

Short Term Impact of the Alternative Response Approach in Child Welfare Cases

by

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## **Abstract**

This thesis employs content analysis in order to evaluate the potential effectiveness of the alternative response (AR) approach utilized within the child welfare system. The United States child welfare system is composed of agencies that investigate reports of potential child maltreatment, provides services for families in need, and arranges for the best possible placement of children in order to ensure their safety. The data used in the evaluation were obtained using information from Mahoning County Children Services through the Ohio Statewide Automated Child Welfare Information Services (SACWIS) database. Referral information associated with 247 different families was collected for analysis. In each case, the family had a minimum of one screened-in referral where the alternative response approach was utilized sometime between January 2011 and December 2011. The family's history of contact with the Mahoning County Children Service agency was recorded, including referrals that were screened in or screened out prior to implementation of the alternative response approach, as well as those that were screened in or screened out after the AR implementation. It was hypothesized that the number of referrals screened in after administration of an AR approach would be lower than the number of referrals screened in prior to use of the AR approach. The findings indicate that the amount of screened-out and screened-in referrals prior to the case where alternative response was utilized were more than double the amount of referrals screened in and out after the AR approach was employed. This study provides a foundation for further research into the applicability of diversified child welfare case management techniques and the results suggest that the alternative response

approach may offer multiple advantages to both clients and agencies when compared to other widely used approaches in the child protective services discipline.

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## **Chapter 1**

### **Introduction**

As far back in history as ancient Egypt, there have been people concerned about and laws pertaining to children's rights. However, throughout the world there were no organizations specifically authorized to focus on the abuse or neglect of children until a shift in established belief was engendered through the highly publicized case of Mary Ellen Wilson in New York City. In 1874 Henry Bergh, the leader of the American Society for the Prevention of Cruelty to Animals (ASPCA), was approached by a church worker named Etta Angell Wheeler who informed him of a potentially imperiled child named Mary Ellen Wilson. According to Wheeler, Wilson was being beaten daily by her foster mother, Mary Connolly. After seeing the child dirty, thin, and covered in scars and bruises, Wheeler felt she had no one else she could depend on for assistance but Bergh. In response to the allegations, Bergh sent his attorney, Elbridge T. Gerry to the home of Mary Ellen and her foster mother, Connolly. Gerry posed as a census taker in order to observe the conditions in the home and the treatment of the child. Gerry confirmed the abuse and mistreatment of Mary Ellen to Bergh, who used his position in the community to have a petition prepared to remove the child from the abusive household. Through the petition, neighbors' testimonies, and the influence of the ASPCA in society, Mary Ellen was removed and the foster mother was put on trial for multiple counts of assault and battery (Watkins, 1990).

Mary Ellen was permitted to testify to the abuse administered by Mary Connolly, which included instances of mistreatment involving whips and scissors. Mary Ellen also

testified that she was never kissed nor hugged during her time in the foster home. The lack of affection shown to Mary Ellen shocked the community and the ASPCA was able to secure custody of Mary Ellen. Mary Connolly was found guilty of felonious assault and the extensive media coverage the trial received helped to raise public awareness of child mistreatment and resulted in advocacy for the enforcement of laws to protect and rescue abused and neglected children. This movement eventually led to the creation and structure of the Society for the Prevention of Cruelty to Children (SPCC), the first organized child protective service agency (Watkins, 1990).

In present day, as in the time of the McCormack case, referrals from the community serve as fuel for children service agencies. Referrals are the connection between agencies and the community. Referrals can be defined as any reports of instances of abuse or neglect of children (Tumlin & Green, 2000). A referral can come from any person and in any form. Referrals are received by phone, email, letter, and in person. Certain professionals are mandated by law to report suspicions of child abuse or neglect. Examples of professionals who are considered mandated reporters include doctors, teachers, social workers, counselors and others.

According to the U.S. Department of Health and Human Services (2008) “more than 3 million referrals alleging child maltreatment are made to public child protective service agencies across the U.S. each year” with respect to these 3 million referrals, “approximately 62% are screened in” (p.2). The term “screened-in” is used in the child protective service discipline to indicate that a referral meets the minimum criteria set by the state’s statute for child abuse, neglect, or dependency. If a referral does not meet the

minimum criteria to be screened in, then it is considered screened out and does not become a case. However, screened-out referrals are still documented by the agency. According to state policies, a child protective services agency must respond in some way to all screened-in referrals. Child protective agencies assess each referral to determine if the referral merits investigation and in what manner is most appropriate to respond. “Child welfare agencies receive many referrals that clearly do not constitute abuse or neglect or that provide so little information that the agency has no way to locate the perpetrator and conduct an investigation” (Tumlin & Geen, 2000, p.1). The screening process serves as a gate-keeping function allowing agencies to decide which families need support services and which require a more formal investigation.

In striving for best practice, child protective services agencies throughout the world have utilized a range of approaches, policies and protocols with varying degrees of success. In each instance, the presumed objective is to fulfill the unique needs of each individual child and family. One of the most common practices implemented is the differential response system which includes traditional and alternative response approaches.

### *Pathway Assignment*

When a referral is brought to the attention of a child protective services agency, it is directed to the supervisors, who decide if the referral meets the minimum qualifications, set by the state, to constitute a legitimate case. If the referral meets the minimum qualifications it is then screened in as a case. Once a referral is screened in and becomes a report, the intake/abuse supervisor determines the pathway on which the caseworker will proceed. The designated pathway generally consists of either traditional response or alternative response. “Pathway assignment depends on an array of factors, such as the presence of imminent danger, level of risk, number of previous reports, source of the report, and/or presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim” (NQIC, 2011, p.2).

There are certain cases which the law requires be assigned a traditional approach and not alternative response. These cases consist of referrals which contain suspicions that may lead to criminal charges of child endangering or charges of sexual misconduct. Any concerns which are sexual in nature or which can lead to charges of homicide cannot be handled using an alternative response approach. Likewise, no third party investigations can be screened in for designation as alternative response cases. The phrase “third party investigations” denote referrals in which the perpetrator is employed by the child services agency, as in the case of a foster home or a group home.

In Ohio, many counties are currently implementing the AR pathway for a variety of circumstances. All agencies in Ohio are utilizing the alternative response approach in cases of medical neglect, dirty homes, and abuse, especially without injuries, as in cases

of emotional abuse and/or physical abuse which did not result in current visible injuries (OAC, 2009). Alternative response screenings are used only for low to moderate risk cases, but original pathway designation can change based on risk assessment throughout the existence of a case. Risks toward a child are not static, they can increase and/or decrease depending on the familial situation and differing aspects of the family's life. Troublesome events in a household such as marital separations, injuries, loss of employment and a variety of others can cause an increase in the stress level experienced in a home which in turn results in an increase of risk to the child.

When a referral (or concern) is reported to a children service agency it is examined by either the abuse or intake supervisor who then decides if it meets the criteria for designation as a screened-in case. The supervisors use their judgment as well as the statewide criteria for screening referrals. If the referral meets the minimum criteria, as defined by statute, it is then designated an official case and is assigned to a caseworker. All screened-in cases must also be assigned a pathway by the supervisors. For each case, either traditional approach or alternative response approach is selected. Referrals which do not meet the minimum criteria to be designated as an official case are documented as screened-out referrals. Screened-out referrals are not assigned a pathway and are not assigned to a caseworker.

### ***Traditional Response***

Once a referral is screened in, the historical response of children services agencies has been the launch of an investigation in an attempt to determine the veracity of the allegations and the identities of potential perpetrators and/or victims. Generally, a traditional response involves an approach similar to that used by law enforcement agencies in criminal investigations and includes processes for determining if a child is at risk for maltreatment or if maltreatment has occurred. The investigative nature of the traditional approach focuses on the allegations of abuse and/or neglect of children. Using the traditional method of response, allegations include identifying individuals as perpetrators and/or victims. In a case utilizing traditional response, a worker investigates the household in question and searches for indications which could verify the allegations. In many instances the caseworkers utilizing the traditional approach are less concerned with the familial circumstances which may have led to the allegations and are more focused on determining the veracity of the allegations and recognizing the resulting ramifications. A traditional approach often involves an investigation which may include the examination of medical reports and school reports, the interview of victims, suspects, and witnesses, requests for the performance of physical examinations, photography, and in some cases, involving law enforcement personnel or legal agencies. This approach is primarily a process for determining if a safety risk to the child or children is active or had once been active. The investigative nature of the traditional response has led, in some cases, to the development of what is sometimes viewed as aggressive and/or intrusive

behavioral attitudes on the part of child protective services caseworkers. The development of these characteristics, and the negative responses to them, has led agencies to embrace a more diverse inventory of response options. When an agency only has the option of using a single approach, the families being serviced by that agency begin to relinquish their specific identities and case responses are not tailored toward a family's individual needs. Consequently, each case becomes generalized in the manner in which it is investigated and the same procedure is used for every family and case regardless of individual familial needs or specialized circumstances that may exist. After many years of exclusively using the traditional approach, caseworkers may begin to develop an abrasive attitude and an "us vs. them" mentality in the evaluation and treatment of cases. Caseworkers and social workers should realize that an adversarial focus is not always helpful and may even generate counterproductive results (Merkel-Holguin, 2005). In addition, and perhaps more importantly, this temperament stands contrary to one of the core tenets of the social work discipline. "The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective which are: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence" (NASW Code of Ethics, 2008). An adversarial focus breeds adversarial responses. In many cases there are familial complications that underlie maltreatment reports. Caseworkers, and the families being served by them, need an approach intended to engage parents more efficiently and assist the familial unit in succeeding through a strengthening of the core structure.

Traditional response concludes with a final disposition regarding the alleged incident. There are three possible final dispositions available in the traditional response approach. The first is termed “unsubstantiated”, which indicates that the allegations have been determined to be false and the claim is unfounded. This is the final disposition for a majority of cases which come into children service agencies. The second possible disposition is termed “indicated”, which suggests that the caseworker cannot prove that the allegations are false, but also cannot absolutely confirm them. Lastly, a “substantiated” disposition signals that the allegations have been determined to be truthful and have been confirmed by the caseworker. The traditional response approach is effective in certain situations, but may not be as effective in many others. An example of a situation where the traditional method may not provide optimal results is in a situation where a family is struggling financially. In this instance there are no perpetrators or victims, just a family in need of assistance. Conversely, in cases of sexual abuse or severe physical abuse, an investigative approach is more appropriate and may even be mandated, due to the possibility that law enforcement agencies will eventually become involved. Often though, this investigatory approach may be unwarranted or unnecessary, particularly in instances that involve activities that are generally believed to be minor allegations.

“The shift from an adversarial approach in which parents are investigated in a quasi-law enforcement method to an approach in which parents are partners in maintaining child safety is a significant change for most child protective services agencies” (American Humane, 2008, p. 12). The traditional response approach is



“generally used for reports of the most severe types of maltreatment or those that are potentially criminal” (USDHHS, 2008, p. 12). When a caseworker uses traditional response, he or she is gathering forensic evidence in order to come to a formal decision. If a children services agency only uses the traditional approach, in many cases the agency will miss the opportunity to work in partnership with parents and empower them to parent their children in a manner deemed appropriate by society. Sometimes in using the traditional approach the caseworker loses sight of helping the family and instead focuses only on detecting abuse or neglect and assigning responsibility for those transgressions. The traditional or “investigative” approach is most effectively utilized, and should be reserved for use, in order to protect and ensure the safety of children in cases where the parents are unwilling or unable to change their own destructive behavioral patterns.

### *Alternative Response*

When families are vulnerable and in need of assistance they are more likely to seek aid from an individual or agency they view as an ally than from one they consider an accuser. The alternative response approach to child protective services is grounded in the belief that members of a family do not necessarily have to be separated from one another if only assistance is provided to them when it is needed. The alternative response approach is intended to create a partnership between families and caseworkers; it is designed to ensure child safety (OAC, 2011). The approach is meant to encourage child welfare personnel to work in collaboration with families in assessing the specialized needs of each individual and of the family as a whole. The workers can build upon the family's strengths in an attempt to allow children to remain safely placed within their own homes. The safety of the child is of paramount importance no matter which intervention approach is utilized. The alternative response approach allows caseworkers to facilitate a strengthening of the familial unit through the institution of applicable services and appropriate interventions. The benefits of strengthening individual family units not only fulfill the needs of the families directly, but also indirectly serve to empower the entire local community by generating a stable core familial framework. Alternative response assignments tend to be utilized in cases when a child is deemed to be at a lower risk of harm or when it appears that the family could potentially benefit from community-based services. Importantly, agencies are able to alter a response designation at any time if circumstances change and it is determined that the risk to the

child has increased. In instances where an alternative response designation is altered, the case is generally reassigned to a traditional response approach.

When child protective agencies use an alternative response approach they are assessing the family's strengths and needs, as well as offering services to prevent the maltreatment of children. Alternative response uses the terms "adult subject of report" and "child subject of report" rather than the terms perpetrator and victim, this substitution of terms is believed to remove the stigma that is commonly attached to those labels (ODJFS, 2010, p.1). A primary characteristic of the alternative response approach is the shift to focusing on a family's strengths rather than on their weakness. Alternative response is designed to use a family's strengths in order to minimize the vulnerability of their weaknesses. When a caseworker utilizes the alternative response approach with a family, the goal is to demonstrate to the family that they possess strengths as a family. The eventual goal is the empowerment of the family unit. For instance, caseworkers may aid the family in a variety of ways including: locating and obtaining benefits from public assistance agencies, facilitation of job training for family members, or assistance in the admission of family members into substance abuse programs. Fostering a stable environment cultivates family empowerment. The caseworker, in showing the family that they have strengths in spite of the problems they face, helps build the self-esteem of the family as a whole and assists them in realizing that they can overcome obstacles. Some of the issues faced by families in need of support may include anything from financial concerns to mental health crises. The primary motivation in using the alternative response approach is to work toward eliminating condemnation or degradation of a family that is

simply in need of assistance. In time, this type of denouncement may drive a family to the point where all hope of recovery is lost.

“Alternative response emphasizes the assessment of the family’s needs and provision of services to prevent future maltreatment, but without the need to determine whether specific allegations can be substantiated” (O’Grady & Broman, 2005, p.1). The idea of preventing the future maltreatment of children is related to the idea of general systems theory (Bernard, Paoline, & Pare, 2005). Proponents of general systems theory would argue that the norm of society would be for a family to have no involvement with child protective agencies. The general systems theory states that everything can be explained through the idea of systems. For example, a family exists as a system and should function independently as a system. When there are problems within the family, which could potentially bring the family to the attention of children protective agencies, the system is disrupted. When a family or “system” is functioning normally it should not have little or no involvement with external systems such as children services agencies or the criminal justice system. Child protective service agencies have been trying to develop ways to strengthen a family to reduce their involvement with children protective services and enable the family system to function properly on its own. One way to measure a family’s involvement within child service agencies is through the analysis of referrals. Society has standards or norms in regards to families. When families represent the norm, they fit seamlessly into society and are not brought to the attention of child protective service agencies. When families do not fit the norm, others in society may make referrals which will bring those families to the attention of child welfare agencies.

Once the safety of the children is no longer uncertain, the alternative approach allows a caseworker to work with a family in building the family's strengths rather than punishing the family for its own weaknesses. An alternative response approach will ensure the children's safety as well as help the caseworker assist the family in minimizing the risk of future trouble. The foundation of the alternative response approach is in family engagement and creating a working partnership between families, children protective service personnel, and other agencies. The elements of alternative response are engaging families, being culturally relevant and flexible, matching services to needs, providing training and supervision, and maintaining community partnerships. For instance, a caseworker might encourage weekly family meetings where members of the family discuss goals and goal-setting, achievements, and challenges with other members of the family in order to nurture a sense of familial synergy.

Alternative response focuses on "family engagement and flexible, supportive services dictated by needs expressed by the family" (Mahoney & Murphy, 2010, p.1). Alternative response incorporates consideration of factors such as the type and severity of the reported abuse and the age of the child. The approach also requires that agencies take into account the willingness of parents to participate in available services, such as counseling, parenting classes or drug treatment. The alternative response approach places an emphasis on assessment of the needs of a family and less of an emphasis on determining if maltreatment occurred or assignation of blame. Engaging families can result in parents making sustainable changes to keep their children safe. Alternative response assures the well-being of a child by addressing family issues as early as

possible. The alternative response approach allows a caseworker to work with a family and empower the family instead of simply investigating them.

### ***Group Supervision***

A fundamental strategy utilized by caseworkers through alternative response is a technique called group supervision. Group supervision is a key mechanism through which social work practice can be strengthened (Lohrbach, 2008, p.19). Group supervision consists of one caseworker presenting his or her case to a group of peers. The group may be comprised of other caseworkers, supervisors, and/or representatives from other departments to exchange a variety of ideas and resources. Mahoning County Children Services, along with other county agencies, is expanding group supervision for use in traditional response cases as well. “Utilizing group supervision aids the caseworker in assessing the core safety concerns, identifying resources and providing concrete next steps for the caseworkers” (Mahoning County Children Services, 2011). Mahoning County Children Services group supervision meets weekly, presenting a new case each week, as well as updating the group on past cases. “The process includes an opportunity for shared experiences, emotional support, solution-building to same or similar challenges, prevention of stress, and reduction of the impact of stress by direct discussions, and remedies provided for social worker safety” (Lohrbach, 2008, p.19).

### *Differential Response System*

The dichotomy between traditional response and alternative response led to the creation of the differential response system. In order to effectively meet the needs of families in crisis, and of society as a whole, it was believed that there should be more than a single approach available to agencies who handle child welfare cases. The differential response system allows for diversity of action within the child welfare system. It provides two different approaches to child welfare casework and gives agencies the benefit of choosing which is more appropriate on a case-by-case basis. Differential response is an umbrella term that encompasses two distinct pathways: the traditional response and the alternative response. In 2004, the Ohio Supreme Court Subcommittee on Responding to Child Abuse, Neglect, and Dependency recommended implementation of the differential response system throughout the state of Ohio. The essential elements of the differential response approach are 1) the existence of multiple responses to screened-in reports, 2) protocols of assigning a case response are determined by risk and possible danger, 3) there is no formal disposition due to the non-investigative response, 4) caregivers are not labeled perpetrators and children are not labeled victims (NQIC, 2011).

Mahoning County Children Services Board (MCCSB) utilizes the differential response approach, giving the agency the ability to utilize either the traditional pathway or the alternative response pathway. MCCSB views alternative response as an approach that can aid families in accessing services and support which may alleviate the conditions that originally led to the referral. However, MCCSB still utilizes traditional response for many of the more severe incidents of abuse and neglect. In the most serious situations, a



law enforcement agency is usually involved and an investigation can lead to criminal charges.

## **Chapter 2**

### **Literature Review**

Many states, including Kentucky, Illinois, Oklahoma, and Ohio, have implemented the use of differential response. In Kentucky, the exercise of differential response was implemented in 2001. Low risk reports of child abuse and neglect were screened in as Family in Need of Service Assessment (FINSA) cases. FINSA is intended to offer a less punitive approach that engages families in helping to determine what services are needed. The FINSA approach is what is referred to as a strength-based approach. Strength-based approaches are social work practices grounded in theories emphasizing the self-determination and strengths of a family or client. A caseworker employing a FINSA approach will visit the home in question to conduct an assessment. If the caseworker determines through the result of the assessment that the family is in need of services which the agency can help to provide, then the case is opened.

Oklahoma adopted differential response techniques in 1998. The Oklahoma model involved low risk cases being assigned to family assessment. The case assignment is intended to engage the family in order to address the safety of the children. The caseworker conducts the home visits as unit interviews, interviewing the entire family rather than select members of the family. The family then voluntarily accepts or rejects service recommendations. If a family rejects the recommended services, the child protective service (CPS) agency must then determine if the circumstances justify petitioning the court to file a judicial order mandating that the family accept the services (Zielewski et al. 2006).

In Illinois, differential response was first implemented in 2010. Illinois has made it a priority to recognize differential response techniques as pathways used to strengthen and support families. In utilizing differential response, the caseworker completes an in-home assessment and service recommendations are offered to the family based on the outcomes of that assessment. The Illinois differential response program is staffed by both public and private sector community service agencies. The public sector workers complete a safety assessment and if the child is determined to be safe, the private sector worker takes over the case and provides the recommended services (Fuller et al. 2012).

In 2002, the National Study of Child Protective Services Systems and Reform Efforts conducted a survey looking at a sample of 300 county child protective services agencies. The survey examined the use of alternative response approaches across the United States. Survey results indicated that sixty-four percent of agencies employed the alternative response approach in addition to the traditional approach (American Humane, 2008). The survey results further suggested that agencies engaged investigatory responses when more serious types of maltreatments were reported. Alternative response was used more often in cases where the problems of the family could be addressed without a formal investigation. Cases assigned to an alternative response approach were generally lower risk cases where it was thought that the family would benefit from community-based services. Both approaches involved a review of child protective agency records, interviews, and formal observations of the children and family. Reports where alternative response was used were less likely to include the following aspects; an assessment of a family's safety needs, a determination of child maltreatment, a recommendation of court action, or the removal of a child (USDHHS, 2008).

The American Humane Association completed an eighteen month pilot study of ten counties in Ohio where a differential response system was initially established. In the Ohio pilot study, it was discovered that there appeared to be no statistically significant difference between cases where traditional response was utilized and cases where alternative response was utilized. The replacement of traditional response with alternative response also did not appear to reduce the safety of the children. The Ohio Alternative Response Project in March 2010 found that “child safety is best achieved through active, collaborative, and respectful engagement of parents, family, community and all other CPS stakeholders” (ODJFS, 2010, p. 1). Over time, the study indicated that the families who were under the alternative response system had a reduction in new reports of abuse and neglect when compared with families operating under the traditional response system. Also, alternative response appeared to reduce the number of child removals and out-of-home placements for these families. Results further suggested that families in the alternative response group were more engaged in the process, more satisfied with the caseworkers, and participated in more recommended services. It should be noted that the comparisons being made in this study were made on completely different families assigned to the two approaches, rather than on the same families reacting to the two separate approaches. Every family is unique and has its own strengths and weaknesses; these were two very distinct populations. Caseworkers in the study expressed stronger positive perceptions of alternative response than with traditional response. Alternative response was seen by caseworkers as leading to a more family-friendly, non-accusatorial approach in which the families were more likely to participate in the decision-making process (American Humane, 2011).

Mahoning County is classified by the American Humane Association as a Round Two Alternative Response County in the state of Ohio meaning it is a part of the second phase of a statewide implementation of alternative response. The original 10 counties - Clark, Fairfield, Franklin, Greene, Guernsey, Licking, Lucas, Ross, Trumbull, and Tuscarawas - were referred to as Round one counties in the American Humane Association pilot study. In the initial pathway assignment for all 10 counties, 51.7 % of referrals were viewed to be appropriate for the utilization of the alternative response approach. “Families determined to be appropriate for the AR pathway were then randomly assigned either to an experimental group that received an alternative response or a control group that received a traditional response” (Loman et al., 2010, p.4). During the pathway assignment stage, researchers found some similar characteristics among the families receiving an AR designation. The AR families were more likely to be headed by a single mother with lower educational experience and most of the family’s service needs stemmed from poverty. Results of this study showed that “AR families were more likely to report they were very satisfied with treatment by their workers” (Loman et al., 2010, p.2). Families assigned to receive an alternative response designation tended to feel that their workers tried to understand their situation. According to workers, families in which the AR approach was used were also more likely to participate in recommended services (Loman et al, 2010). Arguably, the most important finding of the American Humane Association study indicated that when a concern of child safety was identified in a case there appeared to be no statistically significant difference detected between families assigned to either approach in the extent of improvement or decline in child safety. In short, there was no experimental evidence to suggest that replacement of traditional

response by alternative response family assessments reduced the safety of the children. Based on these findings, the implementation of the alternative response approach by child protection agencies does not appear to compromise child safety, but does improve interactions between families and agencies as well as helping families to improve their situations and living conditions through services and agency assistance. Some of the services and assistance an agency can provide might include for example, helping to pay bills so the family can focus resources on other difficulties, providing the family with food, connecting the family with the appropriate counseling or drug treatment programs, etc. The results seem to indicate that the overall improvement of the families' situations helped alleviate some of the risk of child abuse or neglect. The family was able to focus more on one another and the positive aspects of their familial dynamic rather than being frustrated and agitated by the involvement of children service agencies and personnel.

The landscape and usage of the alternative response approach is rapidly evolving and spreading within the child protection discipline. Overall, alternative response approaches are yielding positive results in many jurisdictions. Perhaps most importantly, evaluations of practices have shown no indication that child safety has been compromised. A growing number of states and counties are reforming their responses to child welfare through alternative response. "States that have evaluated their systems have generally found that a less adversarial, more service-oriented front-end response to certain families has had positive outcomes without compromising child safety" (Gilmore, 2010, p.4 ).

### *Labeling Theory and Alternative Response*

In the traditional approach cases child welfare agencies have used the labels perpetrator and victim when describing the family members. According to Labeling Theory, assigning a label or a name to someone will brand that person for life and the person will eventually come to fit the label. If society labels someone a criminal, then that person will be led to a life of crime without even given a chance (Becker, 1963). A perpetrator, even if not a perpetrator to begin with, will become a perpetrator and a victim will become a victim if the labels are left to stick. When a parent is placed with the perpetrator label, they will be looked at and treated as a bad parent. Society will view this parent as a bad person and an ill of society. The person will be treated differently and will become disenfranchised with the world and will lose any hope of ever overcoming the label. This despair will then lead to the parent perpetrating on the child again and again whether it is physically, sexually, or emotionally. When a child is labeled a victim, society feels sorry for the child. This child becomes a “poor child” and everyone’s view of the child is tainted. Labeling someone is condemning them to that way of life. Alternative Response does not use labels. The alternative response approach looks at a family as a family, as parents and children. Without using the labels, a caseworker using the AR approach does not condemn the family members and does not have an assumption of a perpetrator or a victim.

An example of this is a case where a home is deplorable. The home may have empty food containers and rotten food scattered throughout the home. There are or have been many animals in the home and animal waste is in the living areas of the home creating a major health hazard. When a caseworker goes to the home and speaks to the

family, they find that the mother is deeply depressed and untreated. The mother is uneducated, has depression and mental illness and does not know why she feels the way she does. She is to the point of being unable to clean anything up. A mental illness is no one's fault, there is no perpetrator. The mother suffers from mental illness and needs treatment. In a traditional case, the mother would be labeled a perpetrator and neglect would be substantiated, meaning she has been branded a neglectful parent. In an alternative response case, the mother would not be branded and she would receive the proper treatment she needs. The caseworker would work with the family through a service plan giving the family steps and goals to achieve to clean the home. There is no substantiated decision for the alternative response case because it is not the mother's fault she has a mental illness.



## **Chapter 3**

### **Methods**

#### ***Design***

This study is designed to determine if utilizing an alternative response approach has made a positive impact on select families by indicating a decrease in referrals. The decrease in referrals will signify that families have less of a dependency on CPS agencies as well as less incidents of maltreatment. Because the alternative response designation was used as an intervention on the sample, an experimental design was used to measure the decrease in referrals after the alternative response intervention. The same families' referrals were studied before and after the intervention of the alternative response case. This study serves as an analysis of the impact alternative response intervention has on referrals of a select number of families. There are no independent variables, only outcomes were measured. All of the cases were given the alternative response intervention in the year 2011. The number of referrals, both screened in and screened out, was quantified before the initial use of the alternative response approach and after the alternative response approach assignment. Due to the fact that the cases do not change before and after the intervention, a two-tailed paired t-test was used through the Microsoft Excel program. An alpha value of 5% was used to determine statistical significance in the t-test.

Documentation of approval for use of the data as approved by Mahoning County Children Services is found in Appendix 2. Documentation of approval by the Institutional Review Board of Youngstown State University is found in Appendix 3. Documentation

of NIH certification for extramural research obtained by this author on August 14, 2012  
is found in Appendix 1.

### *Sample Size*

The data were collected from the Mahoning County Children Services agency, using Ohio's SACWIS (Statewide Automated Child Welfare Information Services) computer database. The data were collected by this author on cases designated as screened in from January 2011 to December 2011. Each family had at least one case assigned to receive intervention using the alternative response approach in 2011. There were a total of 247 families who received an alternative response designation. The families were all assigned numbers to protect confidentiality. The amount of screened-in and screened-out referrals each family had before and after the alternative response case was documented. The data collected by this author included all referrals throughout the history of a family's involvement with Mahoning County Children Services up to and including February 2013. All of the families in the sample are residents of Mahoning County. Referrals are received from a variety of sources including but not limited to, neighbors, schools, doctors, family members, and counselors. Once received, the referral is entered into SACWIS and forwarded to either the intake supervisor or the abuse supervisor. When the concerns in the referral involve either physical or sexual abuse, the referral is sent to the abuse supervisor who determines if it meets screen in qualifications and decides which pathway to assign. The neglect supervisor makes the decision on neglect cases which range from deplorable home conditions to drug exposed babies. The supervisor then examines the referral and decides which pathways will be assigned to the referral.

All referrals screened-in and designated for assignment of the alternative response approach in the year 2011 were used in the present study. The number of referrals before

and after the alternative response case will provide an indication on the effectiveness of the AR approach. The families who had the AR approach should have almost zero cases screened-in after the initial AR case was closed. The lack of cases after the initial AR case will demonstrate, on a small scale, the effectiveness of using AR in child welfare. The hypothesis is that families will have better outcomes throughout a case while using the alternative response approach. The core concept behind the better outcomes in the AR approach is the strengthening of the family. The concept behind the hypothesis is that if the family is strengthened and able to handle many of its own problems then the referrals will decrease. The alternative response intervention is intended to strengthen the family. This strengthening will enable the family to work through their own problems and allow the family members to rely on one another rather than outside agencies.

## *Analysis*

If the alternative response approach works, then the family will have the proper services in place and will be strengthened to the point where the amount of referrals will decrease. Prior to having an alternative response intervention, the maximum number of screened out referrals received by a single family was 15. The maximum number of screened out referrals after the alternative response case was 4. A drop of 15 maximum screened out referrals to 4 maximum screened out referral is a decrease of 73%. The maximum amount of screened in referrals prior to and after the alternative response case went from 9 to 8 which is only a decrease of 11%, but a decrease nonetheless. The minimum amount of referrals, both screened in and screened out, throughout the entire sample set was zero.

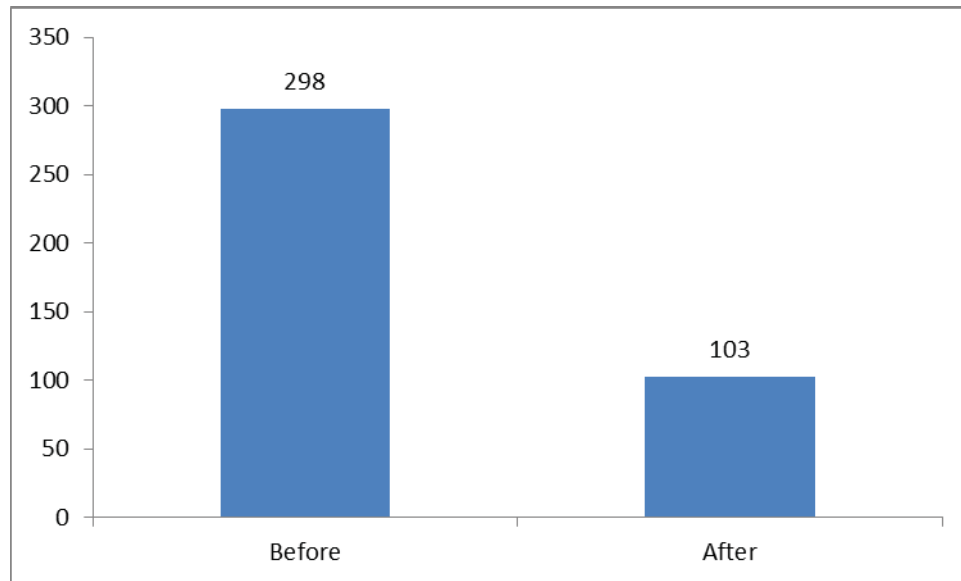
Standard deviation is an indication of how far the data points are spread out from the mean. The amount of referrals before an alternative response case had a standard deviation of 2.0 (screened out) and 1.9 (screened in). The screened-out referrals prior to the AR case were 2.0 standard deviations away from the mean of 1.2. The amount of screened-in referrals prior to an AR case was 1.9 standard deviations from the mean of 1.4. The standard deviations for the total number of referrals, prior to an alternative response intervention, indicate the amount was 3.4 deviations from the mean of 2.6. The data for the referrals after the alternative response case show standard deviations of 0.8 (screened out) and 1.1 (screened in). The screened-out referrals after the AR case were within 0.8 standard deviations of the mean of 0.4 and the screened in were within 1.1 deviations of mean 0.6. The total amount of referrals after the AR case had a standard

deviation of 1.5 of the mean 1.0. The median numbers of the screened-out and screened-in referrals, prior to the alternative response case, were 0 and 1 respectively. The median for the screened-out and screened-in referrals after the AR case were both 0.

## Chapter 4

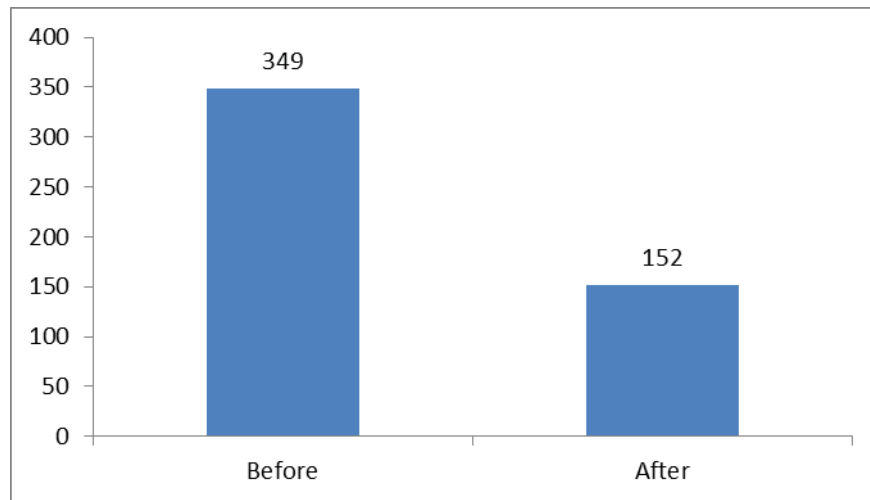
### Results

Graph 1: Screened-Out Referrals



Graph 1 indicates that the total number of screened-out referrals for all families combined decreased from 298 to 103 following the use of an alternative response approach.

Graph 2: Screened-In Referrals



In 2011 there were 247 families who had alternative response referrals screened in from a total of over 1000 screened-in cases. There were 349 screened-in referrals prior to having the assignment of an alternative response case. As displayed in Graph 2, the screened-in referrals decreased by 56% from a total of 349 to a total of 152. Screened-out cases prior to alternative response designation were 298. Screened-out referrals after an alternative response case assignment were 103, a decrease of 65%. Out of the 247 families there were 647 total cases prior to the use of an AR designation. After the use of an AR approach there were only 255 total cases. The total amount of cases had a decrease of 61%.

Three different paired t-tests were run to determine if there was statistical significance for the impact of the alternative response approach. The first test was run on the screened-out cases. The p-value was set at .05 and the result came to a p-value of less than .01 indicating there is statistical significance that the screened out cases will decrease after an alternative response case is used for a family. The second test looked at screened



in cases. The result was calculated to be a p-value less than .01 indicating statistical significance and suggesting the amount of screened-in cases for a family will decrease after an AR approach is utilized. The third and final t-test was on the total amount of cases before the alternative response case and the total amount of cases after the alternative response case. The obtained p-value on this test was less than .01. This suggests that the total number of referrals or cases per family can be decreased due to the use of an alternative response approach.

Table 1

	Sum	Min	Max	St. Dev.	Median	Mean
Screened Out Prior	298	1	15	2.0	0	1.2
Screened In Prior	349	1	9	1.9	1	1.4
Total Prior	647	1	21	3.4	1	2.6
Screened Out after	103	1	4	.8	0	.4
Screened In After	152	1	8	1.1	0	.6
Total After	255	1	10	1.5	0	1

The data appear to show that when the families had an alternative response case, the screened-in cases decreased. The screened-out referrals also appear to decrease after utilizing the AR approach.

## **Chapter 5**

### **Conclusions**

This study has shown a positive trend in the usage of the alternative response approach in child welfare cases. The decline of screened-in and screened-out referrals, after the alternative response approach was used, suggests the alternative response approach may have played a role. The total referrals, after the alternative response approach was utilized, decreased by 392. There is a statistically significant difference detected before and after, indicating the alternative response approach may decrease the amount of referrals a family will have with CPS agencies. While this study may not have proven that alternative response is the best approach in child welfare, it does indicate a positive trend for the utilization of the approach. The alternative response approach is designed to be a more client-driven approach. Utilizing the client's input creates a sense of self-worth for the client. Allowing a client to have some say into where they need improvement empowers them to try to help their own family rather than relying on CPS agencies to fix their problems. Instead of the client feeling as though they are being told what to do, they are given the strength to handle their own issues. When told what to do, families are made to feel inferior and therefore do not have a full investment into their case. After the utilization of alternative response, the families' issues seem to decrease as shown in the decrease of screened-in referrals following an intervention of this approach.

Each t-test conducted on the data gathered in this study shows a statistical significance in the effectiveness of the alternative response approach. The tests indicate the decline in referrals (both screened-in and screened-out) before the alternative response case to the referrals after the case is a statistically significant one (i.e. not a fluke

or because of chance alone). The three tests performed were screened-in referrals before and after the alternative response case, screened-out referrals before and after the alternative response case, and the total amount of referrals before and after. The data and subsequent tests seem to suggest that using the alternative response approach for child welfare cases can stabilize a family resulting in less referrals in the future.

A possible reason for the decline in screened-in referrals after the AR case is that the AR approach may work. If the AR approach is indeed the cause then this could mean the families have been empowered and strengthened due to the worker's approach. The strengthening of families to appropriately handle their stresses and problems would lead to fewer screened-in referrals. It can also mean that the families respond better to an AR approach than to a traditional approach. The number of screened-in referrals prior to AR cases in comparison to after the implementation of the AR approach support the hypothesis stating the screened-in referrals would decrease after the alternative response approach was used. There is enough evidence to influence continued studies on the AR approach. This study seems to suggest that continued studies on the effects of the alternative response approach may prove beneficial to the expanded use of the approach and a positive trend which will help families and communities.

### ***Limitations to the Study***

One thing that cannot be measured by a quantitative study is the emotional impact of the AR cases. Both the workers and the clients have expressed, in past studies and this author's personal experiences, feelings of importance and being treated with dignity.

The data were collected from the beginning of the families' involvement with the agency as recorded in the online database. SACWIS began in 2003. Many of the families have records with the agency since the early 1990s. The timeframe examining the years after usage of the alternative response approach only consists of the years 2011-2013. The number of referrals quantified prior to application of the AR approach was from a nine year period while those quantified afterwards were collected from a three year period. The time discrepancy indicates the families have had at least seven years to acquire a case with child protective services and only two years since the AR case to acquire any more. It is not unfounded to believe the reason the number of screened-in referrals have decreased is due to the fact the families have not had as much time to have more cases or referrals. Even if the time discrepancy accounts for differences in the amounts, the current data is helpful and provides a positive outlook for the future use of AR.

### ***Future Research***

Because alternative response is an approach being implemented throughout the country, the research will continue. Future analysis should look into collecting data from studies conducted across the state and country in greater detail large in scope. These future studies should also examine these families over a longer period of time. This study was a short term basic study on the effectiveness of alternative response approach for Mahoning County Children Services. Future studies may wish to examine cohorts who have had experience with alternative response against those who have not. There are factors which need to be taken into account for future studies such as the content of the referrals and the supervisor's discretion. The content of the referrals may include how severe the concerns are as well as if the referent has an ulterior motive such as revenge. The motives of the person who initially created the report should also be noted. The referral could have been made by a truly concerned citizen or a mandated reporter (someone mandated by law to report any suspicions of abuse or neglect such as a teacher). However, the referral could have also been made by someone with a personal vendetta against the family, creating a false report. Another factor is the discretion of the supervisor. The supervisor makes a decision regarding the validity of the referral and whether the referral meets the qualifications to screen it in and make it a case. The supervisor takes into consideration the family's history, including any recent cases and similarities among cases. The severity of the concerns will also influence the supervisor's decision. The supervisor's discretion could also be skewed by the content and details of the referral.

Future studies should attempt to measure the satisfaction and the feelings of case workers and families using the AR approach and compare it to the satisfaction and feelings of those assigned to utilize a traditional approach. The feelings can be best measured by either interviewing the family and workers after the case or having them complete surveys. The types of recommended services utilized by families can also be examined. Exploring the types of services can institute an increase on the services most often used and a decrease on the services which are not utilized which will consequently save money and resources for agencies.

### ***Future Policy***

If the research results remain positive for the institution of alternative response approach within child protective service agencies, then perhaps work can begin on establishing an alternative response unit for Mahoning County Children Services. There are other counties in Ohio who have separate units dedicated to cases that have been assigned to an AR approach. These counties, and their child protective service agencies, need to be examined in order to determine if it is feasible to restructure an agency to include an AR unit. In theory, an AR unit will allow caseworkers to focus on a more selective caseload and invest more time into their individual cases, which in many cases is exactly what families need. An AR unit would have no cases which have been assigned to the traditional case model and the traditional units would likewise have no AR cases. In limiting the types of cases assigned to caseworkers, it is believed that the decrease in caseloads would free time for caseworkers to perform their jobs most effectively.

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**Certificate of Completion**

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Terrence Swadener** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 08/14/2012

Certification Number: 963162

December 21, 2012

Dr. Robert E. Wardle III, Principal Investigator  
Mr. Terrence L. Swadener, Co-investigator  
Department of Criminal Justice and Forensic Sciences  
UNIVERSITY

RE: HSRC Protocol Number: 083-2013  
Title: Assessing the Effectiveness of Alternative Response Strategies in Child  
Protective Services

Dear Dr. Wardle and Mr. Swadener:

The Institutional Review Board has reviewed the abovementioned protocol and determined that it is exempt from full committee review based on a DHHS Category 5 exemption.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,

Peter J. Kasvinsky  
Dean, School of Graduate Studies and Research  
Research Compliance Officer

PJK/cc

c: Atty. Patricia Wagner, Chair  
Department of Criminal Justice and Forensic Sciences