8-1-2022

When Families, Organizational Culture, and Policy Collide: A Mixed Method Study of Alternative Response

Stacey L. Shipe
Binghamton University, sks6864@psu.edu

Mathew C. Uretsky
Portland State University, muretsky@pdx.edu

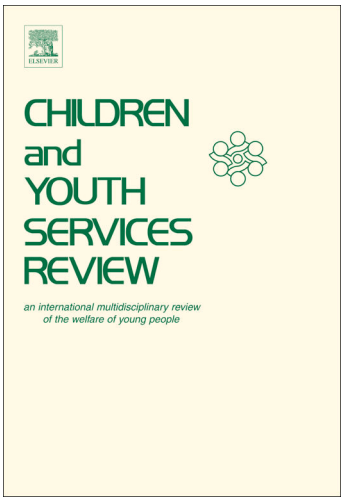
Catherine A. LaBrenz
The University of Texas at Arlington, catherine.labrenz@uta.edu

Corey S. Shdaimah
University of Maryland, cshdaimah@ssw.umaryland.edu

Christian M. Connell
Pennsylvania State University, cmc128@psu.edu

Citation Details

Shipe, S. L., Uretsky, M. C., LaBrenz, C. A., Shdaimah, C. S., & Connell, C. M. (2022). When families, organizational culture, and policy collide: A mixed method study of alternative response. Children and Youth Services Review, 106564.



When families, organizational culture, and policy collide: A mixed method study of alternative response

Stacey L. Shipe, Mathew C. Uretsky, Catherine A. LaBrenz, Corey S. Shdaimah, Christian M. Connell

PII: S0190-7409(22)00200-6
DOI: https://doi.org/10.1016/j.childyouth.2022.106564
Reference: CYSR 106564

To appear in: *Children and Youth Services Review*

Received Date: 3 January 2022
Revised Date: 24 April 2022
Accepted Date: 4 June 2022

Please cite this article as: S.L. Shipe, M.C. Uretsky, C.A. LaBrenz, C.S. Shdaimah, C.M. Connell, When families, organizational culture, and policy collide: A mixed method study of alternative response, *Children and Youth Services Review* (2022), doi: https://doi.org/10.1016/j.childyouth.2022.106564

When families, organizational culture, and policy collide: A mixed method study of alternative response

Stacey L. Shipe[a]*, Mathew C. Uretsky[b], Catherine A. LaBrenz[c], Corey S. Shdaimah[d], and Christian M. Connell[a,e]

[a]Child Maltreatment Solutions Network, 202 Henderson Building, University Park, PA, 16802, Pennsylvania State University, University Park, PA, USA and the Department of Social Work, State University of New York – Binghamton University, 67 Washington St., Binghamton, NY, USA; [b]School of Social Work, Portland State University, Portland, OR, USA, muretsky@pdx.edu; [c]The University of Texas at Arlington, School of Social Work, 211 S. Cooper St., Box 19129, Arlington, TX, 76019, USA, catherine.labrenz@uta.edu; [d]University of Maryland School of Social Work, University of Maryland, Baltimore, MD, USA; cshdaimah@ssw.umaryland.edu; [e]Human Development and Family Studies, Pennsylvania State University, 217 Health & Human Development Building, University Park, PA, USA, cmc128@psu.edu

*Correspondence should be addressed to Stacey Shipe, Child Maltreatment Solutions Network, Pennsylvania State University, 202 Henderson Building, University Park, PA, 16802. E-mail: sks6864@psu.edu

Declarations of interest: None.

Abstract

Objective: Alternative response (AR) is a family-centered, preventative approach for child protection systems. This study first examined what family and case factors predicted re-investigation and then explored which organizational factors influence caseworker and agency implementation of AR. **Method**: Using administrative data from child protection reports, AR families (*N*=9,959) and traditional response (TR) families (*N* = 13,974) were followed for 18

months to determine re-investigation rates using multilevel modeling where families were nested in county of residence. Four focus groups with 14 participants were conducted to discuss the quantitative findings, organizational culture, and implementation of AR. **Results**: AR families had lower odds of re-investigation; males and younger children also had lower odds. Families with multiple children, prior investigations, receipt of Medicaid, and medium/high risk had higher odds of re-investigation. AR caseworkers provided insights regarding the intersection of family factors, organizational culture and support, and agency implementation of AR. Although participants supported AR, their ability to implement it was influenced by agency support and availability of resources to carry out the basic requirements of the policy. A clear distinction in responses emerged between those who held dual cases versus those holding only AR cases. **Conclusion**: Although AR reduces the odds of re-investigation for low-risk families and was endorsed by caseworkers, AR policy in practice is complex and requires further evaluation, particularly from the perspective of AR caseworkers who faced implementation hurdles.

Keywords: Alternative response, recurrence, mixed-method, policy implementation, organizational culture

1. Introduction

During fiscal year 2019, child protective service (CPS) agencies received approximately 4.3 million reports of suspected child abuse and neglect (U.S. Department of Health & Human Services, 2021). Of these reports, 56 percent met the state's definition of maltreatment and were

screened into the system for an investigation, whereas 14 percent of reports (U.S. Department of Health & Human Services, 2020) were offered an alternative response (AR). AR is a CPS practice that has been implemented in over 30 states, Washington, DC, and multiple tribal regions (NCSL, 2019) and is intended to provide a more family-centered, preventative approach to CPS (Hughes et al., 2013; Marshall et al., 2010) than traditional responses (TR). AR focuses on engaging and supporting families rather than using a forensic approach which collects evidence to support or refute an allegation of abuse or neglect. Whether a family receives an AR or a TR, the overall process requires communication and collaboration among many organizational sectors and levels. As such, even when caseworkers have the best intentions, organizational complexity coupled with implementing a new policy can prevent optimal outcomes for families, including the family returning to the system. Although caseworker decision making may influence whether a family returns to the system, there are many situations outside of their decisions that impact this return (e.g., substance abuse relapse, new marriage/partners, birth of another child, loss of a job). This study illuminates the relationship between case and family factors, organizational culture, and new state AR policy by first focusing on what factors within a report predict whether a family returns to the system for a new CPS investigation (i.e., re-investigation). These factors are then considered through a street level bureaucracy (SLB) and organizational culture frame (Lipsky, 1980) from the perspective of AR caseworkers.

1.1. Alternative Response

AR has been in practice for over 20 years. One goal of AR was to move away from the traditional investigation focus of CPS, which has long been perceived as inflexible and intrusive (Kaplan & Merkel-Holguin, 2008; Schene, 2001), in favor of a family-centered, prevention-

focused approach. In addition to the way caseworkers engage with families, other differences between AR and TR are the types of maltreatment allegations involved and the lack of a formal disposition of child maltreatment against an alleged perpetrator. Families "tracked" into AR are those typically classified as low to moderate risk and involved with allegations that pose no immediate concerns for child safety (Kaplan & Merkel-Holguin, 2008). Families with severe physical abuse or sexual abuse allegations are regularly excluded from AR (Loman & Siegel, 2013). Traditionally, once a TR concludes, a permanent record of the alleged perpetrator in the substantiated case is maintained in a central registry; however, with AR there is no formal investigation. Although family information is often maintained for a period of time, the AR assessment is not considered as entry into the system. The belief is without the threat of formal CPS involvement, families are more likely to engage with their caseworker and be open to receive the services they need to prevent further maltreatment from occurring (Fuller et al., 2013; Merkel-Holguin et al, 2015).

1.2 Significance of CPS Re-investigations

Defining how a family returns to the system (i.e., recurrence) is not consistent between studies (i.e., re-report, re-referral, re-investigation, re-entry) due a lack of agreed upon meanings but also because of available data (Fluke et al., 2008a; Fluke et al., 2008b). For example, the National Child Abuse and Neglect Data System reports recurrence as a child who had a previously substantiated investigation (Carnochan et al., 2013) whereas other studies define recurrence as a new report of child maltreatment after an initial investigation was completed (Bae et al., 2010). Despite these differences in recurrence definitions, when a family returns to CPS it signifies the system did not adequately ensure child safety. Studies among TR families have shown recurrence rates vary depending on how long a family is followed. Some

jurisdictions have reported a 30% recurrence rate for families followed for 2 years to 85% for families followed over a 10-year period (Casanueva et al. 2015; Connell et al., 2007; White et al., 2015). Although AR was not developed with the intention to reduce families from coming back into the system, the adoption of AR in many jurisdictions has impacted overall recurrence rates (Fluke et al., 2016; Fuller & Zhang, 2017; Harries et al, 2015). A multi-state analysis by Fluke et al. (2016), for example, observed that states with high rates of AR use experienced lower rates of re-report to CPS and of substantiated re-reports. Others have observed a more mixed pattern of effects. In a multi-state study by Fuller and Zhang (2017), two of three states had lower re-referral rates for AR families, though no differences were observed among AR and TR families in the third state. Similarly, Winokur et al. (2015) in multi-county randomized control design study did not find any differences between tracks in system re-involvement. Finally, one study observed a rise in recurrence rates based the percentage of AR referrals (Piper, 2017).

Regardless of how recurrence is defined, in both AR and TR, the known predictors of recurring maltreatment have focused on child, family, report incident, and post-report response (including services or removal; Casanueva et al., 2015; Drake et al., 2006; Helie et al., 2009; Halverson et al., 2018). These predictors include the race/ethnicity of family, number of children in the household, developmental status and mental health of child and caregiver, age and gender of child and caregiver, and socioeconomic status (Ards et al., 2012; Belsky, 1980; DePanfilis, 2006; Drake et al., 2006; Goldman et al., 2003; Young et al., 2007). Allegation type (i.e., physical abuse, neglect, mental injury, or sexual abuse) has also been studied, however, the findings are inconsistent in that some studies found neglect cases had higher recurrence rates (Rivaux et al., 2008) whereas other studies found physical abuse (Scannapieco & Connell-Clark,

2005) or sexual abuse, particularly with girls (Sedlak et al., 2010), resulted in higher rates of recurrence.

1.3 Organizational and Systemic Factors

Glisson and James (2002) defined organizational culture in child welfare systems as the shared behavioral expectations and norms within a work environment. Organizational culture includes multiple dimensions related to the organization's social context and organizational climate (Glisson & Green, 2012; Glisson et al., 2012; Yoo & Brooks, 2005). Social context refers to workplace perceptions and attitudes among the service staff that influence service delivery and relationships with the community (Glisson et al., 2012). Organizational climate, on the other hand, refers to the quality of the work environment as experienced by staff (Glisson, 2002). Research suggests organizational culture and climate may influence family outcomes (Glisson & Green, 2011; Yoo & Brooks, 2005), yet there has been little focus on what components of the organizational culture affect how caseworkers make decisions about families. Results from the studies that have focused on organizational climate and culture suggest caseworkers often do not understand policy implementation (*Authors,* 2020; Lee et al., 2013), do not have the necessary skills or resources to complete required tasks (*Authors,* 2021; Lee et al., 2013), face competing legal and agency mandates (*Authors,* 2020; *Authors*, 2009), and may fear making the wrong decision (e.g., results in child death; Graham et al., 2015; Merry et al., 2009). Notably, some prior studies have explored agency, organizational, or community factors that predict maltreatment re-referrals or re-investigations. For example, Maguire-Jack and Font (2014) found that families served by agencies with more training requirements for caseworkers had lower odds of re-referral than families in agencies with less stringent training requirements. This same study found that county population was positively associated with re-referrals,

whereas the percentage of Black and Latino individuals within each county was negatively associated with re-referral. Specific to alternative response, researchers have found that improved family-level outcomes depended on implementation strategies such as agency protocols, caseworker supervision, and ongoing coaching (Semanchin-Jones, 2015). Furthermore, unequal distribution of resources among and within counties has also been identified as a barrier when implementing AR (Merkel-Holguin et al., 2006). Nonetheless, to date, few studies have explored the relationship between organizational factors and family factors on re-investigation for families that receive AR.

2. Theoretical Framework

This study uses the theory of street-level bureaucracy developed by Michael Lipsky (1980) to help connect how case and family level factors are associated with organizational culture and overall decision making among child welfare workers. Street level bureaucracy describes how public sector workers function within their environments to implement policy on the ground (i.e., they are the face of government). Street level bureaucrats (SLBs) wield power and discretion over those utilizing these public services (Lipsky, 1980). Child welfare caseworkers meet the classic definition of SLBs because they are responsible for making critical decisions with long-lasting impacts on families. These decisions are often made within a context of under-resourced bureaucratic structures with competing policies, rules, and regulations (Duerr-Berrick, 2018; Brodkin, 2008; Lipsky, 1980).

In summary, AR and TR work is multifaceted and requires a focus of multiple components. Family needs, caseworker interpretation of practice and policy, and organizational factors must all align for optimal family outcomes but in daily practice this is often challenging

due to competing demands. Combining these multiple factors and influences, this study aims to answer the following questions:

1. What child and family level factors predict a re-investigation of child maltreatment among AR and TR families?
2. How do child and family, as well as other organizational factors (e.g., new AR policy; culture and context; community relationships) influence how caseworkers work with families?

3. Method

In order to answer the research questions, a sequential (quan – QUAL) explanatory mixed-method design was employed, where the quantitative phase was embedded within the qualitative study (Creswell & Creswell, 2017). The data were collected in two consecutive phases. First, the quantitative data were collected and analyzed. In the second phase, the qualitative data were collected and analyzed in light of the outcomes from the quantitative phase. The associations found between child and family predictors of re-investigation (quan) were used to help determine how a caseworker's organizational culture (QUAL) influences their ability to practice AR as required by policy mandates.

3.1 Quantitative Data Source and Sample

3.1.1. Quantitative Data Source. The quantitative data were drawn from one mid-Atlantic state's Statewide Automated Child Welfare Information System (SACWIS) across all jurisdictions in the state for all families that received either an AR or TR response from July 1, 2014 – June 30, 2015 and were followed for 18-months post closure of initial child welfare response to determine re-investigation rates. A random number generator was utilized that picked one child per family in the event there were multiple children in an individual case. Of the

24 counties in this state, 4 had caseworkers that received only AR cases. This resulted in most caseworkers carrying AR and TR or "dual caseloads" and was the rationale for including both the AR and TR tracks in the sample.

3.1.2 Quantitative Sample. A total of 16,691 families were followed for 18 months post initial AR/TR response. Table 1 provides a brief description of the sample characteristics by response type. Almost three fifths (59.7%) of the sample had been assigned to Alternative (vs. Traditional) Response. The sample was evenly split between male and female children. Just over half of the children in the sample in both AR and TR were either Black, Indigenous, People of Color (BIPOC) or Latinx. About a quarter of the TR sample was Medicaid eligible, our proxy for poverty, whereas only 7.5% in the AR sample were Medicaid eligible. The majority of allegations for both responses were neglect (AR, 65.8%; TR, 57%). Both AR and TR, on average, had between one and two children in the home (AR, 1.4, *SD* = 0.8; TR, 1.5, *SD* = 0.9) and the mean child age was about 8 (7.9, *SD* = 4.9). On average AR families had fewer prior investigations (0.2, *SD* = 0.6).

Insert Table 1

3.1.3. Re-investigations (outcome variable). Re-investigation was a dichotomous variable indicating whether a family received a subsequent CPS investigation (0 = No, 1= Yes) after initially receiving an AR or TR. Reports that did not result in an investigation (e.g., a subsequent AR) were not captured.

3.1.4. Child and family predictors. The majority of the child-level characteristics were dichotomous and were measured at the initial AR or TR. The variables examined included indicating whether a family was referred to AR (vs TR; 0 = No, 1= Yes), child gender (female =

0, male = 1), child age at the time of the report (continuous), child race/ethnicity (Black, Indigenous or Person of Color [BIPOC]/Latinx; 0= No, 1= Yes), and whether the child received health insurance through Medicaid (0 = No, 1= Yes), number of prior investigations associated with the child (continuous), and number of children in the home (continuous). A series of dummy variables was created to indicate whether the relevant report was for physical abuse, sexual abuse, or neglect (reference group = neglect). The risk group variable was based on the scores of the state's actuarial risk assessment. This tool was developed to help caseworkers determine present and future risk of harm for children possibly entering the child welfare system. Using child, caregiver, and family functioning ratings, the assessment is scored and totaled. This total score determines the level of risk and the caseworker decides what category best describes the family (i.e., 'high', 'moderate', 'low', or 'no'). Using these same categories, we created a dichotomous variable to indicate whether a child was deemed to be at high or medium risk (vs. low- or no-risk; 0 = No, 1= Yes).

Jurisdiction-level variables were also included as these represent the residential location of families. These variables were defined, using State SACWIS data, by calculating the jurisdiction-wide percentages or mean values of child characteristics (e.g., percentage of children who were assigned to AR). Children were allocated the values for the jurisdiction where they were housed during the relevant response or investigation.

3.1.5. Quantitative Data Analysis Plan. The present study examined the predictors of a reported re-investigation (RQ1; $N = 13{,}974$) among children/families in the states' 24 jurisdictions. We conducted a multilevel generalized linear mixed model with the GLIMMIX module for SAS 9.3 that used a logit link to accommodate a binary outcome and used Laplace's method to estimate the marginal likelihood of the parameter estimates (Dai et al., 2006, SAS

Institute Inc. 2018). Between-jurisdiction differences in the outcome variable were evaluated through a varying (random) intercept model. All child- and jurisdiction-level parameters were treated as constant (fixed) effects (Gelman & Hill, 2006). Multilevel logistic regressions are robust to violations of the assumptions of linearity of the relationship between the independent and dependent variables, multivariate normality, and homoscedasticity of the error variances (Cohen et al., 2003). Pearson's product-moment correlations were run between normally distributed continuous independent variables to assess the assumption of non-multicollinearity (Cohen et al., 2003). All bivariate correlations were below Studenmund's (2014) suggested upper limit of .80. We included grand-mean centered jurisdiction-level counterparts of all child-level factors, which were group mean centered, as a means of disentangling group (jurisdiction-level) effects from individual (child-level) effects (Bafumi & Gelman, 2007; Gelman & Hill, 2007; Raudenbush & Bryk, 2002). Child outcomes were nested in their jurisdiction of residence at the time of the report.

3.2 Qualitative Data Source and Sample

AR was implemented statewide in five phases over the course of 15 months, although each county had leeway in how it chose to implement (IAR Associates, 2015). For example, given population size and need, four counties opted to have AR-only units whereas the remaining 20 counties required their AR staff to hold dual caseloads. In order to adequately address some of these statewide differences, and to reflect different demographic characteristics, we conducted purposive sampling to collect focus group data from three targeted counties (Padgett, 2016; Palinkas et al., 2015). These counties provided variance in population demographics (i.e., urban, suburban, and rural) and organizational approaches to TR and AR (e.g., caseworker type; organizational buy-in of AR policy). The urban county had an AR only

unit and began implementation in Phase 3 (i.e., 6 months after the suburban and rural counties, each of which began AR implementation in Phase 1). Additionally, the suburban and rural counties required their AR staff to hold dual caseloads. Given the conceptual framework of street-level bureaucracy, we chose focus groups with caseworkers to explore their interpretation of AR within the context of their organizational culture, which also shed light on the quantitative findings.

3.2.1. Recruitment. Prior to recruiting participants, the qualitative method was submitted and approved by both the university institutional review board and the agency research review board. Once approval was given by both entities' recruitment began and took place in several steps. Initial electronic introductions were made via contacts at the state's main human resources center. This initial contact provided a path to directly contact county's department of social services (DSS). The individual directors of the county DSS supplied [first author] with a point of contact to begin to reach out to the caseworkers. An invitation was sent via the person of contact three times to all available AR staff. This occurred two weeks before the focus group, one week later, and again two days before the group commenced. Participants expressed their interest in attending by alerting their supervisor or the DSS point of contact.

3.2.2. Sample. Using a purposive sampling strategy described above (Padgett, 2016; Palinkas et al., 2015), a total of 4 focus groups were conducted; 2 in the urban county with a total of 6 workers, the suburban county had 1 focus group with 7 workers, and the rural county had 1 focus group with 5 workers. Participants all held a Master of Social Work degree and were predominantly female ($N = 17$). Racially the groups were diverse (White = 8, Black = 7, Latinx = 2, Asian = 1). The average age for the caseworkers was 33.2 and they had worked in child welfare for an average of 4.4 years. Except for one caseworker who was hired after AR

implementation began and did not have previous CPS experience, the remaining participants all had previous experience with TR. AR training was required through the state's child welfare training institute. Every worker received approximately 20 hours of training specific to principals and policy of AR (Alternative Response Messenger, 2014).

3.2.3. Qualitative Data Analysis Plan. Using the quantitative findings, the definitions of organizational culture and climate, and the main tenets of SLB theory, the first author developed the focus group guide to facilitate the focus groups. The focus group guide (see Appendix) included questions about families, allegation type, type of response (e.g., AR/TR), and feelings about recurrence and how these may have influenced their interactions with families. Specific to organizational culture, questions focused on their overall work environment including the training they received for AR and supervisory support. Questions derived from SLB framework focused on organizational mandates and decision making, such as competing mandates, unclear expectations, and a lack of resources. The focus groups were digitally recorded and transcribed verbatim.

The focus group data were analyzed via a thematic content analysis (TCA). TCA allows for patterns to emerge by classifying text and grouping it using codes. The codes are then compared both to each other and to the original transcription text to identify emerging themes and subthemes (Anderson, 2007; Weber, 1990). In order to enhance qualitative analytic rigor, we utilized triangulation, negative case analysis, and peer debriefing; we also maintained an audit trail through memos (Padgett, 2016). We analyzed the data in multiple steps: first, the first author and a research assistant individually reviewed and coded the transcripts, creating memos to aid in the discernment of patterns of the text. Second, the readers came together to discuss their codes and resolved any disagreements about their interpretations (triangulation, negative case analysis,

peer debriefing). In the third step, the readers independently developed the overarching theme and subthemes based on their initial discussion and agreed upon coding system (audit trail). The subthemes were derived where codes coalesced conceptually but did not have enough detail to develop into a major theme (Miles & Huberman, 1984). The overarching theme and subthemes were triangulated with the quantitative results to provide additional context for those findings.

4. Results

4.1. Quantitative Results

4.1.1. Research Question 1: Child and Family Factors Associated with Re-Investigation.

The z-test for the covariance parameters (z = 2.96, p = .002) indicated statistically significant between-jurisdiction variation in reported re-investigations, providing justification for the use of MLM techniques (Hox, 2002). Results for the multilevel model fit to evaluate the contributions of child and jurisdiction-level factors on reported re-investigations are presented in Table 2.

Insert Table 2

4.1.2. Child and Family Level Factors. Children whose families were referred into AR (OR = .641, p < .0001) were less likely to experience a re-investigation, as were male children (OR = .897, p = .044), and children who were older than the mean child age (M = 7.9; OR = .975, p<.0001). Families with above average number of children in their homes (M =1.9; OR = 1.085, p<.0001), families with an above average number of prior investigations (M =.3; OR = 1.325, p<.0001), Medicaid receipt (OR = 2.723, p<.0001) and children designated as medium or high risk (vs. low or no risk; OR = 1.321, p<.0001) were more likely to experience a re-investigation. There were no differences in the likelihood of re-investigation by child

race/ethnicity. In addition, there was no relationship between experiencing physical or sexual abuse (vs. neglect) and the odds of re-investigation.

4.1.3. Jurisdiction-Level Factors. Families who lived in jurisdictions with above average child age (OR = 1.362, p = .028), had an above average number of prior investigations (OR = 1.139, p =.006), or lived in a jurisdiction with above average proportion of the population designated as medium or high risk (vs. low or no risk) were more likely to have a reported re-investigation (OR = 1.168, p =.012). Living in a jurisdiction with a below average proportion of the cases having been reported for sexual abuse were less likely to have a reported re-investigation (OR = .395, p =.026). There was no relationship between the jurisdiction-level proportion of male children, proportion of BIPOC or Latinx, or the mean number of children per household and the odds of a reported re-investigation. There was also no relationship between the jurisdiction-level concentration of cases referred to AR and the odds of re-investigation, the percentage of children receiving health coverage through Medicaid, or the proportion of children who had been referred for physical abuse.

4.2. Qualitative Results

4.2.1. Research Question 2: Organizational Factors that Impact Re-Investigation. The quantitative findings revealed lower rates of re-investigation among AR families, suggesting that AR caseworkers were, in fact, successfully engaging and working with AR-involved families in a beneficial way. The qualitative analyses, however, revealed a more complex story. Consistent with quantitative findings, nearly all respondents supported AR and believed it was valuable in appropriate cases. However, the different jurisdictional practices supported or thwarted their ability to adequately implement AR policy (see *Authors,* 2020). This caused much frustration and sometimes confusion about AR, particularly among caseworkers in the two jurisdictions

where caseworkers held dual caseloads. We describe this overarching theme as *Organizational Expectations and Barriers*. Within this theme, we identified three subthemes: Approaching Families, Attitudes about Recurrence, and Departmental Conflicts.

4.2.2. Organizational Expectations and Barriers. Participants in all three jurisdictions discussed the challenges of conducting their work within the requirements of both AR and TR policy. Despite being trained to provide a different approach for AR families, the similarities between the technical mandates of AR and TR (i.e., case expectations and timelines) caused confusion about the overall purpose of AR. As a result, the participants stated that all practice decisions were first filtered through the policy mandates and these directed their day–to-day work. Having to use a mandate mentality led to feelings of frustration that they could not adequately meet family needs and a lack of understanding of how AR and TR were different *in practice*. The overarching feeling among participants was that AR was as mandate driven as TR and in direct contrast to how they were trained to think about AR practice, which was with a much more fluid and family-centered stance. Respondents' frustration with the mandates appeared in almost all responses throughout all focus groups, regardless of the topic area, though it is important to note that it was more robust among caseworkers who carried AR and TR cases. The similarities in the policies (see Figure 1) in addition to organizational culture, practice experience, and their own interpretation of the policies influenced their decision making when working with families.

4.2.3. Approaching families. This subtheme derived from the stance caseworkers take when they build initial rapport with families. The ideal stance includes open mindedness and willingness to work with the family without imposing their own views about appropriate child rearing as long as the child is *safe*. This stance was required regardless of response type, but we

were interested in understanding whether respondents' approach to families changed as a result of AR. Responses differed based on how their organizational leadership embraced AR as well as whether they carried dual caseload or only AR cases. Participants were also asked about how specific family information (e.g., sociodemographic information, allegation type) would influence their approach. These answers differed based on county.

Participants in the urban county, who were the only ones to carry AR only caseloads, felt that by having a unitary approach they had the ability to focus on building the family rapport required of AR. It also allowed them to teach families how AR differed from TR, since all these participants had previously been in TR units. The caseworkers believed that families were more likely to work with the caseworker when the end result was not to remove their children:

> …[I say] 'like, look, I'm here as alternative response worker because we received this case because we don't want this thing to continue happening... in your family. So, I'm not here to remove your child, but to speak with you. To educate.' There is less pressure [for families] and they kind of relax. (Urban 1)

Unlike the suburban and urban counties, the rural county appeared to embrace AR more quickly. This was likely a result of the local department of social services director having been an active participant in the statewide AR implementation planning process. This resulted in caseworkers feeling they could provide the family centered approach AR dictates:

> It's how, you know, I was always taught to do it. That's how you engage families. I don't know if people with, with different maybe or different types of backgrounds, but that was how I was always taught to do it. That's how I did it from day one... You engage the family. (Rural)

When participants were asked about specific family characteristics within a report such as demographics, one participant offered how they would approach a caregiver differently based on their assessment of risk:

> I would think that there would be a difference if it's like an older parent, and this is their first referral, and their kid's 12 or 13 years old, and they have no prior history with us whatsoever. I'd be like, 'What happened this one time? You made it 13 years without a

> report, so clearly you're doing something right, but we're gonna sort of, you know, not be quite as in depth compared to that 17-year-old mom who, uh, just had a baby and she's got 16 substances in her system.' (Rural)

Across focus groups, participants stated they did not necessarily approach families solely based on what was in the report such as age of the parent or child but that many decisions were based on history, such as how long the family had been involved in the system. They also suggested that they would consider other factors, such as disability of child or parental substance abuse. Allegation type, however, did not seem to affect a caseworker's approach because AR referrals are already screened for predominantly low-risk families; although whether the family had a neglect report versus physical abuse did impact their approach because policy mandates require physical abuse allegations caseworkers to "lay eyes on the child" within 24 hours from the time the intake report was accepted. This is in direct contradiction to the collaborative spirit of AR, which is about family rapport building.

> However we meet that mandate is how we meet it, not what approach we take. I mean obviously we do our best to do the AR and call the families, but, you know, people work and they don't always call us back, and so we have to do what we have to do, especially for physicals on Fridays. I mean getting a physical AR on Friday, I'm not calling the family. I'm going out to see that child to make sure they're safe enough for the weekend. (Suburban)

This particular quote again captures the feelings of frustration about mandates but also highlights how, despite a desire to provide families with the flexibility that the policy embraces, this was not always possible.

Another area discussed was poverty, particularly when respondents felt that referrals were motivated by economic concerns that reporters mistook for abuse or neglect. Participants discussed their frustrations with the lack of understanding the community has about families, specifically the school districts with fewer economic resources. Participants in the suburban county felt the school system would "dump children" in their hands because they felt they had no

other option. The participants said that school districts saw it was CPS' job to fix "all things poverty." One participant shared how she had a family of eight on her caseload:

> I have had to pull [the children] out of school multiple times on multiple occasions because they're never home because there's eight children… And this family that we put through this, and for what? And it's because of assumptions about poverty. We're assuming that there's a problem. There's no problem. (Suburban)

Another participant in a different focus group also felt the school made judgments about a child because of their perceived socioeconomic status:

> I mean, there are those families that we get back over and over and over again. And I honestly feel bad for them because I was like, 'You know, if you weren't so poor, you know what? That school probably wouldn't be calling me every two weeks.' (Rural)

Overall, participants appeared to want what was best for the families but often felt the assumptions were incorrect. CPS guidelines are clear that poverty does not automatically equate with abuse or neglect (at least in theory). Even where poverty may play a role, respondents may not have the means to address it.

Although not a significant predictor of re-investigation in the quantitative analyses, respondents in all the focus groups indicated they felt Black and Latinx families were treated differently from their White counterparts. The responses highlighted caseworkers' beliefs and assumptions:

> … the area we cover, majority of our clients are Hispanic. They do up to two or three jobs to make ends meet and they share housing. [They have] a three bedroom and basement, each family will be in each room. I feel like that is a national thing. That's a systematic issue across the nation. (Urban 1)

Another caseworker explicitly stated that she preferred to work with white families. Her preference seemed to stem from a combination of her assessment of difficulties often faced by Hispanic families as well what she perceived as differences in attitude and culture:

> I prefer working with white people because [the] few white people I work with, they are straight forward, the educated ones. We approach the issue professionally. And they

> don't give me any problem. I referred them for services. They did it. Promptly. They, we, communicated by text and email. And, you know, I find it more, much easier to work with them than the Hispanic. The Hispanic, maybe they are afraid, or maybe they don't have, uh, they're undocumented. So, it's difficult for them to get services. So, with the whites, it's much easier. (Urban 2)

This quote reflects implicit biases that may also play a role in the delivery of AR and TR. In the quote above and the quote about the class bias in school district referrals, racial and class biases appear as part of the referral process, which could also impact re-investigations. Notably, bias emerged in focus groups conducted in both urban and rural counties, highlighting its prevalence in different types of geographic regions and jurisdictions. The responses offered by the participants suggest disparate treatment that likely impedes the authentic rapport building with families that is a foundational component of AR.

4.2.4. Attitudes about recurrence. When asked about recurrence (i.e., re-investigations) all of the participants noted that while it occurred in their jurisdiction, they did not provide information on whether their agencies were making attempts to prevent families from coming back into the system. Day-to-day job responsibilities forced caseworkers to focus primarily on the allegation in the report rather than holistically address the needs of the family. Because AR families come back at lower rates than TR families, it is possible AR families are getting the resources they need to prevent re-investigations; but not all of the participants felt this was the case. Several said they were aware that some families they worked with would likely come back to the system:

> [We can't address], the secondary problem that comes in the next case [that]wasn't presenting or you didn't have enough time to get to know what's going in that family. Or it's just too much that you're just like, "I can only manage ... With everything else that I have I can only manage what's right in front of me for right now, for today for this family. (Rural)

Urban caseworkers reported greater efforts to reducing re-investigations, who felt that because they had only AR cases, they could take the time to address the needs the family had: “Whatever the report we receive, it’s possible that we will observe all the problems in the family. We address everything together. Because we know that if we don’t, the case will come back.” (Urban 2)

In general, participants in the suburban county had the most difficulties with addressing all the needs a family presented with most likely due to their high caseloads: “my reality is [I’m] getting six cases a week, and sometimes [I] can't manage.” The average caseload for these workers was 30 families as compared to the 15 families in the rural jurisdiction. Although caseworkers in the urban county also had high caseloads, they were not pulled in opposite directions with having AR and TR cases and caseworkers in the rural county had fewer families to manage.

4.2.5. Departmental conflicts. A recurrent theme the participants discussed was trust they felt with their supervisor, including uncertainty as to whether that they would be supported in the decisions they made. This was in direct contrast to respondents’ feelings about their immediate colleagues. Specific to supervision, participants in the rural county felt very supported not only by their direct supervisors but also their administration. This was likely due to how supportive the administrators were of the new policy, which allowed the caseworkers freedom to help families as best as they could.

> I think we are pretty much supported in doing whatever we want to, like one of the CPS workers is doing a restorative parenting program right now, and so the parents that have trauma that's affecting the way that they care their children, um, they [the administration] just let her do it. And now we're going to do it regularly. (Rural)

This was not the case in either the suburban or urban counties. One participant cut corners in order to both appease her supervisor and meet agency mandates:

> My experience has been that supervisors would rather you skip that corner of calling the parent first and make sure that you talk to that kid and know that there's nothing going on below the surface that you might not get during a family meeting…and you better not leave a stone unturned. (Suburban)

Additionally, some caseworkers felt their supervisor had little interest in implementing AR as intended but rather wanted to keep "practice as usual." This made it hard for them to have meaningful discussions with supervisors about their cases:

> This supervisor had like twenty years in investigations in the field. So, there would be times that we would go, have back and forth over what should take place on the case. Like, let's look at other ways to help them. So, we would go back and forth because her mindset was for an investigation. But for an AR case, [I'd need to say] 'What's, what other services are available... to support this family now'? (Urban 2)

Even in jurisdictions where participants were unable to rely on their supervisors or administrators, all of the participants felt a sense of comradery in their units, "I have a good, like a great group of people in my unit…everyone has their, individual strengths, and when I need something answered, or advice I can just go to either person and just get advice from that person." (Urban 1). Colleagues were an important a source of support and were the first line of inquiry used rather than their supervisors.

4.3. Summary of qualitative findings

The findings of the focus groups provided context for some of the quantitative findings as well as insights into AR caseworker's daily work. The primary concern among all groups was the rigidity of agency mandates and how it was difficult to adhere to AR policy due to a variety of structural and organizational challenges, except in the urban county, which held AR only cases. These findings are somewhat contradictory to the quantitative findings, which suggests practice is different with AR. When pressed about certain aspects of cases such as sociodemographic factors like age, poverty, and race/ethnicity, participants said that they were

unbiased and dedicated in their policy implementation. Yet, when they described how they determined what they believed was best for families, they revealed biases and assumptions about families that impacted their decision making. Overall, most of the participants in the urban and rural counties viewed AR in a positive light; however, this was not the case with the suburban participants who often felt overwhelmed by the demands of having high caseloads as well as carrying both AR and TR cases.

5. Discussion

The purpose of this mixed-method study was to examine case and family factors that predicted re-investigation, and to determine how these specific factors may manifest or be explained by caseworker's perspectives on AR implementation within their organization. Similar to other studies, our findings show the odds of having a re-investigation decreased when a family initially received an AR. This adds to the body of evidence suggesting AR helps reduce the influx of families with low to moderate risks from formally entering the system; however, this finding contradicts the experiences of caseworkers, specifically those who carried both AR and TR cases, and calls into question a clear interpretation of the result.

The qualitative interviews provided AR caseworkers an opportunity to describe how their organizational environments influenced their understanding and implementation of AR policy. Across focus groups, the caseworkers appreciated the philosophical stance of AR and did their best to embrace the overall ethos of the policy, which corroborates the positive quantitative findings. But as explained by SLB theory, the participants used their discretion based on their personal interpretations and beliefs about AR (i.e., most focus group participants believed they were already providing a family-focused approach, regardless of the required approach), as informed by explicit and implicit agency directives and existing resources and constraints

(LeRoux et al., 2019; *Authors,* 2020). This may help explain why, despite the best of intentions of participants, many of the longstanding predictors of recurrence were maintained (i.e., families with a CPS history, younger children, and on Medicaid). It is also possible that because in this state AR and TR have many of the same case requirements (e.g., time frames for completions, family assessments) the caseworkers cannot adequately apply the required differential AR and TR response of with families. It is worth exploring both within this state and across the country whether requiring caseworkers to carry dual AR/TR cases leads to differences in safety and recurrence. Further research should also examine how AR policy is implemented across jurisdictions and whether these differences change the overall outcomes for families (Jonson-Motoyama et al., 2022).

Other significant factors in the model included the child's age, gender, the number of children in the family, prior investigations, reported risk level, and whether families were recipients of Medicaid (our poverty proxy). However, it is important to note that qualitatively the participants only directly addressed age, allegation type, poverty, and race/ethnicity. At the county level, age, prior investigations and risk level were significant. The age of a child has been rather consistent with younger children having a higher likelihood of recurrence (Bae et al., 2010; Fluke et al., 2008b). Our findings suggest the same. Similar to other studies, both the number of children and previous experience with the system increased a family's likelihood of returning to the system (Fuller & Nieto, 2009; Hélie et al., 2013). No known studies in CPS have found gender to be a risk factor for recurrence (White et al., 2015); however, this finding diminished when AR and TR were analyzed separately (i.e., gender was no longer significant for either a subsequent or substantiated re-investigation regardless of type of initial response the family received; *Authors,* 2021). The focus group participants from all three counties implied

they attempted to handle cases on an individual basis but that certain general characteristics like age, history of substance abuse, or children with a disability, would change their approach to the family. This type of finding is consistent with other observations related to SLB behavior, that is, using discretion based on their personal interpretation of what is most important for the family and the case. Ideally, they would work closely with the family to establish priorities, but SLBs typically use their power to decide or act according to their own judgment, even if they themselves feel powerless to help the family (Akosa & Asare, 2017).

Equally concerning were the participants' frustrations with having too many cases or cases that were too complex so rather than focus on all areas of need for families the caseworkers only focused on the details of the report. Mitigating these issues requires large scale changes to an organization such as determining avenues to decrease caseload sizes, such as adopting investigative teams rather than individual caseloads (Casey Family Programs, 2021) and providing caseworkers with opportunities to individualize service planning, particularly within AR. Indeed, early descriptions and support of AR were based on families receiving tailored services that were accessible in the community (Waldfogel, 2009). This was especially important because families that do not formally enter the system (i.e., receiving a substantiated allegation of maltreatment) are not mandated to services, thus their issues likely fester and they later return to CPS with more severe issues (Delaye & Singh, 2017; Waldfogel, 2009). It is imperative that CPS partner with the community, as originally intended in AR, in order for caseworkers to adequately help meet the needs of low-risk families. More importantly, by having strong community ties, caseworkers are less likely to negatively use their discretion.

The overall proportion of families reported as having Medicaid was small; however, it had the largest effect on odds of re-investigation. Despite this effect size, the finding should be

interpreted with caution as Medicaid involvement was a proxy for poverty and was self-reported by the family but only if asked by the caseworker and this was not done on a consistent basis. It is well known that poverty is a strong predictor of CPS involvement (Slack & Berger 2020; Slack et al., 2011), yet focus group participants felt that specific groups, such as school personnel, often assumed a child from a family in poverty was being maltreated even if they lacked clear evidence. Attempting to change these perceptions requires CPS systems to work with collaborative systems, such as school districts, to articulate CPS's purpose, which is to determine the physical and emotional safety of a child, not to be a "catch-all" for addressing poverty.

At the county level older children, previous CPS reports, and medium- to high-risk scores were significant of future re-investigation; however, the odds of re-investigation for AR families changed at the county level meaning that living in county with higher than average AR cases did not impact re-investigation rates. This provides additional evidence that AR is keeping children as safe as TR (Fluke et al., 2019). However, given that the focus group participants, particularly those with dual caseloads, struggled to shift between response types, they interpreted policy in a way that best addressed family needs while adhering to overall policy mandates applicable to both TR and AR. This prevented strict adherence to the response type, but it also mitigated their stress and supervisory questioning.

The qualitative findings provide context for some of the quantitative results; however, we believe one area that was not reflected in the predictive model needs further exploration: concerns about racial and ethnic disparities. The race and ethnicity of families should not impact their overall outcomes, yet over 40 years of research has suggested racial and ethnic disparities in the number of reports, investigations, removals, time in foster care, and adoption rates (Dettlaff

et al., 2020; Hill, 2006). There is some research that has focused on caseworker perceptions of race and ethnicity and its effect on families, but these are minimal (Boyd, 2014; Miller et al., 2013). What is concerning in this study was the frankness with which some participants had microaggressions or implicit biases in their analyses of cases. There is little doubt these biases, which gave rise to differential treatment, could impact a family's trajectory through the system and may help explain disparities. It is imperative that child welfare organizations utilize comprehensive approaches to dismantling institutional racism that move away from stand alone and/or individual trainings. One consideration is adopting innovative approaches which include openly discussing the negative outcomes for families and recognizing how current policies within the system perpetuate these outcomes (Dettlaff et al., 2020). When these conversations begin, across all levels of the system, the opportunity for adopting anti-racist policies and practices emerge. These changes, combined with ongoing community communication suggested above, offer alternatives to current practices such that relying on foster or institutional care decreases and reliance on communities from which most families reside become the norm (Dettlaff et al., 2020; Mohamud et al., 2021; Roygardner et al., 2020).

5.1 Limitations

As with any study, limitations are inevitable, and this study is no exception. First, though use of administrative data is quite common in child welfare research, such data are reliant on human data entry, which may contribute to missing data, entry error, or other bias (Capatosto, 2017; English et al., 2000). For example, as described above we used Medicaid as a poverty proxy, but this variable is dependent on the caseworker both asking the family about their Medicaid status and subsequently entering this into the database. Additionally, while using Medicaid as poverty predictor is not unusual in the literature (Cheng & Lo, 2020; Thurston &

Miyamoto, 2018) it does not necessarily indicate a family is poor, especially with the changes in healthcare access post-implementation of the Affordable Care Act. In the state where this study took place, families with children between 0-18 and with income levels at least 317% above the federal poverty line can access Medicaid (www.medicaid.gov). Another limitation was the lack randomization of the AR and TR conditions. While using a randomized control design is unusual in AR, it's not unknown (Winokur et al., 2015). Using this approach would address selection effects between the conditions and also provide evidence for causality for the re-investigation rates. In parallel, it is possible that the contradictory findings on race/ethnicity and re-investigation between the quantitative and qualitative data sources in our study may have been due to the operationalization of race/ethnicity in the state child welfare data. Given the relatively small number of children from some non-White racial/ethnic groups, we dichotomized the variable into White and BIPOC/Latinx children. In light of the qualitative findings that reflected implicit biases and microaggressions toward Latinx families, it could be important for future research to examine the likelihood of re-investigation for each racial/ethnic group and look at the interaction of race/ethnicity and poverty.

A final limitation are the focus groups participants who are likely not representative of all AR workers, even in the state where this study took place. This limitation is especially relevant given the differences in responses about how AR practice is differs in each local organization. It is possible that because the study was voluntary and the participants self-selected to participate only those who had strong opinions about AR, whether positive or negative, felt compelled to participate. Additionally, the fact that only MSW-level caseworkers participated raises questions about how caseworkers without this level of training would respond as there are known differences in how MSW and non-MSW caseworkers respond to families (Ryan et al., 2006).

Finally, the small sample size may limit transferability beyond these participants. Although we used purposive sampling and chose counties we felt represented the different aspects of policy implementation and practice, we also recognize the idiosyncrasy of each jurisdiction. It is not possible to represent the voices of all 24 counties and hundreds of caseworkers although we hope these findings set the stage for future research using caseworker experiences and voice.

6. Conclusion

The purpose of this mixed-method study was to determine what case and family factors predicted re-investigation and how these factors coupled with AR implementation and organizational culture influenced caseworkers. Although having an AR lowered the odds of re-investigation, caseworkers identified implementation barriers such as difficulty differentiating between AR and TR policies. The caseworkers suggested they approached families fairly similarly due to TR and AR essentially having the same mandates, thus challenging a clear interpretation of our primary outcome. Still, caseworkers appeared to do their best to implement the spirit of AR for families regardless of the family characteristics such as age or socioeconomic status; but because AR remains popular and is still fairly new in child welfare, the policy and subsequent practice require ongoing evaluation.

Acknowledgements: The authors wish to thank Dr. Terry Shaw for his proofread of the final manuscript.

References

Akosa, F., & Asare, B. E. (2017). Street-level bureaucrats and the exercise of discretion. *Global encyclopedia of public administration, public policy, and governance*, 1-6.

Alternative Response Messenger. (2014). *Keeping Children Safe by Engaging Families. Maryland Department Human Resources*, Vol 1., Issue 1. http://www.dhr.state.md.us/blog/wp-content/uploads/2014/03/Alternative-Response-Messenger-Spring-2014.pdf

Ards, S. D., Myers Jr, S. L., Ray, P., Kim, H. E., Monroe, K., & Arteaga, I. (2012). Racialized perceptions and child neglect. *Children and youth services review*, *34*(8), 1480-1491. https://doi.org/10.1016/j.childyouth.2012.03.018

Bae, H. O., Solomon, P. L., Gelles, R. J., & White, T. (2010). Effect of child protective services system factors on child maltreatment rereporting. *Child Welfare*, *89*(3).

Barth, R. P., Jonson-Reid, M., Greeson, J. K., Drake, B., Berrick, J. D., Garcia, A. R., ... & Gyourko, J. R. (2020). Outcomes following child welfare services: what are they and do they differ for black children? *Journal of Public Child Welfare*, *14*(5), 477-499. https://doi.org/10.1080/15548732.2020.1814541

Bafumi, J., & Gelman, A. (2007). Fitting Multilevel Models When Predictors and Group Effects Correlate. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.1010095

Belsky, J. (1980). Child maltreatment: an ecological integration. *American Psychologist*, *35*(4), 320.

Berrick, J. D. (2018). *The impossible imperative: Navigating the competing principles of child protection*. Oxford University Press.

Brodkin, E. Z. (2008). Accountability in street-level organizations. *Intl Journal of Public Administration*, *31*(3), 317-336. https://doi.org/10.1080/01900690701590587

Boyd, R. (2014). African American disproportionality and disparity in child welfare: Toward a comprehensive conceptual framework. *Children and Youth Services Review*, *37*, 15-27. https://doi.org/10.1016/j.childyouth.2013.11.013

Carnochan, S., Rizik-Baer, D., & Austin, M. J. (2013). Preventing the recurrence of maltreatment. *Journal of Evidence-based Social Work, 10*(3), 161-178.

Casanueva, C., Tueller, S., Dolan, M., Testa, M., Smith, K., & Day, O. (2015). Examining predictors of re-reports and recurrence of child maltreatment using two national data sources. *Children and Youth Services Review*, *48*, 1-13. https://doi.org/10.1016/j.childyouth.2014.10.006

Casey Family Programs (2021). *What has been New York's experience with casework teaming?* (Issue Brief, Healthy Organizations). https://caseyfamilypro-wpengine.netdna-ssl.com/media/21.07-QFF-HO-New-York-State-Casework-Teaming.pdf

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Cohen, J. , Cohen, P. , West, S. G. , & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ: Lawrence Erlbaum.

Connell, C. M., Bergeron, N., Katz, K. H., Saunders, L., & Tebes, J. K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, *31*(5), 573-588. https://doi.org/10.1016/j.chiabu.2006.12.004

Dai, J., Li, Z., & Rocke, D. (2006). *Hierarchical logistic regression modeling with SAS GLIMMIX*. In Proceedings of the thirty-first annual SAS users group international conference. Cary, North Carolina: SAS Institute Inc.

Delaye, A., & Sinha, V. (2017). Community sidelined: The loss of community focus in differential response. *Child & Family Social Work*, *22*(3), 1338-1347.

DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment, and intervention*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.

Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It is not a broken system, it is a system that needs to be broken: The upEND movement to abolish the child welfare system. *Journal of Public Child Welfare*, *14*(5), 500-517. : https://doi.org/10.1080/15548732.2020.1814542

Drake, B., Jonson-Reid, M., & Sapokaite, L. (2006). Re-reporting of child maltreatment: does participation in other public sector services moderate the likelihood of a second maltreatment report?. *Child abuse & Neglect, 30*(11), 1201-1226.

English, D. J., Wingard, T., Marshall, D., Orme, M., & Orme, A. (2000). Alternative responses to child protective services: Emerging issues and concerns. *Child Abuse & Neglect*, *24*(3), 375-388. https://doi.org/10.1016/S0145-2134(99)00151-9

Farrow, F., Notkin, S., Derezotes, D., & Miller, O. (2011, December). Race Equity in Child Welfare: Key Themes, Findings and Perspectives. In *Research Synthesis on Child Welfare Disproportionality and Disparities*. Baltimore, MD: Annie E. Casey Foundation.

Fluke, J. D., Harlaar, N., Brown, B., Heisler, K., Merkel-Holguin, L., & Darnell, A. (2019). Differential response and children re-reported to child protective services: County data

from the National Child Abuse and Neglect Data System (NCANDS). *Child maltreatment*, *24*(2), 127-136. https://doi-org/10.1177/1077559518816381

Fluke, J., Harlaar, N., Brown, B., Heisler, K., Darnell, A., & MerkelHolguin, L. (2016). *Differential response and the safety of children reported to child protective services: A tale of six states*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation

Fluke, J. D. (2008a). Child protective services rereporting and recurrence—Context and considerations regarding research. *Child Abuse & Neglect*, *32*(8), 749-751.

Fluke, J. D., Shusterman, G. R., Hollinshead, D. M., & Yuan, Y.-Y. T. (2008b). Longitudinal Analysis of Repeated Child Abuse Reporting and Victimization: Multistate Analysis of Associated Factors. *Child Maltreatment, 13*(1), 76-88.

Fuller, T., & Nieto, M. (2009). Substantiation and maltreatment rereporting: A propensity score analysis. *Child Maltreatment*, *14*(1), 27-37. https://doi-org/10.1177/1077559508326925

Fuller, T., Nieto, M., & Zhang, S. (2013). *Differential Response in Illinois: Final Evaluation Report*. University of Illinois at Urbana-Champaign, Children and Family Research Center, Urbana, IL.

Gelman, A. & Hill, J. (2007). *Data Analysis Using Regression and Multilevel/Hierarchical Models*. Cambridge, UK: Cambridge University Press.

Graham, J. C., Dettlaff, A. J., Baumann, D. J., & Fluke, J. D. (2015). The decision making ecology of placing a child into foster care: A structural equation model. *Child Abuse & Neglect*, *49*, 12-23. https://doi.org/10.1016/j.chiabu.2015.02.020

Glisson, C., & Green, P. (2011). Organizational climate, services, and outcomes in child welfare systems. *Child Abuse & Neglect*, *35*(8), 582-591. https://doi.org/10.1016/j.chiabu.2011.04.009

Glisson, C., Green, P., & Williams, N. J. (2012). Assessing the Organizational Social Context (OSC) of child welfare systems: implications for research and practice. *Child Abuse & neglect*, *36*(9), 621-632. https://doi.org/10.1016/j.chiabu.2012.06.002

Glisson, C., & James, L. R. (2002). The cross-level effects of organizational culture and climate on the access to mental health care in child welfare and juvenile justice. *Journal of Organizational Behavior, 23*, 767–794. https://doi.org/10.1007/s10488-005-0016-0

Goldman, J., Salus, M. K., Wolcott, D., & Kennedy, K. T. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.

Halverson, J. L., Russell, J. R., & Kerwin, C. (2018). Effect of worker contacts on risk of child maltreatment recurrence among CPS-involved children and families. *Child Abuse & Neglect, 82*, 102-111. https://doi.org/10.1016/j.chiabu.2018.05.003

Hélie, S., Laurier, C., Pineau-Villeneuve, C., & Royer, M. N. (2013). A developmental approach to the risk of a first recurrence in child protective services. *Child Abuse & Neglect*, *37*(12), 1132-1141. https://doi.org/10.1016/j.chiabu.2013.05.001

Hill, R. B. (2006, October). *Synthesis of research on disproportionality in child welfare: An update*. Seattle, WA: Casey Family Programs.

Hox, J. (2002). *Multi-Level Analysis*. London: Lawrence Erlbaum Associates, Publishers.

Hughes, R. C., Rycus, J. S., Saunders-Adams, S. M., Hughes, L. K., & Hughes, K. N. (2013). Issues in differential response. *Research on Social Work Practice*, *23*(5), 493-520. https://doi-org/10.1177/1049731512466312

Johnson-Motoyama, M., Ginther, D. K., Phillips, R., Beer, O. W. J., Merkel-Holguin, L., & Fluke, J. (2022). Differential Response and the Reduction of Child Maltreatment and Foster Care Services Utilization in the U.S. From 2004 to 2017. *Child Maltreatment.*

Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children, 23*(1&2), 5-21.

Lee, S. J., Sobeck, J. L., Djelaj, V., & Agius, E. (2013). When practice and policy collide: Child welfare workers' perceptions of investigation processes. *Children and Youth Services Review*, *35*(4), 634-641. https://doi.org/10.1016/j.childyouth.2013.01.004

LeRoux, K., Piatak, J., Romzek, B., & Johnston, J. (2019). Informal accountability in children's service networks: The role of frontline workers. *Human Service Organizations: Management, Leadership & Governance*, *43*(3), 188-204.

Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services.* New York: Russell Sage Foundation.

Loman, L.A. & Siegel, G.L. (2015). *Alternative response in Maryland program evaluation. Final report to the Department of Human Resources, Social Security Administration*. St. Louis, MO: Institute of Applied Research.

Loman, L.A. & Siegel, G.L. (2013). Hughes et al: Science or promotion? *Research on Social Work Practice*, *23*(5), 554-559. https://doi-org/10.1177/1049731512475323

Maguire-Jack, K., & Font, S.A. (2014). Predicting recurrent maltreatment among high-risk families: Applying the decision-making ecology framework. *Children and Youth Services Review, 43,* 29-39. https://doi.org/10.1016/j.childyouth.2014.04.014

Marshall, S. K., Charles, G., Kendrick, K., & Pakalniskiene, V. (2010). Comparing differential responses within child protective services: a longitudinal examination. *Child Welfare*, *89*(3), 57-77.

Merkel-Holguin, L., & Bross, D. C. (2015). Commentary: Taking a deep breath before reflecting on differential response. *Child Abuse & Neglect*, *39*, 1-6.

Merkel-Holguin, L., Hollinshead, D. M., Hahn, A. E., Casillas, K. L., & Fluke, J. D. (2015). The influence of differential response and other factors on parent perceptions of child protection involvement. *Child Abuse & Neglect*, *39*, 18-31.

Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006). *National study on differential response in child welfare*. Washington, DC: American Humane Association and Child Welfare League of America. Retrieved from http://www.americanhumane.org/assets/pdfs/children/ pc-2006-national-study-differential-response.pdf

Merkel-Holguin, L., Schene, P., Connolly, M., Yuan, Y. Y. T., Shusterman, G. R., Fluke, J. D., ... & Astolfi, C. (2005). Differential response: A common sense reform in child welfare. *American Humane Association Protecting Children*, *20*, 2-7.

Merry, S.M., Peters, C.M., Bilaver, L.M., Goerge, R.M., & Lee, B.J. (1999). *The impact of reform in the Cook County juvenile court's child protection division*. Discussion paper CS-53, University of Chicago, Chapin Hall Center for Children.

Miller, K. M., Cahn, K., Anderson-Nathe, B., Cause, A. G., & Bender, R. (2013). Individual and systemic/structural bias in child welfare decision making: Implications for children and families of color. *Children and Youth Services Review*, *35*(9), 1634-1642.

Mohamud, F., Edwards, T., Antwi-Boasiako, K., William, K., King, J., Igor, E., & King, B. (2021). Racial disparity in the Ontario child welfare system: Conceptualizing policies and practices that drive involvement for Black families. *Children and Youth Services Review*, *120*, 105711. https://doi.org/10.1016/j.childyouth.2013.07.002

National Conference on State Legislatures. (2019, December 15). *Differential Response in Child Protective Services: Analysis of State Legislative Provisions.* https://www.ncsl.org/research/human-services/state-legislation-differential-response.aspx

Padgett, D. K. (2016). *Qualitative methods in social work research* (Vol. 36). Sage Publications: New York.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533-544.

Piper, K. A. (2017). Differential response in child protection: How much is too much?. *Children and Youth Services Review*, *82*, 69-80. https://doi.org/10.1016/j.childyouth.2017.09.014

Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods* (Vol. 1). Sage Publications: New York.

Rivaux, S. L., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., & Jeffries, V. (2008). The intersection of race, poverty, and risk: Understanding the decision to provide services to clients and to remove children. *Child Welfare*, *87*(2), 151.

Roygardner, D., Hughes, K. N., & Palusci, V. J. (2020). Leveraging family and community strengths to reduce child maltreatment. *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 119-139. https://doi-org /10.1177/0002716220978402

Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review*, *28*(9), 993-1006. https://doi.org/10.1016/j.childyouth.2005.10.013

Scannapieco M., & Connell-Carrick, K. (2005). Focus on the first years: Correlates of child maltreatment for families with children 0 to 4. *Children and Youth Services Review, 27*(12), 1307-1323. https://doi.org/10.1016/j.childyouth.2005.01.005

Schene, P. (2001). Meeting each family's needs: Using differential response in reports of child abuse and neglect. In *Best Practice, Next Practice, Spring,* (pp. 1–14). National Child Welfare Resource Center for Family-Centered Practice.

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress, Executive Summary.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Semanchin-Jones, A. (2015). Effective implementation strategies of differential response in child welfare: A comparative case analysis. *Journal of Public Child Welare, 9*(5), 528-550. https://doi.org/10.1080/15548732.2015.1090365

Slack, K. S., & Berger, L. M. (2020). Who is and is not served by child protective services systems? Implications for a prevention infrastructure to reduce child maltreatment. *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 182-202.

Slack, K. S., Berger, L. M., DuMont, K., Yang, M., Erharhd-Dietzel, S., & Holl, J. (2011). Predicting child neglect of young children: A comparison of three samples. *Children and Youth Services Review*, *33*, 1354-1363. https://doi-org/10.1177/0002716220980691

Studenmund, A. H. (2014). *Using econometris: A practical guide*. Boston, MA: Pearson.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child Maltreatment 2019*. Downloaded from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Waldfogel, J. (2009a). Differential response. In K. A. Dodge, & D. L. Coleman (Eds.), *Preventing child maltreatment*. (pp. 139–155). New York, NY: The Guilford Press.

White, O. G., Hindley, N., & Jones, D. P. (2015). Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, Science and the Law, 55*(4), 259-277. https://doi-org/10.1177/0025802414543855

Winokur, M., Ellis, R., Drury, I., & Rogers, J. (2015). Answering the big questions about differential response in Colorado: Safety and cost outcomes from a randomized controlled trial. *Child Abuse & Neglect*, *39*, 98-108.

Yoo, J., & Brooks, D. (2005). The role of organizational variables in predicting service effectiveness: An analysis of a multilevel model. *Research on Social Work Practice*, *15*(4), 267-277. https://doi-org/10.1177/1049731505275868

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, *12*(2), 137-149. https://doi-org/10.1177/1077559507300322

Figure 1.

Hotline Report Process and Overlap in AR and TR Policy Mandates

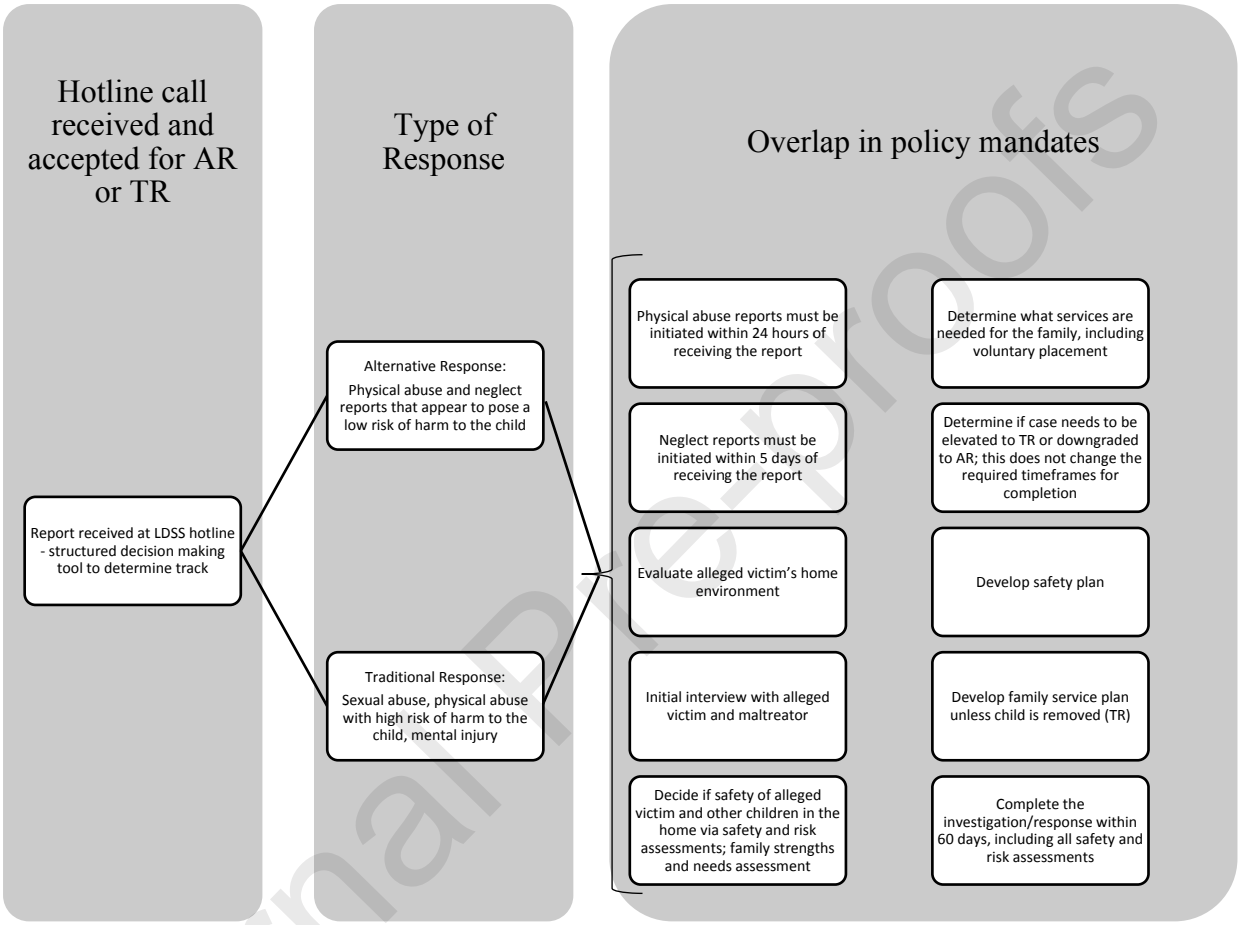


Table 1

Bivariate Comparisons of Child Characteristics by Response Type (N=16,691)

		Traditional (*n*=6,732) %	Alternative (*n*=9,959) %
Total		40.3	59.7
Child	Female	54.7	47.4
	Male	45.3	52.6
Race	BIPOC/Latinx	51.2	56.4
	White	48.8	43.6
Medicaid	Yes	25.4	7.5
	No	74.6	92.5
Reported Re-investigations	Yes	21.6	10.0
	No	78.4	90.0
Index Report	Physical Abuse	21.2	34.2
	Sexual Abuse	22.0	0
	Neglect	57.0	65.8
Risk	Medium/High	53.2	14.3
	Low/No	46.8	85.7
		Mean (SD)	Mean (SD)
Number of Children		1.5 (0.9)	1.4 (0.8)
Child Age		7.8 (5.2)	8.1 (4.8)
Prior Investigations		0.5 (1.0)	0.2 (0.6)

Table 2

Summary of Results for the Multilevel logit Model Fitted to Evaluate the Contributions of Individual and County-level Factors on Reported Re-investigations (N = 16,691)

		95% CI [a]					
	OR	Lower	Upper	*B*	SE	*t*	*p*
Level-1 Fixed Effects							
Intercept				-3.144	.611	-5.150	.000
Alternative Response	.641	.561	.731	-.445	.068	-6.590	<.0001
Child Gender (1=Male)	.897	.806	.997	-.109	.054	-2.020	.044
Child Age	.975	.964	.986	-.025	.006	-4.400	<.0001
BIPOC/Latinx	1.091	.968	1.230	.087	.061	1.420	.155
Number of Children	1.085	1.045	1.127	.082	.019	4.210	<.0001
Number of Prior Investigations	1.325	1.254	1.399	.281	.028	10.090	<.0001
Medicaid	2.723	2.400	3.089	1.002	.064	15.570	<.0001
Physical Abuse	.960	.838	1.100	-.041	.069	-.590	.555
Sexual Abuse	.806	.648	1.004	-.215	.112	-1.930	.054
Med/High Risk	1.321	1.165	1.497	.278	.064	4.350	<.0001
Level-2 Fixed Effects							
% Alternative Response	.941	.809	1.096	-.060	.078	-.780	.436
% Male (Children)	.747	.443	1.261	-.292	.267	-1.090	.275
Mean Child Age	1.364	1.034	1.800	.310	.142	2.190	.028
% BIPOC/Latinx	1.034	.955	1.119	.033	.041	.820	.414
Mean Number of Children	1.041	.952	1.139	.041	.046	.890	.375
Mean Prior Investigations	1.139	1.037	1.251	.130	.048	2.730	.006
% Medicaid	.951	.774	1.168	-.051	.105	-.480	.629
% Physical Abuse	1.079	.879	1.324	.076	.105	.720	.470
% Sexual Abuse	.395	.175	.895	-.928	.417	-2.230	.026
%Med/High Risk	1.187	1.043	1.350	.171	.066	2.590	.010
Covariance Parameter Estimates							
County				.015	.014	1.070[b.]	.143

Note. a. Confidence interval for the odds ratio. b. z-score.

Appendix

Focus Group Guide
Decision Making in Alternative Response

First Name, Last Initial
Age
Race/Ethnicity
Degree
Current position
Years of experience in current position
Previous positions at DSS

Start with some basic questions, ease the participants into the focus group process.

- Tell me a little bit about how you became an AR caseworker.
    - How many of you were first in a traditional investigation role?
- (For those previously doing traditional response work or those who have mixed caseloads) How different does alternative response feel from a traditional investigation?
    - Tell me about any changes that have been made since the initial implementation.
- Any other questions so far?

Moving on to the data:

Research has shown that we often make decisions for families based on personal experience, years of experience doing the job as well as the organizational expectation (culture) of the job. A big aspect of this research project is to better understand how each of these aspects impact you once you're in the field making decisions for families.

Before we discuss the specifics of individual families, I'd like to better understand your agency's work environments and how it can influence the decisions we make.

Innovative Planning:

- Can you tell me a little bit about your work environment?
- What kind of support do you have for your work?
- Have you ever suggested an innovative service plan? (Explain as necessary)
- How supportive was your supervisor of this kind of plan? How about the administration/management?
- Tell me about an experience where you suggested a specific service for a family and you were able to implement the plan that you came up with?
    - Are there situations where you didn't feel like you were allowed but found ways to implement the plan on your own?
    - Or a situation where your supervisor/agency was supportive but the resources were not available.

Administrative Tasks:

I am interested in understanding how the administrative tasks of your job influence your work with families.

- How do administrative structures make it harder/easier for you to work with families?
    - Probes: admin structures: agency policies, rules, expectations
- How do you or your colleagues work with or around administrative structures to get families what they need?
- Have you felt supported by supervisors/administrators with decisions you regularly make on behalf of families?

Moving on to the earlier findings of this study I'd like to discuss your experiences with AR.

- How do you understand the purpose of AR?
- What are some of the factors that impede or facilitate AR goals?
    - Probes: resources/service availability? Waitlists?
- Attempting to get families the services and resources they need to prevent the families from returning to the system continues to be a goal for CPS.
    - Given the flexibility of AR do you believe families are getting the services they need?
    - Do you believe AR families are less likely to return to the CPS?
- What differences have you found in working with parents/caregivers of different ages
    - Probes: those over 30, and younger parents, older parents/caregivers?
- Are there situations where a caregiver's age does not matter?
    - (Use substance abuse as an example – if a parent had a substance abuse issue what kind of expectations would you have for a parent who was 18 versus a parent who was 40?)
- The majority of families in child welfare come from disadvantaged backgrounds.
    - When you think about poverty, what comes to mind?
    - How does poverty impact the families you work with?
    - Are there situations in which you believe a caregiver makes decisions that allows/forces them to stay in poverty?
        - Please provide examples.
- Sometimes workers may ask different questions to get information depending on the kind of allegations the families face.
    - What types of questions would you use for different kinds of allegations?
        - Probes (if necessary): neglect, physical abuse, sexual abuse, emotional abuse
    - How helpful are the required assessments in determining the outcome for a family?

Last, race and ethnicity have been the focus in child welfare research for many years. We have found that children of color typically come into and stay in the system longer than their white

counterparts. Despite this knowledge we are still struggling with understanding why this happens.

- What is your level of familiarity of racial and ethnic disparities in child welfare systems?
    - Probes: explain disparities/disproportionality
- How do you think a person's race/ethnicity impacts decisions made about their cases?
- Has your agency or previous agencies you worked in ever discussed these differences?
    - If an affirmative answer is given, follow up with: How impactful were these discussions?

END of FOCUS GROUP

Author Statement

Stacey Shipe: Conceptualization; Methodology; Validation; Investigation; Resources; Data Curation; Writing - Original Draft; Writing - Review & Editing; Visualization; Project administration

Mathew Uretsky: Methodology; Software; Validation; Formal analysis; Writing - Original Draft; Writing - Review & Editing; Visualization

Catherine LaBrenz: Writing - Review & Editing; Visualization

Corey Shdaimah: Methodology; Validation; Formal analysis; Writing - Original Draft; Writing - Review & Editing; Visualization

Christian Connell: Writing - Review & Editing; Visualization; Supervision

Highlights

- Alternative response (AR) is a widely used prevention focused approach to child protective services (CPS)
- Families receiving AR have lower odds of re-investigation
- AR caseworkers agree with the premise of AR but had difficulty with implementing the main principles especially those who held dual caseloads
- AR policy in practice is complex and requires further evaluation

January 2, 2022

Dear Drs. Fernandez, Johnson-Motoyama, Merritt, and Shlonsky,

We declare that our work is original and constitutes details from our own study. This manuscript has not been published or submitted elsewhere. All of the contributions to this work was done by the named authors, and there are no conflicts of interest. Original IRB approval was provided by the University of Maryland, Baltimore, Office of Human Research Protections.

Thank you for time and consideration.

Sincerely,

Stacey L. Shipe, PhD, MSc, MSW

Postdoctoral Fellow, Child Maltreatment Solutions Network

The Pennsylvania State University

202 Henderson Building

University Park, PA 16802