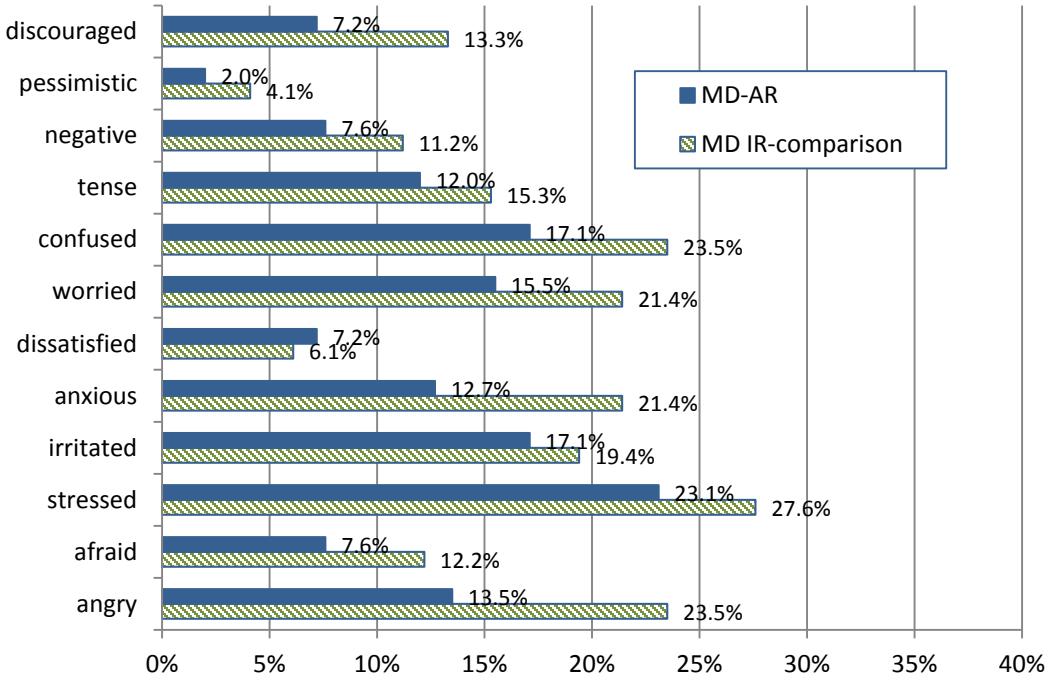

Figure 4.11. Maryland AR and IR-comparison family responses concerning negative emotional reaction to the first meeting with the worker

Chapter Five
Services

Workers and families provided information about services. In this chapter we examine what workers told us in the case-specific survey about particular families with whom they worked. We also include an analysis of reports by family caregivers of services they received in the family feedback survey.

The state did not allocate additional funding for services under AR. However, differences in services may still occur as a result of at least two factors. First, because the large majority of AR cases would have been *ruled out* had they been investigated, it is possible that greater attention will be paid to families that may have been ignored under the traditional approach. Secondly, if the change in approach to families under AR results in greater engagement of families then opportunities to work with them and to link them with existing resources may increase.

1. Worker reports regarding services

Workers were asked in the case-specific survey to provide information about specific services available in AR and IR-Comparison cases. They were not asked to link the service to specific child safety problems or child/family well-being issues but only to tell whether the family was in contact with this service. They were asked to respond to one of three categories: 1) information or referral provided, 2) service was provided, and 3) service was in place at start of case. To show general differences, we first show summary results in **Figure 5.1** for three information or referral differences between the AR and IR-comparison groups.

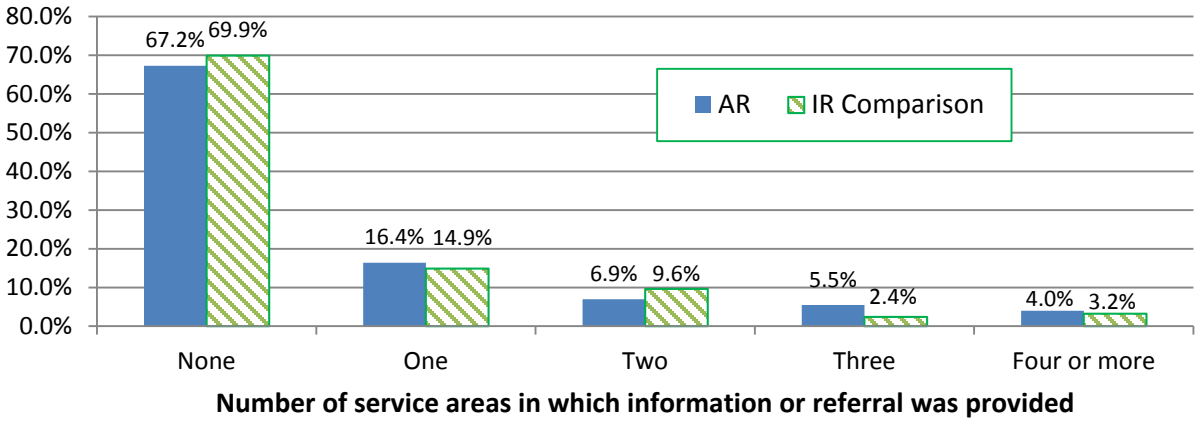

Figure 5.1. Information or referral services provided by workers in AR and IR-comparison cases (Case-specific survey)

Summing the four categories on the right side of **Figure 5.1**, 32.8% of AR cases received at least one service in this category compared to 30.1% of IR-Comparison cases. This difference was not

statistically significant (p = .27) and indicates few changes in referrals under AR. This chart is expanded in **Figure 5.2** to permit comparison of specific service categories.

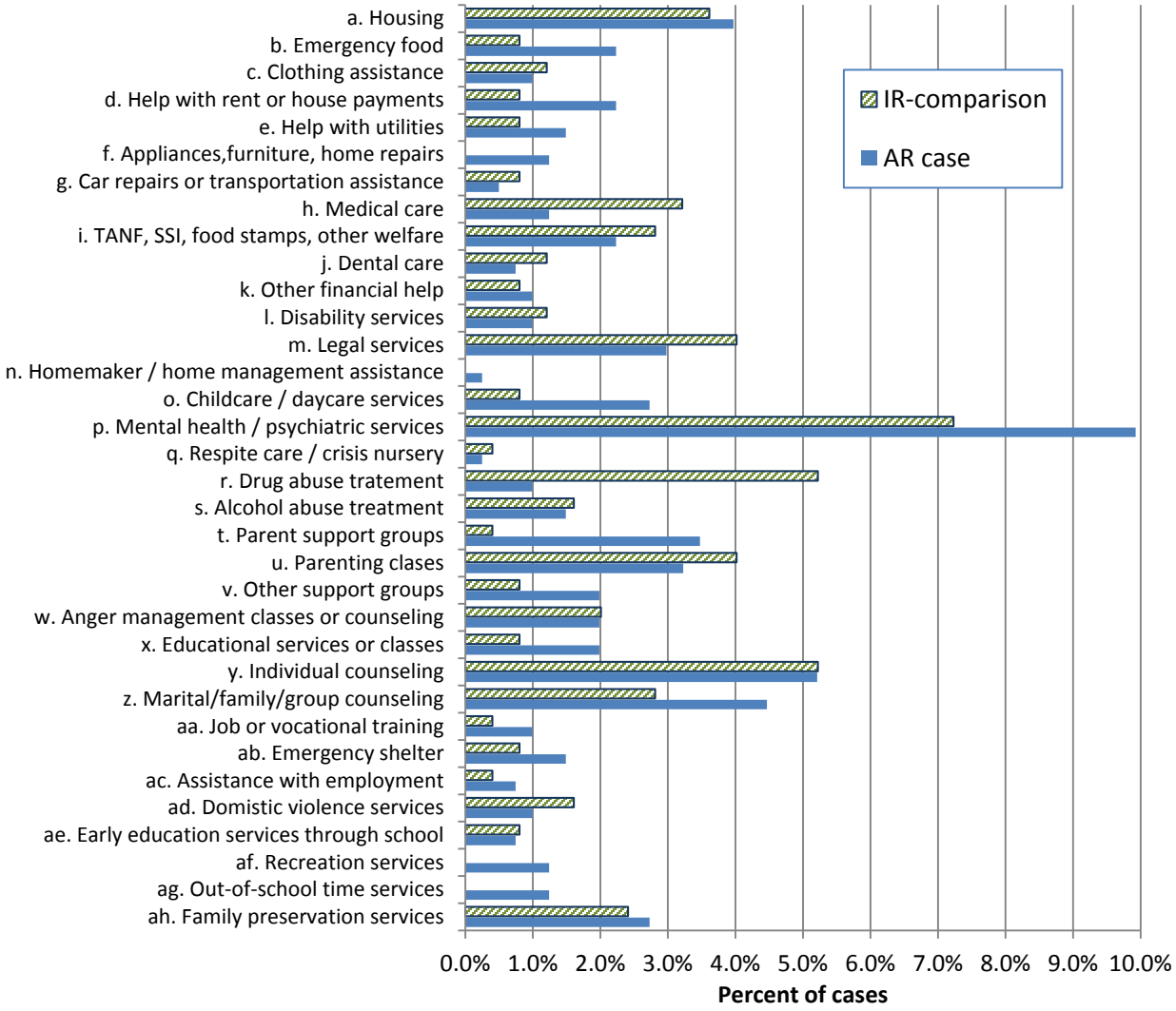

Figure 5.2. Proportion of cases provided information or referral to services for AR and IR-comparison families in specific service categories.

Differences are apparent in **Figure 5.2** in some areas of basic material needs. Workers in AR cases (the solid bars in the chart) reported more referrals to 1) emergency food, 2) help with rent or house payments, 3) help with utilities, and 4) appliance, furniture, home repairs. We refer back to earlier comments in Chapter 3 about responses to child and family well-being issues and attempts to serve. These results show that in the area of material needs workers in AR cases were attempting to address family needs more frequently than workers in the IR-comparison cases. There was also increased activity in other more traditional child welfare categories under AR, including 1) mental health or psychiatric services, 2) marital/family/group counseling, 3) parent support groups, 4) recreation services, 5) childcare/daycare services, and 6) out-of-school time services. IR-comparison cases showed greater activity under 1) medical care, 2) case/non-cash welfare services, 3) legal services, 4) parenting

classes, 5) domestic violence services and 6) drug abuse treatment. The latter difference was particularly large and is similar to differences found in our evaluations in other states. In Maryland, however, the difference may be due to uncontrolled differences between the AR and comparison groups, that is, fewer families with known drug abuse issues may have been referred to AR.

On the other hand, *actual services provided* occurred more often in IR-comparison cases. One or more services were provided in 18.1% of comparison cases compared to 14.1% of AR cases. The difference appears real but was not statistically significant (p = .11). Services are broken out in **Figure 5.3**.

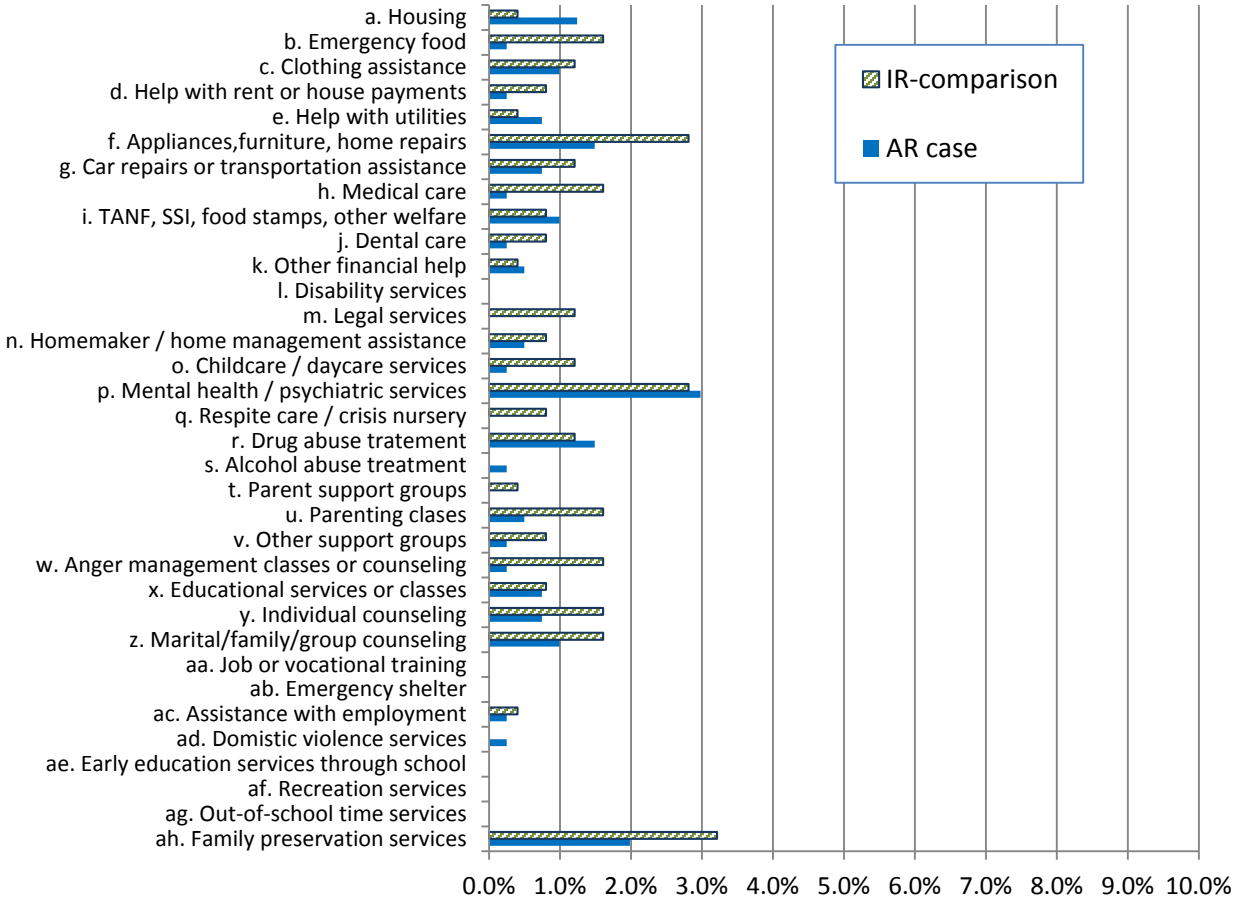

Figure 5.3. Actual services provided by county, funded vendor or unfunded source in AR and IR-comparison cases in specific service categories (Case-specific survey)

Notice that the same percentage scale is used at the bottom of the charts in this and **Figure 5.2**. This was done to permit overall comparison of I&R with provided services, and as can be seen, generally smaller percentages of families were provided with services at this point in their encounter with CPS. Actual services were provided in less than 2% of cases for all but 3 service categories.

Services provided was defined as: services actually provided by the county, by a funded vendor or an unfunded source while the case was open. This chart only recounts what assessment workers and investigators knew about services prior to their final contact with families. The chart *does not include*

services to families referred to other services. Out of the 403 AR cases, workers indicated a referral person in 31 instances (7.7%). The proportion was greater for IR worker, who indicated a referral person 34 of 249 cases (13.6%).

The detailed look at service categories in **Figure 5.3** reveals a number of areas in which investigations led to increased services. These include emergency food, rent, utilities, appliance, furniture, home repair, medical care, legal services, daycare, parenting classes, counseling and family preservation services. However, we note here the finding at the end of Chapter 2, that in spite of our best efforts to selection comparable IR-comparison cases, the final set of IR families in the case-specific study were judged to be at significantly higher risk, and this may account for the apparent higher proportion of services on the IR side of this analysis.

Interestingly, AR families were more likely to have *services already in place* at the time of the first contact with the family. Summary statistics were that 15.9% of AR families had services in place compared to 9.6% of IR-comparison families, a statistically significant difference ($p = .015$). We do not show a chart of detailed service categories but families in AR cases had mental health or psychiatric services in place substantially more often (AR: 7.7%; IR: 3.2%) and individual counseling (AR: 4.2%; IR: 2.0%) and small differences in other services. The overall difference is interesting but the individual differences are not necessarily meaningful. One possible explanation may have to do with the part of the state in which AR and IR-comparison families lived. We attempted to match families on locale and type of locale (based on county median income and population) but, as is always the case in pair-matching, there was some variation, and we could only roughly control for location variations *within* individual counties. AR families in the current sample were selected statewide whereas IR families tended to be drawn predominantly from counties in Phases 3 and 4.

While some minor differences were found in some service areas, the case-specific survey revealed *no overall statistically significant difference between AR and IR-comparison families in worker reports of I&R or actual services provided by counties or other organizations within counties*. Again, we reiterate that this was a survey of assessment workers and investigators *only* and did not include feedback from ongoing workers, FPS workers or workers in community agencies that may have worked with families after the investigation or family assessment.

2. Sufficiency, appropriateness and effectiveness of services

For each case in the case-specific survey workers were asked a series of five questions about the sufficiency and effectiveness of any services provided to the family. Again, it is important to remember that no worker was privy to how other workers were responding to these items—only the evaluators could view all worker responses. The questions concerned 1) immediate safety threats, 2) future abuse and neglect, 3) family and child well-being, 4) appropriateness for family needs and 5) service effectiveness. Workers responded on a 10-point scale, where 1 meant *not at all* and 10 meant *completely*. Average (mean) scores in AR and IR-comparison cases are charted in **Figure 5.4**

All workers rated the topics positively in both AR and IR-comparison cases and while the mean scores for AR were slightly higher on some questions the differences were not statistically significant,

although for the fourth question the greater mean value for AR cases can be described as a statistical trend (p = .096). These means include only cases in which workers felt able to make the rating. The proportion of those who did not respond or indicated that they were unsure ranged from 5% to 16% of workers. This is not surprising from what was seen in Chapter 3 concerning cases with extenuating circumstances, such as family flight, hostility and lack of cooperation.

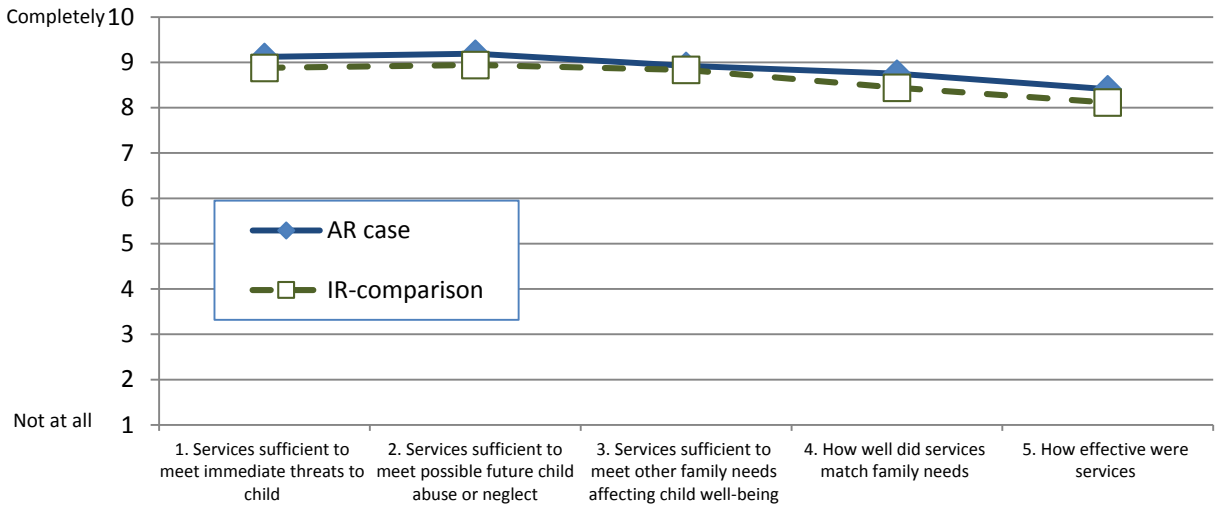

Figure 5.4. Worker responses in AR and IR-comparison cases concerning sufficiency, appropriateness and effectiveness of services in sample cases (Case-specific survey)

3. Worker reports of difference in resources utilized in AR and IR cases

For each well-being area that workers identified (see Chapter 3), we asked to them to specify the type of service or resource used to address the issue. These were 1) county staff; 2) family, kin or support group; 3) an unfunded resource, 4) a vendor or provider of services and 5) other types. The summary proportions are shown in **Figure 5.5**. It is apparent that workers in AR cases more often referred to vendors and paid service providers than in IR-comparison cases, while family, kin and support groups were used more often in IR-comparison cases.

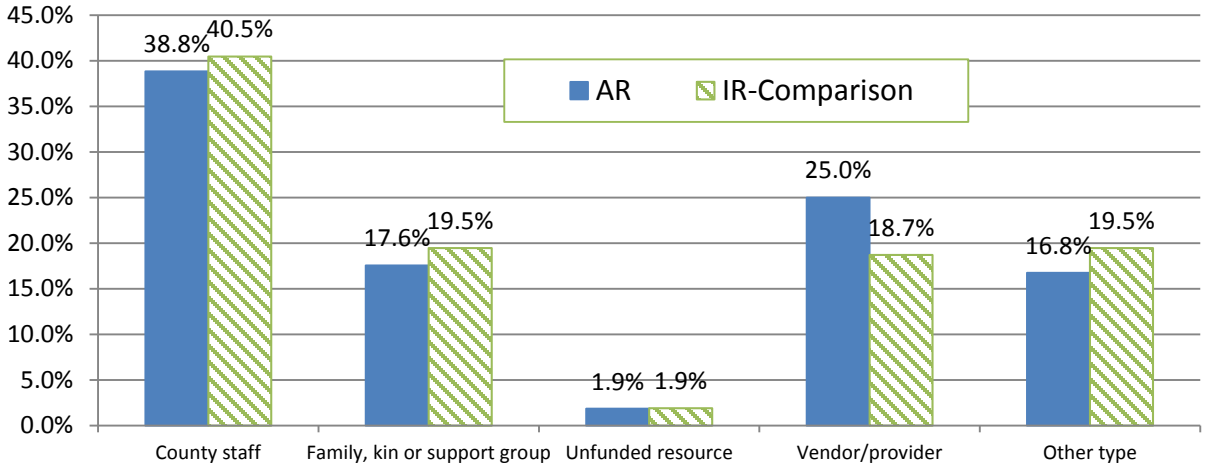

Figure 5.5. Proportions of service and resource sources utilized in AR and IR-comparison cases to address child and family well-being issues

The detailed chart in **Figure 5.6** shows types of resources utilized by well-being categories. In the figure, we can see that the largest differences between AR and IR-comparison cases occurred in the areas of 1) mental health of children, 2) poor parent-child relationships, 3) control of children, and 4) developmental delays of children. In each of these areas AR families were more often assisted through a vendor referral. This difference was found consistently across a number of problem areas and was being reported, of course, by a large number of different workers across the state. It may reflect, therefore, a change in approach that is occurring under AR. These differences were found at the time of 2014 interim report and persisted as more AR cases were added to the case-specific sample. The detailed chart in this figure also shows that proportion of cases utilizing county staff (often ongoing services workers) was very similar between AR and IR-comparison cases across nearly all the well-being categories.

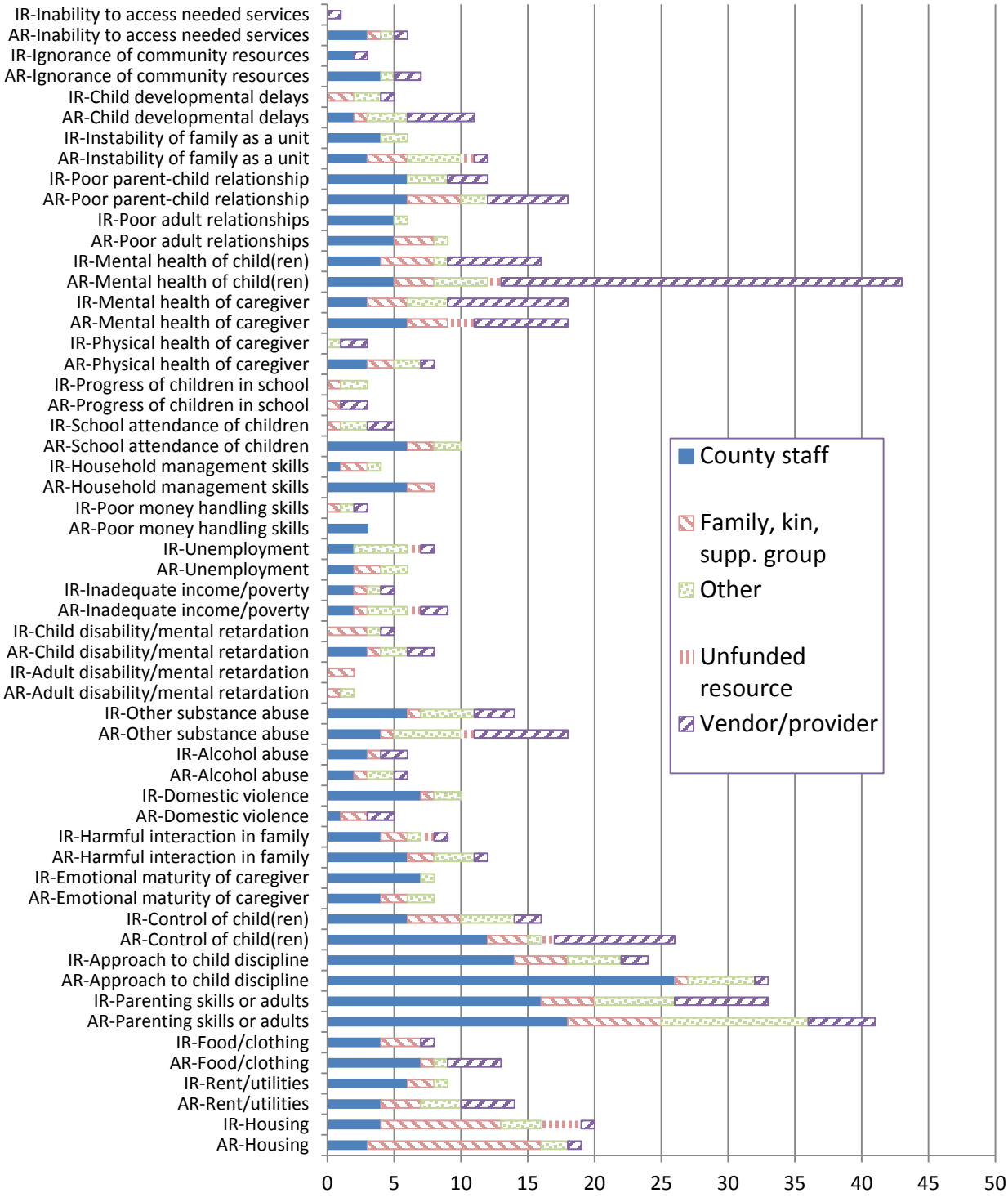

Figure 5.6. Services and Resources that AR and IR Workers Reported Utilizing for each Child and Family Well-Being category (Case-Specific Survey)

4. Family responses concerning services

In surveys, family caregivers were asked questions about any assistance they may have received from caseworkers including help getting services. Only small differences were found between the AR and IR-comparison group in the statewide analysis of all families responding to the survey.

The first service-related question families are asked in the survey was: How satisfied are you with the help you received or were offered? Their responses can be seen in **Figure 5.7**. Of AR families 78% reported they were either "very satisfied" or "generally satisfied." This compares with 74% of IR respondents. A larger percentage of IR respondents reported "no help was offered," 17% compared with 11% among AR families. The differences shown were not statistically significant (p = .613).

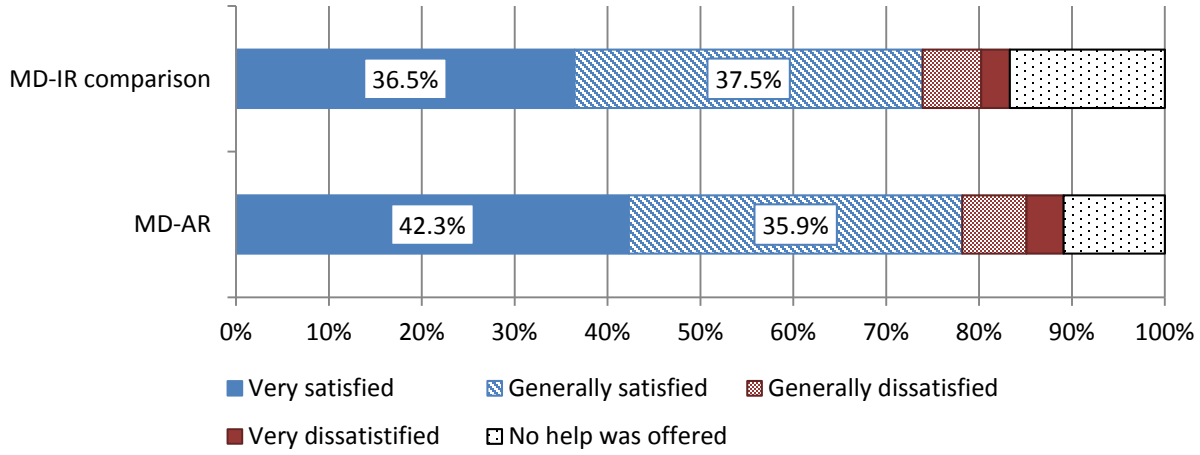

Figure 5.7. Maryland AR and IR-comparison families responses to the question: How satisfied are you with the help you received or were offered?

More specifically, families were asked whether the worker help them obtain specific services. Thirty services were listed in the surveys that were conducted; the list can be seen in **Figure 5.8**.

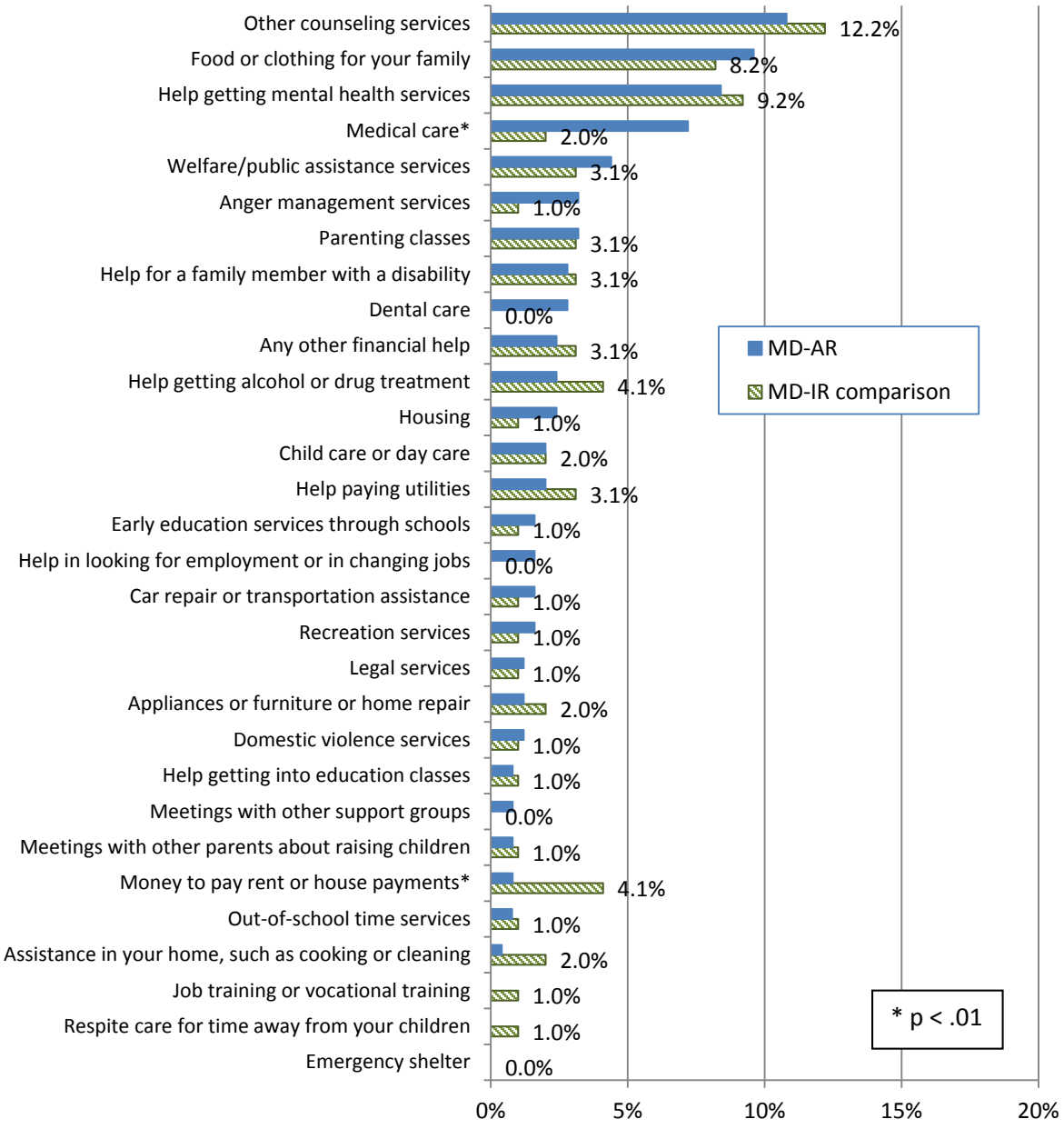

Figure 5.8. Responses of AR and IR-comparison families concerning specific services and assistance

As can be seen the services in **Figure 5.8** were varied and included therapeutic interventions, material assistance of various kinds, medical care, social supports, and child care among other things. In the figure, the services are ranked in order most received by AR families. In some cases AR families were served more often and in others IR families. Only two differences were statistically significant—medical care and money to pay for rent or house payments—the former in favor of AR case and the

latter in favor of IR cases.[11] Overall, 39.6% of AR families reported receiving at least one of the services in the list compared to 36.7% of IR families.

By way of context, **Figure 5.9** provides the response of AR families in Minnesota and Ohio as well as Maryland to common items in similar surveys of families. In most of the service areas, families in either one or both of the two comparison states more often reported receiving services. However, *a major difference* existed between Maryland and these states during the evaluation period in that AR cases in both Minnesota and Ohio *had available significant additional funds for services (that could be used for AR families) from private foundations.* Workers and their supervisors in these states, therefore, could offer services over and above what would normally have been available and had maximum flexibility in deciding what to offer and deliver to families.

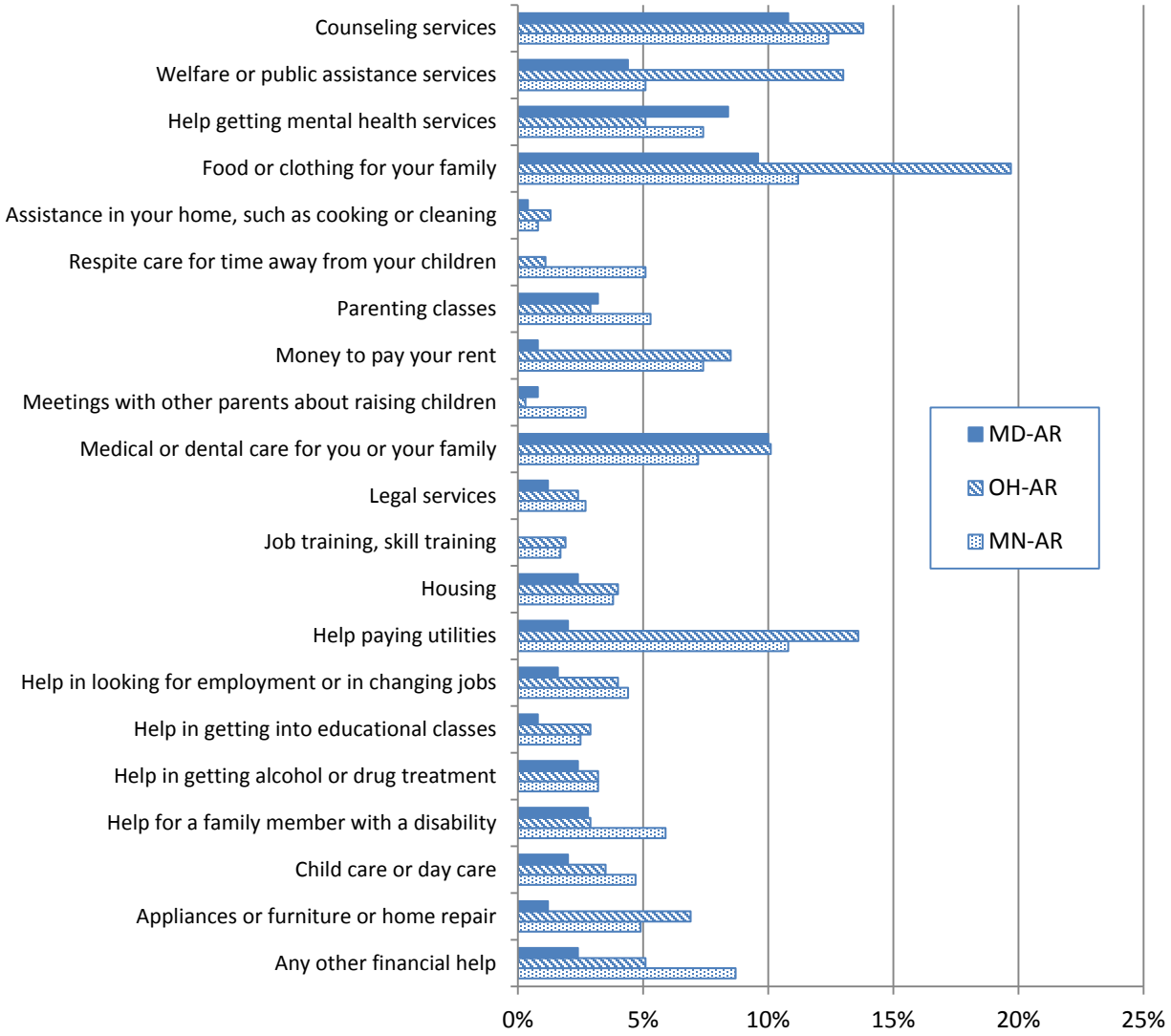

Figure 5.9. Services AR families reported receiving in Maryland (MD), Ohio (OH) and Minnesota (MN)

[11] Since these were individual comparisons of each of the 30 service categories, it would be expected that one or two would be statistically significant by chance alone.

In addition to the 30 services listed in the above figures, researchers were requested to ask families whether caseworkers helped them obtain services or assistance from or through a particular set of programs, including many that are specific to Maryland. The list of these programs can be seen in **Figure 5.10**. As with the earlier list little difference appeared in the agencies that AR and IR families reported being linked to. In addition, the number of families reporting in any of these categories was small ranging from 1 to 18.

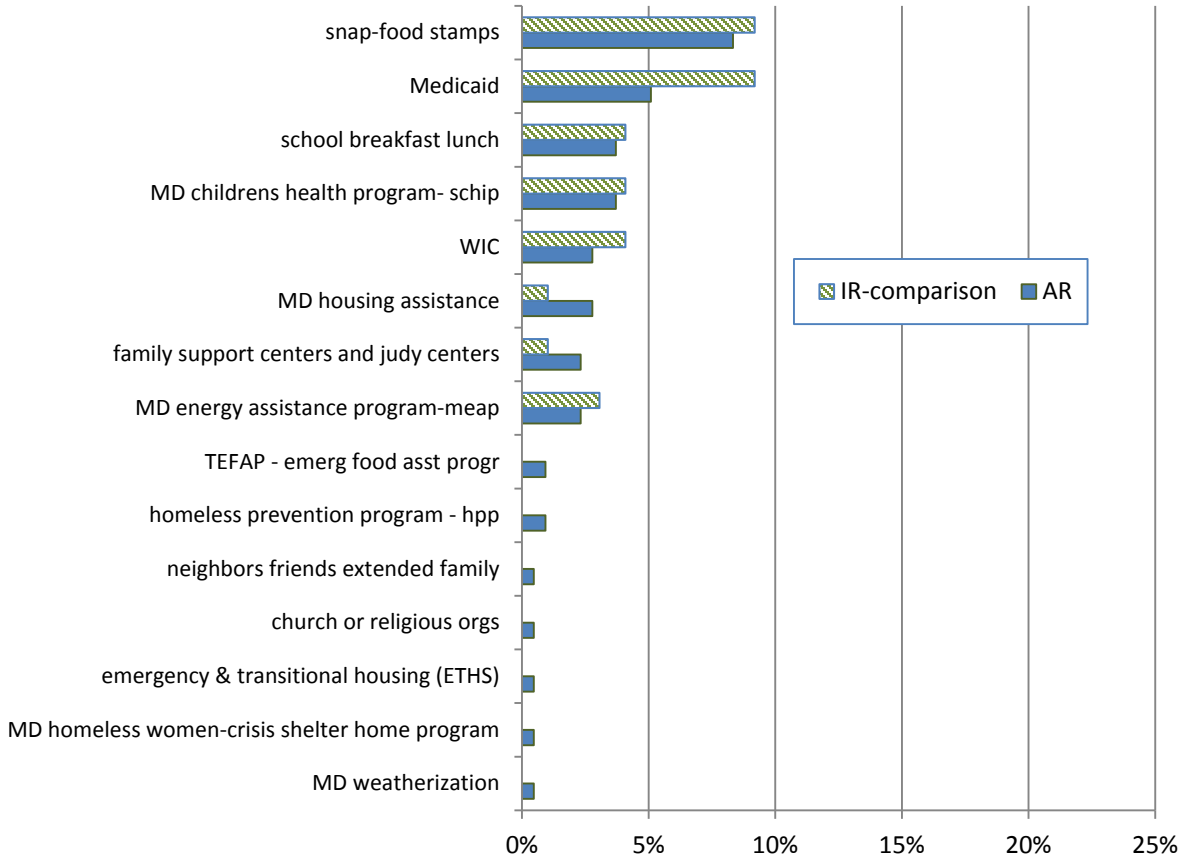

Figure 5.10. Responses of Maryland AR and IR-comparison families concerning facilitation to services or assistance through specific programs

In the survey, families are being asked if workers helped them obtain any type of assistance or services that was not previously been mentioned (as listed in the previous charts). Slightly more AR as IR families said yes to this and mentioned other services (17.4% versus 15.4%).

Of AR families who reported receiving any services, 81.8% said they were the kind of services they needed, compared with 83.3% of IR-comparison respondents. In addition, 68.3% of such AR families said the services they received were “enough to really help” them, versus 77.8%% of IR families. Among IR families, 6.6% and said they were offered help they turned down compared to 6.3% of AR families.

There were other service-related differences in what families said AR and IR workers did for them or on their behalf. A slightly larger difference was found for the first the following questions. Providing the names of service agencies corresponds to reports of workers noted at the beginning of the chapter (**Figures 5.1 and 5.2**).

	AR	IR
Did the worker give you the names of service agencies or anywhere else where they could get services or help for something you needed?	46.1%	36.5%
If yes, did the worker contact the agency?	23.1%	16.3%
Did the worker contact any other agency or source of assistance for you?	13.1%	11.6%
Did the worker provide any direct assistance or help to your family (such as transportation, clothing, financial help, etc.)?	14.6%	16.8%

Families reported a variety of types of help. In order of frequency, these included:

Assistance with transportation/gas for car
Help purchasing clothing, diapers
Christmas gifts
Utilities assistance (electric, water)
Food
Infant supplies
Financial assistance
Rent
Miscellaneous others, including fixing a laptop, child safety locks, and invitation to a Christmas party

Families were also asked whether there was any help the family needed that did *not* receive. Following are some of the things that families mentioned. Notice that the direct assistance list and the list of not received overlap and, reflecting the low-income status of many families, that both lists are composed primarily of material services. This list is also order by the frequency of mention.

Housing, help in finding, applying for assistance
Food assistance
Direct financial assistance
Counseling, Anger management
Help paying utilities
Childcare
Help with rent
Respite care for caregiver
Clothing
Furniture
Medical/dental assistance
Bed(s) for child(ren)

Transportation
Home repair
Funding for camps, out of school activities, camps, Big Sister program
Disability care
Help getting a job
Parenting classes
Help with education (IEP)
Domestic violence services

5. Services to low-income families

As noted, material services of various kind tend to dominate the list provided. This raises the issue of whether differences in services delivered varied by the income status of the family. In Chapter Two we showed (**Figure 2.3**) that nearly a third (31.9%) of AR families reported household incomes of less than $10,000 in the last year. The second category consisted of families with incomes of $10,000 to $20,000 (16.6%). Thus, nearly half (48.5%) of the families, all of which had children, are clearly in poverty or near poverty.

No differences of importance were found on the family engagement measures (Chapter Three) by income. However large differences were found in services to families. We divided families receiving AR into three groups by income: 1) less than $15,000 (41.7%), 2) $15-30,000 (20.4%), and more the $30,000 (37.9%). Services in most categories including those that concerned material needs tended to be heavily concentrated in groups 1 and 2 and more heavily in the lowest income group. For example, 46.9% of group 1 families reported receiving at least one service compared to 35.4% of group 2 and 30.3% of group 3. Similarly, looking at referrals to specific programs listed in **Figure 5.10**, families reported at least one referral consisted of 24.5% of group 1, 16.7% of group2, and 5.4% of group 3. When we averaged the number of reported services received across all categories by AR families, the means were nearly one per family (.99) for group 1, .77 for group 2 and .42 for group 3. The difference was statistically significant (F-test, p = .016). Similarly, for referrals to specific programs the values were: .53 for group 1, .29 for group 2, and .03 for group 3. *This analysis shows that the most impoverished families received the most services and the most referrals to service providers of various kinds. By implication, they are the families that are most in need of services.* This is controversial to some who feel that CPS workers should be concerned with child protection and not broader child and family welfare issues. On the other hand, as we have noted elsewhere, low income is a moderating and mediating cause of child maltreatment, that is, poverty exacerbates conditions that directly lead to child abuse and neglect and in some cases is implicated directly in the emergence of maltreatment.[12] Think for example of a dirty or unsafe home that a family cannot afford to fix or of improperly clothed children

[12] See for example our work on material services in the Minnesota AR evaluation (Loman, L.A. & Siegel, G.L., 2012, Effects of anti-poverty services under the differential response approach to child welfare: *Children and Youth Services Review, 34,* 1659-1666). Also, Leroy Pelton's recent review of this reality is most informative (Pelton, L. H., 2014, The continuing role of material factors in child maltreatment and placement: *Child Abuse and Neglect*, 41, 30-39).

because a family cannot afford to buy new clothes for them. Many other examples could be provided of poverty-related causality. When these issues are addressed, even marginally and in the short-term, subsequent child maltreatment is reduced. Secondly, CPS workers are present and in contact with such families in every municipality and rural area of the state and are in a position to assist with such issues when they have the resources to do so. AR provides the opportunity and the flexibility to workers and supervisors to address such issues if they are provided with the resources to do so.

Chapter Six
Organizational Issues, Staff Experiences and Attitudes

County administrators generally view AR as a significant modification to their CPS programs and most have an enthusiasm for the introduction of the dual response approach. Their expectations tend to be that if they are successful there will be a longer-term payoff in reducing recurrence, addressing conditions or resolving problems within some families that may not have been fully dealt with through IR-only practice. When AR was first implemented, however, administrators and CPS workers in some counties did not see AR as a significant change but as an approach that reflected practice they had sought to develop for some time: alternative response in all but name, more a change in tone than substance.

Overall, CPS practice in Maryland at the start of AR implementation impressed researchers as already committed to a family-centered approach. At the same time, the AR model being implemented in Maryland is more limited than in some other states where additional resources were provided to expand the array of services and assistance that could be provided to AR-appropriate families. This has not been done in Maryland. However, service provision in the state was already seen as based on need, not on finding or pathway or CPS status. For both of these reasons—a starting point that appears to have been more family-centered in operation at the start of AR and a broad service orientation but no additional resources for county staffs to utilize with AR families—the impact of the introduction of AR in Maryland might be expected to be less dramatic or obvious.

Because Maryland has a state administered child protection system, programmatic consistency may be expected across the state, more than would be the case were the program county administered. But it is always the case that local conditions, demographics, resources and history produce differentiation. Local administrators have some autonomy in the way they structure and staff their programs, allocate monetary resources, and work with their communities. Through most of the period when the evaluation was being conducted, three counties and the City of Baltimore employed specialized AR staffs while the other counties had mixed units, with investigators taking on the added responsibilities of the new approach, wearing two hats, as they say. Similarly, the approach to screening is not identical from place to place, with some counties having fewer supervisory staff involved in the final decision about which reports are AR appropriate and which are not, and other counties having more supervisors involved, sometimes changing from day to day, and making consistency more challenging. The degree to which local communities have been made aware of changes within CPS and the extent to which local operational partnerships have been established also differs. More obviously, and outside the control of administrators, the resource base varies from county to county. All counties have participated in planning and preparatory activities for the implementation of AR, and all county staffs have participated in AR-specific training, but these also vary, sometimes in the control of local administrators and sometimes not.

There were differences among counties in the way workers talked about investigations, and within counties there were often differences among social workers. Counties did not all start from the same spot when implementation of AR began nor with the same view about what that implementation meant. Typically there was more similarity across counties at the top of organization charts than further below. What is true of social service interventions of all kinds is that they can vary greatly whether they are called the same thing or something different. Implementation of Alternative Response remained "a work in progress" (as one administrator noted) across the counties throughout the period of the evaluation, more so in some than in others where development of the AR approach has been impressive.

Workers and supervisors interviewed typically expressed strong support for the collaborative nature of the preparation and planning that was done for the implementation of AR. During site visits and county staff interviews, evaluators were struck by the mutual support within county offices among the different organizational tiers. Supervisors tended to express, unsolicited, strong support for the administration's planning and program development. Social workers likewise spoke highly of the strong supervisory support they received. And, both administrators and supervisors praised the work and dedication of caseworkers and other staffs. Staffs generally struck evaluators as well-informed and as embracing family-centered practice.

1. Understanding the difference

In the final general survey conducted in the summer of 2015 workers were asked how well they understood the goals and philosophy of Alternative Response. They were given four response options from which to choose: fully, adequately, less than adequately, and poorly. As a group, 69.3% of AR social workers answered "fully." The remainder answered "adequately." None said "less than adequately" or "poorly." These figures are improved from the first survey that was conducted. Changes in responses over time, however, may indicate different things. That more workers answered "fully" in the second survey may indicate a more thorough knowledge of Alternative Response, which is to be expected another year into the change. The continued large minority of workers (31%) who said their knowledge was adequate, and these were not just new workers, suggests a gap can persist between theoretical knowledge about a goal and practical knowledge about how to achieve it in everyday practice. As one county administrator said, "You can disseminate information all you want but it's up to us to put it into practice." Based on interviews, it can be said that the gap between theoretical knowledge of what you are expected to do and the skill to bring it off when every setting for the application is unique and often challenging has been shrinking but still persists. In practice, closing the gap may be more accurately understood as a process rather than an outcome.

The knowledge gap between goal and practice is recognized by some workers but not all. There are workers who answered "fully" and "adequately" to the goals question who continue to be confused about what is really different about AR. These insist that there is not much difference, if any, in practice between how AR and IR families are engaged. Some of this may be the lingering effects of early training in which some workers 1) felt their IR work was incorrectly described by trainers when distinctions were

made between the two pathways, or 2) were "put off" by how their perception of "the tone" of the training, which assumed "we were doing things wrong or poorly." Some may be a continued willful resistance to the change; or a blend of the two. "I simply do not see the need for the process," one worker said. "It did not change the actual work we do with the families here. We never simply made a finding and closed a case without assessing the needs of the family and making appropriate service recommendations and referrals as needed." In general, while still a factor, initial resistance to the change is fading (and this will be discussed a little later). Some workers remained puzzled at the distinction between the two pathways and sometimes described the problem as one for families ("Families are still having difficulty understanding the concept"). This suggests the distinction may not as yet be fully clear to some workers themselves; workers who cannot explain the difference probably do not fully comprehend the difference. A comment on this survey question that better represents the views of a large number of AR workers was provided by a social worker who said: "Alternative Response has offered a non-abrasive way of involving families to identify and resolve concerns together with additional services. And at the same time we are still protecting children, strengthening families, and ultimately a welcomed resource to the community."

Figure 6.1 shows the responses of AR workers and supervisors broken down by implementation phase. The largest group of workers who reported an adequate rather than full understanding of AR was in Baltimore City, Phase 5, where implementation has been shortest.

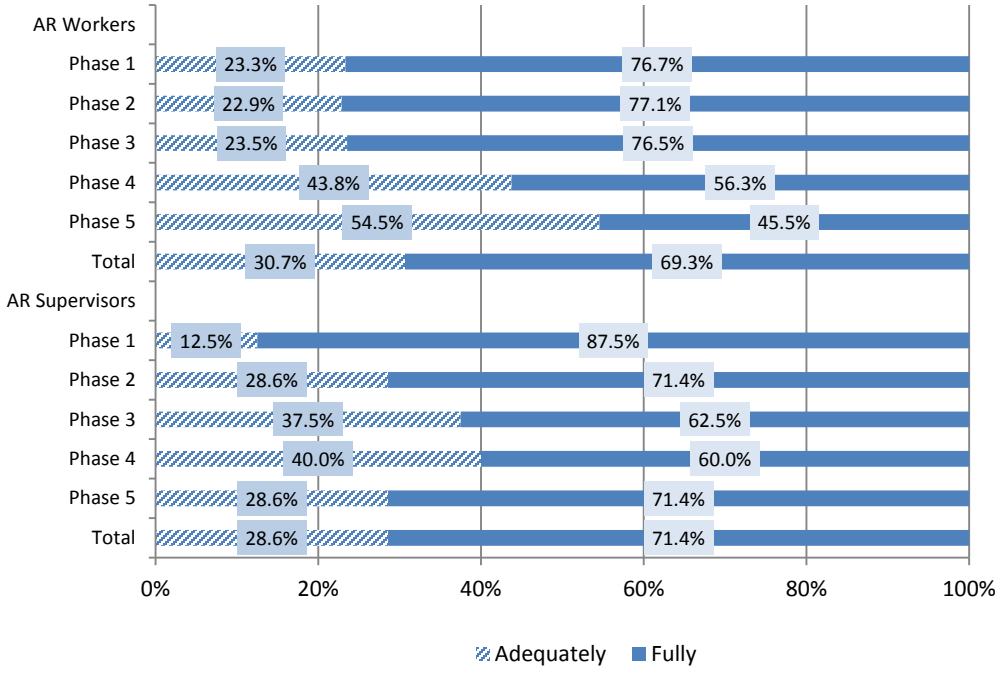

Figure 6.1. Percentage of AR workers and supervisors who said they understood the goals and philosophy of Alternative Response

2. AR practice

A person, a company or a service system is not what it hopes to be or expects to be but what it actually does. In social service systems, a new program or a new approach to practice begins with a goal, which itself arises from a desire to improve the delivery of services and outcomes. Achieving the goal, attaining improved outcomes, is predicated on some change in practice. Before asking whether a new project has achieved its goals, the question to be asked is: Has there been a change in practice? Is the new way of doing things any different from the old way of doing things? Is anything different being done now than what was done before? And, importantly, is the difference what was intended, that is, is it consistent with the new practice model?

In answering these questions two primary sources of data that can be brought to bear are discussed in this chapter, staff interviews and the general staff survey. Two other methodologies employed in this evaluation that also shed light on the question of practice shift, the case reviews and family feedback survey, have already been discussed. During on-site interviews and in the general staff survey, social workers and supervisors were asked about how AR case practice has been different from investigations. Two central factors were most often mentioned: that there is no finding with the Alternative Response approach and that families were supposed to be contacted ahead of time to schedule meetings and these were meant to include the entire family, which precluded, as a matter of policy, meeting with children separately before notifying their caregivers. Beyond these issues, responses tended to be of two sorts. Either that 1) family assessments were not substantially different from investigations as these have been conducted in a particular county or by a particular worker, or 2) AR represented something different in approach, focus, or emphasis—whether the difference was perceived as significant or more nuanced.

In the survey, workers were asked this question about their practice: "If you worked in child protection services before AR, has Alternative Response affected how you approach families or perform your work—that is, are you doing anything differently from before?" The answers to this question are broken down in **Figure 6.2**. The figure shows responses for both the first and second/final survey. It is important to remember that these are responses only of staff with experience with both AR and IR, whether in counties with mixed units, where workers conduct both ARs and IRs, or specialized units, where workers conduct one or the other. As can be seen, the response percentages in the figure are generally in the direction expected and, importantly for policy makers, the practice shift represented by the percentages strengthened over time. While 18.9% of AR workers and 22.2% of supervisors reported in the first survey that AR had affected practice "a great deal," these figures grew to 30.8% and 26.7% in the final survey. While a small percentage said the implementation of AR had no impact on how they performed their work, a majority of respondents were in the middle groups indicating AR had affected their work in small to important ways.

These figures support the anecdotal findings from staff interviews, in which a smaller group of workers reported no impact on practice from the introduction of AR and a larger group that reported a significant impact. At the same time, the percent of both groups that indicated that the introduction of

AR affected their practice "not at all" shrunk to 15.4% for AR workers and 10.0% among their supervisors. These latter figures are not an indication that AR practice has been totally ignored by a subset of workers in Maryland counties. Rather, it represents staff who thought they were already engaging and assisting families in a manner that was essentially the same as what was expected with AR.

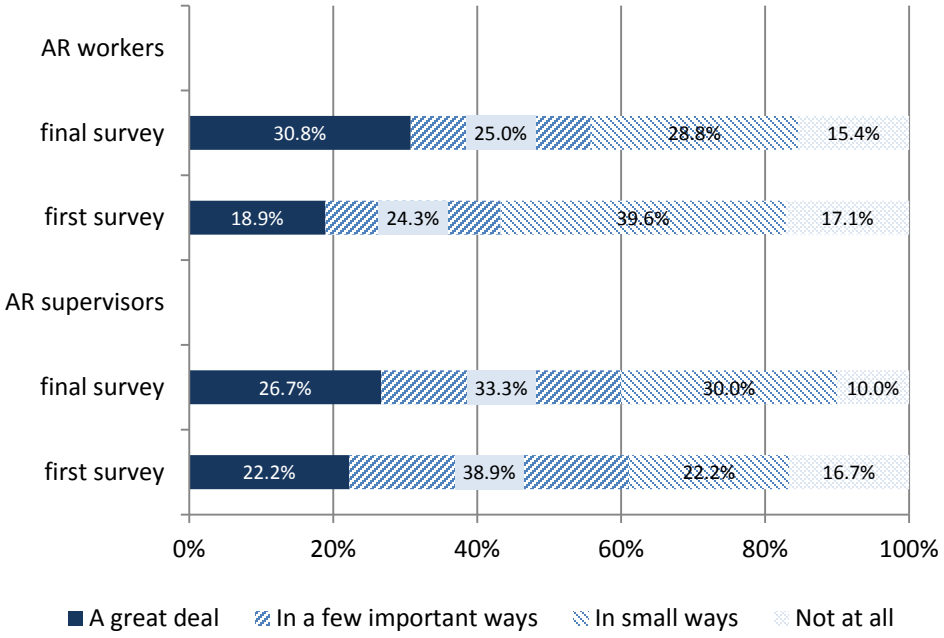

Figure 6.2. Worker and supervisor responses to the question: If you worked in CPS before the start of AR, has AR affected how you approach families or perform your work (that is, are you doing anything differently from before)?

However, there is a small percent of staff who disagree with the AR approach and believe investigations should be conducted for at least some reports referred to AR— a few say most reports, but particularly physical abuse allegations. While this latter point needs to be made, it should not obscure the primary findings here that most staff recognized that the introduction of AR has had an effect on practice, sometimes larger, sometimes smaller, and that the effect has grown over time.

The responses of AR workers grouped by implementation phase are shown in **Figure 6.3**. Workers in Phase 3 and Phase 5 locations reported the largest shift in their practice with AR. A larger percentage (40%) of AR workers in these counties said AR had affected how they approached families "a great deal" and relatively small percentages (8% and 10%) said it had not affected their work at all. Phase 5 was Baltimore City where workers were split into specialized AR and IR units. Phase 3 included Prince George's County, a large suburban county that also had specialized AR social workers and where a significant positive development in the agency's commitment to AR was evident over the course of separate site visits during the early and later stages of the evaluation. Phase 3 also includes St. Mary's

County whose staff particularly impressed evaluators during a site visit as fully embracing the Alternative Response. Phase 2 includes Baltimore County which moved from mixed to specialized units midway through the evaluation, and the shift in that region was affected by the county's presence in the Phase 2 group. (Note: Within the latter stages of the evaluation period, Phase 2 county Anne Arundel moved to a unique type of staff specialization, with two social workers in each investigative unit conducting AR family assessments on a six-month rotating basis. Other than being noted here, this has not been taken into account in any of the analyses that follow.)

Phase 1 also includes a county with a separate AR unit, Frederick, and county administrators and staff in this and other counties who also impressed evaluators. But, as can be seen in **Figure 6.3**, 32% of social workers who conduct family assessments in this region reported the implementation of AR had affected their engagement of families "not at all." Two observations are worth noting here. First, Phase 1 counties were the first to receive AR training and included some of the most vocal critics of the tone of the training, which was perceived by several workers as implying that their previous work was inadequate--not respectful of families nor listening to them during investigations. Secondly, a number of workers in several of the counties described the training as redundant, promoting a family-centered approach that was, said one, "no different in any important way from what this office has always done."

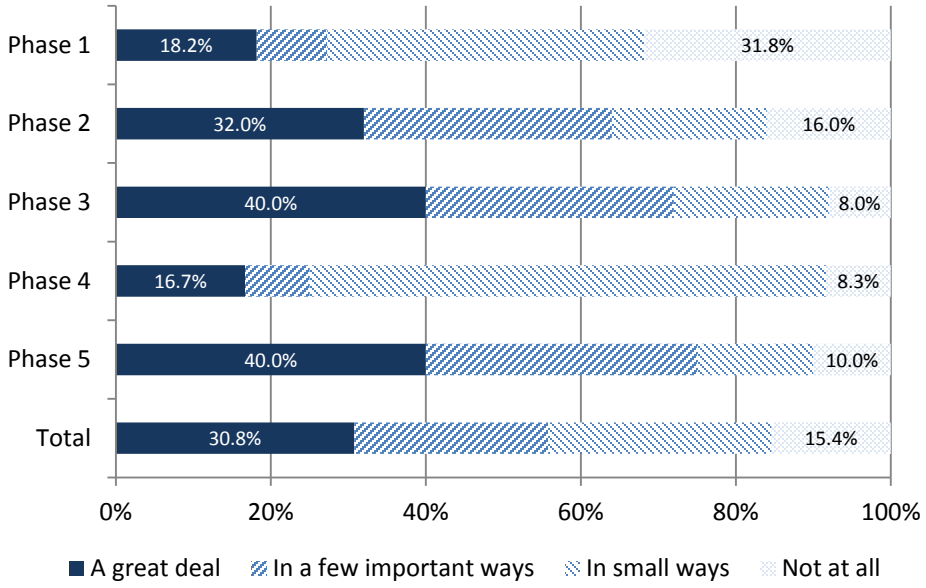

Figure 6.3. AR workers' responses to question: Has AR affected how you approach families and perform your work?

In order to understand better the possible role of staff structure on the question of practice change, workers were divided into two groups, those in counties with separate or specialized AR units and those in counties with mixed units in which workers conducted both family assessments and

investigations. At the time of the final general survey, the counties with specialized AR units were Baltimore City, Baltimore County, Frederick and Prince George's. **Figure 6.4** shows the results, and the difference is apparent. Among workers in specialized AR units, 41% said AR impacted how they approach families "a great deal." Among workers in mixed units who conducted both ARs and IRs—workers asked to "wear both hats," in the common parlance of the social workers—this figure was 19%. On the other hand, while 25% of workers in mixed units said AR had affected their approach to families "not at all," just 7% of workers in specialized AR units reported this. It should be noted that the distinction between specialized and mixed units is not as neat as depicted in **Figure 6.4.** In actuality, social workers in counties with specialized units are sometimes called upon to conduct either type of assessment due to temporary staff shortages or a change in the proportional balance of reports, and some counties with mixed units utilize some workers more than others for AR family assessments. During interviews some workers said they did not find it difficult to do both interventions, but others admitted it was a challenge remembering what to do from one home visit to the next—"sometimes literally from one minute to the next." "I don't like that for me, it is very confusing to have to switch hats from IR to AR for each family and sometimes I have gotten them mixed up," said one worker. Another said, "I've knocked on the door and realized I didn't remember whether this was an AR or IR."

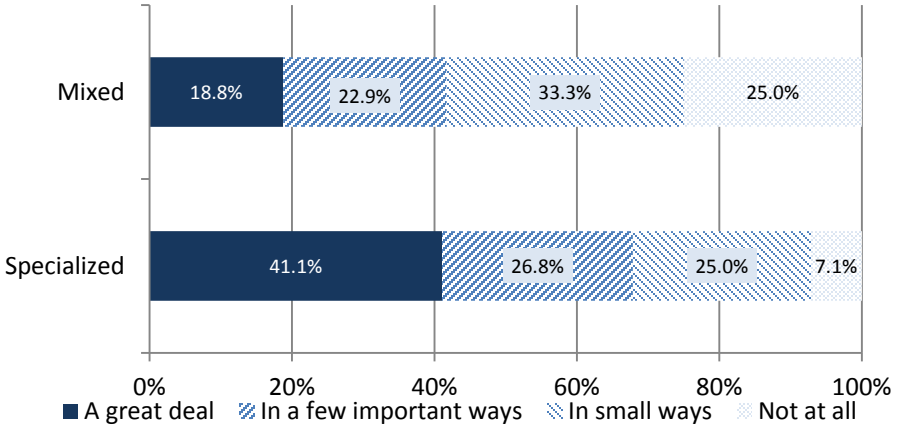

Figure 6.4. AR workers' responses to the question: Has AR affected how you approach families and perform your work?

Figure 6.5 shows how social workers in a particular county answered this question in the first general survey and then again in the final one. It is an indication of how the question measures practice shift. Prince George's, one of the counties with specialized AR workers originally designated one unit for AR family assessments. Evaluators visited the county within a few weeks of the start of AR in the county and met with the AR social workers in the unit. Several of the unit's workers were quite resistant to AR and maintained that most of the cases referred to family assessments would be better served with investigations. The points made by these workers were not unique to this county, and evaluators had

heard workers in other counties with mixed units say much the same thing. What was different this time was that the points were being made by staff designated as AR specialists and that most members of the unit agreed with the two or three most vocal—viz., discomfiture in not conducting interventions in which "the truth," meaning an indicated finding, was not ultimately recorded; being impeded in the discovery process by not being able to interview the child separately and before any warning could be made by a caregiver; not interviewing a broader set of informants to learn more about who did what; and, in general, viewing AR as the more appropriate province of consolidated, in-home services (where workers were "more experienced at doing service plans and connecting families to community agencies"). In the first general survey, two-thirds of the AR social workers in the unit said AR made no difference in their engagement of families; implementation of the new pathway had affected them "not at all." A second visit to the county in the summer of 2015 found a very different environment. AR had been expanded; there were now three specialized AR units. Administrators and senior staff, firmly committed to making AR work, had facilitated inter-worker exchanges through quarterly internal forums, developed a practical tool to guide AR engagements, and supported the establishment of a resource center begun by an enterprising AR social worker. In the final survey, every worker in AR units in the county reported that AR had affected their engagement with families, nearly half said "a great deal." None said AR did not affect them at all; a drop from two-thirds to zero. See **Figure 6.5**.

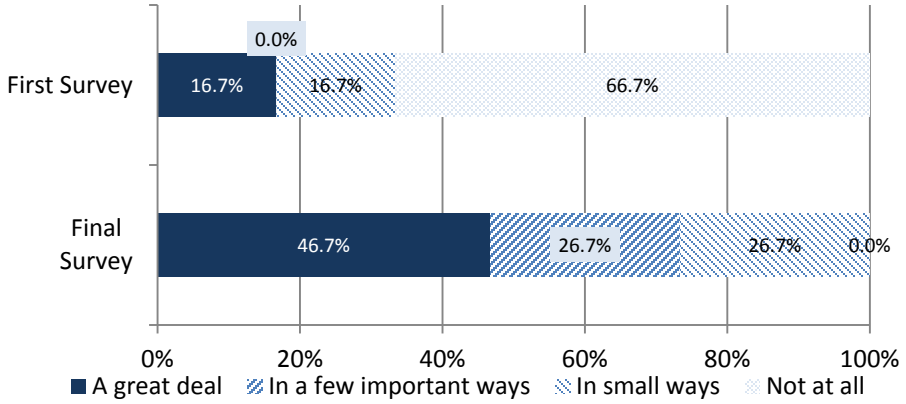

Figure 6.5. Responses of AR-only workers in Prince George's County on the first and final surveys on question: Has AR affected how you approach families?

To understand in greater detail how workers understood AR as practice the general survey asked "What are the major differences between Alternative Response and the Investigative Response in your county? Workers were then presented with 14 transactional items and asked whether they were more or less likely to occur with AR or IR. As a group, the items represent engagement features that are broadly viewed as operationally defining AR family assessments. They signify the independent variable in the Alternative Response logic model, representing what policy makers expect to happen during or because of family assessments. The items and the responses of workers can be seen in **Figure 6.6**.

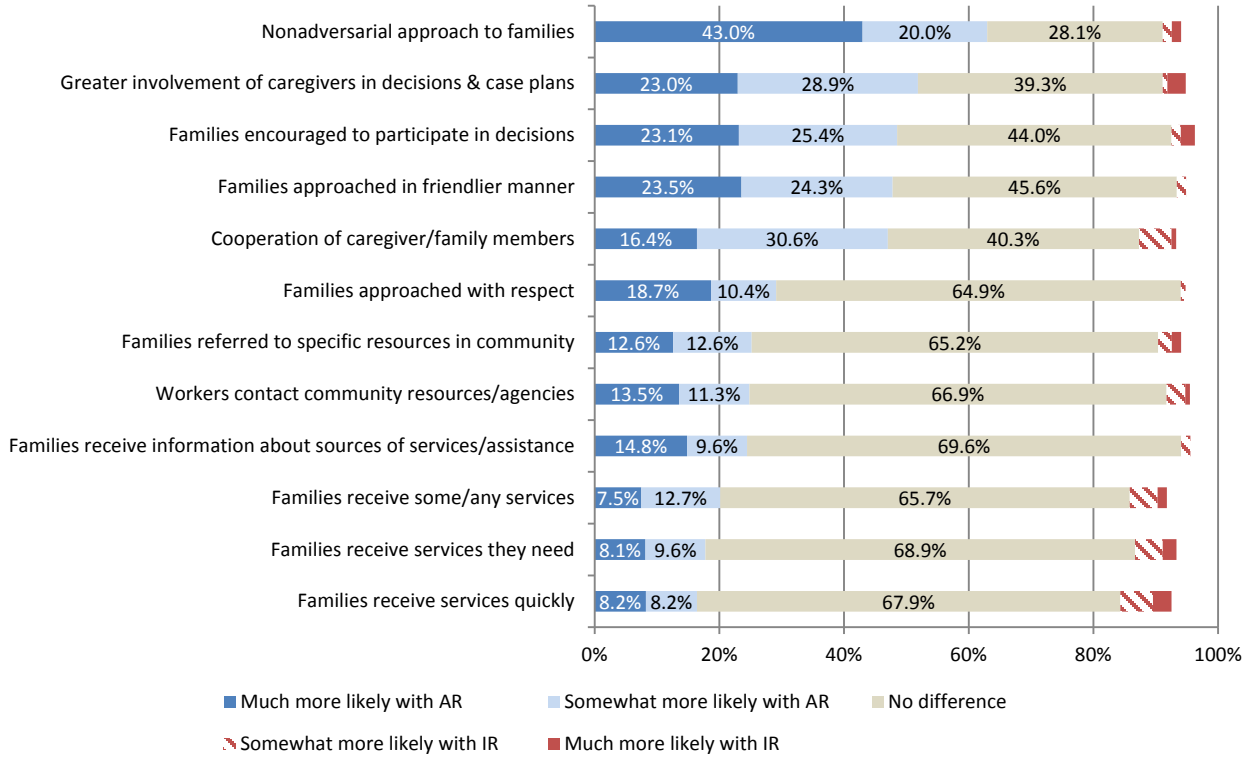

Figure 6.6. Percent of workers that reported specific differences between AR and IR interventions
Note: Bars do not total 100% because some workers (3.7%-7.5%) said "don't know or cannot judge" on particular items.

Three points can be made about **Figure 6.6**. First, as will be noticed, a small percent of workers (0-5%) responded that particular engagement features were "much more likely" to occur in investigations, and that other features were "somewhat more likely" to occur. For instance, .7% of workers reported cooperation of family members was much more likely in investigations and another 5.2% said cooperation was somewhat more likely in investigations. This range of percentages represents the approximate size of the group of workers who, as mentioned above, have been asked to conduct family assessments but who continue to hold serious reservations about it. For example, they may view the leverage a worker has in investigations as more likely to elicit cooperation from families. Second, the larger percent of workers whose views are represented on the left side of the graph are those who see tangible benefits from AR. These percentages provide evidence that a practice shift has occurred in the direction policy makers had hoped. The size of the shift may be more modest than hoped for, but the direction is indisputable, both in the manner in which the worker engages the family (e.g., non-adversarial, friendlier) and in the perceived response of the family (e.g., greater involvement of caregivers in decisions and case plans, cooperation of family members). Third, the percentage of workers who said there was "no difference" between AR and IR on particular items is an indication, evaluators believe, that the state has over time, and prior to implementing AR, successfully integrated positive, family-centered values into its child protection practice. As an in-home worker commented: "I think it is exemplary that Baltimore County treats all families with dignity and respect, regardless of

whether or not a maltreatment finding is assigned to a family. All families should be treated equally and receive referrals to services."

It is important to point out that the responses of workers shown in Figure 6.6 reflect the nature of the differential response model implemented in Maryland—with engagement features being most impacted and service provision least impacted. From the start, the common differential response model has been seen as including two basic parts, one that focused on engagement, the manner in which families referred to the AR pathway were approached, and the second that sought to provide real and concrete assistance to families who historically had not been served by CPS, those with allegations that were not substantiated but experienced conditions and needs that potentially impacted child wellbeing. In Maryland's system, in the words of one county administrator, service provision is "based on need, not pathway or finding or even CPS."

As noted above, there were workers who were unable to distinguish the manner of engagement in AR family assessments from investigations. This was most pronounced during early site visits and interviews when many workers insisted there had been no change in what they do or how they do it beyond not making a finding and attempting to visit the family together with notice. But it is still a view of some: "I always treated the family with respect and ensured the safety of the children, and provided all necessary services to the family that was needed in a timely manner. The only difference is the outcome of the case not having a disposition." And, "I have always approached families to help figure out the situation and offer services if needed. AR does not change my practice."

There were, however, significant differences in the answers of specialized AR workers and workers in mixed units. Social workers in specialized AR units were much more likely to report differences in AR and IR interventions, and the differences made their AR practice closer to the practice model envisioned by policy makers. These differences can be seen in **Figure 6.7,** which shows the percent of specialized and mixed-unit AR workers who reported that certain features of engagement were "much more likely with AR" than IR. There were significant differences in issues related to the engagement element of the AR model—approaching families in a non-adversarial manner, gaining greater involvement of family members in decision making, approaching families in a friendly and respectful manner, achieving greater cooperation of family members. In addition, there were differences in issues related to services. This, despite the firm view of most administrators and social workers interviewed that there was no intentional difference in service delivery based on pathway.

A positive aspect of this is that it is evidence that Maryland has been moving for some time towards a family-centered engagement approach that is closely harmonious with the AR model as it has been introduced in many locations across the country. When Maryland began to implement a differential response approach it was in a very different place from Missouri in 1994 or Minnesota in 2001 or Ohio in 2008. From the beginning of the evaluation, evaluators had the impression that Maryland was integrating AR into a more "mature" child protection system than other states had done. Early site visits provided considerable anecdotal evidence that the state had been affected by best practice movements across the country. In this manner and for a subset of workers, AR has mostly

reinforced the practice that has come to be viewed as standard: treat families with respect no matter the situation; seek services and assistance to families in need without regard to finding. One worker noted, "I already was using the AR approach because it is very much how social workers are supposed to work. The only change was the documentation process." Another said, "We have always offered services to families so the language used in documentation is the biggest difference." And some workers continue to insist there really should not be a difference in the engagement of families whichever the pathway: "I have always tried to treat families respectfully and without prejudice. In doing so I feel that I have had success in assessing the families' needs. Regardless of what type of CPS, I feel that the approach should not be different."

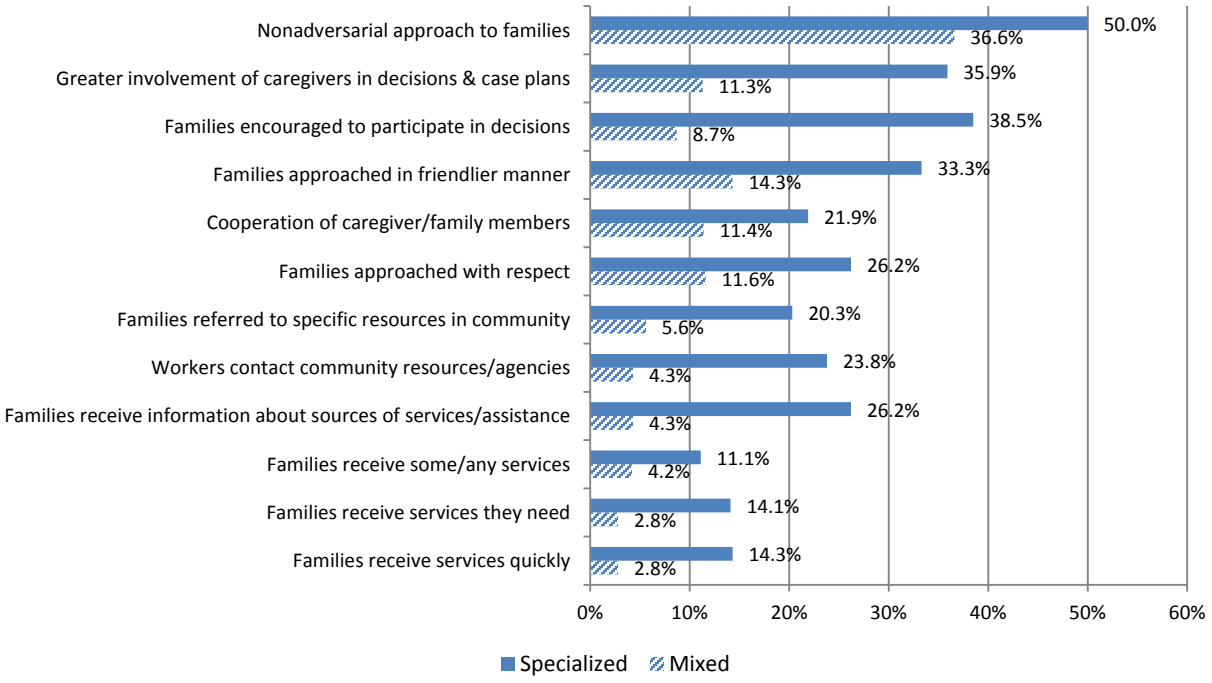

Figure 6.7. Percent of specialized and mixed unit AR workers who reported specific features of engagement were "much more likely" to occur in AR then IR.

For these same reasons, some workers have been energized by AR, seeing it as reinforcing and institutionalizing an engagement approach they have already favored. "I believe that I have always had a family centered approach to my work," one worker said. "The shift to AR has provided tools and a framework that helps ensure that the family is indeed the focus—the family meetings and calling the family before doing an unannounced visit at the home."

A number of social workers who do not see AR as a major change, nonetheless see it as impactful. "While I believe our agency was participating in AR approaches prior to the implementation, I do believe that AR is forcing us as a whole to look a bit harder at certain types of cases than we would if they were IR."

Some workers who do not think they have changed their practice, having "always treated families with respect," have felt the benefits of the "formal" modifications (no finding, family meetings) which have led to a more positive, cooperative response from some families. However large or small the change in practice may be, a large number of workers – particularly those who have had a large number of AR cases – described positive effects of AR. One worker said: "Overall the only thing that has really changed is the family's response. I have always approached cases in a strength's-based approach to see how the family can be helped." A number of workers made similar comments:

> "It's not so much as what I do, but after explaining the difference in an AR and IR those with AR's are more likely to discuss their issues more openly and are more willing to receive and utilize whatever assistance or recommendations are made."
>
> "I have better initial visits with AR. Families are more at ease."
>
> "Families respond differently knowing they will not be 'Indicated.'"
>
> "AR is different in small ways because both AR and IR require thorough assessment to ensure the children's safety but with AR cases tend to put some clients as ease because it is less intimidating since you have to call clients to inform them about the report before meeting with them."
>
> "Parents are more willing to cooperate when they are told that my purpose for meeting with them is to conduct a safety assessment and not an investigation."

These findings coincide with the findings from the case-specific survey where workers from across the state rated the cooperation of particular families with whom they had worked (see **Figure 3.12**). The average scores on family cooperation were significantly greater under the AR approach both at the first and final meetings with families. This was particularly the case in counties with specialized units (see **Figure 3.15**).

Some workers described how AR has reinforced their efforts at family-centered practice, but other workers clearly saw AR as a significant change: "The change in focus from making a finding to primarily focusing on safety is a big shift, from how I explain my role to the family to how wide my interview is." "I feel like I approach AR cases much differently than investigations just even in the initial contact with families and how I approach meeting the mandates." Some social workers see AR as liberating them to work with the family without the burden of forensic work or the potential threat a finding poses for the family, and enabling them to spend all their time in a facilitating, helping and prevention mode.

> "In IR, the visits were more straightforward to counteract a specific issue and to rule on whatever maltreatment was reported. With AR visits are much longer and there are many issues that could present themselves which may be contributing to the specific reason of the referral to the agency. Therefore specific services have to be considered to best meet the family's needs, which is much more intensive and time consuming."

"I feel like I am offering more support and services to the families I'm working with in AR. I also feel like I am treating the familial issues as a whole and not just focusing primarily on why the family came to the agency's attention."

"This is a more serviceable approach. Assessing the client's psycho-social functioning helps identify areas in which they may benefit from additional help. Furthermore, the client is more willing to work with this agency knowing that we are helping through Alternative Response."

"I feel when the client understands the purpose of AR, they do not shut down and resent the worker because CPS scares the clients."

The comments of social workers as well as administrators suggest that AR family assessments may take longer to do or not as long depending on how the worker perceives the AR approach. As some of the comments above indicate, workers who take AR seriously may find themselves working these cases longer than they might have were they screened for investigations. At the same time there is an undercurrent perception among a minority of workers in some counties that AR represents less serious reports and so does not require the same attention that reports screened for investigations demand. ("I think there may be a perception of some workers that AR is like a 'free pass' and you don't have to pay much attention to them.") This is a potential threat to the viability of AR as a sufficient response to maltreatment reports and to the effectiveness of family assessments and needs to be monitored by administrators and addressed in training. This finding coincides with the finding from the case-specific survey in Chapter Three, where workers in mixed-AR/IR counties had fewer contacts with AR cases but workers in specialized counties had equivalent contacts (see **Figure 3.14**).

Bottom line: A small number of workers continue to resist AR; they prefer the leverage IR gives them in confronting recalcitrant families with problems. But the vast majority of workers view AR positively, either because it is consistent with and reinforces what they think they were already doing and should be doing, or because families are more cooperative when they learn a report will not be indicated on the record, or because they are liberated from having to conduct a forensic investigation and can work more collaboratively with families who need assistance as much as or more than reprimands.

3. Family response and worker effectiveness

The general worker survey asked county staff about their perception of how families view CPS. Do families view county agencies as a resource or source of support and assistance? Do families feel better or worse off because of the involvement of the child protection agency? If their experience allowed them, the staff was asked to distinguish between AR and IR families. In the survey, these questions required responses on a scale from 1 to 10, where 1 represented the most negative response and 10 the most positive. In the analysis survey respondents were divided into two primary groups: social workers who conducted case assessments that included AR families and (currently or previously) IR families; and supervisors who supervised assessment workers, including some with AR families. **Figure 6.8** shows the mean responses of assessment workers. As can be seen, the mean responses of the workers for AR families on both of these items are on the upper, positive side of the scale. For IR

families the mean responses were positive but nearer the scale's midpoint. The difference on both questions was statistically significant ($p < .001$). The mean responses of supervisors were nearly identical to social workers and equally significant. This finding supports the conclusion that there has been a practice shift with the introduction of AR that, overall, workers believe families have experienced.[13]

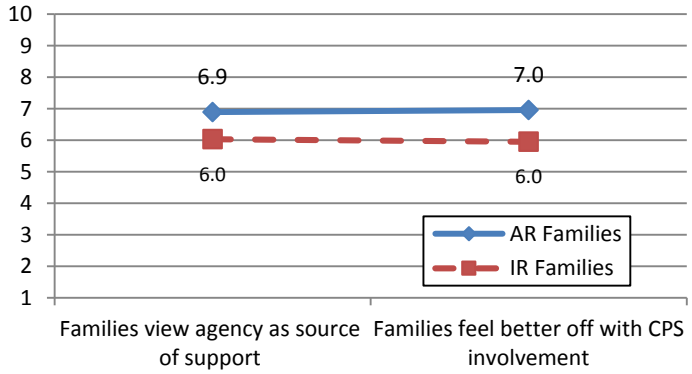

Figure 6.8. Worker judgments of reaction of families to AR and IR interventions

The general survey asked: In general, does the lack of a maltreatment finding under AR affect the family's cooperation with the worker and agency? In response, half (50.4%) of AR workers and nearly two-thirds (63.9%) of supervisors said families were "more cooperative." (This finding also coincides with the finding on cooperation from the case-specific survey in Chapter Three; see **Figure 3.12.**) A small percentage of respondents in the two groups (7.3% and 8.3%) said removing the finding made families less cooperative. Sixteen percent of supervisors and 31% of workers said there was no impact on family cooperation. (See **Figure 6.9**)

Commenting on this, workers said:

"Not having a finding truly promotes cooperation and relieves stress and anxiety on the caregiver and helps the worker to establish a better working relationship with the family."

"Now a lot of my families don't feel threatened by our involvement."

"The family does not jump to the defensive, fearing they will lose their children or that the law will be involved."

"I like that I am not slapping a label on a family and walking out of their life. More time and attention is given to the entire family dynamic rather than an incident."

[13] Note: Some other county CPS workers responded to the survey and answered these questions. These included in-home workers and investigators or supervisors without direct AR experience. The differences in the mean responses of these other workers for AR and IR families were not significant.

When AR workers in specialized units are compared with those in mixed units a significant difference (p = .01) is found, with specialized workers more likely to find families cooperative. See **Figure 6.10**.

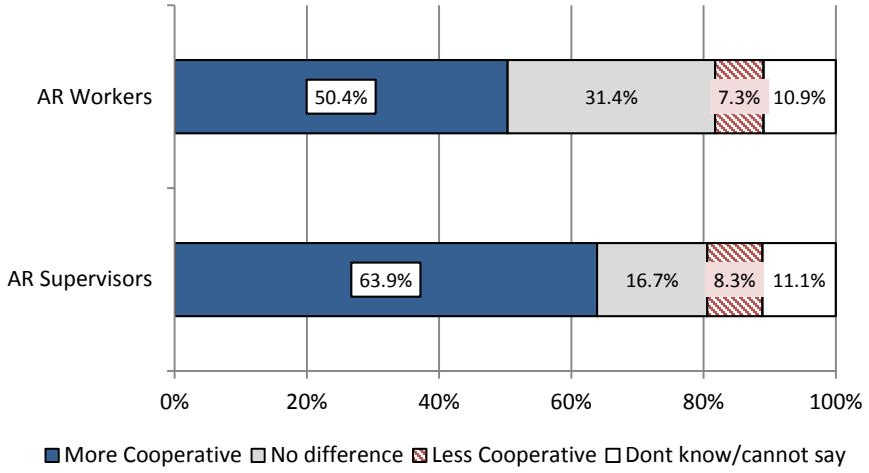

Figure 6.9. Does the lack of a maltreatment finding in AR affect the family's cooperation with the worker and agency?

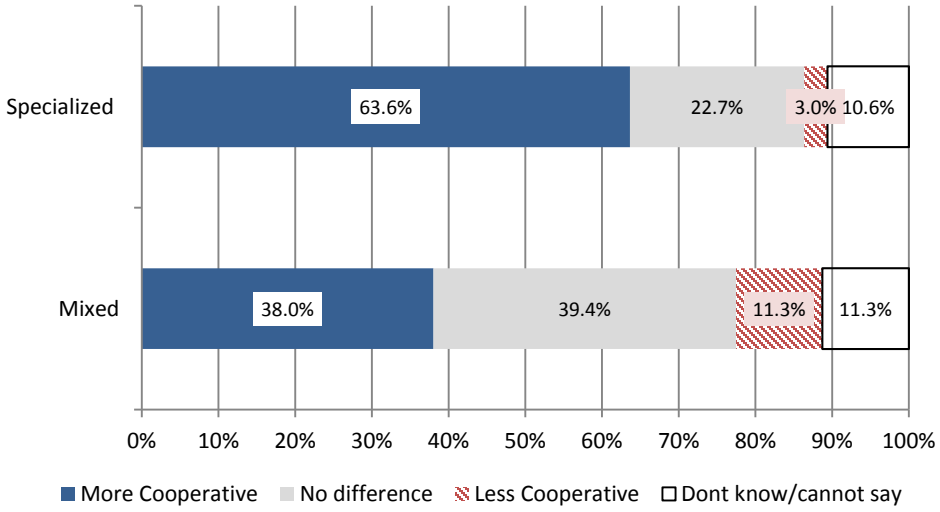

Figure 6.10. AR workers in specialized units compared with workers in mixed AR/IR units: Does the lack of maltreatment finding in AR affect the family's cooperation?

The survey also asked whether the Alternative Response affected the willingness of families to recognize and address their problems and whether AR made them any more willing to accept services or assistance. About half (53%) of the AR workers surveyed said that with AR families were more willing to address problems, while some (10%) said AR families were less willing; nearly a third (31%) saw no

difference. Workers in specialized AR units were considerably more positive than those in mixed units in answering this question. More than two in three (69%) specialized workers said families were more willing to recognize and address problems, compared with 38% of mixed unit workers. Similarly, a higher percentage of specialized workers reported that AR affected the willingness of families to accept services, making them more willing to do so. See **Figure 6.11**. The percent of workers conducting AR family assessments who said AR families were less willing to accept services was small (6.6%); a little higher (8.6%) for mixed unit workers, a little lower (4.5%) for specialized workers. Some of the workers who commented on this said:

> "I like that AR is less punitive and gives families an opportunity to work on their issues without receiving a finding."
>
> "I appreciate observing the family work with the services that we put in place and independently make changes in their behavior to ensure the concerns don't happen again."

Workers were asked about their own ability to assist AR and IR families. Do they feel able to intervene in an effective way with the children and families they work with? And are they able to help families and children on their caseload obtain the services or assistance they need. Workers and supervisors were mostly positive in their responses to these questions for both AR and IR referrals. However, the mean responses of workers as well as supervisors to the first question was significantly more positive when rating their effectiveness in working with AR families compared with IR families. (The mean responses for workers were 7.35 for AR families and 6.92 for IR families; p = .018). The difference among workers was due to the internal difference within the AR worker group, with those in specialized units reporting more positive experiences and a higher level of effectiveness.

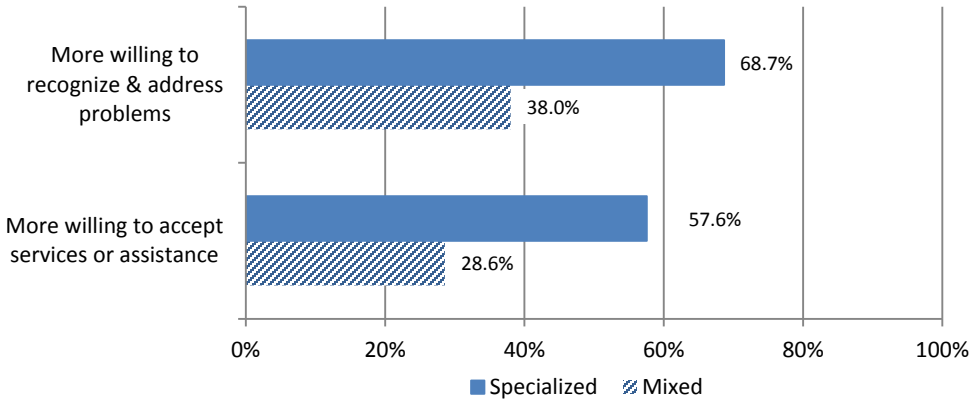

Figure 6.11. Percent of workers in specialized and mixed units who said AR families were more willing to recognize and address their problems and more willing to accept services or assistance.

For the second question, pertaining to the ability of workers to help families obtain the services they need, the means were quite close (7.44 for AR families and 7.21 for IR families), and the difference

was not significant. There was a strong and positive statistical trend among specialized workers on this question.

Bottom line: It has been the overall experience of both workers and supervisors that families respond more positively to AR than IR interventions. And, while workers and supervisors believe their ability to help families obtain the services and assistance they need is generally similar for AR and IR referrals, both groups see AR interventions as somewhat more effective.

Effectiveness without additional funding. As noted above, differential response models often are seen as having two distinct parts: one that involves a new approach to families, an approach that is less accusatory and forensic and more participatory and supportive; and a second part that involves seeking to find ways of assisting families, often with services that address needs families have that they cannot obtain, or have been unsuccessful in obtaining, without help. A question that arises with the Maryland differential response model, which emphasizes procedural changes and engagement methods, but does not provide additional financial support for services, can it nonetheless be successful in achieving the preventive impact desired?

In the general survey, workers and supervisors were asked this question: Can the AR approach have a significant impact on families and child well-being without additional funds for services? In responding to this question in each survey and in interviews, workers have been distinguished between those who think AR can achieve a significant impact within the current funding structure and those who see severe limitations on the impact of AR without additional funds for services. In the first survey, there was more pessimism among workers: 41% said AR could not have a significant impact without more service dollars; 25% said it could (with an additional 10% saying it could have a minor impact). In the second survey, as experience with AR has grown so has optimism about it: The percent in the second survey who said AR could not have a significant impact, while still a large minority, was down to 35%. And the percent who said AR could have large impact even without additional service funds increased to 31%. Optimism is highest among workers in specialized units. This can be seen in **Figure 6.12**. What is also clear in this figure is that even among this group of workers, there are equal numbers who insist real change will require a greater investment in resources to meet the needs of families.

Overall, because the provision of services in Maryland has not been technically tied to the outcome of an investigation nor has it required the opening of a special service case, services are viewed as available to any and all families encountered by the system. Services are provided based solely on one criterion, the needs of families. AR has not changed this. Whether or not there are sufficient resources to provide needed services—and there are different views on this among workers—service provision is generally viewed as an issue separate from the referral pathway. If there are sufficient funds to address the needs of families or if these funds are insufficient, the effect is equally distributed among AR and IR families. This is the dominant view among county CPS staff. Similarly, the issue of resources that may or may not be available in a particular region is one that affects all clients of the agencies, not some more than others based on pathway assignment. ("Extra funding for both IR and AR

would help families obtain the services they need," one worker said. "Now we must choose which families' needs are greatest and who will benefit the most.")

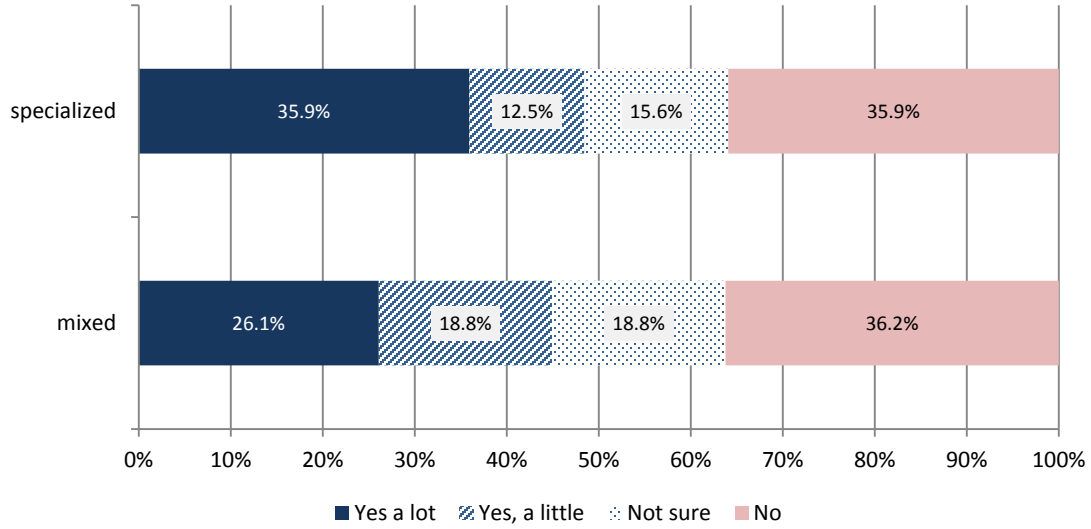

Figure 6.12. Responses to the question: Can the AR approach have a significant impact on families and child wellbeing without additional funds for services?

However, there are additional factors about services that AR brings into play: If AR leads to greater cooperation among families, or any increased willingness to recognize and address their problems, this should be expected to raise the overall level of service need among a county's caseload. Similarly, if a social worker is successful in gaining the trust of families through the AR engagement method, more should become known to the worker about the needs of families (beyond the problems represented in the maltreatment report) as well as the internal capacity of families to manage and address these needs without outside assistance. This can also be expected to expand the demand side of services for the county. Thirdly, many AR families are very poor (see Chapter Two, **Figure 2.3**) and lack the financial resources to remedy conditions that may jeopardize the well-being of their children. One worker commented: "The more families embrace the AR, the more resources and services they will need, which may mean additional funds to keep the system operational." Another worker said she thought AR engagement practice without added services dollars might be sufficient for some families, but that the AR approach "means they are more likely to reach out for assistance and identify needs more readily." In a similar vein, another worker commented:

> "AR has opened up communication on the families' part and they are revealing needs that are not made known for whatever reason during an IR, so therefore more needs are being addressed within these families, which means more resources and better resources are needed. In the long run I believe with the AR approach more families will be empowered by developing and enhancing their coping and management skills which will ultimately lower the Department's

contact with a lot of these families because they will have received just what they need to be more productive as the unique individual families they are. These families are more engaged in the process of solving their own issues."

Others believe AR can have an impact without additional funds, but its impact will be blunted, as one worker wrote: "The feeling the family gets in regards to their involvement with the Department has potential to be impacted without additional funds. Their cooperation with the case and services is likely to be more positive; however, this will be tempered by the lack of services available."

A number of workers noted that in their regions, "resources are limited." "Some issues can be resolved with community resources," but if the resources do not exist, money will be needed for resource development. Several workers were quite blunt:

> "If we do not have the money and the resources to offer to these families, then how will the situation change? It can't change without money, resources, and more staff to utilize the changes in the system. We can tell these families we are going to give them services and support, but if it isn't available you can't give it to them. Most of these families do not understand that what they are doing is wrong, because they learned it from their parents."

> "The AR approach will not be effective if there are inadequate resources and/or services to put into place."

In the comments of workers and supervisors about the needs for more services or more funds for more services, a frequent plea for "more staff" and "smaller caseloads" was also often made.

> "With a high caseload it is almost impossible to dedicate enough time to one specific family to focus on their needs."

> "Workers should have smaller case load sizes when dealing with AR, it becomes overwhelming and unmanageable when they have over 10 cases."

> "Caseloads need to be smaller in order to give family the hours of attention they truly need. A caseload past 12 cases can prevent a worker from working with the family effectively."

During interviews, one of the issues that was brought up by workers in several counties was the timeframe allotted or required for AR assessments. Some saw the time as insufficient for many of families with which they worked. One worker described the complex problem of too many families with too many needs that could not be addressed with available resources, particularly within the timeframe allotted for AR cases:

> "AR working well requires increased community resources with regards to mental health, substance abuse, housing, support groups for parents of children with social/emotional challenges and child care resources. As well, the current time frame of 60 days is not practical in Maryland when almost every service needed to meet the goals of AR have extensive wait lists. To put resources in place that will successfully sustain a family and decrease the recidivism rate in terms of child abuse and/or neglect is not practical and sets the State up for failure due to all

the inequities of resources that exist within the state and being compliant with time frames and following the model as intended."

"I like the fact that you feel you can make more of a connection to a family which creates trust between the client and the worker. I dislike the amount of time and the pressure workers are put under to close cases, which affects the way you work with families, because of the stress to get in and get out."

"If we're going to do ARs right, then we need more time to get to know the families given the amount of other cases that workers are carrying."

"With high caseloads with high demands, workers are stressed and work very hard to ensure that cases still close within timeframes."

At the same time there were workers who sought more flexibility to close-out an AR assessment earlier if they saw no reason for continued contact.

"In cases where the allegations were unfounded or such low risk that there is not a need for monitoring, I should not be encouraged to hold open for the sake of holding open. Families don't want us making weekly contact and it's a poor use of my time and resources."

Other administrators and staff would support guidelines that were more flexible and left more to the judgment of social workers and their supervisors.

"I do not believe that AR should follow the same time mandates regarding case closure as IR. The worker should be able to gauge when it is appropriate to close or refer the case. Some families require intensive case management while others require less intensive."

4. Community resources and outreach

The general worker survey asked county staffs to rate their overall knowledge of service resources in the community. The rating involved a 10-point scale, where 1 represented "very poor" and 10 meant "very good." Overall as might be expected, supervisors, who are the more senior, experienced staff in county offices, rated their knowledge of resources higher than did other workers. Across the state, the mean rating among supervisors was 7.8 compared with 7.3 for AR social workers and other CPS staff. The ratings varied by county and region, Phase 1 and Phase 4 county supervisors rated their resource knowledge highest (with mean ratings of 8.8 and 8.4). While supervisors and social workers in Phase 5 rated their resource knowledge lowest, which might be expected due to the complex human service system, formal and informal, in the large urban context. See **Figure 6.13.**

County social workers were asked about the types of service referrals they had made within the past month. The list of services included in the survey instrument can be found in **Figure 6.14.** The figure shows the percent of workers that reported they had referred at least one client to each of the listed services. According to social workers, the most frequent referrals were made to mental health services, substance abuse treatment and other counseling services. Eighty four percent of responding social workers reported they had referred someone on their caseload for mental health services within

the last month, 72% said they had referred a client for substance abuse treatment during the same period. Other frequent referrals were for medical services (56%), domestic violence services (55%), parenting classes (50%), and transportation services (50%). Other common needs among families for which referrals were made, although with less frequency, were household management (26%), child care (22%), job services (16%), and early childhood education. The ratio between the number of different types of referrals to a worker's caseload was 1.15 to 1. That is, for every current case carried by a social worker, she or he had referred a client to 1.15 different types of services within the past month. No differences were found among workers who conducted only investigations (that is, no AR family assessments) and those whose caseload consisted primarily of AR families. This supports what county administrators and their social work staff told evaluators during interviews, that service provision is not related to pathway. This finding is also generally consistent with the findings based on the family and case-specific surveys that were reviewed in Chapter Five.

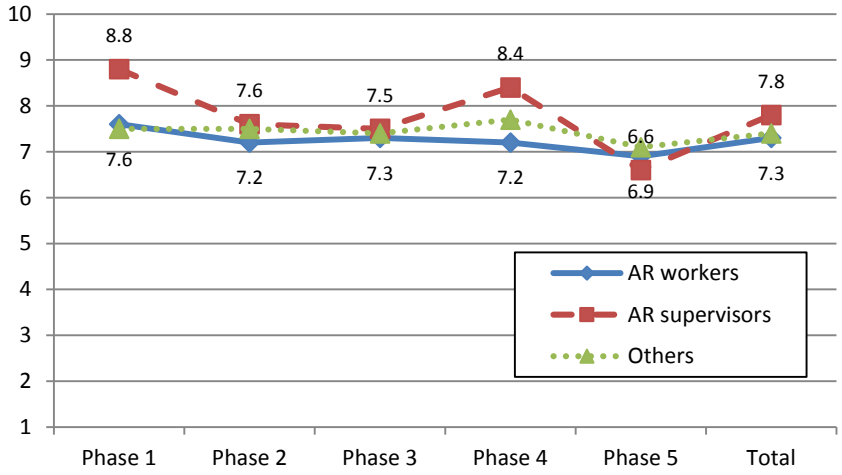

Figure 6.13. Staff Ratings of their knowledge of service resources in the community, where 1="very poor" and 10="very good"

The general survey also asked workers to indicate whether any of the listed services were unavailable in their area or unknown to the worker to be available. The percent of respondents who indicated specific services were unavailable or unknown to the social worker is also shown in **Figure 6.14.** The general and expected pattern is that services most often utilized by workers are most available and known, and vice versa. A review of worker responses indicates, however, that there is not a neat dichotomy at work, that is, that no referrals were made for a particular service because there were no providers of the service in the community or region. There were often workers who reported they were not aware of the availability of specific services for which other workers in the same county said they had made recent referrals. It appears to be the case, therefore, that while certain services may simply not be available in a particular region, other referrals that could be made are not because workers lack information about their availability. Fortunately, the latter situation can be remedied.

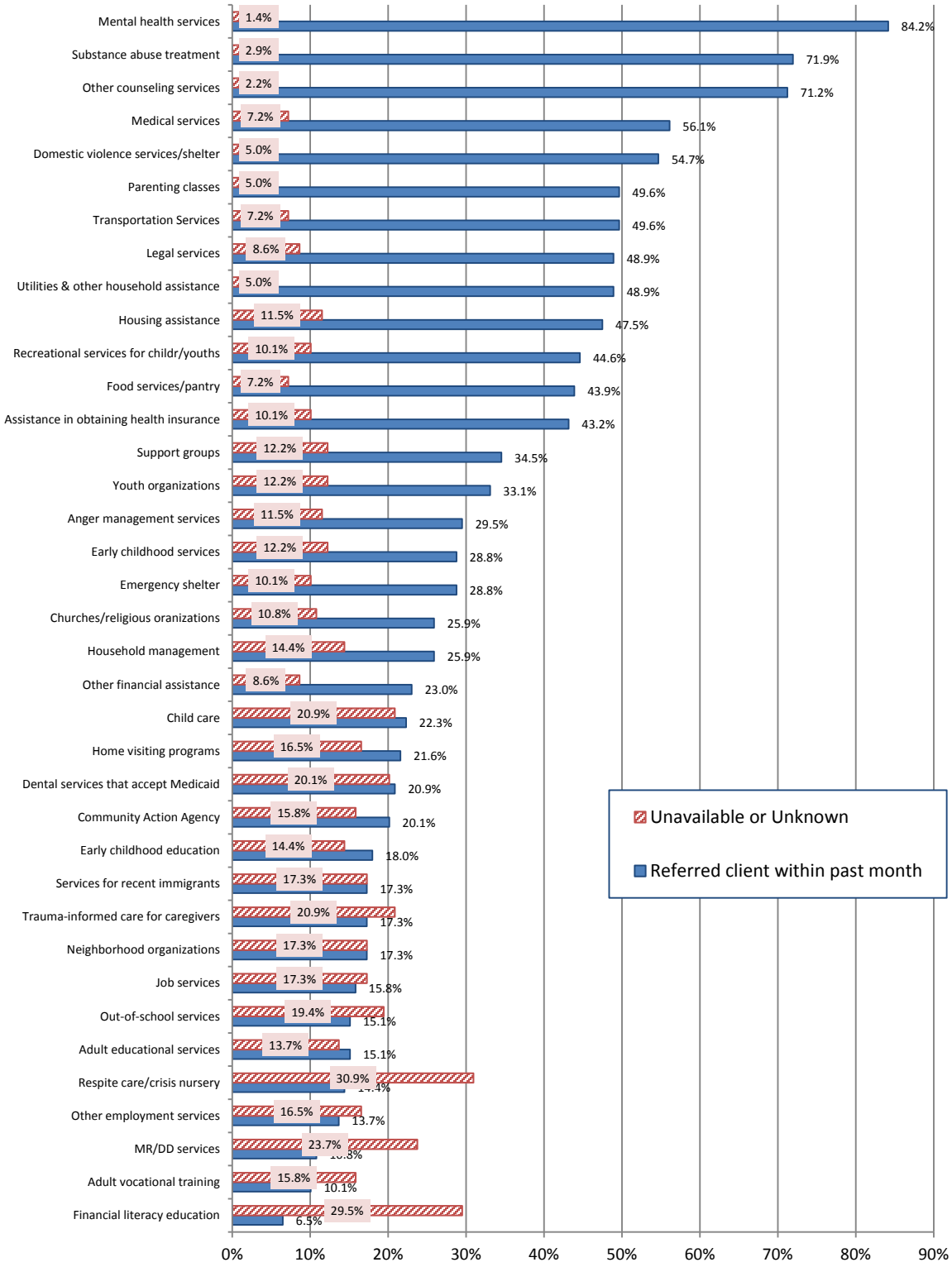

Figure 6.14. Percent of social workers who said they had referred a client to specific services within the last month, and percent who said the service is not available or whose availability is unknown to them

Agency support related to community outreach. The general survey asked CPS staff whether there was a need for more agency support, information, or training related to community outreach. A large majority of AR workers and an even larger majority of supervisors said there was. **See Figure 6.15**. While there was some variation in responses from county to county, the expressed need for more support, information and/or training related to community outreach was quite strong in all parts of the state. **See Figure 6.16.**

Among workers who conduct family assessments, those in counties with specialized units expressed a greater need for agency support and information related to community outreach—43% of these workers (compared with 35% of workers in mixed units) said there was a need for "a lot" more support. Ten percent of specialized workers said there no additional needs related to community outreach, compared with 22% of workers in mixed units. It could be speculated that this request for more support by specialized workers may be related to their relative success in applying AR engagement strategies. A worker needs more help locating community resources only if he or she has identified greater needs for such resources.

Commenting on this question, one worker noted that "We have a lot of trainings on how to engage with clients, something most of us excel at already, and very few about the local resources and how they might support the work we do with our clients." A majority of workers and supervisors would agree with the worker who said, "I think ongoing education can be extremely valuable. We are often unaware of new services or useful services that are underutilized."

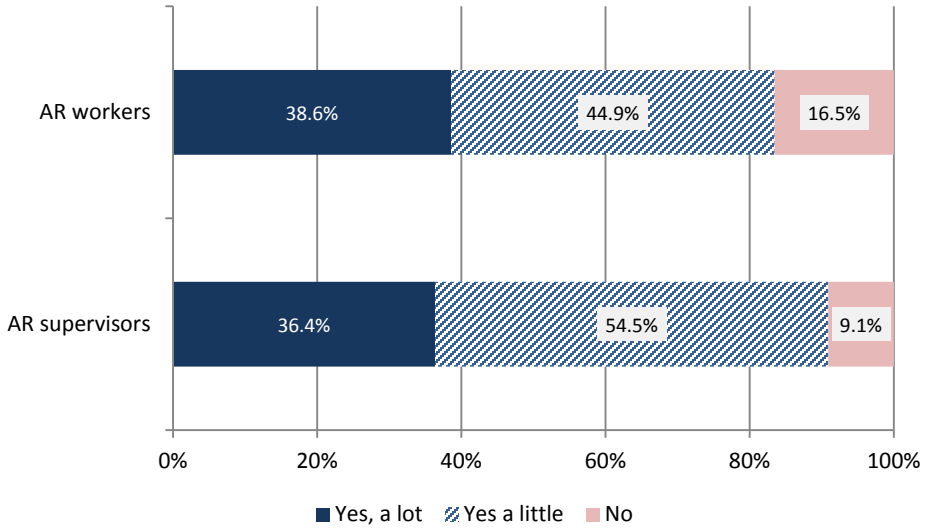

Figure 6.15. Responses to the questions: Do you think there is a need for more agency support, information or training related to community outreach?

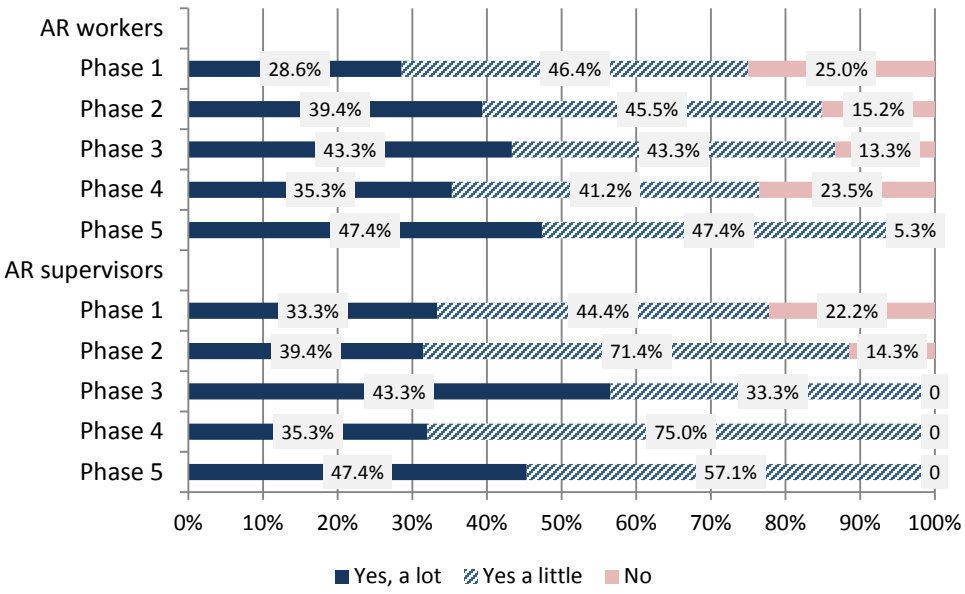

Figure 6.16. Need for more agency support, information or training related to community outreach broken down by AR implementation region

Some workers agree with the respondent who said, "I think as a small community we are aware of most of the supportive services out there." Or, with the worker who said, "There are not a lot of resources in this county." But others would also agree with the worker who put it this way: "There are limited resources in this county and we could do better in our community outreach." An administrator in one county noted that the notion of limited resources was somewhat in the eye (and imagination) of the beholder. "One worker will look at a problem she encounters with a family and say, 'I don't have the resources to address that.' And another will make gold out of it."

A number of workers mentioned specific areas of need among families on their caseloads that were difficult to address and where information about available local resources was needed. Among these were housing, shelters and general resources for homeless families. Other areas were employment and mental health. Some workers linked the need to access community resources with the limited internal resources available to the agency. ("Our limited resources are being exhausted." "The Department needs more financial resources and community support to house our citizens.")

Some workers indicated their knowledge of community resources was quite limited. ("There are programs and agencies I know nothing about.") Or, that what they know they had to find out on their own. ("The community outreach I find for clients is usually because I did research and found the best fit for the clients' needs.) Or, that because they are a relatively new worker they have little knowledge of resources that may be available ("A lot of outside resources are very foreign to me. I don't know what is out there.")

One worker commented that the community resource environment was by nature dynamic. "It's always changing. There are a lot of discontinued services while others are starting up." She

continued, “I don’t know that it’s training that is needed are just persistency in keeping one’s resource listings up to date.” Because available support services are continually changing and the needs of families so broad and varied, a number of respondents said there was a need for a comprehensive list of community services, contact information and eligibility criteria available to everyone in the office. Information needed to be shared particularly, one respondent noted, about informal resources “like churches and community groups that help with concrete needs like housing, food and clothing.” One worker said that while some workers in an office may learn about a new service that has become available “the information is not always disseminated in a timely manner or consistently to all staff.” While different workers may be aware of different parts of the service landscape there often is no mechanism for bringing all the known information together and organizing it, so that it is generally available to all staff and continually updated. For the most part, as one worker said, “It is up to workers to share things among themselves.”

In one county, as mentioned earlier, an individual AR social worker has taken it upon herself to develop a resource center using an empty room that was available at the county’s central office. Everything she collects—brochures, information sheets, contact names and telephone numbers, community directories—on any potential area of need—from domestic violence to jobs to basic needs—she organizes in a kind of community services library or archive. The information is available to everyone in the office who works with families—AR, IR, Services cases, foster care, in-home—and other workers have begun to contribute what they know and learn to expand the center and update the information it contains. A worker in another county said there was a need for a clearinghouse of resource information that includes “all the resources in our community but also services in bordering counties near our clients.”

One worker said, “We need the time to go into the community and attend provider meetings in the various neighborhoods to keep up with all the resources, and then email information to one another.” Several workers talked about providers making presentations at the agency of services they offer or attending staff meetings where there was an exchange between providers and social workers about needed and available services. In a county in which outside presenters were sometimes invited to speak, a worker thought it “could be done more with a greater variety of services so we are more in the know.” Another said, “Sometimes I get confused about which agencies provide what and it would be helpful if they could come and talk with us more often about how to help our clients access these services.” Another worker spoke about the value of multi-discipline teaming her county did, which “familiarizes us with what other agencies do, and our staff gets to know their staffs.”

Several workers went beyond the importance of collecting information and advocated more inter-agency interaction so that “community partnerships were collaborations that engaged in joint activities and not simply meetings.” Another respondent said, “There are many ways the agency could collaborate with community partners, however lack of communication, time, and/or follow through are barriers.”

Lack of time and the size of caseloads was mentioned by several respondents as complicating their ability to work with needy families enough to make a difference much less have time to engage in any significant community outreach or resource development work.

Some administrators would like to see the state agency put a greater effort in and take more of a leading role in outreach across the state, with a common marketing plan. "We (counties) are often left out here dangling on our own," one administrator said.

5. Training

During site visit interviews, as well as in the general staff survey, field workers and supervisors were asked about AR training they had received and may still need. During the last site visits in the spring and summer of 2015 workers generally praised the most recent round of training they had attended as clarifying and being more helpful to their practice than previous trainings. Some workers reported that the chance to interact with workers from other counties and discuss AR challenges was most beneficial, although a couple of workers described these inter-office exchanges as bumpy with disagreements. Looking to the future, both county administrators and their AR staffs see a need for ongoing training.

In the general worker survey county staffs were asked whether they felt a need for more training related to Alternative Response. This survey, it should be remembered, was conducted at two intervals: first, shortly after AR had been implemented in particular counties, and a final time in June 2015, subsequent to the round of training provided in the winter and spring of 2015. In the final survey, 53% of AR workers surveyed said they needed "a lot" more training in AR. An additional 13% said they needed "a little" more training. These respondents represent two-thirds of AR workers surveyed. About one in seven (15%) said they did not need additional training. The rest (19%) said they were not sure. These responses indicate a higher level of expressed need than what was found in the first survey. **Figure 6.17** shows the results of the two surveys among AR workers. While in the first survey 1 in 2 workers said they needed some additional training (either a lot or a little), this ratio increased to 2 in 3 workers in the final survey.

Need for more training was not at all isolated in a few locations but was generally expressed across the state. Moreover, the measured level of expressed need increased from the first survey to the final survey in four of the five implementation regions. This can be seen quite clearly in **Figure 6.18**, which shows only the percent of AR workers who said there was "no" need for additional training. For all counties combined, the percent who said "no" declined from 24.3% to 14.8% from the first to the final survey. Only in Phase 4 did the percentage of "no" responses increase in the final survey (and this was an issue of small numbers—in three of the seven counties there were no "no" responses in either of the surveys and the difference came down to two workers in two counties who responded "no" in the final survey). Overall, a larger percent of workers in counties with mixed units expressed a need for a lot more training (63%) compared with workers in specialized units, where a substantial minority (42%) of workers also expressed a need for a lot more training. Considering workers in mixed units, the

difficulties associated with expecting workers to "wear both hats" from family to family, and be effective in both roles, should not be underestimated.

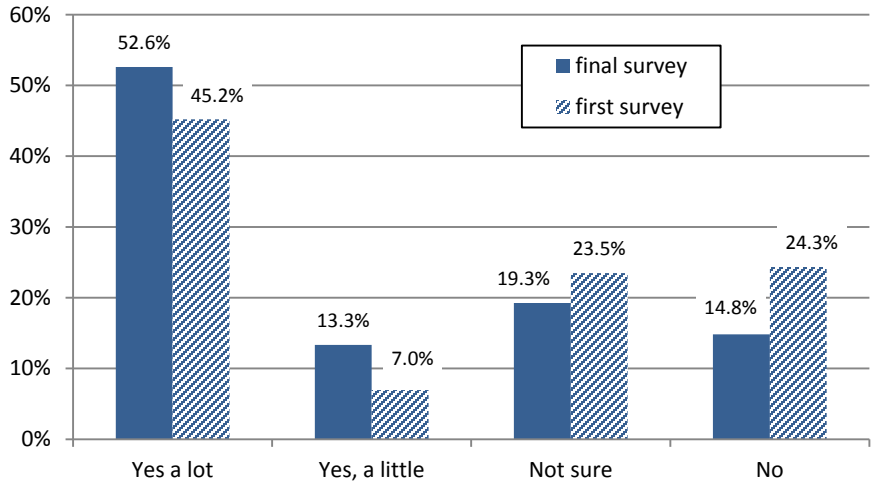

Figure 6.17. Expressed need among AR workers for additional AR training

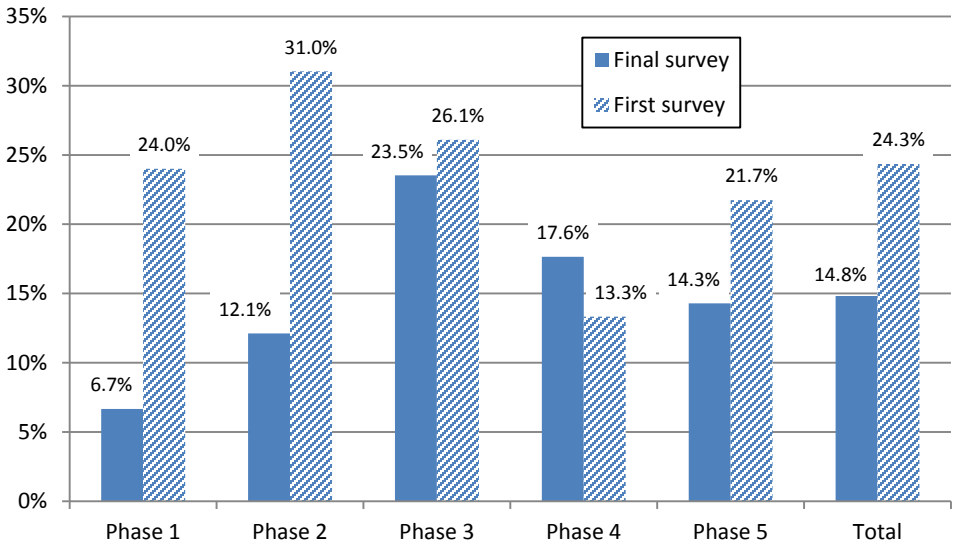

Figure 6.18. Percent of AR workers who said there was "no" need for additional training

Table 6.1 breaks down further the responses of AR workers and supervisors in the final survey by the groups of counties in the various implementation phases. Two things are worth pointing out. The first is that, as a whole, the responses of all AR workers and all supervisors combined are remarkably similar—about half of both groups indicated that there was a need for "a lot" more training; and about 1

in 7 in both groups did not see a need for additional training. The second obvious observation to note is the variation among the different clusters of counties. More Phase 1 workers and supervisors said there was a need for "a lot" more training—this despite, or perhaps because, they have been implementing AR the longest. The longer the implementation period, the greater the opportunity to encounter different and difficult situations, the more varied the decisions that have to be made, and the more resources that have to found to meet the needs that have been identified. Correspondingly, a smaller percentage of Phase 5 workers and supervisors expressed a need for "a lot" more training than anywhere else. This may be the flip side of what was described above. Or, and perhaps more likely, it may be related to the structure of the program in Baltimore City where AR workers have been placed in separate units and there are dedicated AR and IR workers. The confusing hat switching required of workers in a majority of the other counties—now I'm doing this, now I'm doing that-- has been avoided in Phase 5.

Table 6.1 Expressed need for additional training among AR workers and supervisors by implementation phase

		Yes a lot	Yes, a little	Not sure	No
AR Workers	Phase 1	76.7%	3.3%	13.3%	6.7%
	Phase 2	54.5%	15.2%	18.2%	12.1%
	Phase 3	50.0%	17.6%	8.8%	23.5%
	Phase 4	47.1%	11.8%	23.5%	17.6%
	Phase 5	23.8%	19.0%	42.9%	14.3%
	Total	52.6%	13.3%	19.3%	14.8%
AR Supervisors	Phase 1	66.7%		22.2%	11.1%
	Phase 2	57.1%	14.3%	28.6%	
	Phase 3	50.0%		12.5%	37.5%
	Phase 4	40.0%		40.0%	20.0%
	Phase 5	28.6%	28.6%	42.9%	
	Total	50.0%	8.3%	27.8%	13.9%

As noted in the Interim Report on this evaluation, experience can cut two ways. It may provide a worker with a rich context for understanding both the substance and the nuance of the new policy and practice. However, experienced workers sometimes have a harder time changing what they have become good at doing and what they think has been effective for them. One supervisor noted: "There are many people in CPS that are stuck on the mind set of investigation and it is hard to see an AR response. Those that have been in foster care or family preservation seem to understand the concept and can shift from IR to AR case responses." In a similar vein, another supervisor said, "Some workers are having a hard time changing their attitudes, especially when they are going out to families who have previously been in the system."

Given that the latest round of training was perceived to be beneficial and that administrators and supervisors tend to see a need for ongoing, recurring training related to Alternative Response, what are the specific training needs at this point in time? There appear to be six areas that should be mentioned:

1. **Basic Training.** "AR training needs to be on-going for case managers as it relates to risk assessments and safety planning." "Help with mapping and implementing signs of safety." "Yearly AR refresher courses are necessary."
2. **Decision-making related to policies and guidelines.** What do I do when…? "I'd like more training on the family meeting aspect. Is it necessary in every case? "What if the family is very resistant and there's not a glaring safety issue?" "How voluntary is AR?"
3. **Engagement practice and strategies.** This often involves working with families that are not fully cooperative. "At times families do not feel they need to meet with the agency and there is nothing we can do." How to "build trust." How to "convince a family I'm there to help them." How to "motivate a family to change."
4. **Skill building.** "How to deal with complex situations, such as families with mental health issues." "Group facilitation for family meetings." "Training on facilitating AR family meetings would be beneficial." "How can I empower families to take the lead in developing plans or identifying services without continued agency involvement?" "How to advocate for clients with community resources that can help them?" "More advanced clinical training that takes into account that we have some skills already."
5. **Resource identification and development.** How to locate and access community resources effectively. "Training should focus more on helping us understand community resources and how we can utilize them to support the families that we work with." Office-wide service identification and dissemination strategies.
6. **Cross-county exchanges.** "What are others doing that works." "Additional training with other counties to explore what is working with the program." "Also to explore different ways to approach the family's that may be difficult or not willing to work with the agency initially."

6. Job and workload issues

The general worker survey asked county staff a set of question related to their CPS job and workload. The survey asked staff to indicate on a 10-point scale how satisfied they were with their CPS job overall and with their own workload and duties. The mean responses of staff broken into three work groups are shown in **Figure 6.19.** The workgroups are those used in previous analysis in this section: AR workers, that is, workers who conduct AR family assessments (whether or not they also conduct investigations), AR supervisors, that is, staff responsible for supervising AR workers, and other staff. As can be seen in the graph, the mean responses of each staff group were on the positive side of the scale for both issues, an area that might be described as "generally satisfied." The differences in the mean responses of the three groups were not statistically significant.

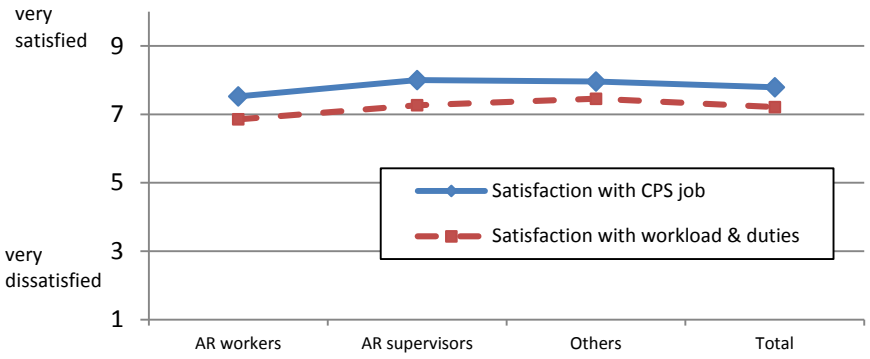

Figure 6.19. Level of staff satisfaction with CPS job and workload and duties

The staff survey also asked whether and how the introduction of AR may have impacted the jobs of CPS staff—in such things as caseload size, workload, paperwork and job stress. The responses of AR social workers and supervisors can be seen in **Figure 6.20** (social workers) and **Figure 6.21** (supervisors). As will be observed, some increase in job stress was reported by AR workers, but it has generally gone down a bit since this question was asked in the first survey. Overall workload, on the other hand is somewhat higher now and part of this is attributable to the family meeting requirements of AR, which has meant AR workers often have to work extended evening hours to accommodate families. This has led AR workers to report a somewhat lower level of satisfaction with their workload and duties than other workers; at the same time, however, AR workers reported a somewhat lower level of burnout.

Compared with social workers, a larger majority of supervisors reported no change in job-related stress or workload due to the introduction of AR, although 15 to 20% of supervisors reported some additional job-related burdens.

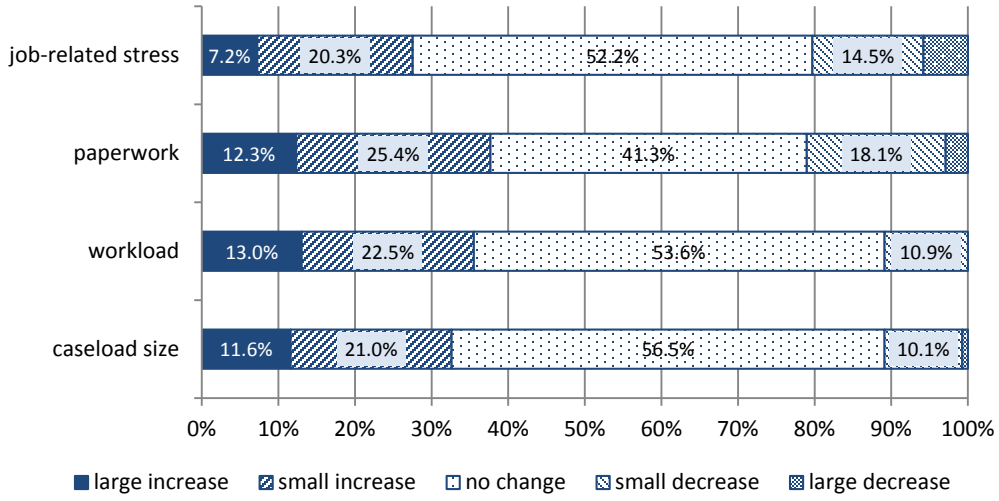

Figure 6.20. Responses of caseworkers to the question: Has Alternative Response in any way caused an increase or decrease in your caseload size, workload, paperwork, or job-related stress?

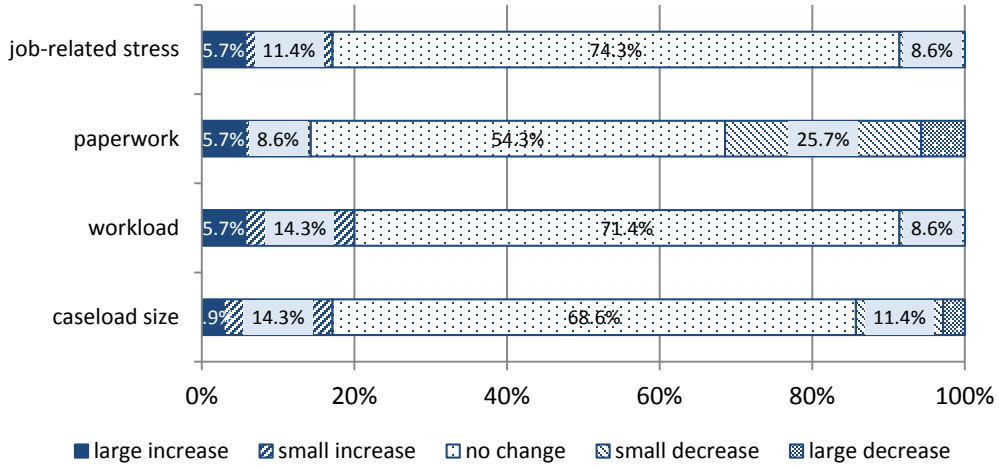

Figure 6.21 Responses of supervisors to the question: Has Alternative Response in any way caused an increase or decrease in your caseload size, workload, paperwork, or job-related stress?

The survey asked staff if the introduction of Alternative Response has made it any more or less likely that they would remain in Child Protection Services as a field of work. The majority of respondents said it would not make a difference—this was the response of 65.0% of AR workers, 77.1% of AR supervisors, and 83.3% of other staff. A minority, however, said it might impact their decision to remain in CPS. As might be expected, the percentage was higher among AR workers (28.5%) than supervisors (11.4%) or other staff (14.0%). Interestingly, the percentage of staff who said AR could have a positive impact on such a career increased among all groups between the first and final survey. More than anything else, this question may be taken as an indication of the attitude of staff towards AR.

Figure 6.22 shows the percentage of AR workers and supervisors in the first and final survey who said AR might affect their decision to remain in CPS.

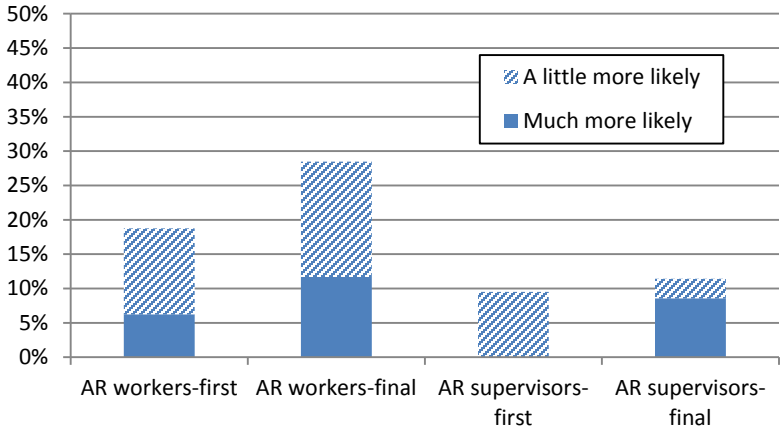

Figure 6.22 Percent of AR workers and supervisors who said, in the first and final survey, they were more likely to remain in CPS because of AR

7. County staff attitudes towards alternative response

In the general staff survey, caseworkers and supervisors were asked to indicate their overall satisfaction with their county's Alternative Response program. They were asked to indicate their responses on a 10-point scale, where 1 indicated "very dissatisfied" and 10 represented "very satisfied." Their responses can be seen in **Figure 6.23.** The figure breaks down responses by worker type and shows the mean responses of workers on both the first and final survey. As can be seen the views of each group of workers was quite similar and there was little change from the first to the last year of the evaluation.

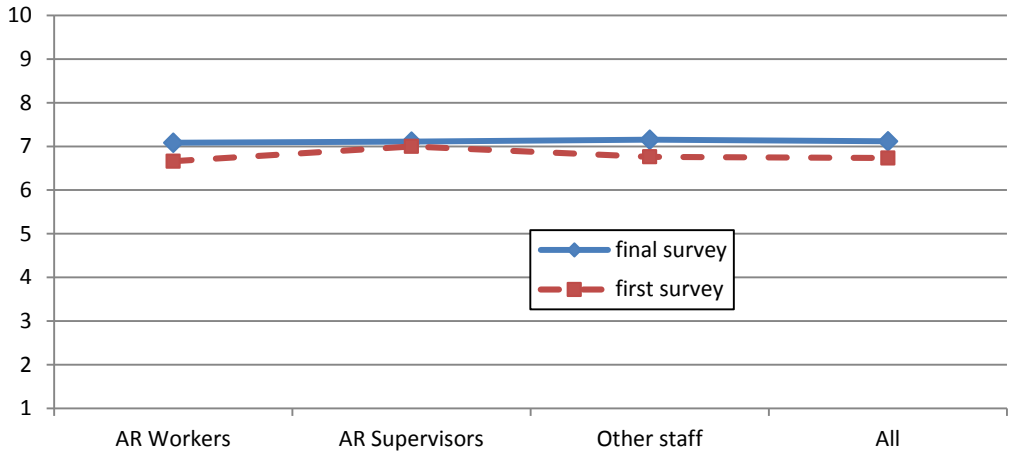

Figure 6.23. Level of staff satisfaction with the AR program in their county

Case work practice is something that impacts both the family that is the focus of an interview and the worker who is responsible for conducting it. Changing or modifying practice, impacts both sides of the interaction: families and workers. One worker made a number of points that were repeated by others.

> "Since becoming an AR worker, my personal stress level has decreased. The pressure of 'proving' an allegation is not the focus, which allows for greater rapport building and trust from the family. These cases have proven to be much more cumbersome, likely because the 'threat' is somewhat diminished [and], therefore, families are more willing to provide information. The amount of time spent with each family has significantly increased, along with the amount of information collected from the family's perspective. The likelihood of evening hours has significantly increased. Hopefully more children stay with their parents and remain safe."

The perceived benefits of the approach were sometimes seen to come at a cost for the worker. The following comment expressed a view frequently mentioned in the staff survey and also came up during interviews:

> "What I like most about AR is the non-adversarial collaboration. What I like least is that because of the flexibility we have to extend to families, it becomes a hardship to workers at times--late home visits after hours where there are no other supports in place because it is after office hours."

Another worker commented:

> "I like that (AR) appears to relax caregivers when they learn that they are not involved in an investigation. I don't like the fact that the child has to be there for the AR meeting to occur. The result is that workers stay beyond normal work hours."

A number of workers expressed a degree of discomfort not being able to speak to children before they meet with their caregivers; speaking to a child first in investigations is something workers have become accustomed to do, and many see it as a better way to learn if the child is really at risk. Worker comments included these: "I do like not making a finding. (But) I feel that interviewing children first and separate is good practice for ensuring safety." And, "I don't like that I have to call the parents beforehand to inform them that I have to interview their children regarding the incidents on the referral." However, another worker said, "I feel the idea of speaking with the entire family is excellent. There have been family issues revealed in that setting that maybe would not have come to light if the child was not in the presence of the parent with the worker when the home visit was completed."

Nonetheless, during site visit interviews when asked whether AR raised safety concerns for them, workers regularly said it did not (see analyses in Chapter 3). Asked if there were safety concerns expressed in their communities, few workers said there were. Some workers described the advantages of parents hearing what their child had to say, as well as the advantages of hearing what other adults in the family had to say, and had gained respect for the emphasis in AR of trying to meet with the family as a unit. One worker said, "families like the idea (of being contacted prior to any home visit) and the

approach that we are using with involving them in family meetings rather than interviewing their children without their permission." Another said: "I like that it brings the whole family together at one time. Some families are finding out for the first time what other family members think, feel and need. I really can't say there is something I don't like about AR with the exception that I believe it deserves its own unit, which would also aid the worker in being able to spend more time in becoming more knowledgeable about community resources." At the same time some workers think there should be flexibility in the policy about family meetings, with sensitivity to situations in which it might be damaging to family relationships.

A number of workers said they liked AR because it allowed them to do social work and family – centered practice, and that families were more "receptive" to the approach. Among comments made by workers were these:

> "I like the general idea of AR in recognizing that every situation does not necessarily need to be labeled with a finding. Many families have situation where accidents or poor judgment may cause minor issues which can be handled without such a 'label'."
>
> "AR is family oriented and the lack of finding means that the family can truly change without always having this haunting them."
>
> "It is an enhancing way of inviting cooperation, and cultivates trust and mutual respect."
>
> "I like the fact that it is less confrontational, thus, elicits a better/positive response from the customer."
>
> "I like that it is a decision making progress with the family so that the family does not feel like they are being interrogated."
>
> "I like that I am not investigating the families but giving them the opportunity to discuss their situations and assisting them with creating plans and solutions to keep their children safe. I also like to meet families where they are."
>
> "AR can be a team based approach with the family and worker coming together to plan rather than the worker building a case against the family."

Particularly in certain counties, workers were quite likely to indicate, as one did: "I like it but it's not a new approach. It's not a new practice in this county." As another said: "It is being presented as something new but is really at least in part what is supposed to have been happening in family centered practice. I do like," this worker added, "that there is an opportunity to avoid a finding." Some workers appreciate AR precisely because they believe "it facilitates family-centered practice." And a small number of social workers continue to believe investigations are simply the better response to maltreatment reports, if not for all, then for most. On the other hand, with familiarity with AR has come the view among some that it could be expanded even more: "IRs should be conducted in a similar manner....Most IRs do not require us to go in to a home with guns blazing."

There are also workers who believe it would always be better to let individual maltreatment reports be screened based only on what is alleged and not impacted by previous reports. "I do not like the fact," one worker said, "that if a family receives another referral that it automatically has to be an IR before finding the facts." An administrator in another county agreed, saying: "A family should be allowed to have more than one AR in 12 months. This goes against the principles of AR as families do not always resolve their problems in one try."

And there are workers who remain puzzled that AR referrals remain in the state's SACWIS for three years ("it feels to a family like they are getting penalized"), whereas ruled out investigations are expunged. But, while some workers see the issue of the three-year record retention as unfair to some families, others see value "in having access to the information" should future reports be made.

Asked what she liked most and least about AR one social worker said, "What I like most is the participation of the family in considering their situation and what they can do about it. What I like least is sometimes we don't have the resources to assist the family."

At the same time, most workers appeared to be gaining confidence doing AR. One worker said, "AR should be the norm, and IR the exception. There is not much that cannot be accomplished in a case when done as AR."

Chapter Seven
Views of Stakeholders

Community stakeholders, drawn from lists provided by county Departments of Social Services, were surveyed towards the end of the evaluation period. The survey employed an internet-based tool that stakeholders accessed through a link provided in an email to them. (In a small number of cases, when email addresses were not known, stakeholders were sent a mail survey.) The lists of stakeholders included individuals with whom county DSS has some kind of working relationship, who serve on an advisory group, or otherwise represent organizations and institutions that typically are in close contact with the families that CPS serves—as service providers, court personnel, educators and health and mental health professionals. It is primarily in this last capacity, as representatives of community organizations and institutions, that the individuals surveyed are considered "stakeholders" in what CPS does.

The survey asked stakeholders "what types of services do you or your agency or organization provide?" A breakdown of responses is provided in **Figure 7.1**. Twenty-two specific service areas were listed on the survey tool and these can be seen in the figure. Respondents were asked to indicate any and all areas that apply to them. The most common service area selected by respondents was programs or services for children (35%), followed by counseling and mental health related (28%), education (25%), child advocacy (20%), and the court and justice system (19%). About 1 in 10 respondents reported they provided "other services," almost always in addition to one of the listed services and generally of a more specific version of a listed services (e.g., "victim services") or indicating the nature or name of their organization (e.g., Community Action Agency). Five percent of respondents did not select any of the listed services; these generally were individuals engaged in activities that did not involve "direct services" but in administrative duties only (two of which were in school settings, others included child care licensing, child support, resource coordination and policy advocacy).

In considering survey responses, it should always be borne in mind that each person surveyed had originally been included on a list provided by a county DSS agency. About 1 in 4 said their work involved more than one county—including eight respondents who said two counties, eleven who said three counties, five who said four counties, and two who said their organization was statewide. In considering the data in this chapter it is important to bear in mind their limitations. All that can be known with any certainty is that the data presented here represent the views of respondents, but are nonetheless useful in pointing to directions where additional community outreach might be directed**.**

In the survey, stakeholders were asked whether they were familiar with Alternative Response. Overall, a substantial majority (86%) said they were--57% said they were "very familiar" with AR. It can only be conjectured why 14% of the individuals whose names were provided by county DSS were unaware of AR. These may be individuals with whom the agency is in contact for CPS activities unrelated to AR, such as foster care or on sexual abuse issues. However, the minority of respondents

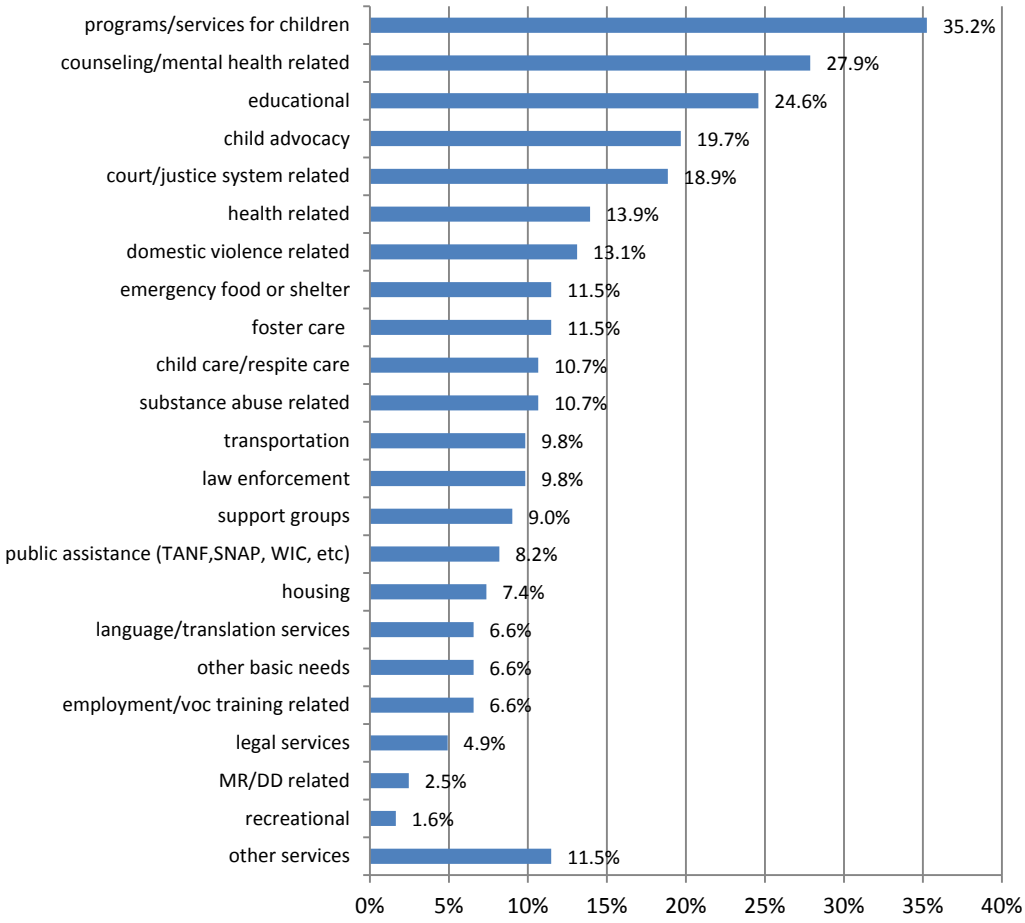

Figure 7.1. Percent of respondents who said they provided specific services.

who were apparently not aware of AR may also be an indication that community outreach related to AR has been somewhat limited in certain regions, perhaps planned but as yet not completed. **Figure 7.2** shows the percent of stakeholders in each service category who said they were very familiar or somewhat familiar with AR. Respondents most familiar with AR were often persons in public assistance or other public sector agencies or activities closely related to CPS or who have traditionally had a close relationship with CPS. Less familiar with AR were persons who worked in community agencies that provide services, such as basic needs and housing, often needed by families in contact with CPS.

Stakeholders were asked: If you are familiar with AR, what is your overall opinion of it? Seventy-one percent answered this question and the rest did not (either because they were not familiar with AR or because they felt too uniformed to express an opinion). Stakeholders were asked to give their opinion of AR on a 10-point scale where 1 represented “very negative” and 10 represented “very positive.” A small minority of respondents gave negative responses but most were moderately positive and some very positive. The mean response was 7.0.

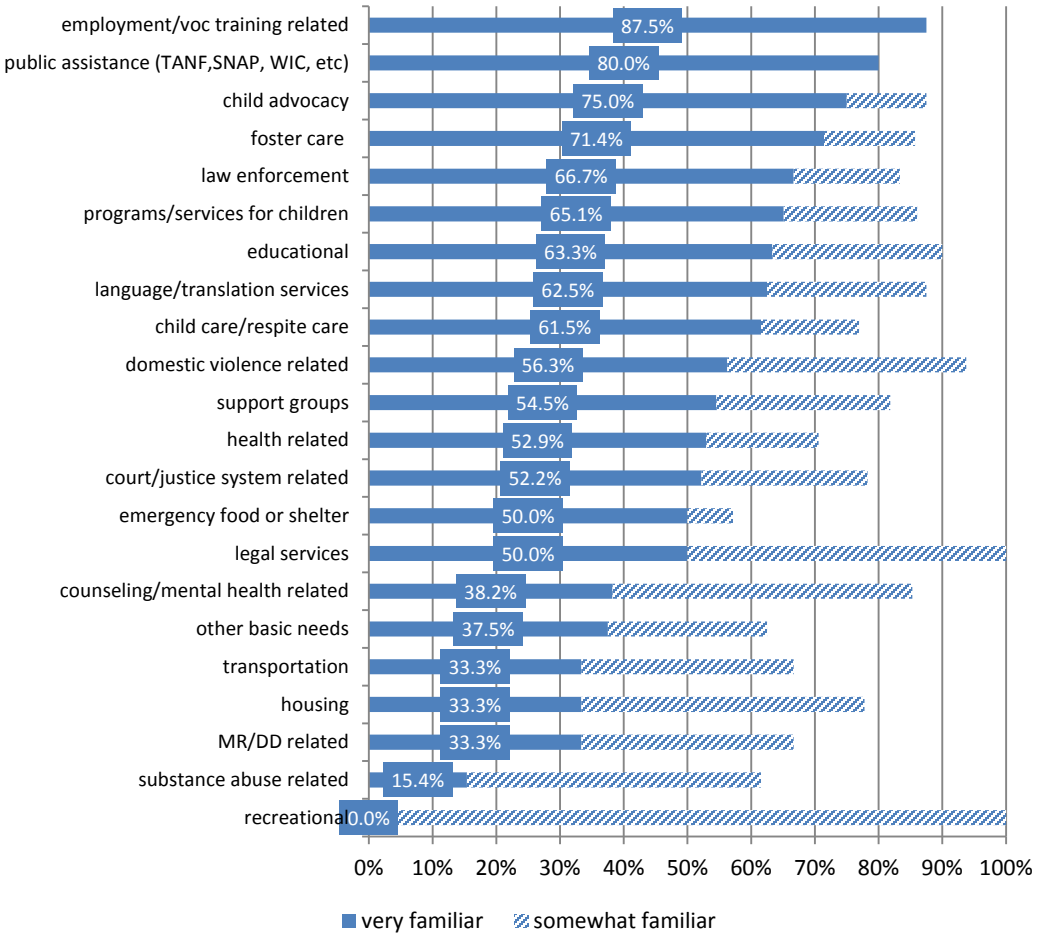

Figure 7.2. Percent of respondents "very familiar" or "somewhat familiar" with AR

County CPS staff had been asked a very similar question on the general worker survey: How satisfied are you with AR in your county?" And they were likewise asked to give their response on the same 10-point scale, from very negative (1) to very positive (10). If we compare the ratings given AR by the two groups, stakeholders and CPS staff—all staff, not just AR workers and supervisors—we find county staff to be somewhat more positively disposed towards AR than are the stakeholders as a group. **Figure 7.3** plots the actual ratings given by the two groups. Both groups contain members who are not convinced about AR, but these remain in the minority in each group. The mean responses of both groups were quite close, 7.0 for stakeholders and 7.12 for CPS staff. (The closeness in mean has much to do with the difference between the groups in the percent who gave AR a 10 on the scale.) The mean scale scores of respondents in most service groups clustered closely—the mean of 18 of the 22 groups was between 7.2 and 8.1. The lowest mean scores were those of providers of legal services (6.0) and court and justice system professionals (5.3).

During site visits, county administrators and staffs were asked about the acceptance of AR in their communities. Although responses were generally positive, specific trouble spots did emerge

where pushback was being experienced. Sometimes this involved school personnel, administrators or counselors, accustomed to social workers showing up to speak with a child in school; sometimes lawyers involved in custody disputes looking for the leverage a finding provides; and sometimes judges and court personnel, particularly related to shelter care hearings. One administrator noted: "Our courts and legal counsel are looking for an 'indicated' finding in order to justify the shelter/CINA case. They are wanting to know if the event did or did not happen."

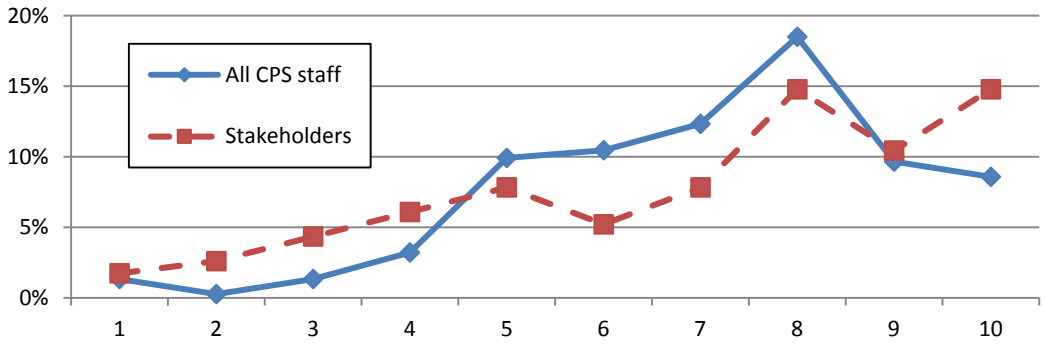

Figure 7.3. Percent of CPS and stakeholder respondents indicating their relative negative or positive opinion of AR on a 10-point, negative to positive, scale

Half (50%) of the stakeholders surveyed said they had attended at least one meeting related to AR in which their involvement or assistance was requested. This percentage was somewhat higher among child advocates (67%), law enforcement personnel (67%), educators (63%), and providers of services to children (61%), and somewhat lower among mental health professionals (38%), child care providers (46%), and providers of housing and transportation services (33%). Among court and justice system professionals, the figure was 48 percent.

Whether or not they had attended a meeting about AR, about half (52%) said they had been contacted by someone from CPS about AR. This figure was again higher for law enforcement personnel (75%) and educators (62%), but also health professionals (65%), and lower among emergency food and shelter providers (36%), substance abuse treatment providers (39%), providers of housing (44%) and transportation (42%). Among court and justice system professionals the figure was 52%.

Stakeholders were asked to indicate their view of how well informed CPS social workers were of the work of the stakeholder's agency—that is, the types of the services they provide and the types of people they serve. On a 10-point scale from 1, "nothing or very little" to 10, "very much," the mean response of stakeholders was high, 8.1. Stakeholders were also asked to rate the overall coordination between the county child protection system and their agency, again on a 10-point scale from very poor to very good. The mean rating was 7.5; the percent selecting specific scale scores can be seen in **Figure 7.4**. One in four rated coordination low to quite low (from 1-5 on the scale), while more than half (56%) rated coordination between their agency and the county CPS as 8 to 10 on the scale, that is, quite high.

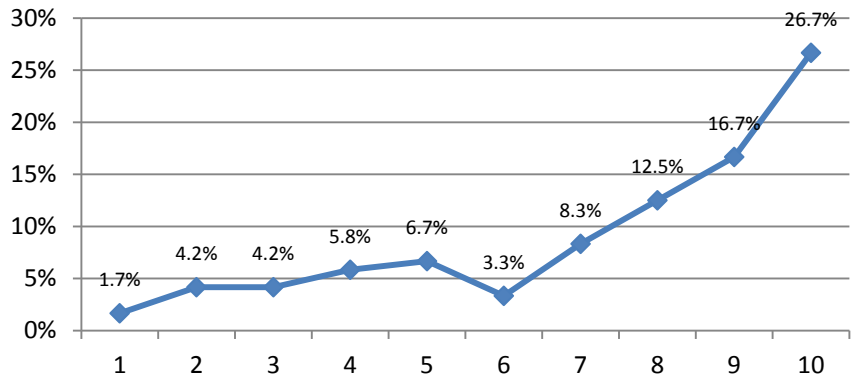

Figure 7.4. How would you rate the coordination between your agency and county CPS

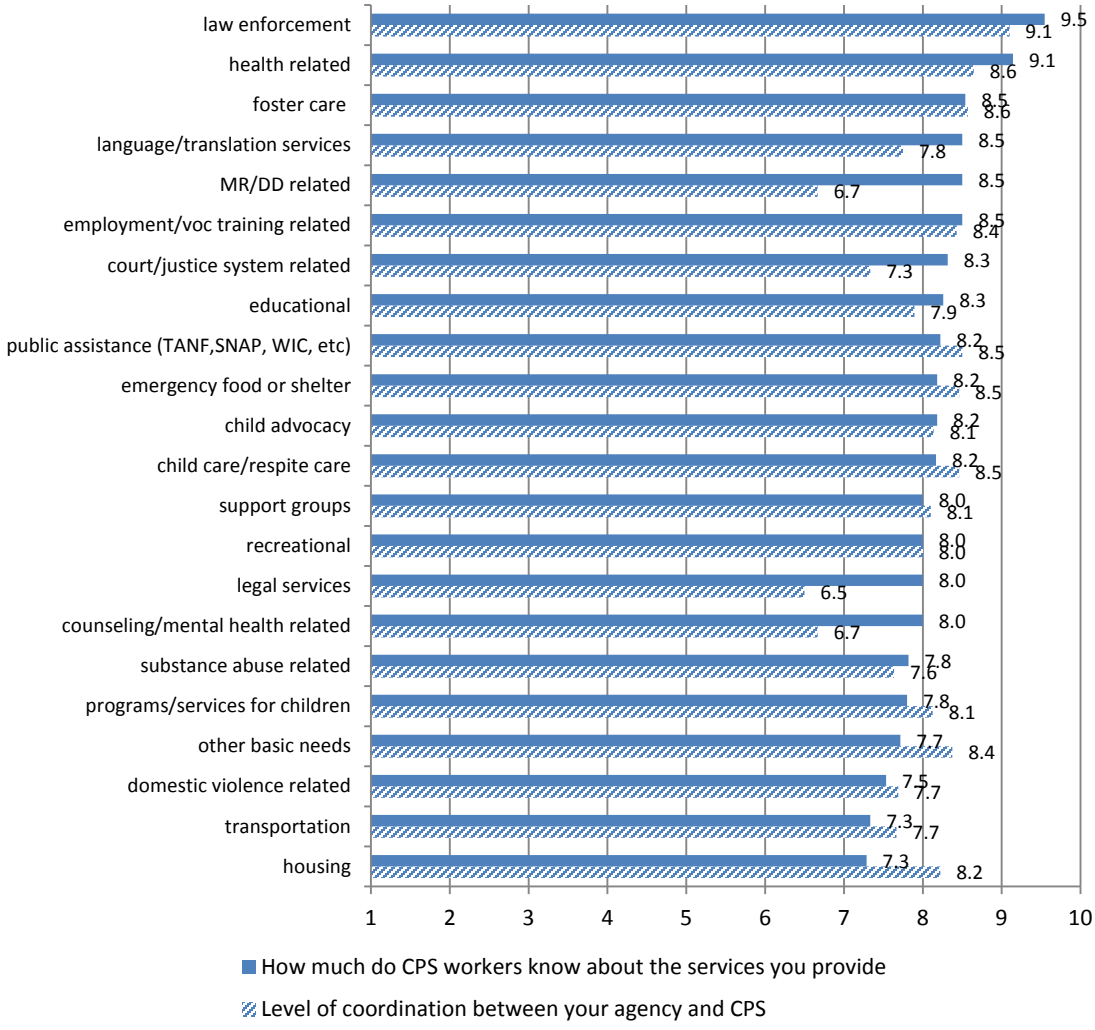

Figure 7.5. Stakeholder rating of 1) how much CPS workers know about the services they provide, and 2) level of coordination with CPS

The mean ratings of worker knowledge of agency services and inter-agency coordination by stakeholder groups are shown in **Figure 7.5**. Most of the ratings are high and suggest an ongoing working relationship with CPS on the part of many of these individuals. This provides an important context for understanding responses shown above in **Figure 7.2**, where familiarity with AR was shown. Everything being equal, we would expect these individuals to be more informed about AR than most elements in the community.

The reader may remember that CPS staff were asked to rate their overall knowledge of service resources in the community. **Figure 7.6** compares the mean rating of different clusters of workers and stakeholders responding to our surveys. Differences in the mean scale scores are not large. But the higher mean among stakeholders suggests the possibility that respondents represent individuals in the community with a higher likelihood of being in contact with CPS. The response of CPS social workers reinforces the view that, at least in certain cases, some of them are in contact with community resources that others may not be aware of.

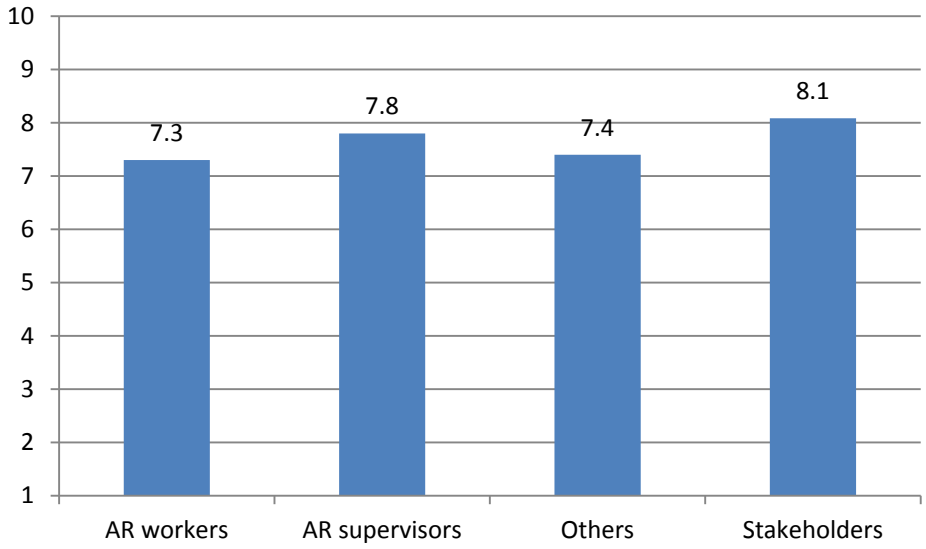

Figure 7.6. Level of aware of community resources on the part of CPS staff

The stakeholders were asked, "Overall, how satisfied are you with the child protection system in place in your county." Their mean response on a 10-point scale (negative to positive) was 7.06, that is, generally positive. Law enforcement respondents gave the most positive response, 9.1, followed by a variety of providers of services CPS families often need—child care, emergency food and shelter, health services, foster care services, other basic needs, and public assistance agencies. Court and justice system personnel and providers of legal services were often least positive.

Stakeholders were also asked to give their assessment of the level of satisfaction with CPS of families with whom the agencies work. The mean rating on this question was lower, 6.17. There was a

general correlation between responses on the two questions—the mean ratings by stakeholder group are shown in **Figure 7.7**.

Some stakeholders (25.6%) said they thought AR had affected family satisfaction with CPS positively. Most (62.0%) did not have an opinion on this; 9.1 said AR had no effect; 2.3 said the effect was negative. About their own satisfaction with CPS, 30.3 percent said it had improved with AR, while 10.1 said they were more dissatisfied; 27.7 percent said AR had no impact on their view of CPS, and 31.1 percent had no opinion.

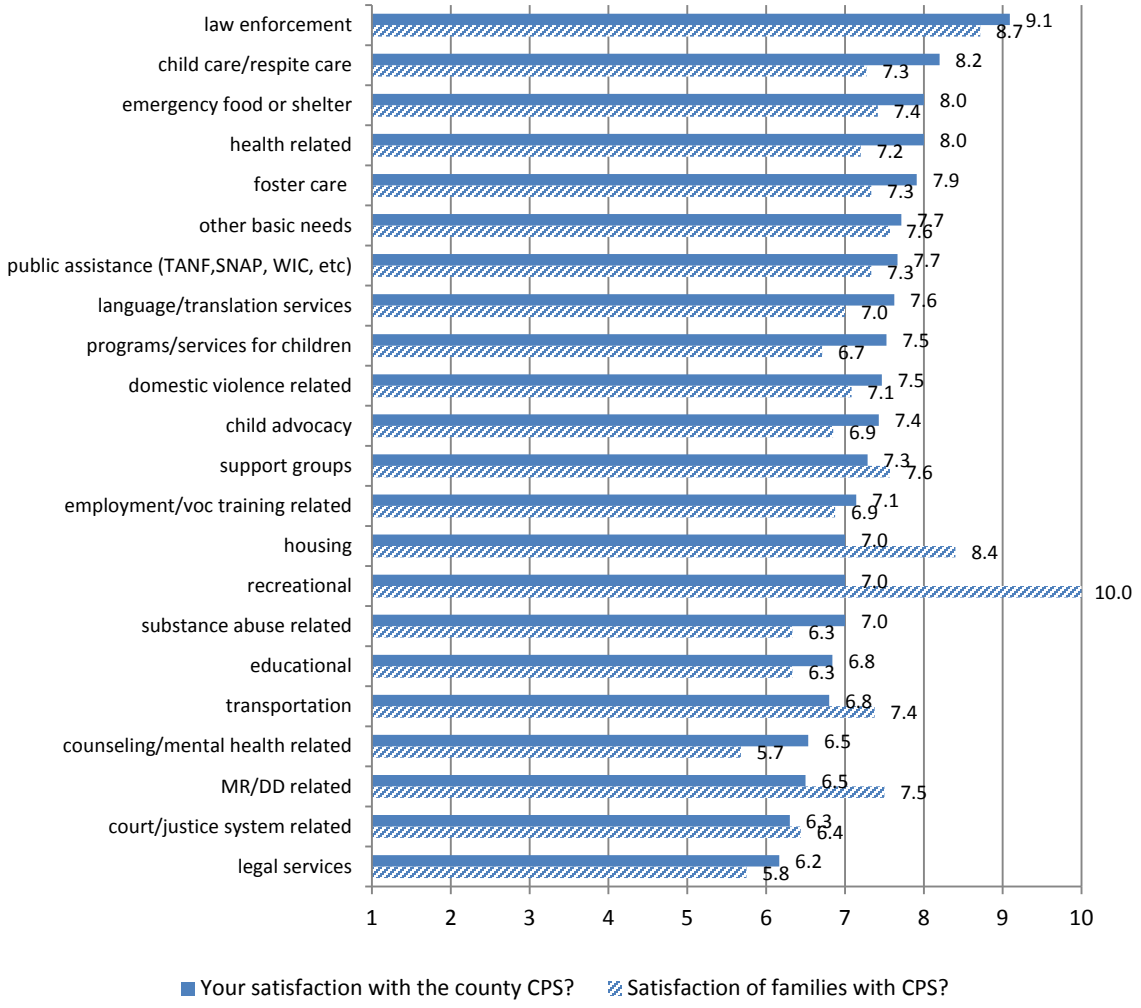

Figure 7.7. Mean ratings of stakeholders on satisfaction with CPS

Stakeholders were asked if they thought AR had affected the manner in which social workers engaged families. They were asked specifically about particular features of engagement and whether these were any more or less likely with AR. Their responses are shown in **Figure 7.8**. As can be seen there was a minority of stakeholders that said they thought there were certain differences with AR, such

as that families were more likely to be approached in a non-adversarial manner (42%) and encouraged to participate in decisions that affect them and their children (38%). Thirty-five percent of respondents said they thought families were more cooperative with CPS through AR, and 27 percent said they thought families felt better off due to their involvement with CPS because of AR. However, many respondents did not see a difference in engagement manner with AR, or in the provision of services, or they said they did not know, indicating the relatively large number of stakeholders with limited familiarity with AR. What is also apparent is that there is a small minority of community stakeholders who have a negative view of AR, which will become clearer in some of their comments.

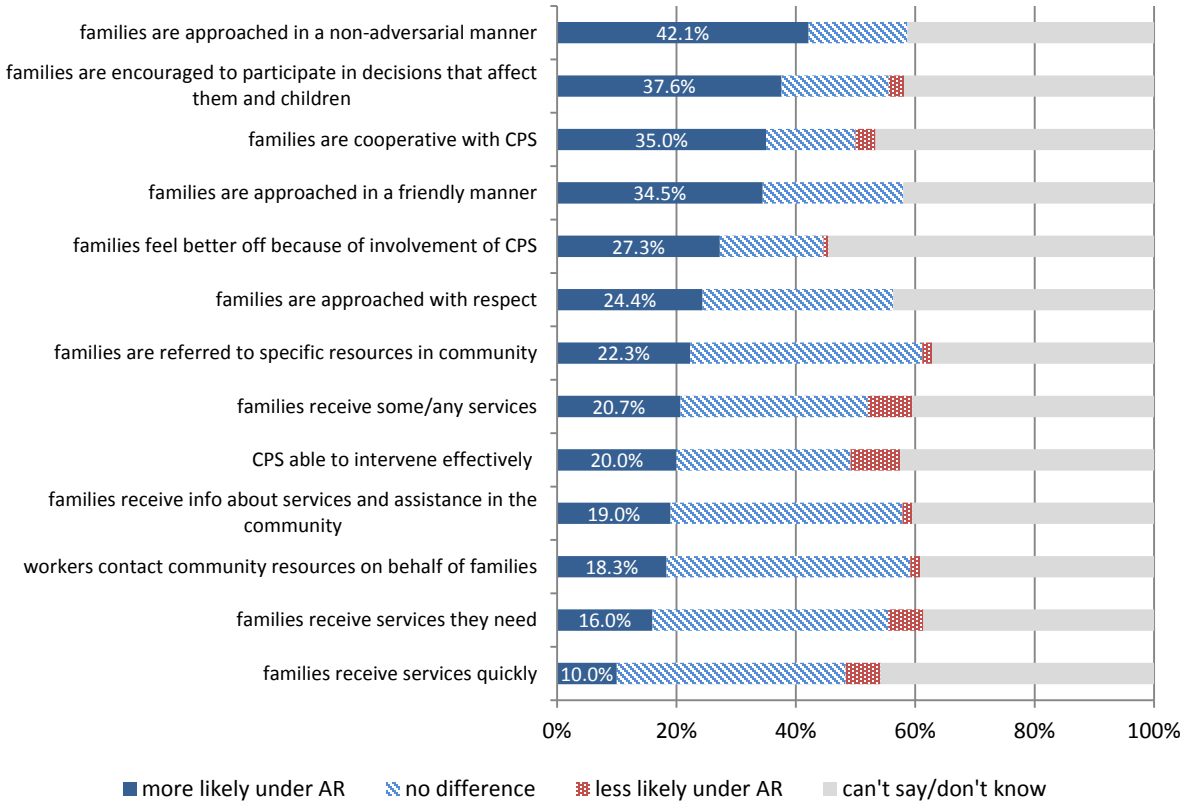

Figure 7.8. Differences in engagement, service provision and family reaction with AR

Comments of stakeholders

A small number of stakeholders made sharp, critical points about AR. One wrote: "It is a flawed, cynical program which puts children at risk in an attempt to save money." In another comment, this respondent wrote, "It has delayed the protection of vulnerable children. It is structured to allow substance-abusing, neglectful parents to make vague, empty promises to undergo treatment, and naive, over-worked social workers believe them." Continuing, "It has allowed substance-affected newborns and other vulnerable children to be endangered by neglectful parents who are continuing to abuse opiates. It does not protect children." [Note: During visits to county DSS offices, evaluators did

encounter social workers who described themselves as "overworked," but none that we would describe as "naïve."]

Five other stakeholders also expressed serious safety concerns with AR. "I believe it does not make the children safer," wrote one respondent, who views AR as providing an opportunity for "CPS investigators" with "a busy caseload" to reduce their caseload quickly. Another commented that "the staff are second to none," but "are being mandated into this unsafe policy directive….I simply feel that child welfare is being compromised for the sake of macro-economic cost savings….this leads to a culture of sacrificed child welfare to save a dollar."

The concern that AR is being done to save money must originate in the view that it forestalls more costly intervention, including, possibly, the removal of children from the home when necessary for their safety. One stakeholder wrote, "I have worked with abused children for a long time and do not agree with this program, I do understand the concept and that Maryland law wants to keep families together." It might be noted that there are some national voices who have criticized AR for trying to prevent removals of children who are in unsafe environments. It is not always clear whether these critics fully grasp AR and the types of cases it is intended for or whether they may be conflating AR with Family Preservation or IV-E foster care waiver programs. Nonetheless, it is clear that there is a minority view in the communities around the state that AR is used in cases where IR would be more appropriate. Sometimes this is because, as one respondent put it, caretakers do "not take AR as seriously as IR and will not follow through with the appropriate services for the well-being of the family."

One respondent questioned the "voluntary" nature of AR: "If it's voluntary then the families can refuse. Refusing services is something many people do but shouldn't be allowed to." This issue has been a dilemma for every jurisdiction at the beginning of AR implementation and it is something that requires a clear guideline. According to workers interviewed during site visits the guideline is straightforward. If there is any question about the safety of a child, which is meant to be addressed formally in every CPS response to a report of maltreatment, responses are mandatory not voluntary, and workers are obligated to change the pathway to investigation if this is necessary.

Other criticism of AR touched on insufficient staff training, variation in the interpretation of the approach from county to county, and insufficient community outreach to organizations "already involved" with the families. One respondent from an organization very actively engaged in working with children wrote, "No one has ever talked to us about AR. We have no clue what it is."

Another area of concern expressed by some stakeholders was "the relatively short period of time cases remain open," as one put it. Continuing, she wrote, "There is potential for families to work hard to cover up their 'at risk' behaviors, and once CPS closes the case, return to them, leaving the child at risk….If families are not linked to other agencies, there is no one there to function as a safety net."

For every negative comment about AR or its implementation there were about three positive ones. Some of these were from individuals who are actively engaged with the county DSS and described themselves as "community partners" and praised efforts to "educate and involve the community" about AR. The positive comments about AR primarily centered on two aspects of the AR program, the new

approach to engagement and the lack of a formal finding. A number of stakeholders said they preferred the approach because it was "less threatening," "non-adversarial" and "less judgmental." One respondent wrote "I like the more positive approach rather than punitive. I believe it fosters a positive team approach to strengthening families and protecting and supporting children." Another commented: "I like the friendlier approach of AR instead of making the family feel like they are being policed as parents." And another wrote that "families are more willing to cooperate if they don't feel like they're being attacked" and "more likely to problem solve." Still another commented that "I like the fact that the family is being worked with TOGETHER (all in the home involved); it makes the entire household feel a part of improving the life of the entire family."

One stakeholder wrote, "I like the supportive approach as opposed to the adversarial approach." Then, echoing what many workers said during interviews, added, "however, I perceive our CPS workers as usually approaching [families] in a positive manner anyway." Another stakeholder made a similar observation and touched on the most common themes expressed by workers during site visits: "Workers for both AR & IR should approach the family with respect and in a friendly manner. However, the family may be less threatened by the AR response and that there is no lasting finding in the system. The level of services and involvement by the family should be the same." Other workers also expressed the view that key aspects of the AR engagement approach should be employed in investigations as well. She said: "I like the approach to AR. I think even in the investigation of CPS, a supported approach and low keyed, supportive approach with families works best. Even when terminating parental rights, a parent can be worked with until he/she accepts the termination and agrees. You can't do that without a lot of emotional exploration with the parent and time spent working with the parent."

Many of the comments of stakeholders supported the lack of an official finding or substantiation in AR family assessments. "I like that it doesn't ruin someone's life or career on something that may not be major and allows the child and parent to improve," one stakeholder wrote. Another noted that "It gives a parent another opportunity to succeed." However, some stakeholders with mostly positive comments expressed concern about the number of AR families not connected effectively to community resources they need and/or that the contact may be quite limited—"opened & closed with only one visit or phone call," one commented.

One stakeholder wrote: "Many families are terrified of DSS intervention in any circumstance. The AR model is more family friendly and has a more positive connotation which can only be good for the benefit of children and families going forward. I think it is a really strong model and can't really think of anything negative about it other than I don't think the general public has a clear understanding of what AR is and how it can help them." The significance of this last point should not be neglected.

Appendix 1
Limitations on Follow-up of Comparison Families

A process of selecting IR-comparison families was established and was continued on a monthly basis through the analysis of June-2014 MD CHESSIE data. The idea underlying the selection of a comparison group was to *identify a pool of potential match families that would very likely have received AR if AR had been implemented in their area.* It was necessary to select these families from counties that had not yet implemented AR. For example, Phase 1 AR families could be matched with similar IR families In Phase 2 through Phase 5 counties. Later, Phase 1 and Phase 2 AR families could be matched with Phase 3 through Phase 5 counties. And so on. No matches would be available for Phase 5 AR families. To accomplish this, a series of computer algorithms were developed to determine the characteristics of each AR family and then to search through the pool of potential IR matches to find the family that was most similar. The object of this pair-matching was to developed a *matched group* of IR-comparison families that, as a group, would be very similar to the group of AR families.

The purpose of selecting a comparison group is to have a kind of standard against which to measure changes in the new program. In this process it is important that 1) the pool be large enough to yield similar cases and 2) that follow-up data be available on all AR and IR-comparison cases. The importance for the evaluation of full follow-up data on a similar control or comparison group of families that did not receive AR cannot be overemphasized. In all past evaluations of AR that we have conducted, we followed both AR cases and a comparison or control group over months and years following the initial case that led the family into the evaluation. The groups could then be compared on the quantity and types of new reports received, children subsequently removed from homes and placed in foster care and the emergence of various safety problems after the initial contact was terminated.

At the time of presenting this design, we did not fully appreciate the strictness of the Maryland law specifying that information on *ruled-out* cases be expunged within 120 days of the original child abuse and neglect report. Apparently, no exceptions can be permitted to this rule, not even for program evaluation purposes. Like most states, the majority of investigations of reports end by being ruled-out.[14] This means that most IR-comparison cases that have been selected cannot be tracked. Records of AR cases are kept for three years in the administrative data system, but the majority of matched cases must be ignored. It would have been inappropriate to compare the full AR group with the minority portion of the comparison group that was not ruled out. This is why the present report contains no long-term comparative findings.

Why Follow-up of Ruled-Out Cases is Relevant. As noted, many families assigned to AR *would have been ruled out* had their report been investigated. Families with the most serious allegations (such as, severe physical abuse, child abandonment, sexual abuse, and so on) are generally excluded from an alternative response. These are the kinds of reports with highest probability of being continued in the

[14] The terminology varies. These are more commonly referred to as “unsubstantiated” or “unfounded” in other states.

traditional child protection system. So, it is natural to ask why it is so important to track ruled-out families? Doesn't ruling out mean that nothing happened in this family? This may be true, but it is more accurate to say that no serious child abuse and neglect or ongoing child safety and family risk problems *could be discovered* in ruled out cases. What does the data in other states that maintain records for several years on such cases tell us? We will very briefly discuss two studies and present a table that may help in understanding this issue. A fuller discussion can be found in our paper on chronic child abuse and neglect (Loman, 2006). (In that report the term *unsubstantiated* is equivalent to *ruled out* in Maryland.) In the following we have indicated differences in terminology in **brackets [ ]** to make the studies understandable to Maryland readers.

Without belaboring the issue, we present the results of two studies. Hussey et al. (2005) examined outcomes for 806 children in four US locations. They found no significant differences on several measures of developmental and behavioral outcomes between children with one or more [ruled out] reports to CPS by age 8 versus children with at least one [not ruled out] report by age 8. All the children in these two groups, therefore, had been reported at least one time for child maltreatment. If [not ruling out] a CA/N report means that greater harm to children occurred compared to a [ruled out] report it might be expected that more children in the former group would be damaged and that the damage would be manifested in higher rates of problems in behavior and development. This was not the case. On the other hand, differences in behavior and development *were found* between each of these two groups of children and a third group that had never been reported to CPS. The variable that had effects on children's developmental and behavioral outcomes was *any report of child maltreatment* regardless of whether the report had been [ruled out or not]. Another study by Drake et al. (2003) of 14,707 children found no difference in later child maltreatment reports of children with [ruled-out] reports versus children in reports that had [not been ruled-out]. These studies tell us that reports to child protection are *risk factors*, that is, any report received and screened-in is a harbinger of future maltreatment and child well-being concerns.

The following table (**Table A.1**) is based on Missouri data. We have changed the terminology in the table to fit Maryland's terminology. It is based on child abuse and neglect reports on families tracked over four years. Missouri maintains data on these for several years before expunging. First, several thousand families were tracked over two years and placed in appropriate cells in the table. For example, 6,000 families received one [ruled-out] report but no [not-ruled-out] reports (second cell, upper left of table) during this two-year period. Or looking at the middle column and top cell, 160 families received two reports that were [not-ruled-out] but no [ruled out] reports during this two-year period. The p value is the *probability* or *proportion* of families in the cells just to the right of each p with new reports that were **not ruled out** during the *next two years*. For example, of the 160 families referred to above, about one-third (.33 or 33%) received at least one report during the final two years that was not ruled out.

Looking at the table it is evident that the probability values increase from upper left to lower right. This tells us that both [ruled-out] and [not-ruled-out] reports during the first two years were predictive of later reports that were [not-ruled-out]. It shows that reports of any kind, no matter what

the outcomes of investigations, are ***risk factors***. Families reported one time are likely to be seen by CPS a second time. And this analysis followed the families only for two subsequent years. When families are tracked for several years, all the p values in the table increase. This can be seen in our Ohio follow-up study (Loman and Siegel, 2015) where families were tracked for about 4.5 years (see Table 3 and discussion in that article).

Table A.1 Probability (p) of a report not ruled out during a two-year period by number of not ruled out and ruled out reports during the preceding two years (n = number of families in each condition)

	Not Ruled Out (NRO) reports during first two years of data period									
Ruled out (RO) reports during first two years of data period	*No NRO's*		*One NRO*		*Two NRO's*		*Three NRO's*		*Four or more NRO's*	
	p	*n*	*p*	*n*	*p*	*n*	*p*	*n*	*p*	*n*
No RO's	.10	382	.13	1694	.33	160	.56	34	.58	12
One RO	.09	6000	.25	642	.40	111	.27	26	.23	13
Two RO's	.15	1330	.30	308	.40	86	.52	23	.56	9
Three RO's	.24	465	.30	149	.44	48	.44	18	.64	14
Four RO's	.28	195	.37	70	.43	21	.43	7	.75	12
Five RO's	.32	100	.22	23	.50	16	.63	8	.78	9
Six or More RO's	.29	58	.47	34	.43	14	.62	13	.43	7

Implications. Both ruled-out and not-ruled-out reports are predictive of future reports of child abuse and neglect. Based on this finding, concern with child safety would argue against 120-day expungement. Here are the reasons why. 1) Workers would have available family information collected by workers in the past and their narratives concerning what they found and did not find when they visited and interviewed family members and others. This information could be invaluable to the present worker and might short circuit the process of collecting basic information. It would provide a context within which to interpret the present family situation and interactions. 2) The agency would have an added source of information about families and an added variable for measuring success in working with families. Subsequent ruled out reports along with their safety and risk assessments are valuable variables in determining whether past interventions were successful. 3) It would provide researchers and evaluators with tools to determine past levels of risk and future levels of success. A limit may be set on the time the information is retained. In some states this is five years, after which the data are expunged. The retention period should be at least three years and should be the same for both AR and IR cases. At the same time, strict security should be maintained over the data, so that only child protection workers and supervisors (and possibly law enforcement and the courts) should have access. It should never be made available to the general public.

References

Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment, 8*(4), 248-260.

Loman, L. A. (2006) *Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect.* St. Louis, MO: Institute of Applied Research. Retrieved from: http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf

Loman, L. A. and Siegel, G. (2015). Effects of approach and services under differential response on long term child safety and welfare. *Child Abuse and Neglect, 39,* 86-97.

Hussey, J., Marshall, J., English, D., Knight, E., Lau, A., Dubowitz, H. et al. (2005). Defining maltreatment according to substantiation: Distinction without a difference? *Child Abuse & Neglect, 29,* 479-492.