REPORT TO ALAMEDA COUNTY
ASSESSING ALTERNATIVE RESPONSE:
IMPLICATIONS FOR SOCIAL WORK PRACTICE IN DIVERSE COMMUNITIES
CENTER FOR CHILD & YOUTH POLICY

This report summarizes findings from a study of Alameda County's alternative response program, Another Road to Safety. The aim of the study was to produce an evidence-informed curriculum on differential and alternative response to be utilized as an educational tool for social work students and new child welfare workers throughout the state of California.

The study collected and analyzed both qualitative and outcomes data. Interviews were conducted with administrators from the five agencies involved with ARS and the three clinical supervisors. With the staff from each of the three community-based organizations, focus groups were conducted. Parents who were currently receiving or had recently completed services (n=48) were interviewed by telephone. Qualitative data were analyzed for emergent themes. Data on later child welfare system involvement of clients from the La Familia program site and families who met program eligibility criteria were collected from the CWS/CMS and ECChange databases. The statistical technique of survival analysis was used to compare re-report, investigated re-report, and substantiated re-report for clients post-intervention between the treatment and comparison groups. Presentation and discussion of major findings follows.

Findings from staff focus groups and interviews

Client Engagement
ARS staff emphasized the importance of discovering engagement strategies that are responsive to families' needs and that allay parent anxiety. Staff indicated that the most common reason families decline services is because of the program's presumed affiliation with the child welfare system. Interestingly, however, some staff suggested that this presumed affiliation is also the reason that certain families elect to participate. ARS staff are conscious of the power associated with the presumed link to CPS, but one staff member also remarked that it had been "beneficial" because it encourages families to participate, even if this participation is initially motivated by fear."

ARS staff stress that gradually building relationships and allowing families to move and gain trust at their own pace was critical to enhancing the families' level of engagement. ARS staff explained that the clinical supervisors typically initiate contact with families and present the program as free, voluntary, and helpful to families. The following points highlight workers' fundamental strategies for engaging families in services:
- Honesty about the referral from the child welfare agency

- Emphasis on the fact that the program is voluntary and that families have the option to terminate at any point
- Emphasis on the fact that ARS is not part of CPS, but a community based organization
- 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
- A non-judgmental approach towards families that expresses empathy regarding the challenges they face as parents

> **The following quotes illustrate how staff describe the program's characteristics and also staff's commitment to help meet families' concrete needs:**
> ♦ *"I always tell them, 'This is a voluntary program. We are not CPS; we are from the community.'"*
> ♦ *"If we can show them that we come to the table with something to offer, they're more willing to talk about other stuff."*

Tailoring services to neighborhoods

Staff at each of the ARS agencies described unique characteristics of their target neighborhood that impact their priorities and engagement strategies. Staff at each agency described serving a population that is ethnically and linguistically diverse, but staff emphasized that awareness of neighborhood conditions and resources is often just as essential as cultural competence. The table below provides a synthesis of ARS staff's characterizations of the communities, their resulting engagement and service delivery strategies, and the other community resources available to aid their service provision.

South Hayward	West Oakland	East Oakland
♦ Characterized as a community of new immigrants with a large population of Limited English Proficient residents.	♦ Characterized as a "close-knit" community that lives in extreme poverty.	♦ Characterized by ethnic diversity and low socioeconomic status of many residents. Safety noted as a primary concern.
♦ Workers acknowledge the focus on family within the community and emphasize child development and building parent/child relationships.	♦ Workers focus on helping families to meet basic needs in the beginning of services and observe a "progression from basic to deeper needs."	♦ Workers acknowledge that families' safety concerns impact their strategies and their opportunities for engagement.
♦ Staff utilize relationships with the South Hayward collaborative as well as the connection with ECC for	♦ Staff note a lack of accessible services in the West Oakland area.	♦ Eastmont Mall is accessible and well-known within the community, but staff express a

referrals and consultation.		desire for improved coordination of referrals through a liaison.

ARS staff's estimation of what issues are most urgent and compelling for families also influences their engagement strategies. The table below indicates the entry point and first steps to engagement mentioned by staff from each ARS site.

South Hayward	**West Oakland**	**East Oakland**
♦ Strategy for engagement typically begins with services for the child; they also focus on provision of concrete support.	♦ Approach to families emphasizes flexibility, addressing basic needs, and being able to engage any family member, whether grandparent or teen.	♦ Point of entry is typically the parent and assisting with concrete needs identified by the parent.

Social Support
ARS workers see the relationships they build with families as the vehicle for change. Staff describe how they work hard to develop rapport with families so that they can impart tools and information that empower families and helps them gain confidence as parents. The bullets below highlight staff's primary strategies for providing social support:
- Identify and build on families' strengths and goals
- Maintain frequent contact with families in their own homes, as it provides comfort and promotes trust. Be present and accessible
- Provide information and options and then encourage families to make their own decisions
- Acknowledge that parents are experts in their own lives

While staff acknowledge that links to community resources are an essential product of their efforts, they suggest that the community linkages can only be activated through the relationships they build with families. To this end, ARS staff describe how they engage in partnerships with families in order to motivate them to follow through with referrals. In their own way, staff at each ARS site described how they collaborate with families in order to meet their goals. One family advocate described how each week both she and the parent have "homework" assignments that they must complete before the next visit. Staff at each of the other two sites described similar processes that rely on reciprocal efforts from both staff and families. This

strategy, they say, aims to empower families and to show them that they are able to access services on their own so that when the nine-month program ends they know where to go. One worker summarized the crux of ARS as being about creating connection to community resources "so that when we stop our work, they'll still feel connected to the community."

Advocacy is also a critical element of social support and ARS's strategy to facilitate community connectivity. Several of the family advocates emphasized their role as community advocates. "You have to really be determined," one ARS worker stated. "You have to…put yourself out there and navigate systems and teach the clients how to navigate systems."

Types of services and referrals
As mentioned above, providing referrals and informational support to families is an integral aspect of the ARS intervention. ARS staff describe their ongoing efforts to learn about more community resources that can serve families. ARS staff from each site indicated that they valued their monthly meetings with each other because it offered an opportunity to share information about community resources.

Connecting families to referrals that are close to their homes is a priority but is sometimes a challenge, especially in South Hayward and West Oakland where staff note that neighborhood resources are scarce. ARS staff indicate that long waitlists for childcare and subsidized housing present frequent barriers for families. Staff observed that their clients often rely exclusively on public transportation, which can limit their access to certain resources. In addition, staff note that Spanish language services are often inadequate. Staff also mentioned that, although many families accept referrals for mental health services, some decline services because they fear stigmatization.

Staff identify the following as the most common referrals and informational support provided to families:
- Family and individual counseling
- Low-income legal services
- Low-income programs for utility payments
- Referrals to food and clothing banks
- Childcare and after-school programs
- Referrals to developmental specialists
- Assistance with housing search and applications
- Assistance with job search

Child development/ parent-child relationship
Staff from each ARS site identified improving the parent-child relationship, strengthening family functioning, and focusing on child development as central objectives within the ARS

intervention. ARS staff aim to assess and promote child development as well as the parent-child relationship through two primary mechanisms. First, as a strategy to both measure and promote understanding of child development, ARS staff conduct developmental screenings of young children using the Ages and Stages Questionnaire (ASQ). In addition, staff utilize other screening tools to measure family risk factors. ARS staff expressed ambivalence about both the screening instruments and the process. Several noted that the sensitivity of some of the questions make it a delicate process that requires a level of trust that is difficult to achieve early in the relationship. Some expressed concern that this sensitivity causes parents to feel pressure, while others observed that the screening process "opens the door" for deeper reflection about needs. Many staff mentioned that the instruments do not adequately reflect the complexity of their work or of the parents' circumstances.

In addition to developmental screenings that aim to strengthen parents' understanding of their child's development, ARS attempts to foster healthy relationships by creating opportunities for parents and children to spend time together in settings that promote both learning and play. In collaboration with Lawrence Hall of Science, one agency coordinates a children's science program that invites parents and children to learn and play together. Staff believe that the science classes provide an opportunity for parents to engage with their children in fun activities. Staff from other agencies mentioned that they try to give families tickets to recreational activities within the community such as museums, movies, and amusement parks as a way of promoting family togetherness.

Basic needs
ARS staff at all sites noted that many of their clients live in poverty and have persistent "financial struggles." Consequently, they explained that much of their initial focus is on stabilization and meeting basic needs such as food and clothing. Staff believe that offering donations of diapers, clothes, and food can alleviate stress, help families overcome crises, and ultimately have a positive impact on parenting. Staff indicate that the basic needs funds are most frequently used for the following:

- Food baskets and gift cards for groceries
- Diapers and baby wipes
- Clothing or gift certificates for clothing
- Bus passes
- Utility bills
- Deposits for new apartments or a portion of a rent payment
- Other donations including beds, heaters, and car seats

Findings from client interviews

This section highlights findings from 48 phone interviews conducted with clients in the Another Road to Safety program.
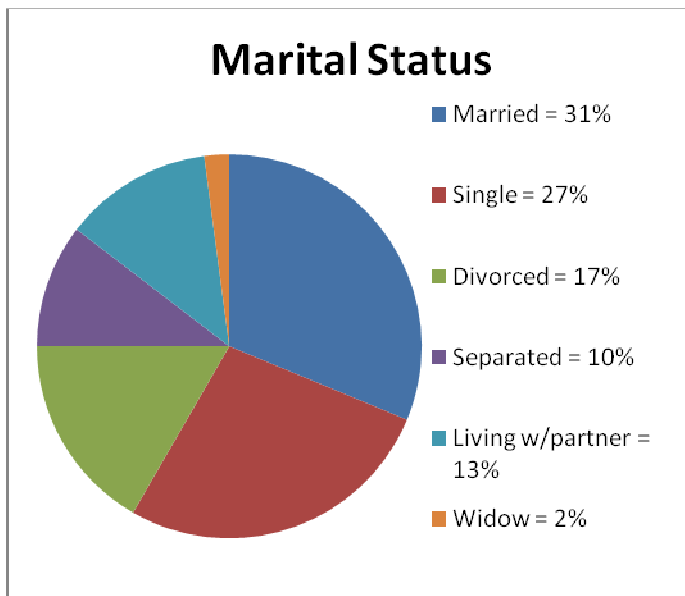
Description of Participants

Clients who participated in the interviews ranged in age from 20 to 70 years old; more than 50% were between 25 and 34. Four were grandmothers raising their grandchildren.

44% of mothers who were interviewed are married or living with a partner. Slightly more than one quarter of participants are either divorced or separated from their partner. One mother is a widow.

More than half of those interviewed identify as either Hispanic or Latino, and just over one quarter are Black or African American. One mother identified as bi-racial.

Age of Participants

- 20-24 = 10%
- 25-34 = 52%
- 35-44 = 23%
- 45-54 = 8%
- 55-70 = 6%
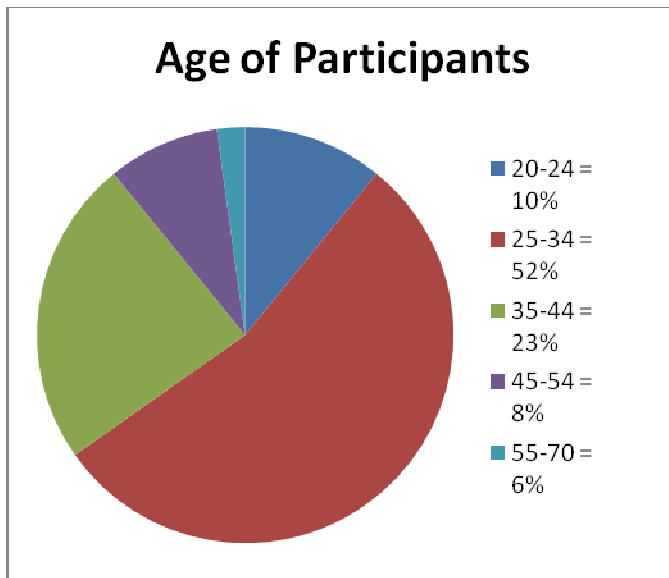
Race/Ethnicity	Frequency	Percent
Black/ African American	14	29%
Hispanic/Latino	25	52%
White	5	10%
Asian/ Pacific Islander	3	6%
Bi-racial	1	2%
Total	**48**	**100%**

Marital Status

- Married = 31%
- Single = 27%
- Divorced = 17%
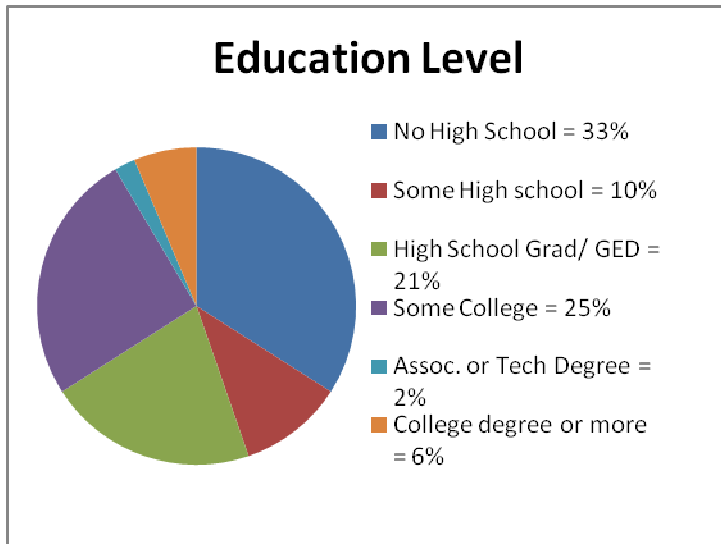- Separated = 10%
- Living w/partner = 13%
- Widow = 2%

Participants spoke a variety of languages. 40% of participants identified as monolingual Spanish speakers; while 38% identified themselves as English speakers. The remaining 23% are multi-lingual, most bilingual English-Spanish speakers, but participants also identified Hindi, Tagalog, Portuguese, French, Grebo (a Liberian language), and Mam (a Mayan language) as languages spoken in their homes.
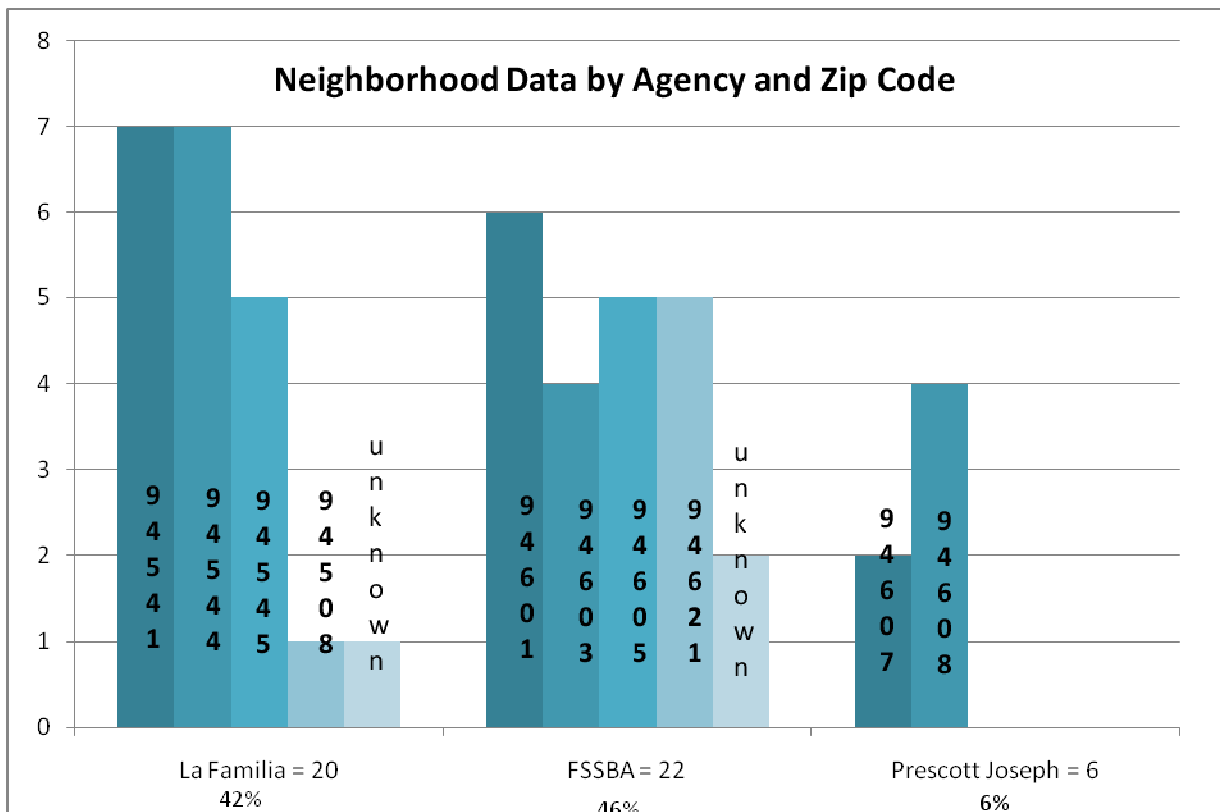
Interview participants come from a

range of educational backgrounds. One third of participants completed less than high school, while one quarter completed some college. Just over one fifth (21%) graduated from high school or completed high school equivalency exams, and 6% graduated from college, including participants who completed degrees in their countries of origin. Several participants indicated that they were currently enrolled in educational programs.

Interview participants came from all three ARS

Languages spoken by participants

- English = 38%
- Spanish = 40%
- Multi-lingual = 23%

Education Level

- No High School = 33%
- Some High school = 10%
- High School Grad/ GED = 21%
- Some College = 25%
- Assoc. or Tech Degree = 2%
- College degree or more = 6%

provider agencies, with the majority fairly evenly split between FSSBA and La Familia. Participants are raising, or have raised, an average of 4 children, with a range of between 1-15 children. 42% of study participants have lived at their current residence for one year or less.

Neighborhood Data by Agency and Zip Code

	La Familia = 20 42%	FSSBA = 22 46%	Prescott Joseph = 6 6%
	94541, 94544, 94545, 94508, unknown	94601, 94603, 94605, 94621, unknown	94607, 94608

Client Engagement

All ARS participants who participated in interviews described positive relationships with their workers and high levels of engagement in program activities. A significant number of participants described initial feelings of fear and nervousness, but then described how their worker helped to allay their anxieties by explaining what services the program can offer and by assuring them that participation is voluntary. A majority of participants indicated that they did not feel that they needed to consult with other family members prior to making the decision to participate in ARS; some cited weak relationships with family members, but most indicated that they simply felt comfortable and confident with their worker. A significant number of participants reported that their decision to participate was prompted largely by their recognition of need and the program's offer to provide support to help meet concrete needs. In general, participants cited the following as reasons for their engagement:

- Workers showed sincerity and reassured families that participation was voluntary
- Workers offered concrete assistance with tangible needs
- Workers were non-judgmental and attentive to families' needs
- Workers were flexible and willing to accommodate families' schedules.

The following quotes are illustrative of parents' thoughts about program engagement

♦ *"I put my trust in them because of how they came to me. They were really honest with me. She explained everything to me. She explained the CPS report."*

♦ *"She truly made it clear that [participation in the program] was optional and really put me at ease and made me feel truly comfortable."*

♦ *"They're here to work for kids, for orientation and support. I needed that very much."*

♦ *"At first, I was scared, and I was distant. Then he explained how he could help me, and I started to calm down…Eventually I felt safe and like I did not need to hide or be distant."*

Social Support

The possibility of accessing social support was a primary reason participants chose to engage in ARS services, and all those who were interviewed described receiving some combination of emotional, informational, and instrumental support that ultimately proved critical to their progress in the program and the positive changes that they identified in their lives. Many described how their worker's patience, availability, advocacy, and encouragement helped them to feel both calm and motivated to work towards their goals. These statements were typical of the sentiments of many:

- *"He transmits confidence. And it doesn't matter the time; he will find time to listen and help."*
- *"She allowed me to realize all the things I've overcome, and that made me feel proud."*
- *"She's like an old friend."*

Parents also described how information that their workers offered helped to validate some of the challenges they faced. Several parents described how their workers helped them to create a resume before beginning their job search. Another parent and grandparent remarked on how their workers helped them to learn and practice positive parenting and discipline techniques. Several parents mentioned that their workers have offered information about how to baby-proof their homes. Examples of related statements include:

- *"I am finding her way," one grandmother said of her process of acquiring new techniques for managing and supporting her granddaughter who has special needs.*
- *"[My worker] is very validating, so I feel a little bit more comfortable, more confident."*

Parents also described more generally how their workers helped them to problem solve and brainstorm options:

- *"[My worker] says he can't tell me what to do, but we look at different options."*

Services and Referrals
Participants expressed appreciation for their worker's knowledge of community resources and the guidance they were able to provide on a variety of issues. The following are among the issues parents mentioned, for which they had received informational support or referrals:

- Housing information and how to apply for subsidized housing
- Low-income utility programs
- Low-income legal assistance
- Family and individual counseling
- Childcare, preschool, and afterschool or summer programs
- Adult education programs
- Child developmental screenings and referrals to developmental specialists
- Health programs, like WIC and "Asthma Start"
- Assistance with applications for health insurance
- Advocacy at children's schools
- Advocacy for parents' CalWorks and Medi-Cal cases

Among parents who received external referrals for services, 77% indicated that services were easily accessible and in their neighborhoods. Capacity and a lack of Spanish language counseling services were cited as barriers that several families faced. Several families mentioned that childcare has been difficult to access; some indicated that they had not been eligible for low-income childcare programs, and others indicated that they were on waitlists. A couple families in South Hayward reported transportation difficulties and having to travel to either Berkeley or Oakland for specialized counseling services.

Child development/ parent-child relationship
Interventions specifically targeted to the parent-child relationships were less frequently mentioned than the previously described program components. However, several parents from one agency participated in science classes with their children and all expressed positive feelings about the experience. A couple parents expressed simply that they enjoyed the time with their children. Other parents noted that the classes helped to prepare and motivate their children for school. Another mother appreciated the opportunity for socialization.

While the South Hayward agency was the only program that hosted and provided transportation to child-parent activities, parents from all three ARS programs mentioned that they learned about other activities and resources such as children's museums, story time at the library, and "Mommy and Me activities" through their participation in ARS. One first-time mother said, "I knew that there were places that had those kinds of things [family activities], but [I] didn't know where to look, so that in itself was helpful, someone who already had that information." This mother expressed appreciation for the information and the opportunity to get out of the house and do activities with her baby.

Basic Needs
Most families entered the program struggling to meet basic needs. 71% of those who participated in interviews reported having received at least one type of material aid to help meet a basic need. Emergency food baskets were by far the most common aid mentioned, with 64% of families receiving food at least once. 59% of families who reported receiving assistance to meet basic needs were reported in more than one category. Parents consistently expressed appreciation for the assistance in meeting basic needs and indicated that this assistance

helped them. One mother's only suggestion for the program was "to make sure that [families] have resources like bus passes, diapers, food…stuff that we really need."
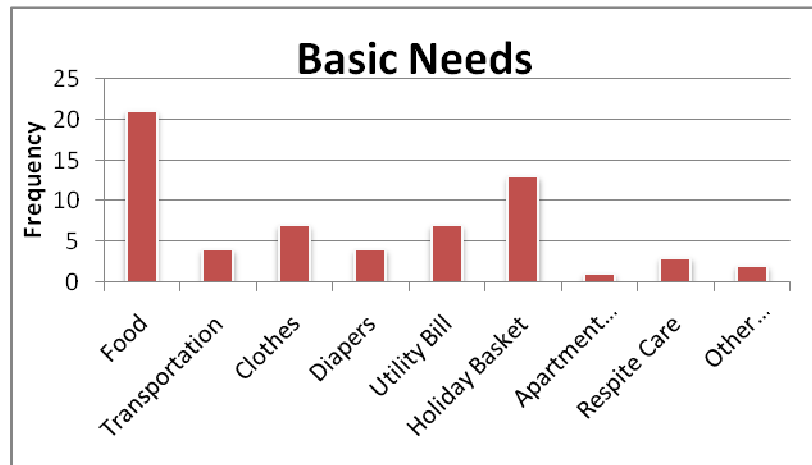
Findings related to client outcomes

While the ARS program has 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 outcomes portion of the study examined time to re-report, investigated re-report, and substantiated re-report of child maltreatment following the nine-month ARS intervention for families who participated in the ARS-South Hayward program, in contrast to a comparison group. The hazard ratio is reported with its significance level for each outcome type. This number represents the odds that a family, given treatment, will experience the event. It compares the hazard rates of the treatment and comparison groups. A hazard ratio of greater than one indicates an increased likelihood of the outcome among the treatment group, while a hazard ratio less than one indicates a reduced risk.

The hypothesized effects of ARS 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. ARS 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 program. Although our analysis was designed so that we would track families *following* ARS services so that system-response might be minimized, the fact that some ARS clients might have been better connected to community resources following program participation might have increased the likelihood that their families' circumstances would be known to outside professionals. This potential source of bias must be kept in mind when interpreting results.
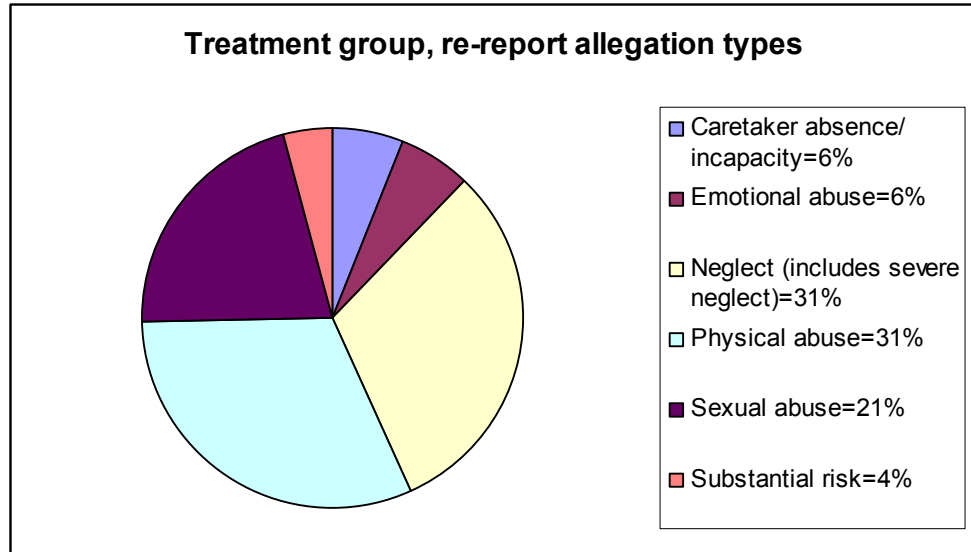
The sample for the outcomes portion of the study is composed of 161 clients who were referred to and engaged in services with ARS-South Hayward from May 1, 2002 to November 15, 2007. Only one sibling (from each sibling group) age 5 or younger was kept in the treatment group to preserve the statistical assumption of independence, making this a family-level, not child-level, analysis. The comparison group is composed of 477 cases initially reported to the Alameda County Child Abuse hotline and evaluated-out of investigation between May 1, 2002 and November 15, 2007. These cases met eligibility criteria for the ARS program (child ages 0-5 and residence in South Hayward) but were not referred due to program capacity. Like the treatment group, only one sibling was kept in the analysis.

Descriptive statistics

The treatment and comparison groups were fairly similar demographically, with slight differences in age distribution. Between the groups, the most significant difference was contact with the child welfare system prior to ARS referral for the treatment group, or index report for the comparison group. Ninety percent of the treatment group had one or more prior child maltreatment reports, contrasted to 66% of the comparison group. These numbers seem too dramatically different for mere coincidence, suggesting that hotline screeners may have more frequently referred families with a history of prior reports. This is certainly understandable, given that prior report is a well-established risk factor for future re-reports. Because history of
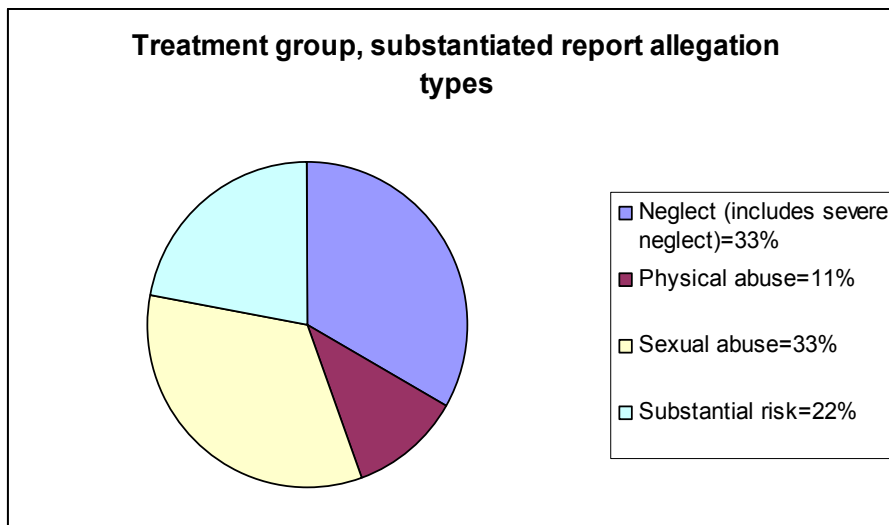
prior reports is associated with referral to the ARS program as well as the outcomes of re-report, investigated re-report, and substantiated re-report, it is a likely confounder in the analysis.

The treatment and comparison groups were fairly similar in the experiences of subsequent re-report, investigated re-report, and substantiated re-report, with a few notable exceptions. In both cases, about 30% of the sample experienced a re-report (n=48 for the treatment group and n=163 for the comparison group), hinting that treatment did not affect this outcome. Re-report tended to occur faster among the treatment group: the ratio of the average time to re-report for the treatment and comparison groups is 641:755 days. Re-report allegation types were more likely to be for sexual abuse or substantial risk among the treatment group. Re-reports were

Treatment group, re-report allegation types

- Caretaker absence/ incapacity=6%
- Emotional abuse=6%
- Neglect (includes severe neglect)=31%
- Physical abuse=31%
- Sexual abuse=21%
- Substantial risk=4%

Treatment group, substantiated report allegation types

- Neglect (includes severe neglect)=33%
- Physical abuse=11%
- Sexual abuse=33%
- Substantial risk=22%

substantially more likely to be investigated for the treatment group (n=38, 79%) than for the comparison group (n=66, 40%). The types of investigation were, however, quite similar: 58% of the treatment group got an immediate investigation, contrasted to 66% of the comparison group. Investigation conclusions were also similar, with substantiation slightly higher in the treatment group (24% compared to 18%). Neglect and sexual abuse were the most
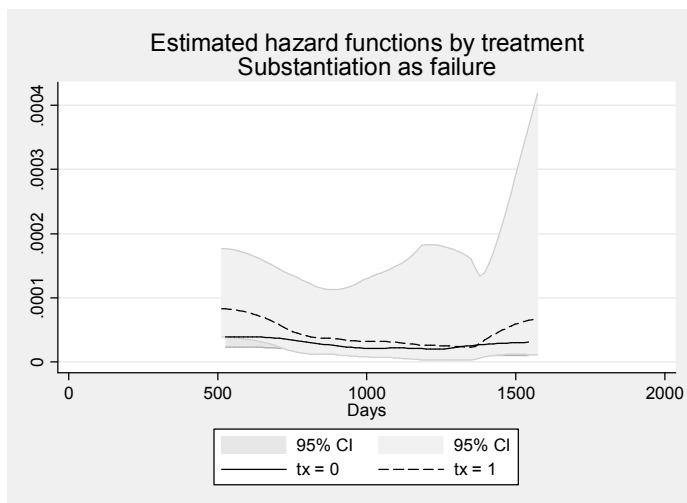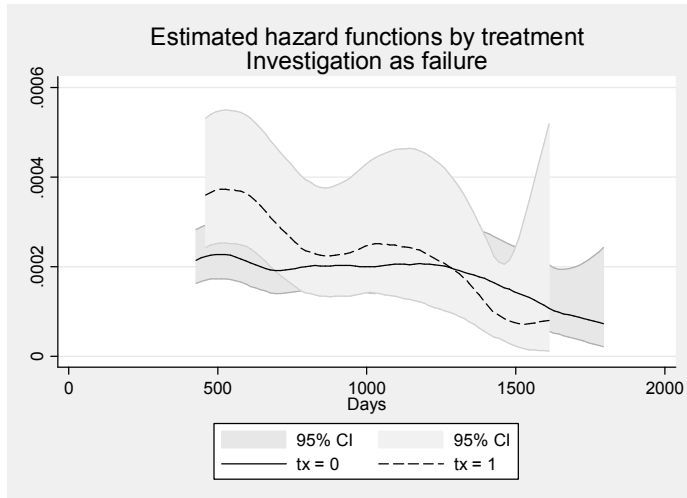
frequently substantiated allegation for the treatment groups (both at 33% of all substantiated reports).

Re-report
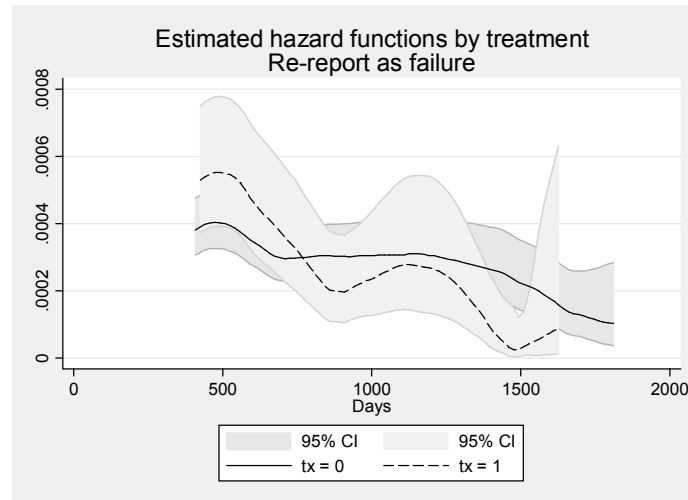
A Cox regression was fitted with treatment and other covariates. Findings from these analyses suggest no effect of treatment on re-report. Binary variables representing the demographic information were added independently with treatment to fit several models. The only significant covariate was prior reports; however, when adjusting for prior reports, there remained no statistically significant difference between the experience among treatment and comparison group families. A variable representing the interaction between treatment and prior reports was created and added to the analysis, with treatment and prior reports variables. This model provides evidence of interaction. Treatment effects differ depending on whether clients have prior reports. The effect of treatment on re-report among those with one or more prior reports is HR 0.69 (0.48, 1.01), p-value=0.05. Treatment may reduce the likelihood of re-report among clients with a prior history of reports.

Investigated and Substantiated Re-report

Estimated hazard functions by treatment
Investigation as failure

Estimated hazard functions by treatment
Substantiation as failure

The next series of analyses examined whether treatment affected investigation or substantiation. As was mentioned previously, it is conceivable that the treatment would not reduce re-report due to surveillance bias but would improve family functioning and the severity of a child maltreatment incident and thus likelihood of investigation. For the entire sample, 138 families experienced an investigation; of these, 100 were in the comparison group and 38 were in the treatment group.

Fitting parametric models to the data with investigation or substantiation as outcome yielded a similar pattern as re-report. There were no statistically significant differences between families receiving ARS services and families receiving typical child welfare services.

Conclusion

Programs such as Another Road to Safety serve an important purpose for child welfare agencies and for families. For years, public child welfare agency administrators have protested that the principal tool available to help children during times of family crisis was child removal and

subsequent foster care. For some families, this intervention was too intrusive and too severe, but lacking other alternatives and trying to manage future risk to the child, agencies were often reluctant to leave high-risk children in the homes of their parents. Differential or Alternative Response was launched, in part, to offer child welfare agencies a larger repertoire of services for families. The opportunities afforded through ARS have indeed given Alameda county social workers new alternatives for serving families. Whether the families targeted for ARS services would have otherwise been removed from their homes, however, seems unlikely. Although AMY: were the majority of ARS families identified as high or very high risk using the Structured Decision Making tool ?

Instead, it appears that the program was targeted to families who needed services of one kind or another, many of whom were in crisis when they were reported to the child welfare system, but whose children were not at substantial risk of removal. For these families the program aimed to improve family circumstances, promote stronger parent-child relationships, and avert future contact with the child welfare system.

With regard to the latter of these goals, like other Differential or Alternative Response programs across the country, the ARS program in Alameda County did not appear to make a substantial impact on recidivism to the child welfare system via a repeat child maltreatment referral. Therefore, to characterize Alternative Response as a "prevention program" may be a misnomer and in marketing the program more widely may eventually dampen its widespread adoption due to its "failure" on this account.

With regard to improving family circumstances and promoting parent-child relationships, this study can provide only a crude assessment. Findings from focus groups with staff and interviews with families suggest that the program offers important benefits to families. Many families attest to the importance of social support, connection to community resources, assistance with meeting basic needs, and renewed capacities for attending to their children's needs. While these important family support 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.

Child welfare administrators might want to reconsider the marketing of this program, more clearly articulating who the program is best designed to serve and its ultimate goals. As a child maltreatment prevention program, Alternative Response may not hold great promise. As an important mechanism for offering family support, however, Alternative Response may be an additional tool child welfare agencies can use to help families as they struggle to raise their children.