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Assessing alternative and differential response: Implications for social work practice in diverse communities, executive summary

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Abstract

This study examines outcomes, processes, and community context for "Another Road to Safety" (ARS), a Differential Response intervention providing voluntary home visiting to families reported for child maltreatment. Using mixed methods and drawing on diverse data sources (including interviews, focus groups, administrative records, and census tract data), this research will examine implementation of the program model; clients' perspectives on services; preliminary client outcome data; and the impact of neighborhood factors on client outcomes. Findings will inform the development of a research-based curriculum that will facilitate skill-development in implementation, community engagement, and client understanding for Differential Response interventions.

Keywords

work, social, communities, implications, summary, response, differential, alternative, assessing, executive, practice, diverse

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**ASSESSING ALTERNATIVE AND DIFFERENTIAL RESPONSE:
IMPLICATIONS FOR SOCIAL WORK PRACTICE IN DIVERSE COMMUNITIES**

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY
ASSESSING ALTERNATIVE AND DIFFERENTIAL RESPONSE:
IMPLICATIONS FOR SOCIAL WORK PRACTICE IN DIVERSE COMMUNITIES

This report summarizes findings from parallel studies of Alameda County's Alternative Response program, Another Road to Safety (ARS), and Contra Costa County's (CCC) Differential Response (DR) program. The Alameda County study involved interviews and focus groups with staff from the three community-based organizations (CBOs) in the county that utilized ARS and parents who had received or were currently receiving ARS services. Similarly, in CCC, interviews were conducted with staff from the local child welfare agency and CBOs involved in DR, as well as parents who had or were currently receiving DR services. In both studies, quantitative data were collected from CWS/CMS to determine the impact of ARS/DR on subsequent child welfare involvement. The goal was to produce an evidence-informed curriculum on Differential and Alternative Response to be used as an educational tool for social work students and new child welfare workers throughout the state of California. Key findings from the studies are described below.

Client and Staff Perceptions

Client engagement

ARS/DR staff emphasized that gradually building relationships was key to enhancing family engagement in services. Some specific strategies they reported include honesty throughout the relationship, emphasis on the voluntary nature of the program, offers of concrete support to help meet families' expressed needs, frequent contact and quick follow-up with information and referrals, attention and sensitivity to needs and anxieties of parents (e.g., waiting until the relationship has developed before addressing sensitive issues), and a non-judgmental approach that expresses empathy regarding the challenges they face.

Most ARS/DR participants described positive relationships with their workers, noting that staff allayed their anxieties and motivated them to engage in services. They primarily chose to participate because of the possibility to access social support, and because they recognized their need for help and saw the program as an opportunity to make positive changes in their lives. Some were hesitant about the program's ability to help them, based on negative past experiences with social services. Nevertheless, this uncertainty decreased over time, and many described how the support from ARS/DR staff helped them feel validated, calm, and motivated to reach their goals.

Types of services and referrals

ARS/DR staff reported that most of their initial focus is on stabilizing families and meeting their basic needs in order to alleviate stress and overcome crisis. Staff continually research available community resources, and regularly meet with other staff involved to share information and better coordinate services. Knowledge of available and appropriate resources is especially important considering the various logistical and cultural barriers to service that many families face. Staff reported making referrals for a range of services, including child care, counseling, legal assistance, and job search assistance. Yet, they expressed concern about a general lack of appropriate services, and emphasized a need to understand the unique resources and

characteristics of each neighborhood served. On a positive note, staff indicated that Differential or Alternative Response combines the expertise of various agencies, encourages collaboration, and builds trust with the community and CBOs. However, they suggested a need for greater communication regarding family outcomes, more clarity regarding re-referral procedures, and quicker responses from CBOs.

Among participating parents who received external referrals for services, the majority indicated that services were easily accessible, but several families faced program waitlists, ineligibility for low-income childcare, transportation issues, and a lack of Spanish language counseling services. Nonetheless, participants expressed appreciation for their worker's knowledge of community resources and the guidance workers provided on a variety of issues.

Client Outcomes

While the ARS and DR programs have many proximal goals—increased connections with community resources, provision of temporary social support, elimination of unmet basic needs, and improvement of parent-child relationships—the overarching individual and systems-level goal is to reduce the likelihood that families will enter the child welfare system. The hypothesized effects of ARS/DR treatment on subsequent child welfare system involvement are somewhat complex due to the potential bias that may arise from increased surveillance of families referred to the program. That is, ARS/DR clients may be more likely to be re-reported or investigated than members of the comparison group because they are known to the system and have regular contacts with the community providers to whom they have been referred by the ARS/DR program. This potential bias must be considered when interpreting the effect of ARS/DR on child welfare involvement.

ARS outcomes

The treatment group for the ARS study was composed of 161 clients who were referred to and engaged in services with ARS-South Hayward. The comparison group was composed of 477 cases that met eligibility criteria for the ARS program (child ages 0-5 and residence in South Hayward), but were not referred due to a lack of program capacity. In both groups, only one sibling was kept in the analysis, making this a family-level analysis.

The treatment and comparison groups experienced similar rates of subsequent re-report, investigated re-report, and substantiated re-report, with a few notable exceptions. In both groups, about 30% of the sample experienced a re-report, suggesting that treatment did not affect this outcome. However, re-reports were more likely to be investigated for the treatment group than for the comparison group, although the types of investigation and investigation conclusions were quite similar.

Findings from survival analyses suggest no effect of treatment on re-report. The only significant covariate was prior reports; however, when adjusting for prior reports, there remained no statistically significant difference in the experience of re-report between treatment and comparison group families. On the other hand, treatment effects differed depending on whether clients had prior reports. Specifically, there was a trend for treatment to reduce the likelihood of re-report among clients with a prior history of reports. There were no statistically significant

differences in investigation or substantiation between families receiving ARS services and families receiving typical child welfare services.

DR outcomes

The sample in CCC included 499 children referred to child welfare, of which 164 were offered services. The remainder was not offered services due to a lack of capacity (59%) or inability to contact families (8%). Of those offered services, approximately half (49%) accepted and engaged.

Logistic regression analysis found that engagement in services did not appear to impact re-referral rates. The only significant predictors of re-referral were ethnicity and prior referral history. In fact, the odds of re-referral for a non-White child were 5.9 times the odds of re-referral for a White child, controlling for all other variables. Additionally, the odds of re-referral for those who had a prior referral history were three times the odds of re-referral for children whose families did not have a prior referral history.

Crosstabs analyses of data on removal of children showed that receipt of services may have had an impact on the removal rate. Children whose families were offered services, but did not engage, were more likely to be removed than those from families who were also offered services, but did engage. At the same time, those who were not offered services had removal rates comparable to those who engaged in services. One possible explanation for this finding is that only the highest risk cases were offered services, while those who were not offered services were not as needy, and therefore not as likely to experience removal.

Conclusion

Programs such as ARS and DR serve an important purpose for child welfare agencies and for families. Public child welfare agency administrators have protested that the principal tool available to help children during times of family crisis is child removal and subsequent foster care. For some families, this intervention is too intrusive and too severe; yet agencies also are reluctant to leave high-risk children in the homes of their parents. ARS and DR have given social workers new alternatives for serving families.

Although the ARS and DR programs aimed to avert future contact with the child welfare system, they did not substantially decrease child welfare system recidivism. Therefore, to characterize Differential or Alternative Response as “child maltreatment prevention programs” may be misleading. However, the programs appear to offer important benefits to families, including increased social support, connection to community resources, assistance with meeting basic needs, and renewed capacities for attending to their children’s needs. While these endeavors may not be sufficiently robust to maintain family health and prevent maltreatment, they are likely essential to families during a time of significant stress and substantial need. Therefore, child welfare administrators should more clearly articulate who the program is best designed to serve and its ultimate goals. Differential or Alternative Response may not hold great promise as child maltreatment prevention programs, but may be additional tools child welfare agencies can use to help families as they struggle to raise their children.