

Alternative Response in Minnesota: Findings of the Program Evaluation

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Presented here are the evaluation findings of the Minnesota Alternative Response Project. The Minnesota project, piloted in 20 counties in 2001 and subsequently expanded statewide, is an example of a new approach to assisting families reported for child abuse and neglect (CA/N) to child protection services (CPS). This approach is being implemented in other states under various names, such as dual track, multiple response, and differential response. The term *alternative response* or *AR* is used in this article. AR, with many variations, is now in effect in about 20 states (Fluke, et al., 2003; Schene, 2001).

Alternative response defined

At the center of the AR approach is an alternative way of responding to families accused of CA/N. The typical, indeed the nearly universal, mode of response of CPS to accepted reports of CA/N has been to send an investigator to the home. CPS investigations are modeled after criminal investigations. They are narrowly focused on the incident alleged in the CA/N report and seek to

determine whether the acts or failures to act actually occurred (a substantiation or finding), who was abused or neglected (the victim), and who was responsible (the perpetrator). The approach is adversarial, and threats of punitive actions are implicit. The atmosphere is accusatory, and for this reason, traditional investigations evoke anger, fear, and other negative emotions in caregivers. Because the object is substantiation, family members are often approached separately to compare different versions of incidents. When CA/N

cannot be proven and the report is unsubstantiated, little follow-up assistance is typically provided to families to address broader and underlying problems that put them at risk of future reports.

Under the traditional system, formal cases are opened primarily for substantiated reports. Families with substantiated reports are a minority of all families encountered by CPS.

There are often delays, sometimes of months, as families are passed from investigators to service workers. Finally, among open cases, actual services are delivered only to a minority of families in greatest need, usually those in crisis. This is the pattern of the traditional CPS system. (See Lindsey, 1994, for a description of the traditional system and the rationale behind it.)

AR represents a fundamental change in the manner of responding to families reported for

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CA/N. In the Minnesota project, reports were first screened into two groups. The first group consisted of a minority of reports that were inappropriate for AR. These were reports with allegations involving egregious harm or imminent danger to children. These reports received a traditional CPS investigation. The second group comprised families with reports that involved less serious threats to child safety and that were screened as appropriate for AR.

Changes under AR that differentiated it from the traditional response included the following:

1. Families received an AR family assessment rather than a traditional investigation (although formal child safety assessments were conducted in response to all reports).
2. Reports were neither substantiated nor unsubstantiated; victims and perpetrators were not identified.
3. The entire family usually met with the worker during initial assessment visits, and decision making emerged from group discussion. However, if the worker felt it necessary, interviews of children separated from caregivers were permitted.
4. The full array of family strengths and needs was considered during the assessment. Assistance to the family was a consideration from the time of the first home visit. Services were premised not on substantiation of CA/N but on family welfare and long-term child safety.
5. Through funding provided by the McKnight Foundation, AR workers could offer additional services to families. This feature of the AR project may differentiate it from alternative response programs in other

states. For example, the earlier and very similar approach adopted in Missouri was implemented without accompanying service funds (Siegel and Loman, 2000).

6. Further contacts and assistance to families were voluntary.

The AR project was implemented in early 2001. The evaluation began simultaneously, and the first phase was completed in fall 2004. Additional tracking of program impacts and costs will continue through mid-2006. This article summarizes select findings from the first phase of the evaluation, which included process, impact, and cost-effectiveness components. A wide variety of formal research questions were addressed in the 2004 report, which is available online, along with other ancillary findings (Institute of Applied Research, 2004). A subset of these are examined here in the following general areas: child safety, family engagement, service changes, recurrence of CA/N reports and later child removals, family outcomes, worker responses, and program costs.

Research design and data collection

The primary design for the impact analysis was a field experiment, conducted in 14 of the 20 project counties, that agreed to permit families screened as appropriate for AR to be randomly (although disproportionately) assigned to experimental or control conditions. Control families received a traditional CPS investigation, and experimental families received an alternative response. The following is a summary of some elements of the research design.

- The study population consisted of 2,860 experimental families and 1,305 control families with CA/N reports between February 2001 and December 2002. Because



all experimental and control families had been first screened as appropriate for AR and then assigned randomly, it was expected that the groups would be similar on demographic and case variables. Comparative analyses confirmed this.

- In the first phase of the evaluation, families in the study population were tracked from February 2001 through March 2004 using the Minnesota Social Services Information System (SSIS), from which outcome measures were derived.
- In addition, experimental and control cases were sampled to permit collection of information from workers that was unavailable in SSIS. This case-specific survey sample consisted of 690 families: 271 experimental and 207 control, as well as 212 AR families from the six counties that did not participate in the experimental design.
- Another and larger sample of experimental and control families was selected for purposes of obtaining feedback directly from families. Families were surveyed through interviews and questionnaires approximately 12 months after their case was closed and at yearly intervals thereafter. Depending on when families entered the study during the assignment period, they were surveyed from one to three times. Of the 3,866 families contacted, 1,184 responded to the first survey, 678 responded to the second survey, and 413 responded to the third. Finally, a third sample of 649 cases was selected for the cost study. Cost data on sample cases consisted of all expenditures recorded in county accounting systems, as well as indirect costs calculated on the basis of worker time records.

- In 2001, and again in 2004, general surveys were conducted of CPS social workers in each local office to determine their attitudes toward and appraisals of the AR approach, determine their perceptions of the attitudes of families in AR versus traditional CPS, and learn of any operational changes that occurred or problems that developed. Responses were received from 115 workers in the 2001 survey and from 106 workers in the 2004 survey.
- Regular site visits were made throughout the 2001-2004 period to CPS offices in counties participating in the AR demonstration to interview social workers and supervisors and visit community agencies. A majority of all CPS social workers involved in the AR demonstration were interviewed, many on an annual basis.

Major study findings

Child safety

Perhaps the most important finding of the evaluation was that child safety was not jeopardized under AR. An assumption implicit in traditional CPS has been that adversarial investigations are necessary to ensure children are protected; that is, that child safety threats are removed or controlled. A natural fear, therefore, has been that replacing investigations with AR family assessments might threaten children's safety.

An important and often-used indicator of long-term child safety in studies of CA/N response systems is recurrence – does CPS intervention prevent subsequent incidents (at least known incidents) from occurring? Findings related to recurrence are presented on page 85. In this evaluation, short-term changes in child safety during the time the family was in contact with CPS were assessed



in the initial phase of each research case. The initial phase can be thought of as the treatment phase of the field experiment, during which the experimental families received AR and the control families received the traditional approach. Using the case-specific survey to measure change in the initial phase, workers were asked to assess each sample family in 12 safety areas: food and nutrition, clothing, personal hygiene, safe shelter, hygienic living situation, health care and medications, supervision, abandonment and locking out of home, physical violence, overly severe discipline, emotional abuse, and sexual abuse. Workers rated problems at first contact (mild [1], moderate [2], or severe [3]) and at the time of final contact (not present [0], mild [1], moderate [2] or severe [3]). Safety changes were calculated as the difference between final and initial ratings for each type of child safety problem identified by workers.

In some cases, only one problem was identified. For other families, more than one problem was found, although the number of safety threats rarely exceeded three. These scores were individually analyzed. In addition, by averaging all separate scores for each family, a global safety change score was generated. Generally, ratings of change in specific safety areas ranged from no change (0) to improvements in safety (1 and higher). Declines in safety were reported only rarely. While it might be assumed that workers would be somewhat biased when judging their own work and unlikely to indicate failures in protecting children, the analysis was based on relative differences in safety change assessments between workers in experimental cases and workers in control cases.

There was no evidence that AR resulted in greater declines in child safety among families in which safety problems were found. Rather, considering all individual categories of change in child safety, the percentage of experimental families that ended with safety improvements totaled 47.7% compared to 31.8% for control families. Using the global measure of safety change, AR experimental families with an initial safety problem received a score of .99, compared to .76 for control families. This amounted to an average improvement in child safety for both experimental and control families, but for the experimental families approached under AR, the improvement was greater and was statistically significant.

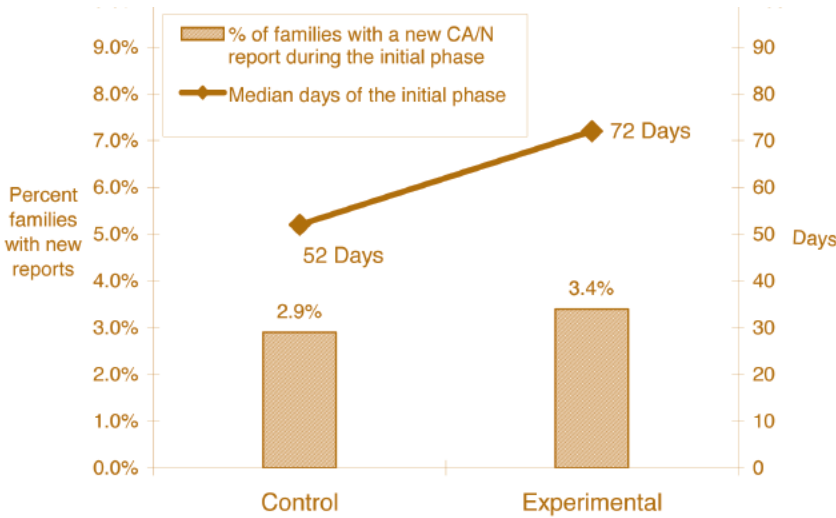
Another measure of short-term changes in child safety was the difference between experimental and control families in the number of new CA/N reports during the initial phase, while workers were in contact with families. If children were less safe under AR, an increase in CA/N reports on families provided with this approach during

these early days might be expected. The average length of the initial phase was greater for experimental families (median of 72 days) compared to control families (median of 52 days), primarily because more experimental families received post-assessment services before contact with the agency was concluded (Figure 1). This meant that, other things being equal, experimental families had greater opportunity to be reported again by caseworkers and service providers. The difference in the proportion of new families reported, however, was less than 1%. This difference was not statistically significant. Therefore it was concluded that there was no

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Figure 1. Proportion of experimental and control families with a new child abuse and neglect report during the initial phase of the research while in contact with the agency and median days of the initial phase



difference in CA/N report recurrence during the initial phase, indicating no decline in child safety.

Family engagement

Engagement is an essential condition for further cooperation and participation of families in CPS services. Because the AR approach was non-adversarial, family friendly, and voluntary, the atmosphere when workers visited families was warmer and less threatening. Caregivers and other family members were consequently less afraid and more likely to respond positively to the worker. Thus, families tended to be more engaged. Conversely, traditional investigations were adversarial and included the threat of punitive consequence of a CA/N finding and an involuntary case opening. Thus, investigations were more likely to alienate families. One reason for the reduction in safety problems among AR experimental families may have been the success of AR in engaging families.

The Structured Decision Making (SDM) Family Risk Assessment instrument was

completed for each experimental and control family at the point of initial contact. One of the items in the SDM assessment related to caregiver cooperation. On this item, workers rated the primary caregiver as uncooperative in 44% of control families, but less than 2% in experimental families. In addition, the SDM assessment included ratings of the caregivers' motivation as well as their assessment of the seriousness of the report. Both primary and secondary caregivers in the control group were rated as less motivated and as viewing the report less seriously than caregivers in the experimental group.

Using a different measure of cooperation, workers were asked to rate experimental and control families in the case-specific sample using an 11-point rating scale from -5, very uncooperative, to +5, very cooperative. The average level of cooperation of families during the first visit was 2.4 for AR experimental families versus 1.8 for control families. At the last visit, the difference between the corresponding averages was greater: 2.9 for experimental and 1.6 for control. Both differences, however, were statistically



Figure 2. Proportion of experimental and control families who described the way they were treated as friendly or unfriendly

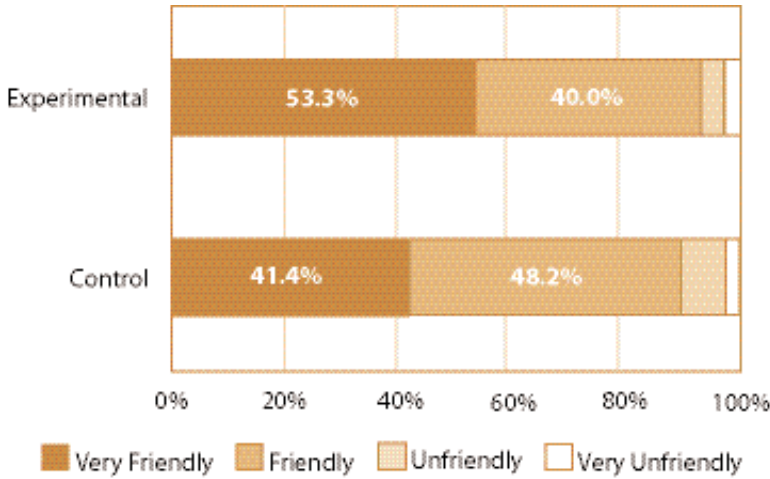
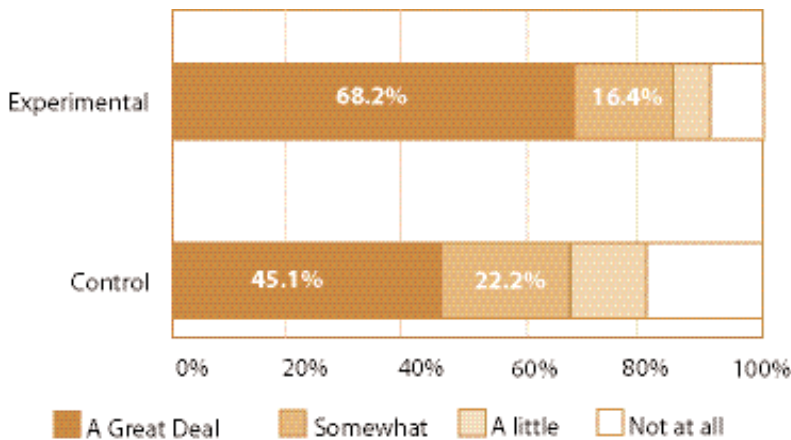


Figure 3. Degree of involvement in decision making reported by experimental and control families



significant. Moreover, workers were more likely to report that control parents were hostile throughout the case (6%) compared with experimental parents (3%).

The responses of families tended to mirror those of workers. For example, 58% of families in the experimental group reported being very satisfied with the way they were treated by workers, compared to 45% of control families; 53% of experimental families described the worker as very friendly, compared to 41% of control families (Figure 2).

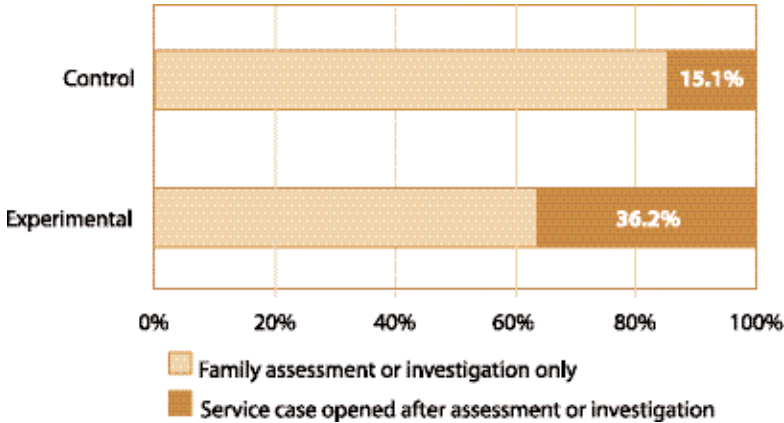
AR increased participation on the part of family members, a direct measure of actual engagement: 68% of experimental families said they were involved a great deal in decisions that were made about their families and children, compared to 45% of control families (Figure 3). Differences in engagement and alienation were also demonstrated in the reported emotional responses of families. Following the first visit with a CPS social worker, experimental families were significantly more likely to report being relieved (experimental 34% versus control 27%), hopeful (26% versus 20%), satisfied (29% versus 27%), helped (21% versus 16%), pleased (24% versus

19%), reassured (23% versus 16%), and encouraged (21% versus 17%). On the other hand, control families significantly more often reported being angry (experimental 11% versus control 17%), afraid (9% versus 13%), irritated (12% versus 20%), dissatisfied (5% versus 11%), worried (16% versus 23%), negative (4% versus 8%), pessimistic (3% versus 6%), and discouraged (7% versus 11%).

Another element of family engagement was participation of the entire family as a group. Over two-thirds of AR families (68%)



Figure 4. Proportion of experimental and control families with service cases opened after the investigation (control) or family assessment (experimental)



reported that one or more children were present during the initial assessment visit compared to slightly over half of control families (55%). Among those who were married, 82% of AR respondents said their spouse has been present during the assessment, compared to 65% among the control group.

Services to families

Experimental families received more services and types of services than control families given the traditional response. Moreover, increased participation of families in decision making may have increased the use of services more highly valued by families themselves. The addition of special funding for post-assessment services from the McKnight Foundation was also a factor in the increased opening of formal service cases, the vehicle through which case management and a variety of funded services were provided to families.

Overall, 36% of experimental families in the impact study had a formal case opened, compared to 15% of control families (Figure 4). In the process, post-assessment services were offered to a wider variety of families. Using the risk rating on the Minnesota SDM

Family Risk Assessment tool as a rough measure of risk, it was found that cases were opened for 28% of low-risk and 41% of moderate-risk experimental families, compared to 3% of low-risk and 9% of moderate-risk control families. At the same time, more cases were also opened for high- and intensive-risk

families under AR (64%) compared to the control group (57%). These findings show that AR moved the agency to place more emphasis on preventive services, but also maintain emphasis on the traditional response for higher risk cases and families in crisis.

Information about specific services provided to families was obtained from workers responding to the case-specific survey. Traditional counseling and therapeutic services were offered more frequently to experimental families. Increases were also evident in certain family support services that were nontraditional in CPS. These were basic services addressing personal, household, and other financial needs, including employment assistance, vocational training, transportation, TANF and Food Stamps, emergency food, basic household needs, housing, rent payments, and daycare. In each of these areas, services were offered to significantly more experimental families than control families, in spite of the similarity between the families in the two groups. These services are sometimes related to child safety but more often address problems of general family welfare and, in this sense, they are preventive rather than protective services. This was further evidence of a shift toward a more preventive approach



under AR. Workers further confirmed this during interviews as they described “services to meet immediate needs” and “concrete assistance.” The following quote from a worker is illustrative:

“We can help AR families maintain employment with daycare, transportation, gas money, tools, and alarm clocks. And help them with some pretty basic things they need for their homes and their children, like blankets, pillows, cribs, vacuums, safety gates, electrical plugs.”

Responses of families generally coincided with those of workers. AR experimental families reported receiving various services more often, including food and clothing, help with utilities, appliances and furniture, home repair, other financial help, counseling for a child, respite care, and help with employment or job searches.

Experimental families were provided more funded services but also received more services from workers themselves and from unpaid community resources. Regarding the latter, according to information received from workers, significantly more experimental families received services from emergency food providers, mental health providers, support groups, recreational facilities, youth organizations, daycare and preschool providers, schools, community action agencies, job service/employment security, and employment and training agencies.

While services were expanded to more families, including lower-risk families, more services were also provided to higher-risk families. This was true both for control

families, reflecting traditional CPS, as well as experimental families offered AR. Whether they received an alternative or traditional response to a child maltreatment report, families that reported more stress in their relationships with their children, stress in their relationships with other adults in their lives, concern about the general well-being of their family, and concern about the general well-being of their children were significantly more likely to have reported receiving services. However, AR families with seriously ill or developmentally or learning disabled children or with caregivers who were experiencing

stress associated with other adults in their lives were significantly more likely to have received services than corresponding control families. More generally, services under AR were also provided to more of the lowest income families – one measure of risk of future CA/N. According to

information provided by families, 60% of AR families that received services were families whose income was below the mean for the group. On the other hand, among control families that received services, 52% had incomes below the mean.

Service increases were also seen across families from the larger ethnic and racial communities in Minnesota. While 52% of white experimental families received services compared to 36% of the control, the corresponding percentages for African American families were, respectively, 63% and 27%, for Hispanic families 67% and 52%, and for American Indian families 54% and 37%. Each of these differences was statistically significant. Only among Asian families were experimental and control services comparable: 59% and 64%, respectively.

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Recurrence during the follow-up phase

There was a modest but statistically significant reduction in recurrence among experimental families. The absence of new reports of CA/N is an indirect measure of improvement in the long-term safety status and general welfare of children. Information on new reports was available for all families in the study through SSIS.

In the analysis, any new report received anywhere in Minnesota for any child in experimental and control families during the period from the final family contact until the end of data collection was counted. This is termed the follow-up phase of the research case. The tracking period of the follow-up phase varied, of course, because families entered the experimental and control groups at different times, and the length of the initial phase varied (see Figure 1). The statistical analysis was able to adjust for these differences (proportional hazards analysis) and take into account other variables of importance. The basic finding was that new reports occurred significantly less frequently among experimental families that received AR and that families continued (statistically, they “survived”) for longer periods before new reports occurred. The difference in proportions of families with recurrence was approximately 3%: 27% of experimental families had a new report, compared to 30% of control families.

An additional finding was that the reduction in recurrence was attributable both to the new approach and to the increased services. This finding was particularly important because it showed that, in addition to offering more comprehensive services, positive benefits were achieved – independently – by changing the way workers approached families.

In a related analysis, it was also shown that recurrence rates were reduced for

experimental families in each of the three largest racial groups: Caucasian, African American, and American Indian. These effects of AR did not appear to be related to the racial or ethnic identity of families.

Finally, another measure of recurrence was examined: later placement of children in foster care. The proportions of families in the study population that had a child placed after the final contact with the family in the initial case were relatively small: 11% of experimental families had one or more children placed at a later time compared to 13% of control children. However, a similar statistical analysis (proportional hazards) showed that the difference was statistically significant. The AR approach led to a reduction in later removal and placement of children. This finding has important implications for the long-term costs associated with families under CPS and may account in part for the positive findings of the study of AR costs discussed here.

Family outcomes

Other positive changes were found based on feedback from families. Experimental families (responding to the first follow-up survey approximately 12 months after the initial case had been closed) were more positive about the services they received. Caregivers were asked, “If you received some services or assistance, was it the kind you needed?” Nearly one-half of experimental families (48%) responded yes, compared to about one-third of control families (33%). They were also asked, “If you received some services or assistance, was it enough to really help you?” Again, 44% of experimental families responded affirmatively, compared to 27% of control families. The differences were statistically significant and were relatively large for family groups that were essentially similar.



Families were asked to rate changes in the stress level during the 12 months after the initial phase in the following areas: financial outlook, current job/job prospects, relationships with other adults, relationships with children, general well-being, well-being of children, home, and life in general. In each, a greater proportion of control families felt more stress, and a greater proportion of experimental families felt less stress. In two areas – financial outlook and relationship with other adults – the differences were statistically significant. The differences on these two variables were modest overall and seemed to result from a sub-set of families that experienced more intense changes in their lives. For example, 31% of control families felt “a lot more stress” about their financial outlook, compared to 23% of experimental families. On the other hand, 36% of experimental families felt “a lot less stress” about adult relationships, compared to 27% of control families.

As a follow-up to the issue of reduced financial stress, two analyses examined family income and months worked during the previous year. Differences in family risk were controlled. Family responses were compared about one year after final contact in the initial assessment or service case. The (marginal) mean income of the control families was \$23,762, compared to \$25,497 for experimental families, a difference just below the usually accepted level for statistical significance ($.05 < p < .1$). Looking at months worked during the last 12, the means were 7.13 for control families and 7.23 for experimental families, a small but statistically significant difference. These findings on income are intriguing, but other research is needed, perhaps using state wage files, to confirm them in other CPS contexts.

Worker perspectives

With few exceptions, positive attitudes toward AR grew stronger among workers as they gained experience with it. A majority of workers in both interviews and in comments made in surveys expressed a positive attitude toward AR. A majority indicated that the non-judgmental, strength-based, and empowering approach to families fostered by AR had a positive effect on their practice. They also indicated that AR allowed them to focus on the family as a whole and provide support and advocacy, as well as more immediate help and referrals to community services and resources.

Overall, the evidence indicates that the introduction of AR produced a shift in social work practice and that the shift was in the direction intended by program administrators. This shift was recognized by many workers and welcomed by most. Beginning in the first year of the study, workers surveyed responded strongly that AR had affected their practice. Among workers who were responsible for AR only (that is, they did not do investigations), 50% said AR had affected their approach to families a great deal. Three years later in the second general survey, the response of these AR workers was stronger still, with 69% saying it affected their CPS practice a great deal. These findings were reinforced in interviews of workers, none of whom indicated a preference to abandon AR and return to the single traditional response for all reports. The following quotes typify the attitudes of many workers:

“We discuss safety of the children with families instead of trying to determine whether maltreatment occurred or not. And we approach families as a whole instead of interviewing each family member separately. With AR, families are more involved in the decision making.”



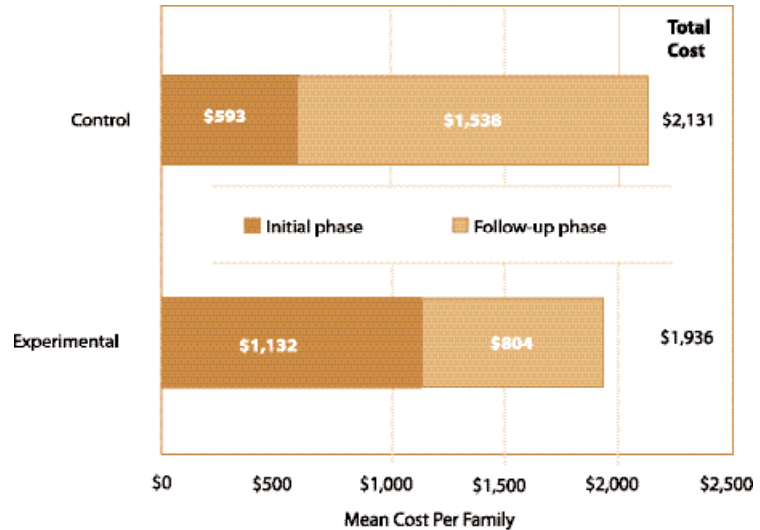
“Families are approached as a unit [not split up to interview], each person is heard by the rest, children's feelings are revealed, and families hear what they are doing well. The approach does not focus on blame and wrongdoing.”

Contact between families and workers increased with AR. Based on data in the case-specific sample, traditional workers were more likely to have one-time, face-to-face meetings with families than AR workers (41% versus 27%). For those families visited more than one time, the average number of total meetings was higher for experimental families (5.4) than for control families (2.9). This difference, in part, would seem to reflect the change in family and worker roles in these encounters and may be another measure of greater family engagement under AR.

Increase in family contact affects workload, at least initially. One in five workers using the new approach reported large increases had occurred in their workload and paperwork. By broadening the scope of initial assessments beyond the narrow focus of investigations on maltreatment allegations, encouraging involvement of family members in decision making, and changing the criteria for continued work with families, the AR approach increased the amount of time and effort that some AR workers expended per family. However, a majority of workers indicated no change or only small increases or decreases.

Overall, a sizeable minority (44%) of the

Figure 5. Combined direct and indirect costs of experimental and control families during the initial and follow-up phases



workers surveyed said the introduction of AR made it either a little more or much more likely that they would remain in this field of work. Only a few (6%) said it was a little less likely they would remain in child protection, and none said it was much less likely they would stay in the field.

Program costs

The cost analysis found that overall costs associated with families were lower under AR. Costs were collected on samples of experimental and control families and included service costs (reported by local bookkeepers) and calculated staff time costs based on workers' logs.

Costs were examined during two time periods for each family: 1) the period from the initial CA/N report until the final contact with the family after the initial report – the initial phase – and 2) the period from the final contact with the family until the end of data collection – the follow-up phase (Figure 5). The average total costs during the first period were \$1,132 for the experimental sample,



compared to \$593 for the control sample. AR was more expensive during the early period because, as has been shown, service cases and various individual services increased under AR and because contacts with families were terminated early for many control families in unsubstantiated investigations. During the second period, however, the average total costs were \$804 for experimental families versus \$1,538 for control families. AR was less expensive during the later period because AR families had fewer later reports. Consequently, fewer new CPS cases with their attendant expenses were opened for AR families, and fewer children were later removed and placed outside their homes. The overall mean costs were \$1,936 for experimental families under AR, compared to \$2,131 for control families under the traditional system. Savings achieved by experimental families later more than offset investment costs incurred during the initial contact period. These findings are encouraging but provisional, as additional data are being collected on sample families through 2006.

No effects, organizational issues, and size of impact

This summary focused on the positive outcomes of the AR evaluation. While it did not find instances of strictly negative findings, where better outcomes occurred among families given the traditional approach (among the control families), there were findings of no difference in outcomes for experimental and control families on a number of measures.

Various questions and ratings of child well-being were asked during follow-up with families. Based on caregivers' reports one year

or more after the final contact with CPS following the initial incident, no consistent differences were found between experimental and control children on measures of overall child well-being, child health, aggressive and uncontrolled behavior, behavior and relationships in school, and academic progress. Similarly, no differences were found in caregiver reports of improvements or declines in their relationships with their children, their methods of disciplining their children, their ability to care for their children, their home and living arrangements, or emotional or financial support from friends and relatives. Whether the lack of findings was

due to the absence of effects or to parents' reticence to report negative effects is not known.

There were also various findings within the process evaluation of difficulties and obstacles to implementation of the new approach. As noted, the first step in AR after an initial report is received is screening. The

screening process directs some families into traditional investigations and other families into AR. While investigations are mandatory when criteria indicating egregious harm or imminent danger are met (Minnesota Department of Human Services, 2003), other criteria are discretionary and give latitude to local office staff to determine whether a traditional investigation is warranted. The proportion of reports screened into AR from February 2001 through December 2002 varied from 27% to 61% across the 20 demonstration counties (excluding the special case of Hennepin County, where AR was limited to a single CPS unit). The range in most counties (14 of 20) was between 45% and 56% screened into AR. Assuming a rough similarity in the

Savings achieved by experimental families later more than offset investment costs incurred during the initial contact period.



types of reports received among sites, these variations indicate two things. First, the confidence of local staff in the AR approach varied among offices during the early days of the demonstration. Some counties were much more cautious than others. A consequence was that AR populations in counties that screened a higher percent of reports into AR contained more families with more intense child safety threats (Institute of Applied Research, 2004, 107). Given the generally positive effects of AR across all demonstration counties, very conservative screening that directs fewer families into AR could be expected to reduce the positive effects of the approach. Second, because we also saw variations in screening in the earlier Missouri demonstration that were still present when a five-year follow-up was conducted (Loman and Siegel, 2004), greater consistency in training of local personnel in screening, clearer and more reliable screening criteria, or both may be needed.

The particular way in which AR was organized varied from office to office. This topic goes beyond the scope of this article but was treated in some detail in the evaluation report (Institute of Applied Research, 2004, 11-16). Organizational structure was influenced by the size of county staffs and the pre-existing organizational structure within local CPS offices. Organizational differences affected continuity of services; separation or integration of the roles of CPS investigator, AR assessment worker, and ongoing case manager; and integration of case management and service delivery of public workers with that of community agencies. The organizational choices in each of these areas may have both positive and negative consequences for implementation of an AR program.

A final procedural issue should be mentioned. The Minnesota program, like the

Missouri program that preceded it, allowed for change of track. A report that was screened for an AR family assessment might be changed to a traditional investigation if the worker and supervisor felt that the family situation warranted such a change. Similarly, it was also possible to change from traditional to AR if the worker determined that the situation was less serious than screeners had assumed. In Minnesota, the former occurred for less than 5% of reports, and the latter in less than 1%. In light of the screening variability among counties, we might expect more track switches, particularly from investigations into family assessments. The highest percentages would be expected in counties with the most conservative screening proportions. If it is assumed that investigations should be minimized, the reasons for the low percentage of track changes need further study.

Finally, the important differences described in this study have been statistically significant but modest in absolute size. The term *significant* means that an observed difference likely was not an illusion. The term *modest* means a major shift in the variable of interest was not found. This indicates that the system did not undergo revolutionary change but was nudged or moved slightly in a new direction. This is sometimes seen as a negative finding, particularly when “modest” is taken to mean “inconsequential.” The definition of modest, however, depends on one’s perspective. An example of subsequent reported maltreatment of children can be considered. For the 2,860 families that were being followed, there was an estimated 3% reduction in new child maltreatment reports. In numeric terms, this translates to about 86 families that did not have a new report but would have had at least one new report under the traditional approach. The number of new child abuse and neglect incidents that were avoided was higher because most families that



are reported two times are reported again. However, thousands of families similar to those in the experimental and control groups are reported each year in Minnesota, and hundreds of thousands are reported nationally. In this context, the modest difference produced by the change in approach to families would translate into thousands of families in which reported children maltreatment would not recur.

Discussion

Overall, the evaluation findings in Minnesota were positive both in instrumental outcomes such as assistance to families and family and worker attitudes, as well as in measures of child safety and child and family welfare. The results are made more convincing by the randomized experimental design of the study. Two findings may be emphasized.

First, positive results can be achieved in CPS interventions through greater discrimination in how families are approached. Family-friendly practice produces not only more cooperative, engaged families, but also a greater degree of child safety with less cost and greater satisfaction among both families and social workers. This may be seen as support for proactive, strength-based, family-centered approaches. Indeed, AR can be thought of as a method of initiating family-centered practice from the very first meeting with the family.

Second, a finding of fundamental importance in this evaluation concerns the value of prevention. The preventive services in the study could not be described as primary but as targeted and as secondary or tertiary. Nonetheless, they are preventive in that they address fundamental risk factors in CPS

families. AR appeared to shift the CPS system toward prevention in three ways: the number of families that received some assistance increased; attention to low-risk families increased; and family support services directed toward basic, financially related needs increased. These findings are encouraging because they document an increase in positive results among families (mostly low income) that normally would be ignored by CPS. At the same time, the findings are dismaying in that CPS is not currently a family welfare agency, and CPS workers who are generally overburdened with serious protective services cases cannot do extensive work in other areas of child and family welfare.

Nor does CPS, with limited financial resources in most states, have the capacity to fund these services at levels needed by families, even if such funding pays off in the long run. This is the dilemma that many have referred to regarding differential response reforms (for example, see the discussion in Waldfogel, 1998, 87-93).

On the other hand, CPS is the only agency with workers

in virtually every county and municipality in the nation who can contact families at their homes to offer assistance. Those who say that dealing with dirty and dilapidated homes and improperly clothed and fed children should not be the responsibility of CPS (see for example, Pelton 1991, 1998) need to answer this question: If not CPS workers, then who? From this perspective, serious thought should be given to expanding (rather than restricting) CPS workers' roles to include other forms of assistance to impoverished families, returning perhaps to the more integrated approach to child welfare employed before CPS became a

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separate specialized agency after 1970. Regardless of whether CPS expands further into child and family welfare, the findings support the idea of partnerships with other agencies and organizations in a concerted effort to address child and family welfare needs. The findings of this study suggest that a broader service emphasis and changed orientation to families may not only reduce future CA/N but also be less costly in the longer term. And, if benefits such as cost-reductions can be demonstrated considering only CPS service and administrative costs, a full cost-benefit analysis that considered other benefits, such as those accrued from increases in family earnings and child safety, would show even more benefits relative to costs.

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