

**National Quality Improvement Center
On Differential Response in Child Protective Services**

**Annotated Bibliography
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Anselmo, S., Pickford, R., & Goodman, P. (2003). Alberta response model: Transforming outcomes for children and youth. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 98-104). Ottawa, Ontario, Canada: Child Welfare League of Canada.

The Alberta Response Model (ARM) is based on the principle that protecting children, preventing maltreatment and strengthening families form a service continuum. A fundamental objective of ARM is to provide protection to children at risk for future maltreatment. ARM is composed of four interrelated core strategies. First, a differential response system will ensure children and youth at high risk of physical or emotional harm are protected and those at lower risk, along with their families, are supported and strengthened through community and neighborhood networks. Families may be assigned to either child protection or family enhancement pathways based on assessment of risk and the family's willingness to voluntarily engage with services. Second, strengthening the links between local community-based child and family services and the coordination of referral systems enables families to access a full range of services. Third, earlier permanency planning, developed in consultation with extended family members, clinical specialists and community partners, is emphasized to provide the opportunity for stable and permanent relationships for children in care. Finally, implementing processes that monitor outcomes, based on the national Child Welfare Indicator Matrix, is a central component of ARM.

Key Words: aboriginal; Alberta Response Model; ARM; Canadian national outcome indicators; caseload; Child Welfare Indicator Matrix; community; differential response; family enhancement; neighborhood; outcomes; permanency; policy; prevention; protection; referral; risk; service; strengthening; voluntary

Bagdasaryan, S., Furman, W., & Franke, T. (2008). Implementation of California's differential response model in small counties. [*Protecting Children*, 23\(1 & 2\), 40-56.](#)

Using qualitative data from site interviews and quantitative data from an annual prevention system inventory, this article examines three specific elements within the differential response model as it was being formulated or implemented in 11 rural California counties. These elements are case identification and risk assessment, components of differential response systems and referral methods, and system response and service delivery. The discussion regarding differential response systems and case referral methods focuses on methods used by small counties to refer clients to other agencies and partners, and the adequacy, accessibility, flexibility and information-sharing parameters of partnerships and community networks. Primary

challenges identified by the counties include achieving adequate confidentiality protocols, changes in organizational culture and adequate staffing.

Key Words: small county initiative; standardized assessment; case identification; recidivism; referrals; service delivery; system response; child welfare services redesign; public private partnership; administrative infrastructure; prevention system assessment inventory; organizational culture; community capacity; family resource centers; safe and healthy families; service accessibility

Barber, J., & Knoke, D. (2003). Evaluating the implementation of assessment tools in the Australian child protection system. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 49-63). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter describes research that examines the reliability and validity of clinical judgment versus actuarial risk and safety assessment instruments in Australia's child protection system. Recent policy changes support the implementation of assessment instruments that guide and inform workers in both their approach to children and families, and their decisions about the services that families need. Likewise, the use of empirically-based assessment tools was introduced in order to increase the consistency of assessments. It is hypothesized that the implementation of a more quantifiable risk and safety assessment process will also result in improved safety, more relevant services and decreased recurrence of maltreatment. The extent to which reliability and validity are preserved in practice depends on how these instruments are implemented. The authors describe the introduction of "tiered responding" based on actuarial assessment instruments in two Australian states. In South Australia, some training was provided prior to implementation, but there was no pilot testing of instruments, and provisions were not made to modify system practice. In contrast, the implementation of assessment instruments in Queensland was accompanied by efforts to train workers and monitor the new system's effectiveness. Overall, proper training, monitoring and attention to the fidelity of instrument implementation are needed for more consistent, reliable and valid assessments and may ultimately lead to improved case prioritization.

Key Words: actuarial; assessment; audit; Australia; case characteristics; consistency; decision making; differential response; evidence based; false negatives; false positives; fidelity; instrument; investigation; judgment; monitoring; outcomes; pilot testing; policy; prioritization; psychometric; quantitative; Queensland; rating; reliability; risk assessment; safety assessment; scenario; services; South Australia; tiered responding; tool; track; training; validity

Berrick, J. D., Bryant, M., Conley, A., de Elizalde, L., Garcia, V., & Greer, A. (2008). *Differential response and alternative response in diverse communities an empirically-based curriculum: CALSWEC*. CA: University of California, Berkeley, Center for Child and Youth Policy.

This recently developed curriculum on differential response (DR) was developed by the California Social Work Education Center at U.C. Berkeley. It is based on the authors' evaluation of DR efforts in African American, Latino and Asian neighborhoods in Contra Costa and Alameda counties in the San Francisco Bay area of California. The curriculum includes a history

of California's child welfare system redesign, a literature review that incorporates evaluation findings for five states and an extensive bibliography. Detailed descriptions are provided of the Contra Costa and Alameda county adaptations of DR for their constituents, and practice issues including client engagement and service provision are discussed. A section is offered on applying assessment tools and protocols and determining child outcomes in ethnically diverse neighborhoods, including multiple case studies. Information regarding client experiences and outcomes is presented, and a final section of implications for policy and practice is included. The general conclusion of the study is that while research was not able to establish a definitive causal relationship between participation in DR and lack of re-reporting or recurrence, it was adequately demonstrated that child safety was not adversely affected and that other benefits accrued for children, families and communities where DR was in place.

Key Words: child welfare redesign; client engagement; service provision; ethnic diversity; disproportionality; neighborhood context; culturally sensitive assessment; screening; referral process; voluntary services; community involvement

Brubacher, M. D., & Narayan, J. (2003). Community based child welfare services in Guelph and Wellington County. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 89-97). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter describes the components of a successful community-based service model used by Family and Children's Services (FCS) of Guelph and Wellington County in Ontario, Canada. Under FCS leadership, the Shelldale Centre brought together a network of 16 agencies and community organizations into one facility -- located in an area known to have the highest rates of poverty and family problems -- to meet the needs of high-risk children and families. FCS' provision of services is based on the belief that child protection is a community responsibility. FCS uses child-centered interventions in which parents and service providers act as partners and provide outreach to families most in need. The program has resulted in positive outcomes for parents and children; significant improvements in neighborhood safety; and significant, positive impacts on child welfare services, including a reduction in the number of children needing placement outside the home.

Key Words: child-centered; child-focused; child welfare; collaborative services; community based service model; community development; concrete supports; early identification; early intervention; family-centered; family support; foster care; immigrant families; neighborhood safety; partnership; placement; primary prevention; refugee families; safety; voluntary participation; youth crime

Brunson, L., & Bouchard, C. (2003). Mobilizing communities to prevent child abuse and neglect: A cultural shift in child protection. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 75-88). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter provides an overview of recent attempts to maximize child protection in Canada, including the implementation of community mobilization and community collaboration

strategies in child welfare practice. Rather than having children and families be exclusively served by Child Protective Services (CPS), the authors argue that traditional child protection efforts could be augmented with community-based approaches. Key elements of these approaches include multisector coalitions between family service providers, orientation toward local community data in order to shape appropriate action plans, evidence-based programming and family participation and input regarding services. Furthermore, this chapter states that community-based approaches require local civic leadership and shared accountability for child safety, which will ultimately expand resource and service networks and help alleviate the pressure placed on CPS workers. The authors note that these types of “cultural shifts” in practice are not without their dilemmas. Typical challenges in implementing community-based approaches include how to mobilize communities, how to determine the role of local community residents and how to facilitate the often difficult collaboration process. However, the authors also emphasize that community partnerships are integral to expanding needed resources and services for families, and to possibly preventing future incidents of child maltreatment.

Key Words: building community partnerships for child protection; civic leadership; cliché report; community collaboration; community mobilization; crisis response; cultural shift; data orientation; deficiency model; ecological framework; geo-mapping; maximal protection model; multisector coalition; neighborhood milieu; patch approach; prevention science approach; Project Beluga social capital; social cohesion; social inequities; socially toxic environments; strategic planning; tertiary care system; therapeutic response

Cameron, G., Freymond, N., & Roy, C. (2003). Avenues for positive innovations in Canadian child welfare: Lessons from the Partnerships for Children and Families Project and international jurisdictions. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 14-31). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter addresses the Canadian child welfare system. Research (i.e., interviews, focus groups and questionnaires) was conducted with parents, families and service providers as part of the Partnerships for Children and Families Project in Ontario. One research focus was to understand the daily lives and service experiences of children and families who were involved with child welfare and residential children’s mental health services. In addition, the research examined service providers’ views and experiences. One primary theme that emerged from the research was that it is often difficult to establish trusting and collaborative relationships between Child Protective Services workers and families. The authors propose several avenues for change in the Canadian welfare system, including flexible first responses tailored to the family’s individual needs and situation (i.e., differential response); an expanded range of “family-friendly” child placement options, including extended kin and family support network placements; and more interventions and time for consensual agreements during the period between supporting families and formally involving the legal system. These reforms would encourage strengths- and family-based practice, allow more time and flexibility for workers to help families, and provide families with a broader range of resources and supports. The authors also discuss the importance of developing collaborative partnerships among community service providers in order to serve families well.

Key Words: Canadian child welfare; community partnerships; consensual; continuity; differential response; family friendly; first response; flexibility; focus group; interview; liability; mediation; mother; negotiation; Ontario; parent; Partnerships for Children and Families Project;

placement; questionnaire; reform; research; residential mental health; resource; service provider; stereotype; trust; worker

Carpenter, C. (2007, Spring). Alternative response. *Children, Families, and the Courts: Ohio Bulletin*, 3(3), 1-13. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-AR-Ohio-child-law-bulletin.pdf>

This article raises key policy issues in the implementation and practice of alternative response in Ohio. Ohio alternative response began as a 10-county pilot program via legislative authorization enacted on June 21, 2006. The article opens with an overview of alternative response (differential response), including a general definition and core elements. It notes the states and countries that have implemented differential response in whole or in part. It also summarizes outcomes data from evaluative research conducted in Alaska, California, Minnesota, Missouri, North Carolina and Virginia. The Minnesota and Missouri evaluation reports address family and social worker responses, child safety and family well-being, and fiscal implications of differential response. The article includes a simple chart of differences between family assessment and traditional investigation. It summarizes the Supreme Court of Ohio Subcommittee on Child Abuse, Neglect, and Dependency's recommendations for the pilot alternative response project in Ohio and concludes with the progress made and next steps in Ohio's implementation of alternative response.

Key Words: alternative response; assessment approach; child safety; child welfare policy; child welfare practice; cost-effectiveness; CPS involvement; differential response; family-centered; family engagement; intervention; investigation approach; outcomes; paths of response; prevention; service delivery; substantiation; Subcommittee on Child Abuse, Neglect, and Dependency; tracks of response

Casey Family Programs. (2007). Implementing differential response in California: Promising practices and lessons learned. Seattle, WA: Author. Retrieved October 2, 2009, from http://www.casey.org/Resources/Publications/BreakthroughSeries_DifferentialResponse.htm

This report chronicles the Breakthrough Series Collaborative (BSC) that was developed, tested and implemented by 43 California counties as part of the state's child welfare redesign, including the three-tiered adaptation of differential response (DR) developed for the redesign efforts. Detailed background regarding DR, the BSC methodology and the state's child welfare efforts are presented, and a series of elements regarding agency, community and family engagement are developed to support county implementation efforts. Measures to document DR implementation progress are then proposed, and promising practices for each element are described. County vignettes are included for each of the promising practices, and findings from collaborative-level qualitative data from focus groups and interviews are presented. The report sees the early results of the BSC work as promising and proposes next steps, including rigorous evaluation, training and technical assistance in the proposed elements to counties; increased investment in community-based services; and exploring policy changes needed to support the continued implementation of the collaborative's work.

Key Words: breakthrough series collaborative; BSC; child welfare redesign; family engagement; community partners; service array; outcome measures; re-referrals; timeliness of response; promising practices; strengths-focused; assessment tools; joint decision making; family advocates; child safety; community specialists; team decision making; co-location; joint trainings; universal release; multidisciplinary teams; resource identification teams; organizational culture; prevention and early intervention

Child and Family Policy Institute of California. (2006). *Child welfare services system improvements: 11 county pilot implementation evaluation: Initial assessment phase, July 2003 to June 2006*. Sacramento: California Department of Social Services, Children and Family Services Division. Retrieved October 2, 2009, from http://www.cfpic.org/children/pdfs/11_County_Eval_Phase1.pdf

This document reviews the initial, planning phase of California's 2003 11-county project to pilot selected child welfare strategies. Differential response (DR) is one of the strategic areas to be addressed, in addition to standardized safety assessment and permanency and youth transition. The report outlines in detail the process and structure of the state's three-path adaptation of DR. Successes, challenges and recommendations are also presented. Recommendations for expanding the pilot to other counties are outlined in the areas of community collaboration, culture shift and systems change, training, workload and evaluation. Appendices include instruments, and both state and county-level planning documents. The 11 participating counties were Contra Costa, Glenn, Humboldt, Los Angeles, Placer, Sacramento, San Luis Obispo, San Mateo, Stanislaus, Tehama and Trinity.

Key Words: state-county workgroups; strategic planning; outcomes-based evaluation; safety assessment; Structured Decision Making; D+SDM; comprehensive assessment tool; CAT; legislature; breakthrough series collaborative; BSC; plan-do-study-act; PDSA method; community collaboration; system change; workload; training

Child Welfare Information Gateway. (2008). *Differential response to reports of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services. Retrieved October 2, 2009, from http://www.childwelfare.gov/pubs/issue_briefs/differential_response

This publication of the Federal Children's Bureau gives a historical and programmatic description of differential response, including its philosophical underpinnings and a comparison to traditional child protective services approaches. It describes the common characteristics and variations of DR across states, and presents quantitative and qualitative findings from evaluation research. The document concludes with a series of recommendations for jurisdictions considering DR, which addresses child safety concerns, systematic but flexible pathway assignment, effective assessment, adequate community service and informal support capacity, staff training and workloads, and ongoing outcome-based evaluation. Questions for further research are also listed, regarding the effectiveness of voluntary services, case follow-up, family engagement, worker caseloads, service capacity and community collaboration.

Key Words: child welfare practice; family engagement; child safety and risk; community resources; central registry; disposition; agency accountability; assessment; substantiation; prior victimization; recurrence; cost-effectiveness; family-centered practice; system flexibility; service

capacity; natural supports; workload

Child Welfare League of America. (2007, September). *Alternative response systems: Learning tool 13*. Retrieved October 2, 2009, from <http://www.friendsnrc.org/download/ars.pdf>

This learning tool is based on a 2007 meeting between joint grantees of Community Based Child Abuse Prevention (CBCAP), Promoting Safe and Stable Families, the state liaison officers and the Children's Justice Act. Representatives from 40 states also attended. Participants shared information regarding their involvement with alternative response (AR) and other innovative child welfare practices, ideas on how that involvement could be expanded and needs for technical assistance and support throughout the process. Although several states identified some level of involvement with AR and other innovative practices (e.g., family meetings), it was difficult to ascertain the scope of this involvement and the appropriateness of these methods. Proposed ideas for expanding involvement included augmentations in funding, technical assistance, training, and service provision and collaboration. In regards to technical assistance needs, several states spoke of increased funding and support from local, state and federal governments and from the Children's Bureau National Resource Centers. Several states also desired to have more information surrounding the research, evaluation, outcomes and accountability of AR. Overall, this meeting illustrated a lack of clarity across states regarding AR practice. There is a need for increased AR involvement of CBCAP-lead agencies and child welfare organizations, as well as multiple system partnerships to improve the safety, permanency and well-being outcomes for all children and families.

Key Words: alternative response; American Humane Association; Child Welfare League of America; Children's Bureau; Children's Justice Act; CJA; collaboration; community based child abuse prevention; CBCAP; funding; innovative; involvement; learning tool; partnership; Promoting Safe and Stable Families; PSSF; state liaison officers; SLO; support; technical assistance; themes

Chiplew, M., Sheets, J., Baumann, D., Robinson, D., & Graham, J. C. (1999). *Flexible response evaluation*. Austin: Texas Department of Protective and Regulatory Services.

This report documents the history of the Texas Flexible Response System, and the findings of a 1998 evaluation of a flexible response pilot conducted by the state's Department of Protective and Regulatory Services. Official data related to 4,428 screened-in reports and 8,972 investigative and assessment interventions were analyzed. Surveys, interviews and observations related to caseworker activities were conducted, along with supervisor and family interviews and case record narratives. The study found that worker assignment of cases to investigation versus assessment could be improved, workers spent less time on assessment than on investigation cases, worker training may be important to initial family engagement and long-term satisfaction and there was no evidence that assessments led to increased child endangerment.

Key Words: Texas, flexible response system; child endangerment; worker training; routing criteria; intervention; pilot

Christenson, B., Curran, S., DeCook, K., Maloney, S., & Merkel-Holguin, L. (2008). The intersection between differential response and family involvement approaches. *Protecting Children, 23(1 & 2)*, 88-95.

This article examines the relationship between family involvement strategies in child welfare decision making and differential response (DR) systems. The two approaches are compared according to their similar underlying values of child safety, extended family engagement and involvement, and the belief that children will be best protected when external systems collaborate with the family network. Family involvement approaches are also identified as key potential components of widespread DR implementation. Furthermore, the article argues that both family involvement approaches and DR should be viewed broadly by the child welfare sector, rather than considered complimentary strategies or only applicable to certain populations. The authors express their hope that soon these approaches will become “a way of practice.” The authors provide an example of an agency, Olmsted County Child and Family Services, which has incorporated family involvement approaches into practice. Results from surveys provided by Olmsted County and distributed to the families they serve are presented. Overall, these surveys yielded positive results and families responded favorably to family conferencing techniques. In addition, the authors describe several scenarios that exemplify how family involvement approaches could be used (via different pathways), regardless of the risk level of the case. Finally, the authors describe the importance of viewing family involvement approaches within the context of an “ideological continuum” from family-driven to professionally-driven practice.

Key Words: alternative response; assessment pathway; case planning conference; community partnerships; Connolly continuum; differential response; dual track; family group conference; family group decision making; family involvement approaches; formal supports; informal supports; investigation pathway; kinship involvement; multiple response systems; Olmsted County Child and Family Services; rapid response case planning conference; support pathway

Clavel, G., Cadieux, L., & Roy, C. (2003). The inclusive approach of the Outaouais Centres Jeunesse. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 112-118). Ottawa, Ontario, Canada: Child Welfare League of Canada.

Quebec’s legislation and regulations define child welfare and child protection as collective community responsibilities. The “Centres jeunesse,” the provincial agencies mandated to identify children at risk and ensure their protection, seek the support of community organizations to assist them in fulfilling their responsibilities. This book chapter details the efforts to overcome barriers to services by the Outaouais Centres jeunesse in western Quebec, through the adoption of an inclusive approach. This approach is family-focused and has three guiding principles for interventions: understanding the individual circumstances of a child reported to be in need of protection, mobilizing all available and necessary community resources and creating an individualized service plan by working with the child, caregivers and any other necessary partners. The inclusive approach will most likely increase the likelihood that children and families at risk will have access to quality services adapted to their needs. This chapter also outlines collaborative intervention programs inspired by the inclusive approach.

Key Words: inclusive; collaboration; community; provincial; interventions; partnerships; child welfare; child protection; Canada; Quebec; barriers; family-focused; service plan; individual; needs

Comer, D. (2008, November). [*The six principles of partnership: A foundation for differential response*](#). Presentation at the American Humane Association Conference on Differential Response, Columbus, OH.

This presentation describes the philosophical foundation developed for North Carolina's differential response initiative, and engages participants in assessing the status of their own approach in relationship to six principles that provide a framework for partnership with families involved in the child welfare system. The principles presented embody a strengths-based approach to systems change, addressing such issues as communication, respect and collaboration.

Key Words: partnership; strengths; judgment; power; process; language; parallel process; listening; inside-out learning

Comer, D. P., & Vassar, D. (2008). Six principles of partnership: Building and sustaining system-wide change. [*Protecting Children, 23\(1 & 2\)*](#), 96-104.

This article describes the Six Principles of Partnership created by Appalachian Family Innovations to improve communication, collaboration and morale in county social services agencies in North Carolina. It further describes the training modules used to teach child welfare administrators, supervisors, workers and others how to incorporate the principles into practice. The six principles are 1) everyone desires respect; 2) everyone needs to be heard; 3) everyone has strengths; 4) judgments can wait; 5) partners share power; and 6) partnership is a process. These six principles form the foundation for North Carolina's multiple response system, which has seven key family-centered practice strategies: 1) a strengths-based intake process; 2) a choice of two approaches to accepted child maltreatment reports; 3) coordination between law enforcement and child protective services for the investigative assessment approach; 4) a redesign of in-home services; 5) implementation of child and family team meetings during in-home service provision; 6) implementation of shared-parenting meetings in child placement cases; and 7) collaboration between Work First Family Assistance and child welfare programs.

Key Words: Appalachian Family Innovations; child welfare system reform; child welfare training; differential response; dual track system; family assessment; family assessment response; family-centered practice; family engagement; in-home services; investigative assessment response; North Carolina Multiple Response System; principles of partnership; strengths-based

Conley, A. (2007). Differential response: A critical examination of a secondary prevention model. *Children and Youth Services Review, 29*, 1454-1468.

This article presents a summary literature review on the rationale for differential response (DR), followed by an analysis of the Another Road to Safety (ARS) Program, the adaptation of DR used in Alameda County, Calif. A description of the program model and findings from a process and outcomes study are reported, specifically, an examination of offering services on a voluntary basis. Home visiting, paraprofessional service provision and a focus on addressing basic needs are also examined. The author's conclusion is that the ARS program is essentially

grounded in the current DR literature, and is ready for further, outcomes-oriented evaluation efforts.

Key Words: Another Road to Safety Program, secondary prevention model, paraprofessionals, home visitation, assessment, caseload size, family engagement, strengths-based practice, outcomes, voluntary services, service delivery, substantiation, training

Conley, A., & Duerr Berrick, J. (2008). Implementation of differential response in ethnically diverse neighborhoods. *Protecting Children, 23(1 & 2)*, 30-38.

This article provides a detailed review of contemporary literature on differential response, including its philosophical underpinnings and a comparison to traditional child protective services approaches. It then presents a detailed discussion and cross-site comparison of a variety of issues experienced during implementation of the Another Road to Safety Program (ARS) in ethnically diverse neighborhoods in Alameda County, Calif. These issues include the development of public-private partnerships, and program and service provision planning with families and service providers in diverse neighborhoods. The article concludes that adaptability of the model at the local level is crucial for its success, and that ARS has been successful thus far in the neighborhoods where it has been implemented.

Key Words: Another Road to Safety Program; neighborhood context; public-private partnerships; standardized decision making tool; community providers; cultural sensitivity; paraprofessionals; home visitation; family engagement; strengths-based practice; outcomes; voluntary services

Connecticut Department of Children and Families. (2009). *CT DCF differential response system (DRS) status of work matrix*. Retrieved October 2, 2009, from http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs_status_of_work_matrix.pdf

This document is one of a series posted on the state of Connecticut's website that presents the state's efforts to initiate a differential response system (DRS). Dated March 2009, the matrix presents a detailed organizational plan that delineates columns for major planning areas, description (of the areas), key activities, leadership (for the activities), status (of the activities) and next steps. Major planning areas include program model development; workforce and organizational development and training; communications and outreach; legal, legislative, and policy; IT planning and data development; data, research, and evaluation; community readiness and service array; and fiscal and personnel impact and business operations. According to the matrix, a planning infrastructure and logic model were created, training materials and a plan for their use were in place, statewide public forums regarding DRS were held and a preliminary agency policy was drafted.

Key Words: eligibility criteria; screening and assessment; governance structure; change criteria; assessment protocol; structured decision making; family conferencing; workforce development; credentialing standards; LINK data system; community readiness

Connolly, M. (2005). Differential responses in child care and protection: Innovative approaches in family-centered practice. *Protecting Children, 20(2 & 3)*, 8-20.

This article is a cross-cultural comparison of the development of traditional child protection approaches and collaborative family support processes. New Zealand, a country that requires by law family involvement in child welfare decision making, is offered as having a representative system that includes elements of both orientations. The two approaches are compared with respect to legal frameworks, social work practice, professional decision making and risk assessment, service coordination, prevention efforts, community support and resources. The author summarizes the benefits of differential response (DR) systems, including the provision of family support services for low-risk cases, and presents a model of a DR pathway. Best practices regarding service coordination, interagency collaboration and the reduction in duplication of services are also presented, and the complexity of differentiating families according to need and circumstance is acknowledged. The author proposes that a shift toward a hybrid child welfare system that includes aspects of DR would better support both low-risk families and long-term safety. Moreover, philosophical shifts toward family support approaches would lead to enhanced service integration and coordination, and thus, improved outcomes for children, families, professionals and communities. Still, the article maintains that more cross-national research is needed in order to better understand the impact of differing orientations on outcomes for children and families.

Key Words: best practice; bureaucratized; child protection; competence-centered; cross-national; culture; decision making; deficit model; differential response; duplication; family-centered; family empowerment; family preservation; family service; family support; forensic approach; hybrid systems; ideology; interagency collaboration; interventionist approach; kinship network; legalistic; low risk; neglect; New Zealand; outcome; philosophical shift; prevention; procedural mechanisms; research; reunification; risk assessment; safety; service coordination; staff retention; statutory responses; strengths-based; structural systems; universal welfare

Connolly, M. (2007, November). *Practicing for outcomes: Differential response model, New Zealand style*. Presentation at American Humane's Conference of Differential Response, Long Beach, CA. [PowerPoint available at <http://www.americanhumane.org/protecting-children/programs/differential-response/past-conferences-events.html>]

This presentation of New Zealand's differential response program follows a logic model process in presenting a conceptual framework for policy and protocol development and outcome-focused casework practice. It offers a detailed description of the questions that child protective services staff asks themselves as they work with families, to ensure that their approach is child-centered, family-led, culturally responsive, strengths- and evidence-based, and outcome-focused. The phases of this approach are described as: 1) engagement and assessment; 2) seeking solutions; and 3) securing safety and belonging. Partnership with nongovernmental and community-based service providers is also thoroughly addressed.

Key Words: assessment; culturally responsive; evidence-based; family engagement; family participation; outcome-focused practice; pathways of support; practice framework; strengths-based; transactional practice

Costello, T. (1998). *West Virginia Family Options Initiative, Final pilot evaluation report*. Unpublished manuscript.

This report describes West Virginia's Family Options Initiative (FOI), and the evaluation findings of an initial five-county pilot. Based on a system of tracking child protective services cases to determine necessary types, frequencies and durations of services, FOI's principles, design, objectives, evaluation methodology, which includes consumer, community family and worker surveys, case reviews, and state and county quantitative data are outlined. All evaluation findings were available at the state level, and some were available at the county level. The five counties included in the pilot were Barbour, Fayette, Preston, Raleigh and Taylor. Data for Beckley County was also included. Recommendations included replication, further testing of the system and workload management challenges.

Key Words: community partnerships; assessment and safety analysis; safety management; community cases; recidivism; family ownership; workload management; community satisfaction; provider involvement; staff morale; tracking; multi-disciplinary team process; response capacity; family outcomes

Dudding, P. (2003). Foreword. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 32-48). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This two-page foreword for a Canadian collection of articles on differential response (DR) summarizes the history of DR in Canadian child welfare, with a particular focus on a 2003 symposium and the initiatives presented there. The author indicates that DR is a promising approach in Canadian child protection efforts.

Key Words: independent variables; standards; risk assessment; training; sustainability; evidence-based practice; research; outcome methodologies; evaluation; First Nations; community

English, D., Fluke, J. D., & Yuan, Y-Y. T. (2003). Alternative response to child protective services investigations in the United States. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 64-74). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This chapter summarizes the findings of a two-year national study of child protective services and reform efforts (2001) and an evaluation of the alternative response system (ARS) implemented in Washington State (1999). The findings of the 2001 study describe the scope and characteristics of ARS implemented across the United States. ARS initiatives sought to provide less intrusive services, to facilitate access to and engagement in services for lower-risk families, and to avoid labeling caretakers as perpetrators. Nearly half of the states reported having alternative response policies but implementation of ARS varied across agencies. Most policies emphasize that ARS is more family-oriented, less coercive and more focused on community services. The evaluation of the ARS model implemented in Washington state revealed that a minority of the ARS families actually engaged in services. The rate of re-referral among families receiving ARS (25%) was comparable to families not served or families receiving CPS services as usual (16%). In addition, many more families were identified as

needing service than received services. This chapter asserts that in general, alternative response services offer the potential for a broader and more flexible set of services for lower-risk families and may lead to greater family engagement and improved child safety. ARS must be supported by state policy, appropriate resources, assessment processes and specialized workers to effectively provide services focused on family needs and strengths.

Key Words: child protective services; alternative response; alternative response services; ARS; re-referral; track; assessment; evaluation; engagement; Washington; policy; site visits; survey; services; safety; reform; domestic violence; substance abuse; risk; resources; workers; needs; strengths

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), 375-387.

This article reports on outcomes for 1,263 low-risk child protective services (CPS) referrals that were diverted to a community-based alternative response systems (CBARS) in Washington state between 1992 and 1995. CBARS is operated by a nonprofit social service agency that has a contract with CPS to provide assessment, case management, referral and ancillary services to low- or moderate-risk families referred to CPS. Families were diverted from CPS at intake and offered assessment and other voluntary services. Assessment services included assessment of family housing needs, social support, level of risk to families (WRM model) and substance abuse screening. Workers could also offer community referrals and had access to concrete and ancillary services (child care, transportation). The authors examined outcomes including services, re-referrals, types and severity of re-referrals, placement and characteristics of families that did not re-refer. Outcome data indicated that the majority of families did not re-refer, whether they agreed to voluntary services or not. The study also found that the risk level and severity of some of the cases referred to CBARS seemed too high and that there was no significant difference in re-referral rates for CBARS families versus CPS investigation families. Re-referral rates were highest for those families where domestic violence was present. More information is needed about the explanation for why families did not re-refer.

Key Words: community-based alternative response systems; CBARS; domestic violence; DV; differential response; Washington Risk Model; WRM; maltreatment classification code scheme; MCS; alternative response; assessments; risk level; re-referral; community, services

Foxcroft, D., & Blackstock, C. (2003). USMA: Cherished ones, precious ones, the children: A First Nations approach to child, family, and community well-being. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 105-111). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter describes emerging models of aboriginal child welfare, particularly the USMA Nuu-chah-nulth Family and Child Services agency of British Columbia, Canada. USMA has gained official jurisdiction over the services they provide to First Nations communities; this authority is a key step in providing more culturally appropriate services based on aboriginal values and traditions. In addition, USMA has sought to develop alternative child welfare practices that actively engage the community by emphasizing the strengths and capacities of

aboriginal families. The authors describe community education, community consultation and the incorporation of holistic perspectives as three vital features of the community engagement process. The authors also provide a historical overview of the child welfare sector in British Columbia, including how early colonization and culturally-biased practices have contributed to the overrepresentation of aboriginal youth in care. By highlighting the differences in values between British Columbia child welfare advocates and First Nations people, this overview underscores the importance of culturally appropriate services for aboriginal families. Finally, the authors discuss the notion that aboriginal self-government, engagement and empowerment may have broad implications for how authority is distributed and actualized in the Canadian child welfare system.

Key Words: aboriginal child welfare; alternative model; British Columbia Ministry of Children and Family Development; British Columbia treaty process; capacity building; colonization; communal traditions; community accountability; community consultation; community education; culturally appropriate services; culturally based professional development; culturally biased practices; engagement; delegated authority; First Nations; holistic perspectives; multigenerational service response; off reserve; overrepresentation; self-government agreements; tribal-based; USMA Nuuchahnulth Family and Child Services

Hardin, M. (1996, Winter). Responsibilities and effectiveness of the juvenile court in handling dependency cases. *The Future of Children*, 6(3), 111-125. Retrieved October 2, 2009, from http://www.princeton.edu/futureofchildren/publications/docs/06_03_08.pdf

This article describes the history of juvenile court involvement in child abuse and neglect cases, as a result of changes in federal and state laws between 1980 and 1996. The thesis of the article is that the court system's response to the new requirements led to uneven effectiveness regarding workload, management and court-child protective services relationships. Concerns are expressed regarding the quality of representation received and the courts' ability to monitor subsequent rulings and case progress. The author concludes that these issues are being addressed by the courts and child welfare agencies, and that there is hope for optimism.

Key Words: juvenile court; allegations; permanency planning; Public Law 96-272 (the Adoption Assistance and Child Welfare Act); reasonable efforts; statutory mandates; reasonableness of services; judicial monitoring

Huebner, R. A. (2005, August 21). *Program evaluation of the multiple response system: Kentucky*. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-MRS-eval-KY.pdf>

Huebner, R. A., Durbin, L., Brock, A. (2009, April 3). *Program evaluation of the multiple response system Kentucky Department for Community Based Services*. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-ky-evaluation.pdf>

The earlier, 2005 report summarizes the background and evaluation findings for Kentucky's Multiple Response System (MRS), 2001-2005. Primarily a formative evaluation, the data presented indicates that risk had thus far been inconsistently assessed and therefore the system had not been effectively utilized. Quantitative data is analyzed for 20,965 cases meeting

child abuse and neglect criteria from July 2002 to March 2003. The 20,965 cases included in the 2003 evaluation of MRS (Time #1) are also matched to cases with recurrence of child abuse and neglect in the NCANDS data (Time #2) from January 1, 2003, to December 30, 2003, to estimate subsequent referrals. Worker focus groups and surveys were conducted to obtain qualitative input. The state's Continuous Quality Assessment (CQA) system for risk and safety assessment is also evaluated using a set of eight criteria to determine reliability, usefulness in subsequent casework planning and consistency with best practice. At the time of this report, the decision had been made to redo the assessment component of the system.

The recent 2009 evaluation study updates the 2005 report, and examines a broad range of practices related to intake, risk assessment case tracking and CQA. Data is analyzed for all CPS referrals for the 2007/2008 fiscal year, and additional analyses are conducted across years of administrative referral data regarding specific cases and children. Centralized intake and the Dynamic Family Assessment process were implemented after the 2005 report, in response to concerns raised at that time. These recent analyses find that the state had been able to successfully engage leadership and create an administrative structure that supports the principles behind MRS, but the approach was not successful in reducing caseloads.

Key Words: case work planning; community partners; comprehensive family services; CFS; Continuous Quality Assessment; CQA; dynamic family assessment; DFA; Families in Need of Services Assessment; FINSA; law enforcement; NCANDS; reliability criteria; resource linkages; risk matrix; safety assessment; worker focus groups; worker surveys

Institute of Applied Research. (2004, February). *Alternative response research in Missouri, Minnesota, and Virginia. Presentation to California CPS practitioners, Saint Louis, MO.*

This PowerPoint presentation from the Institute of Applied Research presents the findings from three evaluation studies in Missouri, Minnesota and Virginia. Findings in six areas (screening, child safety, family engagement, services to families, recurrence of maltreatment and cost-effectiveness) are presented. The proportion of reports screened in for an alternative response (AR) vary significantly in all three states. In Minnesota, an average of 47 percent of reports of child abuse and neglect were screened in to AR across the counties. No evidence was found that child safety was compromised under AR, and some evidence was found of relative improvement of child safety under AR. Minnesota also found greater family engagement, satisfaction and cooperation; more positive emotional responses from families; more use of community resources; and that AR appeared to be cost-effective. Families in Missouri reported greater overall satisfaction with their experience and greater involvement in decision making. Services were provided to families earlier, families were provided with more post-assessment services, linkages to community partners increased and the types of services delivered to families shifted toward family support services. In Virginia, an average of 61 percent of reports of child abuse and neglect were screened in to AR. Workers and supervisors reported families often were more willing to talk about problems and accept services.

Key Words: alternative response; screening; child safety; family engagement; services; recurrence; cost-effectiveness; maltreatment; evaluation; Minnesota; Missouri; Virginia; satisfaction; decision making

Institute of Applied Research. (2005, April). [*Effectiveness and costs of the new paradigm: Alternative response in Minnesota*](#). Presentation at the 15th National Conference on Child Abuse and Neglect, Boston, MA.

This presentation is based on a 2004-2005 study of alternative response (AR) implementation in 20 Minnesota counties. An overview of AR and a comprehensive description of the Minnesota child welfare system are provided. Empirical data is presented regarding child safety, family engagement, services to families, recurrence of maltreatment and cost-effectiveness of AR. Results indicate that low- to moderate-risk families that were randomly assigned to an AR approach showed improvements in child safety, decreases in maltreatment recurrence and child removals, increased family engagement, enhanced family involvement and satisfaction, increased cooperation among workers and caregivers, and expansion in the depth and breadth of post-assessment family services (including community-based services). The growth in many basic family support services suggests that the shift toward prevention as part of the AR model addresses many basic family risk factors (e.g., financial risk factors). In addition, the program evaluation includes a cost-effectiveness component that indicates that the initial costs of the AR model were greater than for control cases (i.e., traditional investigative responses), but that costs of case management and post-assessment services in the follow-up period were greater for the control group. Overall, the total costs of the AR model were less for AR cases than they were for control cases.

Key Words: alternative response system; AR; community resources; comprehensive; control group; cooperation; costs; decision making; effectiveness; engagement; experimental design; flexibility; Hennepin County; investigation; less serious; Minnesota; outcomes; partner; pilot; placement; practice values; prevention; random assignment; recurrence; safety; sample; satisfaction; services; substantiation; survival analysis; track

Johnson, C., Sullivan Sutton, E., & Thompson, D. M. (2005). Child welfare reform in Minnesota. [*Protecting Children, 20\(2 & 3\)*](#), 55-60.

This article provides an overview of Minnesota's alternative response program, which began as a pilot program in 2000 and expanded statewide in 2004. Implementation began with legislative authorization for use of an alternative response in 1999. The initial legislation required the Minnesota Department of Human Services to create implementation guidelines and evaluate the outcomes for families. The state received funding from the McKnight Foundation (a Minnesota philanthropic organization) to assist with start-up costs. Alternative response assessments include use of the Family Unity Model and an early intervention service model. In 2005, the Minnesota legislature passed legislation codifying the dual-track (alternative response) system. The article also discusses aggregated results of multiple surveys, which found that families receiving alternative response felt more positive and engaged than those that received an investigative response, and social workers implementing alternative response felt that it allowed them to respond more positively to families and more flexibly to the families' needs. It mentions Minnesota's plan to introduce a third response track for screened-out cases with preschool-aged children -- an outreach program to offer to connect these families with community services.

Key Words: alternative response; child welfare policy; child welfare practice; community-focused approach; cost-effectiveness; differential response; early intervention; family

engagement; family group decision making; Family Unity Model; legislation; Minnesota alternative response program; service delivery; strengths-based

Jones, H., Chant, E., & Ward, H. (2003). Integrating children's services: A perspective from England. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 119-131). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This book chapter examines how the fragmentation of service delivery can decrease both the effectiveness of early interventions for children and their families and the success of overall efforts to prevent child maltreatment. The authors note that service fragmentation can often lead to multiple and duplicated family assessments, disproportionately large numbers of referrals and caseloads for child protective agencies, and increased levels of rivalry and mistrust among providers. Consequently, there can be a delay, or even a lack, of needed services provided to children and families. Furthermore, the authors emphasize that an integrated approach to serving families in the child welfare system is critical and that assessing a family's need for services, rather than solely investigating for child maltreatment, should be the focus. The authors argue that this will help increase family engagement by highlighting caregiver strengths, rather than their possible shortfalls. Likewise, the authors stress that a systems approach and a common outcomes framework are essential for the cultivation of necessary alliances among multiple service providers and agencies. The authors exemplify the development of multiagency collaboration approaches to needs assessment and service delivery with a detailed case study of North Lincolnshire (United Kingdom) child welfare services. Notably, while North Lincolnshire strongly supports common assessment approaches, they also encourage methods that facilitate flexible responses to child maltreatment referrals.

Key Words: asset assessment tool; child concern; collaborative working; common assessment tool; common outcomes framework; cross-government policy; engagement; evidence-based approach; flexible response; Framework for the Assessment of Children in Need; holistic understanding; Integrated Children System; interagency assessment process; Looking After Children Project; multiagency collaboration approach; North Lincolnshire; service fragmentation; strengths; systems approach; thresholds of need; United Kingdom

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.

This article summarizes the findings from the National Study on Differential Response in Child Welfare, conducted by American Humane and the Child Welfare League of America. Core elements and core values of differential response (DR) are provided, as is a definition of DR for the purpose of this study. Twenty-seven states and counties completed a qualitative survey focusing on the title of the model, contact information, origins, description, evaluation and results, future plans, front-line impact and challenges. A quantitative survey, which consisted of 17 nominal and mutually exclusive questions using consistent and categorical information, was sent to 20 states and counties. Differences in states' implementations of DR are discussed, including how cases are assigned to DR, maltreatment categories and the use of voluntary services. In addition, the article discusses unresolved or conflicting issues when implementing DR, including case assignment, maltreatment categories, related innovations and rate of growth.

Key Words: differential response; dual track; multiple track; alternative response; core elements; National Study of Child Protective Services Systems and Reform Efforts; National Study on Differential Response in Child Welfare; Child Welfare League of America; CWLA; American Humane; maltreatment; pathway; core elements; core values; family assessment; level of risk; investigations; engagement; services; continuum; voluntary

Kaplan, C., & Schene, P. (2008, November). *Primer on differential response: Take two!* Presentation at the American Humane Association Conference on Differential Response, Columbus, OH. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-conf-presentation2008.pdf>

This recent presentation provides a comprehensive overview regarding the role of differential response (DR) in child protective services. It clarifies many terms, outlines the core elements, discusses the status of DR across the country, and explains why it has been adopted by many jurisdictions. A comparison of DR pathways is provided, and the centrality of family engagement to effective DR is specifically discussed. Guidelines for implementation are presented, based on the experience of states that have already implemented DR. A list of unresolved issues in the field includes those involving data collection, sustainability, effective public-private partnership, simultaneous tracking of process and outcomes, and ongoing contributions to evidence-based DR practice.

Key Words: non-adversarial; substantiation; family engagement; collaborative partnerships; central registry; family preservation; informal supports; training; protective factors; risk assessments; safety assessments; outcomes tracking; mandated reporters; worker satisfaction; strengths-based; data systems; evidence-based; CAPTA

Kaplan, C., Shannon, C., & Loman, T. (2008, December). *What a difference a year makes: Charting the past, present & future of the Ohio alternative response project.* Presentation before the Subcommittee on Child Abuse, Neglect, and Dependency, Columbus, OH.

This presentation provides a comprehensive report on the first year of Ohio's alternative response project. The progress of the project's implementation in 10 pilot counties is highlighted, along with successes and challenges experienced by county and state staff. Evaluation activities are summarized, and issues to be considered are offered. Initial challenges identified by workers include the electronic and paper data collection structure, workers carrying cases from both pathways and the existing pathway assignment protocols. Several "guideposts for the future" are presented, including several related to worker knowledge and skill sets, workload structure, sustainability, collaboration and the need for "political will."

Key Words: design workgroup; SACWIS; training; screening; collaboration; family engagement; mixed caseloads; concrete services; flexible funds; statutory language; subsequent reports; cost-effectiveness; safety and family risk assessment; community resources; screening worker continuity; supervisor review; service provision

Kirk, R. S. (2008). Development and field testing of a family assessment scale for use in child welfare practice settings utilizing differential response. [Protecting Children, 23\(1 & 2\)](#), 71-87.

This article describes how the North Carolina Family Assessment Scale for General Services (NCFAS-G) was developed and piloted in San Mateo County, Calif., simultaneously with the implementation of a differential response system. Social workers identified moderate-risk families that were involved in a differential response and administered the NCFAS-G. The NCFAS-G appeared to be reliable. The findings show that the NCFAS-G can assist workers to assess and construct broad-based service plans for families. The NCFAS-G also holds promise as a comprehensive family assessment tool when serving families with a differential response system.

Key Words: NCFAS; NCFAS-G; California; assessment; implementation; services; differential response; comprehensive; scale; domains; strengths; family assessments; reliable; service plan

Lohrbach, S., Sawyer, R., Saugen, J., Astolfi, C., Schmitt, K., Worden, P., et al. (2005). Ways of working in child welfare: A perspective on practice. [Protecting Children, 20\(2 & 3\)](#), 93-100.

This article contains four vignettes from social workers in Minnesota who responded to families using differential response. Each social worker describes an aspect of working with a family and reflects on the success of the interaction. Successful intervention techniques include active listening, involving extended family, facilitating communication and planning, and family case conferencing and planning. One worker describes working with an immigrant family and expresses that alternative response methods reduced the family's fear, galvanized the family to create solutions for themselves and helped family members partner with service providers who could meet their needs. The social worker also describes working with community elders to support a family and achieve child safety. The article concludes with a bulleted list of beliefs about training, supervision, agency culture and other resources and tools that support social work practice.

Key Words: alternative response; assessment approach; child safety; child welfare practice; collaborative practice; collaboration; communication; CPS involvement; culturally responsive; differential response; family assessment; family case planning conference; family-centered; family engagement; family group conference; intervention; outcomes; partnership-based practice; service delivery; social work practice

Loman, L. A. (2005, May). *Differential response improves traditional investigations: Criminal arrests for severe physical and sexual abuse*. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-severe-abuse-MO.pdf>

This report is a reanalysis of the Missouri Family Assessment and Response (FAR) demonstration evaluation data, to assess how the implementation of this differential response approach impacted the handling of cases identified as requiring the traditional investigation approach. Most such investigations involved serious allegations, including criminal acts such as

severe sexual and physical abuse. The study assessed 738 families for whom the initiating incidents were investigated and substantiated for at least two of the following incident types: sexual abuse, severe physical abuse and less severe physical abuse. The extent to which investigations of such incidents resulted in an arrest was examined to determine if the program goal of increased prosecution of perpetrators was achieved. Findings led the author to conclude that FAR “resulted in increased legal pursuit of perpetrators of the most serious types of child abuse and neglect.”

Key Words: arrest offense; arrest records; county-level differences; criminal prosecution; family assessment; family offenses; initiating incident; law enforcement; perpetrator; physical abuse; prosecution; sexual abuse; substantiation

Loman, L. (2007, November). [*Poverty, child neglect, and differential response.*](#) Presentation at the American Humane Association Conference on Differential Response, Long Beach, CA.

This presentation highlights the Institute of Applied Research’s (IAR) data and findings from differential response research conducted in the city of St. Louis and the states of Missouri and Minnesota, as well as a study conducted on Title IV-E waiver cases in Indiana. IAR found that differential response had positive impacts on families, with the most effective prevention of child abuse and neglect stemming from ongoing worker contact and concrete services through the family assessment approach. Differential response led to increased caregiver satisfaction and to more financially related services being offered to the most financially needy families. IAR concluded that this could be attributed to two factors: use of flexible funding and a service shift due to family participation. IAR also found that differential response led to increased up-front service costs but resulted in cost savings over the long term. The presentation also highlights the correlation between poverty and child neglect.

Key Words: caregiver satisfaction; child protective services; chronic neglect; concrete services; cost analysis; differential response; family assessment response; family structure; flexible funding; poverty; recidivism; repeat maltreatment; traditional investigative response

Loman, L. A., & Siegel, G. L. (2005). Alternative response in Minnesota: Findings of the program evaluation. [*Protecting Children, 20\(2 & 3\), 78-92.*](#)

This article presents the evaluation findings of the Minnesota alternative response (AR) project implemented in 2001. The study was a field experiment conducted in 14 counties with a control group (received a traditional investigation) and an experimental group (received alternative response). The families were screened and those families deemed inappropriate for AR (due to egregious harm or imminent danger to children) were put in the control group. The experimental group was made up of families with less serious reports or threats to child safety and screened as appropriate for AR. General AR model characteristics included an assessment, family decision making, a strengths-based approach, a focus on family welfare and child safety, and an emphasis on additional services. Formal research questions examined include child safety, family engagement, service changes, recurrence of child abuse and neglect reports and later child removals, family outcomes, worker responses and program costs. This study found numerous positive benefits resulting from the use of AR, including better services offered to families, higher family engagement, lower recurrence, more positive worker attitudes and lower

cost. There was also no evidence that child safety was jeopardized under AR and AR appeared to shift the system toward prevention.

Key Words: Minnesota Alternative Response Project; dual track; multiple response; differential response; alternative response; Minnesota Social Services Information System; SSIS; Structured Decision Making; SDM; family risk assessment; cost benefit; prevention; engagement; decision making; strengths-based; services; worker attitude; recurrence; model characteristics

Marts, E. J., Lee, E.-K. O., McRoy, R., & McCroskey, J. (2008). Point of engagement: Reducing disproportionality and improving child and family outcomes. *Child Welfare, 87*(2), 335-358.

This article describes a service delivery model developed to serve families in a primarily African American and Latino area of Los Angeles. Beginning with a detailed history of the origins and development of the approach, the authors describe the model process and share evaluation results, initial outcomes findings and a case example. Among the outcomes highlighted are 1) an overall more positive perception of child protective services in the neighborhood served, 2) increased collaboration between public and private agencies and other community groups and stakeholders, 3) decreased out-of-home placements, 4) the highest reunification rate in the county, 5) vastly shortened stays in out-of-home care and 6) a 200 percent increase in the number of adoptions for the neighborhood.

Key Words: disproportionality; child and family outcomes; legal permanency; service delivery model; informal resources; voluntary services; intensive services workers; team decision making; child safety conferences; kinship support; multidisciplinary assessment teams; MATS; Children and Families Research Consortium; CFRC; best practice; multicultural community

Maryland Department of Human Resources. (2008). *Child welfare operating budget analysis*. Retrieved October 2, 2009, from http://mlis.state.md.us/2009RS/budget_docs/All/Operating/N00B_-_DHR_Social_Services.pdf

Maryland Department of Legislative Services. (2008). *Maryland General Assembly fiscal and policy note: House bill 262*. Retrieved October 2, 2009, from http://mlis.state.md.us/2008rs/fnotes/bil_0002/hb0262.pdf

These recent documents address the state of Maryland's plan to initiate a differential response system. The operating budget analysis provides a history of differential response in the state and detailed concerns regarding how it would be funded. Concern is also expressed regarding the potential lack of community capacity to fulfill resulting service requirements. The fiscal and policy note provides the budget and summary of the proposed legislation that the budget analysis sought to address.

Key Words: data collection; worker retraining; central registry; Place Matters; family engagement; community engagement; statutory changes; service array assessment; staffing

Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006, November). *National study on differential response in child welfare*. Englewood, CO: American Humane and Child Welfare League of America. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-national-study2006.pdf>

This document reports the descriptive findings of a 2006 national survey of jurisdictions regarding implementation of differential response (DR). After a national summary of findings, state and county profiles are presented. Sections reporting which states no longer use DR and a description of “other innovations” in child welfare related to this approach are also included. For the majority of profiles, state or county respondents were interviewed, provided background material on their work and drafted the profiles. Profiles were then reviewed by the respondents and CWLA and American Humane staff. Quantitative survey findings are presented for Alaska, Florida, Hawaii, Kentucky, Louisiana, Minnesota, Missouri, North Carolina, Oklahoma, Pennsylvania, Tennessee, Virginia, Washington, West Virginia and Wyoming. The report also provides qualitative profiles for 15 states and one county that had DR initiatives, three states that had defunct DR initiatives and nine states and one county that had “other innovations in child protective services and child welfare.” National findings include aggregate comparisons of number of response pathways, response protocols for screened-out reports, scope of implementation, case criteria and maltreatment categories.

Key Words: case assignment; case-level decision making; central registry; core elements; defunct initiatives; front-line practice; policy protocols; practice protocols; reassignment; reporting source; screened-out reports; statutes; substantiation; voluntary services

Michigan Department of Human Services. (2008). *Children’s protective services investigation process*. Retrieved October 2, 2009, from http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7194-159484--,00.html

This document from the state of Michigan’s website describes the Department of Human Services process for investigating child maltreatment reports. The five possible categories for a report are presented, based on the disposition determined by the child protective services investigator. The criteria for choosing the category are based on the preponderance of evidence of child abuse or neglect, and the categories range from no evidence (Category V) to the most serious (Category I), for which court involvement is required from the very beginning of the case.

Key Words: preponderance of evidence; safety assessment; risk assessment; family assessment; structured decision making; community-based services; court order

Minnesota Department of Human Services. (2005, April 4). *Minnesota’s child welfare report for 2003* (Bulletin #05-68-03). Saint Paul, MN: Author. Retrieved October 2, 2009, from http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_141408.pdf

This bulletin includes 2003 evaluation findings regarding the state’s child maltreatment activities, including differential response (DR). Descriptive data is presented regarding both DR and traditional pathways, including report status, maltreatment type, service type, report source,

perpetrator relationship, abuse severity, family conditions, child demographics and recurrence. Some data is also provided at the county level.

Key Words: strengths-based; family focused; determined report; mandated reporters; assessment type; case management services; recommended services; Structured Decision Making; SDM

Monterey County Department of Family and Children's Services. (2006). *Differential response: Phase I: A report on the Monterey County differential response planning process*. Salinas, CA: Author. Retrieved October 2, 2009, from http://mcdses.co.monterey.ca.us/reports/downloads/DR_Report_Final.pdf

ACTION Council of Monterey County and Monterey County Department of Family and Children's Services. (2008, June). *Partnership and innovation: A program and data review of P2S in Monterey County*. Salinas, CA: Authors. Retrieved October 2, 2009, from http://mcdses.co.monterey.ca.us/reports/downloads/P2S_PrgramandDataReview_CombinedReport_6-20.pdf

These reports provide detailed historical descriptions of Monterey County's process in implementing California's three-tiered adaptation of differential response as a pilot project. The sites chosen for the pilot were two existing family resource centers in communities with a high number of child maltreatment reports. The 2006 report is largely a process evaluation, with recommendations for the successful implementation of DR in the county. Recommendations include developing an oversight committee, building community service capacity and streamlining the referral process as needed. Also included are descriptions of site visits to other counties that had implemented a DR approach.

The 2008 report presents analytical results of CWS/CMS case data and data collected in a system designed specifically for the initiative (Efforts To Outcomes) regarding referral process, case characteristics, family participation and engagement, length of service, family needs assessment and case planning, identified needs at intake, service planning, funding utilization, and referral/recurrence and family assessment outcomes. Community capacity-building efforts through funding, organizational technical assistance and training were also evaluated at this time. Recommendations from the 2008 report include more timely assessments, better oversight of community partner staff and standardization of service delivery, enhancement of the role of multidisciplinary teams, cost analysis of the project and a focus on long-term sustainability of the initiative.

Key Words: family engagement; service capacity; oversight; referral process; CWS; CMS; Efforts to Outcomes; ETO; service planning; case planning; case management; funding utilization; caseload size; cost-effectiveness; training; multidisciplinary teams; MDTs; organizational assessment; family assessment tool; FAST; family strengths

North Carolina Department of Health and Human Services. (2004). *North Carolina's multiple response system of child protective services*. North Carolina Division of Social Services, Family Support and Child Welfare Section. Retrieved October 2, 2009, from <http://www.ncdhhs.gov/dss/mrs/docs/MRSReport2004.pdf>

Center for Child and Family Policy. (2004, April). *Multiple response system (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS)*. Raleigh, NC: Sanford Institute of Public Policy, Duke University.

Center for Child and Family Policy. (2006, June). *Multiple response system (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS)*. Raleigh, NC: Sanford Institute of Public Policy, Duke University.

The initial 2004 report regarding North Carolina's differential response (DR) approach, prepared by the state child welfare agency for the state legislature, presents findings from a series of discussions held with staff from the North Carolina Division of Social Services, the 10 original multiple response system (MRS) demonstration counties and the Duke University Center for Child and Family Policy. These discussions resulted in recommendations regarding lower caseloads; the development of an outcome-tracking information system; DR training for workers, supervisors and community-based service providers; and DR-friendly changes in state statutes and county policies.

A complementary report was prepared the same year by the Center for Child and Family Policy (CCFP), which analyzed findings from the initial 10 pilot counties in the areas of child safety, timeliness of response, timeliness of service, coordination of local human services and cost-effectiveness. Nine of the 10 pilot counties were matched with a "control" county based on similar total populations, child populations, reported rates of investigated and substantiated child maltreatment, rates of children in Department custody, and rates of children in foster care for the first time. (The 10th county was too large to have a comparable county, and was compared to itself at two points.) MRS was not found to have significantly impacted child safety, timeliness of response or timeliness of service provision. It was found to contribute to better coordination and communication among service providers, and families and agency staff were satisfied with the program in its support of a more respectful relationship. Recommendations included creating the assessment track decision category Services Received, No Further Services Recommended;" and more detailed and systematic evaluation, particularly of implementation efforts.

The 2006 report is a two-year follow-up to the initial 2004 CCFP evaluation. Though by this time, an additional 42 counties had implemented MRS, the study examines data only for the initial 10 pilot counties and their comparison counties, to be comparable to the 2004 report. Quantitative data from administrative sources and qualitative data from case reviews, interviews and surveys were collected and analyzed, and then pilot counties were compared to themselves at two points, and (for all but one large county) with a matched non-MRS county. MRS was found to be associated with a higher proportion of on-time case decisions, an increase in "frontloaded" service minutes, more specific identification of family risks and needs and a positive perception of caregiver-worker relationship, on the part of the caregiver. Recommendations of the report include the continuation of MRS at the statewide level, the refinement of indicators and standardization of forms and protocols, staff training, the development of collaborative capacity, more consistent caregiver feedback and a future study of the effectiveness of the Services Recommended finding.

Key Words: caregiver-worker relationship; child and family teams; community collaboration and capacity; cost-effectiveness; in-home services; law enforcement; multiple response system; MRS; resource allocation; Services Information System; SIS; shared parenting meetings; staff training and support; Structured Decision Making; timeliness; worker caseloads; Work First; frontloaded services; quality assurance; Services Needed finding; Services Not Recommended

finding; Services Recommended finding; centralized database; medical neglect; worker recruitment and retention; statutory changes; voluntary services

Office of Children's Administration Research. (1998). *Alternative response systems evaluation progress report*. Seattle, WA: Unpublished report.

Office of Children's Administration Research. (1999). *Alternative response systems evaluation progress report*. Seattle, WA: Unpublished report.

Office of Children's Administration Research. (2000). *Alternative response systems evaluation progress report* Seattle, WA: Unpublished report.

Office of Children's Administration Research. (2005). *Alternative response systems program progress report*. Seattle, WA: State of Washington Department of Social and Health Services, Children's Administration Practice Improvement Division, Office of Children's Administration Research.

Washington State Department of Social & Health Services. (2008, March). *Report to the legislature: Consideration of a differential response in Washington State's child protection system*. Olympia, WA: Author.

This group of reports is representative of the annual evaluation studies conducted by the state of Washington regarding its differential response (DR) initiative. Because they span such a long period of time, this series of documents also gives insight into the historical development of a state's DR efforts over time, specifically the shift that took place between 2005 and 2008 as part of Washington's efforts to redesign its child welfare system.

The 1998 report provides baseline data from the programs implementing three program model types in six regions of the state. The model types include a public health nurse model, a family support center model and a direct service/case management model. A total of 37 state-contracted providers received a total of 431 referrals, approximately one-third of the anticipated referrals. Demographic, service engagement, goal attainment, child health and safety, participation termination and placement/re-referral data are presented, as well as largely positive customer satisfaction findings from 58 respondents. The 1999 and 2000 evaluation studies document similar case and client satisfaction data, and present recommendations based on findings. Recommendations for those two years largely center on exploring the reasons behind specific quantitative findings and improving service provision or the evaluation process.

The 2005 report includes several other types of data, such as family engagement rates in services, lengths of services, outcomes for families at six months after service and regional service differences, as the result of the introduction of a new data collection form downloaded and submitted by regional coordinators. Demographics, case characteristics, re-referral and placement information were captured through electronic matches to the Case and Management Information System. A client satisfaction survey was also distributed. Recommendations from this report include improving family engagement, training intake staff to improve path assignment and better matching services to meet family needs.

The 2008 report indicates that the DR program that had been in place for several years was going to be redesigned and renamed Early Family Support Services (EFSS). The improvements included new assessment tools, service standards, training requirements and evidence-based

practices based on others' recent work in the field. Initial change efforts focused on instituting the new assessment protocol, improving response times and making family engagement more effective. The changes in this specific program were among several relatively new initiatives, including Structured Decision Making risk assessment, family team decision making and the development of a new data collection system. The plan was also to change the child protection findings structure from a three-tiered to a two-tiered system, and to make current planned improvements, then revisit the institution of DR as it is currently defined in the child welfare field.

Key Words: public health nurse model; direct service; case management model; family support center model; family engagement; goal attainment; child safety; re-referral; consumer satisfaction; service provision; informal services; out-of-home placement; exit summary; voluntary services; CAMIS data system; referral and tracking systems; outcome measures; service standards; staff training; family assessment; Structured Decision Making; family decision making; evidence-based programs; in-home services

O'Neill Murray, K., & Gesiriech, S. (2008). *A brief legislative history of the child welfare system*. Retrieved October 2, 2009, from <http://pewfostercare.org/research/docs/Legislative.pdf>

This recent report made available by the Pew Charitable Trust, provides a broad overview of federal child welfare legislation throughout the history of the country. Its central thesis is that legislation has changed as perceptions regarding the role of government in protecting children have changed. It indicates that legislation began in the early 1900s with the Social Security Act of 1935. The report also mentions Aid to Dependent Children, the Child Abuse Prevention and Treatment Act (CAPTA), the Indian Child Welfare Act (ICWA), The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), the Multi-Ethnic Placement ACT (MEPA) and the Adoption and Safe Families Act (ASFA) in 1997.

Key Words: government intervention. child welfare policy. dependent children. child welfare services. financial assistance. the Flemming Rule. Native American children. reasonable efforts. family preservation and support. diversity. permanency

Ortiz, M. J., Shusterman, G. R., & Fluke, J. D. (2008). Outcomes for children with allegations of neglect who receive alternative response and traditional investigations: Findings from NCANDS. *Protecting Children, 23*(1 & 2), 57-70.

This article presents comparative re-reporting rates for groups of children who received assessments and investigations in five states that implemented alternative response between 2004 and 2005. Case-level data from NCANDS are analyzed, focusing on whether children in alternative response systems are being kept as safe as are those children receiving traditional investigations. The study examines the re-reporting trajectories for 12 months of children in families with allegations of neglect. The data showed that overall, 17 to 19 percent of children experienced a re-report within 12 months regardless of whether they received alternative response or an investigation; however, children who received assessments were at somewhat less risk of re-reporting. Data for alternative response findings is also provided: Across all states, 32 percent of children in the child welfare system with allegations of abuse received assessments with an equal distribution of gender; race and ethnicity did not appear to be relevant in the decision to refer to a certain track; and children receiving assessments in various states were generally older and were more likely to be reported by nonprofessionals (e.g.,

parents, friends, anonymous). The report also discusses the study's limitations and future topics for study, and states that re-reporting data may not fully represent a child's subjective experience of safety.

Key Words: National Child Abuse and Neglect Data System; NCANDS; trajectory pattern analysis; proportional hazards analysis; Cox regression; alternative response; differential response; track; re-report; child safety; investigation; assessment; neglect

Provincial and Territorial Directors of Child Welfare. (2003). New directions in child welfare. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 1-13). Ottawa, Ontario, Canada: Child Welfare of Canada.

This book chapter provides a historical overview of the major paradigm shifts in the delivery of Canadian child welfare services, including the child rescue era, the family preservation era and a recent renewed focus on child protection. Within the current system's "better safe than sorry" mandate, professional workload pressures and the number and complexity of family needs have increased. Workers spend a disproportionate amount of their time investigating the family and collecting evidence to mobilize child protective services. Consequently, this "one size fits all" approach fails to recognize the diverse and individual needs of children and families. The chapter advocates for a "narrowing plus" strategy in order to provide a broad and more flexible set of responses; a dual response system could help workers assess families according to the degree of risk and need. This framework could also clarify agency mandates and encourage professionals to focus their time on both working with high-risk families and connecting low-risk families to supports and services. The chapter also acknowledges the importance of developing and fostering more distinct roles for community-based supports, encouraging collaboration between and among provinces and territories to implement and evaluate "narrowing plus" pilot projects and including aboriginal tribes and representatives in all child welfare discussions.

Key Words: aboriginal; battered child syndrome; Canada Assistance Plan; CAP; Canada Health and Social Transfer; CHST; child rescue; collaboration; community; disease prevention model; dual response; evidence; family preservation funding; historical overview; investigation; learning environment; legislation; mandate; narrowing plus; need; neglect; one size fits all; physical abuse; pilot; pressure; provincial; referral; resource; risk; service design; sexual abuse; shift; social services; strategy; substitute care; workload

Richardson, J. (2008). *Differential response literature review*. Urbana, IL: University of Illinois at Urbana-Champaign, Children and Family Research Center, Office of the Research Partnership, School of Social Work.

This recent review provides a comprehensive synthesis of existing literature regarding the potential benefits and challenges of differential response (DR) and summarizes evaluation findings from previous studies. Several descriptions of jurisdictional efforts to implement DR are included. The document then specifically considers how DR might be integrated into the current child welfare statutes and policies of the state of Illinois, including recommendations for changes to better accommodate DR as a "front-end" strategy. These recommendations focus on an examination of current statutes and changes in organizational culture and indicate that the implementation of DR might lead to cost savings in child protective services by streamlining

current intake practices. Worker training, data system changes and community resource capacity assessments are also identified as potentially necessary for the successful implementation of DR in the state. An inclusive bibliography is included.

Key Words: disproportionality; risk assessment; community services; recurrence; recidivism; safety platform; Strengthening Families; family engagement; funding; training; SACWIS; core elements; central registry; voluntary services; case disposition; workload; statutory schema; mandated reporters; path reassignment

Ryan, K. M. (2007). *Differential response: Supporting families in crisis*. New Jersey State League of Municipalities. Retrieved October 2, 2009, from <http://www.njslom.com/featart0407.html>

This document is a posting from New Jersey's Commissioner, Kevin Ryan, in the Department of Children and Families and provides background information on the number of calls New Jersey's child abuse hotline received in 2006. In 2006, the hotline received 54,000 reports concerning active child abuse or neglect. These calls required a child protective services investigation. There were also 12,000 calls received directly from families, or on behalf of families. This posting also describes the announcement by the Department of Children and Families of availability of funding for up to four counties in New Jersey to develop and implement a differential response pilot initiative. The differential response system seeks to provide services that will promote families' safety, permanency, well-being and self-sufficiency. The state anticipates that the families involved in the pilot program will need child care, mental health and emotional services, housing, emergency financial assistance, employment and training, utility assistance, family respite care and transportation.

Key Words: pilot initiative; differential response; community-based organizations; families; services; safety; permanency; well-being; self-sufficiency; hotline

Sawyer, R., & Lohrbach, S. (2005). *Differential response in child protection: Selecting a pathway*. [*Protecting Children*, 20 \(2 & 3\)](#), 44-53.

Olmsted County Child and Family Services in Minnesota has developed a domestic violence response team in partnership with Family Service Rochester, a non-governmental agency. This team is part of Olmsted County's differential response system and takes in over 90 percent of reporting cases that present domestic violence where a child was present. The domestic violence response requires separate assessment and planning with the adult who was harmed and the children; there is no requirement for a formal finding of child maltreatment in this response. The reports referred to the domestic violence-specific pathway are those that present with known intimate partner violence with children present in the environment. This innovative response was initiated in 1999 after legislation was passed (and has since been repealed), to include that child exposure to domestic violence was a valid report of child maltreatment. This type of intervention required some modification of the differential response approach to ensure safety for the adult at risk of harm as well as the child. This article notes that using a differential response approach in domestic violence cases may lead to lower rates of revictimization and that building community capacity is essential to providing a community-based protection program for children and families.

Key Words: domestic violence; alternative response; RED Team; DVRT; engagement; child exposure; community collaboration; intimate partner violence; maltreatment; intervention; safety; risk of harm; revictimization

Schene, P. (2001, Spring). *Meeting each family's needs: Using differential response in reports of child abuse and neglect*. Best Practice, Next Practice: Family-Centered Child Welfare. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-using-reports.pdf>

This article describes differential response as an approach that recognizes the variation in both child maltreatment reports and individual family needs, and one in which family engagement, empowerment and involvement are emphasized. The author provides an overview of typical differential response practice: More severe cases of child maltreatment (e.g., sexual abuse) are placed on an "investigation track" while low- to moderate-risk cases go on an "assessment track." Families that follow the "assessment track" are provided with resources and supports from child protective services and community-based organizations in an effort to help them care for their children more effectively. This article describes the implementation of differential response practice in eight states and includes findings from practice evaluations done in two states (Missouri's dual-track approach and Virginia's multiple response system). A major finding from Missouri is that child safety *did not* worsen in dual-track pilot counties, and in some cases children's safety increased. Likewise, many Virginia caseworkers responded favorably to the multiple response system and stated they believed child safety increased when this system was used. Recommendations for widespread implementation of differential response are noted, including staff training, practice evaluation and appropriate "tracking" of maltreatment cases in order to ensure the safety and protection of children.

Key Words: alternative response; assessment track; community responsibility; differential response; dual-track approach; family cohesiveness; family engagement; family group decision making; investigation track; kinship involvement; multiple-track approach; multipurpose collaborative bodies; MPCBs; practice evaluation; staff training; stakeholder satisfaction; strengths-based interventions; Virginia's multiple response system

Schene, P. (2005). The emergence of differential response. [*Protecting Children*, 20\(2 & 3\), 4-7.](#)

This article provides an overview of the core components of differential response. The author identifies three major reasons for the expansion of differential response in the United States: 1) a broad level of dissatisfaction with traditional practice; 2) growing recognition of the value in engaging families to change parenting practices and better protect children; and 3) a clearer environment of accountability to achieve measurable outcomes. The article includes a comparative chart of the assessment approach under differential response versus the investigative approach. It raises policy and practice issues in implementing differential response and concludes with a practical "lessons learned" guide for preparing to implement differential response.

Key Words: alternative response; assessment approach; child safety; child welfare practice; child welfare policy; CPS involvement; differential response; dual track; family engagement; investigation approach; multiple track; outcomes; paths of response; prevention; service delivery; substantiation; tracks of response

Schene, P., & Kaplan, C. (2007, November). *Getting started with differential response: Fundamentals and first steps*. Presentation at the American Humane Association Conference on Differential Response, Long Beach, CA. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-conf2007.pdf>

This presentation provides an overview of differential response in child protective services (CPS). It describes the core elements of differential response, including the use of two or more discrete response paths to accepted CPS reports, the ability to change response paths, the voluntariness of services on the assessment path and the provision of services without making a formal “substantiation” decision on the assessment path. It lists some benefits of differential response, including a shift of focus from investigative fact-finding to family support and services, allowing services to be provided earlier. It also notes both commonalities and differences between an assessment path and investigative path. The presentation provides guidance on implementation of differential response and highlights the importance of family engagement and community partnerships as part of the differential response model.

Key Words: alternative response; assessment path; collaboration; collaborative partnership; differential response; dual track; family engagement; investigative path; multiple response; multiple track; strengths-based

Schene, P., & Oppenheim, S. (2005, Summer). *Choosing the path less traveled: Strengthening California families through differential response. What Works Policy Brief*. Sacramento, CA: Foundation Consortium for California’s Children and Youth. Retrieved October 2, 2009, from <http://www.californiafamilyresource.org/PDFs/Choosing%20the%20Path%20Less%20Traveled%20Strengthening%20CA%20Families%20through%20Differential%20Response.pdf>

This policy brief summarizes the rationale and key characteristics of differential response (DR) as one of the strategies identified by the state of California to address challenges to its child welfare system. The state’s adaptation of DR, which includes a third path for non-screened-in reports called Community Response, and its status at the time of the document’s writing, are explained and scenarios are provided for each path. The brief concludes by identifying fiscal and administrative barriers to the implementation of the state’s adaptation of DR, and asserts that adequate funding and the ability of public agencies to collaborate with private service providers would be required for the approach to succeed.

Key Words: community services; funding; caseloads; family engagement; community collaboration; intervention; First Five

Shusterman, G. R., Fluke, J. D., Hollinshead, D. M., & Yuan, Y-Y. T. (2005). *Alternative responses to child maltreatment: Findings from NCANDS. Protecting Children, 20(2 & 3), 32-42.*

This study examines data from six states (Kentucky, Minnesota, Missouri, New Jersey, Oklahoma and Wyoming) that offer both traditional investigation and alternative response (differential response) as part of child welfare services. Data from the 2002 National Child Abuse and Neglect Data System (NCANDS) is used for the analysis and data from each state is analyzed separately. Each state previously had an alternative response model in place. The study compares children who received alternative response with those who received traditional investigations in terms of their own characteristics, the circumstances of the reported maltreatment and the subsequent reports and dispositions. This study focuses on three key research questions: 1) What are the characteristics of children who received alternative response? 2) How are the circumstances of the reported maltreatment related to whether a child receives an alternative or investigative response? 3) How do outcomes differ between children who receive an alternative response and children who receive an investigation response? This study found that in general, alternative response systems are able to meet their goal in that they are able to serve children and families who are at a lower risk or face less serious allegations, and perhaps prevent future maltreatment. Findings are also given for overall referral trends, child characteristics, source of report, maltreatment type, circumstances of the report and re-response. There is no information given regarding the details of any of the alternative response programs, and guidelines and findings between states are sometimes inconsistent.

Key Words: NCANDS; child characteristics; outcomes; alternative response; maltreatment; investigation; level of risk; referral trends; re-response; re-referral; guidelines; Kentucky; Minnesota; Missouri; New Jersey; Oklahoma; Wyoming

Shusterman, G. R., Hollinshead, D., Fluke, J. D., & Yuan, Y-Y. T. (2005, July). *Alternative responses to child maltreatment: Findings from NCANDS*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved October 2, 2009, from <http://aspe.hhs.gov/hsp/05/child-maltreat-resp/report.pdf>

After a review of the literature on alternative response (AR), this study compares National Child Abuse and Neglect Data System (NCANDS) data across states, for children referred for AR compared to children referred for traditional investigations. Factors examined include demographic characteristics, whether the child had been previously victimized, circumstances surrounding the alleged maltreatment and a comparison of outcomes related to services, foster care placement and recurrence. Program descriptions for each of the six states included in the analyses are provided in appendices. Key findings comparing select data across states are also presented, as well as data for each state individually in a case study format. Findings include similarities across states in trends for the use of AR in terms of report source and the extent to which AR was used with lower risk cases (more frequently) and sexual abuse (not at all). Differences are found in proportions of total reports referred, impact of AR on the total number of investigated reports and how other types of maltreatment were referred.

Key Words: child and family characteristics; dispositions; living arrangement; maltreatment type; NCANDS; placement; prior victimization; report source; recurrence; state policies; substantiation; victimization

Shusterman, G., & Ortiz, M. J. (2008, November). *Using quantitative methods to guide qualitative research in differential response*. Presentation at the American Humane Conference on Differential Response in Child Welfare, Columbus, OH.

This recent presentation uses data from the National Child Abuse and Neglect Data System (NCANDS) to demonstrate the applicability of quantitative data in qualitative research related to differential response (DR). It discusses the challenges that states encountered when attempting to report on DR, which were primarily related to tracking services, progress, repeated maltreatment and patterns of harm. The use of quantitative data in developing research questions and instruments and in identifying sources is also discussed. Potential qualitative research topics generated by the analysis of NCANDS data are listed, including the association between out-of-home care and DR, the interaction between DR and placement, and the relationship between DR and substantiation, re-reporting and recurrence. A history of the development of NCANDS reporting of DR is presented, and an overview of the most recent DR data reported to NCANDS is provided, including national maps showing the status of DR in various states. A re-reporting trajectory analysis examines five states. This analysis tracked unique children for 12 months subsequent to an initial report, to identify track assignment and victim status for each re-report received. A detailed analysis of data also examines the possible existence of disproportionality in DR in three representative states. This examination reports that, when the number of African American children is compared to the overall number of children in "screened-in" reports over a five-year period, data for two states show decreased disproportionality over time and the third state had fewer African American victims as the number of African American children in DR increased.

Key Words: quantitative methods; qualitative research; disproportionality; NCANDS; safety; foster care; substantiation; recurrence; re-reporting; risk factors; workforce; disposition; central registry; voluntary services; victimization; caseloads

Siegel, G. L., & Loman, L. A. (1997, November). *Missouri family assessment and response demonstration: Final evaluation report*. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/MO%20FAR%20Final%20Report-for%20website.pdf>

Siegel, G. L., & Loman, L. A. (2000, January). *The Missouri family assessment and response demonstration impact evaluation: Digest of findings and conclusions*. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/MoFamAssess.pdf>

Loman, L. A., & Siegel, G. L. (2004, February). *Differential response in Missouri after five years: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/MODiffResp2004a.pdf>

The original, 1997 evaluation study of the Missouri Family Assessment and Response (FAR) demonstration includes an impact evaluation which used a quasi-experimental research design for 14 counties and portions of the Saint Louis metro area. Based on the generally positive results of the FAR demonstration, the Missouri State Legislature made the FAR model permanent and extended it statewide in 1998. Counties were gradually added to the system during the following 18 months. By the end of 1999, the system was implemented in all Missouri counties. A total of 7,711 families with substantiated investigations, preventive service cases and (in the FAR demonstration areas) family assessments in which services were determined to

be needed, and who entered the child welfare system from July 1995 through December 1996 were included. Data were collected from the state MIS to assess long-term outcomes of child abuse and neglect (CA/N) recurrence, removal and placement.

The original evaluation found that families with reports that would have probably resulted in “unsubstantiated investigations” were identified as “services needed” after a family assessment; therefore, these differences between the demonstration and comparison counties are considered in the evaluation. Additionally, a consolidated measure of 13 family characteristics that indicate risk of CA/N recurrence was created, based on the intercorrelations of these 13 variables. This allowed families to be grouped into four categories of low, moderate, high and very high risk. This, in turn, allowed demonstration and comparison families at the same level of risk to be compared with “risk” as a control variable. Controlling for risk using this consolidated measure, the number of new hotline reports received during the follow-up period were determined, in order to measure CA/N recurrence.

The 2000 report updates the original 1997 study, finding a decline in hotline reports, quicker delivery of services, an increase in both worker and parent satisfaction and greater use of community resources. It also finds that the family assessment approach did not compromise child safety and that in certain cases it improved.

The 2004 report partially replicates the original 1995-1998 evaluation. Findings are presented related to four topics: family outcomes, county staff perceptions, an analysis of CA/N report screening data to examine FAR implementation at the state and county levels and the Structured Decision Making (SDM) tools used by county staff. Results indicate that the positive effects of FAR over traditional investigation, in terms of recurrence of child abuse and neglect reports, continued to hold after five years. Surveys of county administrators and line staff indicate that FAR increased service appropriateness and family involvement in decision making, improved family satisfaction and did not compromise child safety. The respondents indicate that FAR implementation was hampered by insufficient staff time and resources to purchase services.

At the time of the 2004 study, the state of Missouri was in the process of adopting versions of SDM tools for safety assessment and family risk assessment. Two approaches were taken to analyze these tools. An analysis was conducted of a survey of investigators and family assessment workers who had begun to use the SDM tools, to determine their attitudes toward the new tools and their assessment of strengths and problems associated with their use. Secondly, a case-specific study was conducted asking workers to provide additional safety- and risk-related information and ratings of one CA/N report for which they were responsible. These responses were then compared to scoring of the safety and risk tools. A sample of 261 workers was selected from counties that had reportedly received training on the SDM risk and safety tools in the period from November 2002 through January 2003. On the worker survey, little more than one worker in five said that the new SDM safety assessment tool had affected their practice moderately or very much. For the case-specific portion of the evaluation of the instrument, when safety questions were asked in a different way or in more detail with the possibility of checking the severity of the item, workers responded in different ways -- for a minority of families. While the evaluators feel that these findings did not prove that the SDM tool was invalid or unreliable, they feel that the lack of correspondence raises questions relevant to the usefulness and dependability of the tool.

Key Words: community-based initiative; family-centered services; family engagement; recurrence; service delivery; worker satisfaction; workload; central registry; client information

system; criminal characteristics; family outcomes; family risk assessment; mental health; preventive services; quasi-experimental design; safety assessment tool; staff time; Structured Decision Making; SDM; worker training; voluntary services; alternative response; child safety; child welfare practice; child welfare system; community-based initiative; community resources; differential response; family assessment; family-centered; family engagement; family participation; family satisfaction; investigation; prevention; recidivism; recurrence; screening; service delivery; substantiation; worker satisfaction; workload

Siegel, G., & Loman, L. (2002). *Minnesota alternative response demonstration project after one year: Executive summary*. St. Louis, MO: Institute of Applied Research.

Siegel, G., & Loman, L. (2003). *Minnesota alternative response demonstration project after two years: Executive summary*. St. Louis, MO: Institute of Applied Research.

Loman, L. A., & Siegel, G. L. (2004, November). *Minnesota alternative response evaluation: Final report*. Saint Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>

These three reports present evaluation findings for the Minnesota alternative response (AR) demonstration project, from its initial implementation in 2000 until mid-2004. This longitudinal evaluation includes a process study and impact analysis, in addition to detailed descriptions of the study populations. For the 2004 report, a cost study was also conducted. The demonstration project initially included 20 counties, 14 of which chose to participate using an experimental design which applied random pathway assignment.

The process study was designed as a longitudinal study of child protective services offices and personnel, families in contact with these agencies over the course of the study and community stakeholders. Surveys were conducted to collect data during the early phases of the demonstration and again near the end of the evaluation period. These surveys asked the same questions of administrators, workers and community representatives at these two times.

The impact study was a field experiment conducted in 14 of the 20 demonstration counties that agreed to permit a control group to be selected. Variables for the impact study centered on outcomes for families and children, such as improvements in child safety, reductions in child abuse and neglect report recurrence and reductions in out-of-home placement. Data were assembled from the SSIS as experimental and control families were tracked. Because certain detailed information was missing from SSIS, some outcomes were measured through more detailed data collection with subsamples of experimental and control families.

The study population for the first year evaluation consisted of 7,784 families screened as appropriate for AR between Feb. 1, 2001, and Dec. 31, 2002. This was the number of families with accepted child maltreatment reports during the initial study period in the 20 project counties that were considered appropriate for alternative response. Among these families, 5,733 were in the 14 counties participating in the impact portion of the study. Of these, in turn, 3,177 (55.4 percent) were randomly assigned to the experimental group and received the alternative response, and 2,211 (38.6 percent) were assigned to the control group and received the traditional investigation response. This initial study population continued to be tracked throughout 2003 and into 2004.

The studies found differences in the way counties implemented AR, primarily determined by county size and pre-existing organizational structure. Differences among counties included 1) continuity or discontinuity between the assessment and service phases of a case, 2) separate units of AR and traditional response workers dedicated to one approach or the other versus combined work teams in which workers were involved in both approaches and 3) case management and service delivery provided by county social workers versus community agencies. Overall, counties with small staffs were more constrained in the manner in which they implemented the new program and were less likely to have separate workers dedicated only to the alternative or traditional approach.

All counties used contracted service vendors in their communities to provide special therapeutic services and other assistance to families with specific needs. Hennepin and Ramsey counties involved community agencies at an earlier stage in the planning process and contracted with them to work directly with families, without a county social worker as an intermediary.

The 2004 final report of the Minnesota AR demonstration project collects and analyzes longitudinal data from 20 pilot counties for the years 2001-2004. In addition to a process and impact study, the evaluation includes an examination of cost. Reported findings include 1) child safety was not compromised and there was evidence that the safety status of AR children improved, 2) families that received AR were less likely to have new child maltreatment reports, 3) most families liked the AR approach and responded more positively to workers who used it, 4) most workers also liked AR and saw it as a more effective way of approaching families and 5) while the initial cost of AR in services provided and worker time was greater than in traditional interventions, it was less costly and more cost-effective in the long term.

Over the course of the evaluation, approximately five percent of the reports initially screened for AR were switched to a traditional response. While it was possible for counties to switch from a traditional response to AR, this was done for less than one percent of reports initially screened into a traditional response.

Key Words: basic needs; protection threshold; community stakeholders; control group; cost-effectiveness ratio; experimental group; dedicated workers; handoff visit; recurrence; outcome evaluation; pilot demonstration; presenting problem; process study; random assignment; recurrence; service vendors; Social Services Information System; SSIS; Structured Decision Making; SDM; worker perspective; McKnight Foundation

Siegel, G. L., Loman, L. A., Cline, J., Shannon, C., & Sapokaite, L. (2008, November). *Nevada differential response pilot project: Interim evaluation report*. St. Louis, MO: Institute of Applied Research. Retrieved October 2, 2009, from <http://www.iarstl.org/papers/Nevada%20Differential%20Response%20Pilot%20Project-Interim%20Report%20November%202008.pdf>

This first evaluation report of the newly initiated Nevada differential response (DR) pilot project provides descriptive and baseline findings in the areas of screening, services, practice, family response and program outcomes. Data for this initial analysis were derived from the state's child welfare data system, UNITY, and case-specific surveys of workers. Site visits, interviews, child protective services and family resource center staff, family surveys, and financial data were used to conduct a cost-effectiveness study. The report recommends expanding the impact of

DR geographically and in terms of eligibility requirements, and by improving the current system's capacity to adequately serve DR families.

Key Words: public-private partnership; family resource centers; FRCs; service referrals; staff turnover; family-centered; service-oriented; eligibility; system capacity; substantiation; training; collaboration; tri-level CPS structure; model fidelity

Sphere Institute. (2006, January 31). *Implementing differential response: An assessment of community organizations' capacity and interest*. Burlingame, CA: Author. Retrieved October 2, 2009, from http://www.sphereinstitute.org/publications/DR_Report_Final.pdf

This report presents the results of information obtained through three different survey instruments, sent to 233 community organizations in San Mateo County, of which 60 responded. The purpose of the survey was to assess the service capacity and interest in participating in a multiyear project to implement differential response in the county. The results of the survey suggest that organizations with larger budgets that operate multiple sites in San Mateo County might initially be best prepared to participate in a differential response initiative because they often provide multiple types of services, are more likely to have pre-existing relationships with the county Human Services Agency and already possess extensive data management capabilities. However, results also indicate that mid-size organizations are likely to be more willing to expand their capacity to serve families referred for DR services. Education and outreach are recommended, to more accurately assess the extent of what service providers require to build capacity to fully participate in county DR efforts.

Key Words: child welfare practice; cost-effectiveness; family engagement; community engagement; service delivery; training; community capacity building; data management

Thompson, D., Siegel, G. L., & Loman, L. A. (2008). The Parent Support Outreach Program: Minnesota's early intervention track. *Protecting Children, 23(1 & 2)*, 23-29.

This article provides a description of the Parent Support Outreach (PSOP) pilot project in Minnesota, which ran from 2005 to 2009. The PSOP is a preventive pathway that grew from the outcomes of Minnesota's alternative response evaluation findings. Minnesota found it screened out about 60 percent of all reports received by the child welfare agencies and wanted to find a way to impact these families before they became a part of the formal system. The PSOP allows workers to try to engage families in services that may reduce their likelihood of being re-reported to the agency. The initial target population was families with pre-school-age or younger children, but eligibility was expanded to children under 10. Another modification to the program was to allow families to self-refer or allow community professionals to refer to the program. Initial family surveys show that 92 percent of families in the program reported that they received the services they needed. Initial findings by the Institute of Applied Research show that families reported to the PSOP do not look much different than families that were accepted into the formal child welfare system; this finding warrants future inquiry into how to engage families earlier in their struggles so as to prevent further harm.

Key Words: alternative response; child welfare policy; child welfare practice; community-focused approach; cost-effectiveness; differential response; early intervention; family assessment; family engagement; family group decision making; Minnesota Child Welfare

Training System; Parent Support Outreach Program; prevention; prevention track; service planning; statutory exclusions; strengths-based; structured decision making; system reform

Trocmé, N., & Chamberland, C. (2003). Re-involving the community: The need for a differential response to rising child welfare caseloads in Canada. In N. Trocmé, D. Knoke, & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 32-48). Ottawa, Ontario, Canada: Child Welfare League of Canada.

This 2003 presentation was given during the fourth National Child Welfare Symposium in Banff, Alberta, Canada. It illustrates the increasing number of Canadian child welfare caseloads and investigations, substantiated cases of maltreatment, children in care (especially First Nations children) and families receiving services. The presenters differentiate between forms of maltreatment when describing their prevalence, substantiation, relationship with systemic factors and type of worker response. For example, there was a general increase in substantiations for “less severe” cases of maltreatment; this may be due to broadening definitions of child maltreatment and thus, more assessments and investigations (e.g., the inclusion of emotional maltreatment). The decrease in substantiations for “more severe cases” (i.e., sexual abuse) could be due to either a decreasing incidence of sexual abuse or a decrease in sexual abuse reporting. In addition, the presenters stress the necessity to prioritize child safety and well-being, to focus on preventing the recurrence of abuse by breaking the cycle of maltreatment, to protect abused and neglected children from “endangered development,” and to assess families according to their individual levels and types of need. The presenters supported the consideration of an “ecological framework” when working with families; every case of maltreatment, depending on its form and degree of severity, necessitates individualized and differential response approaches that incorporate wide community involvement and collaboration.

Key Words: child development; child protection epidemiology; community collaboration; cycle of maltreatment; differential response; ecological framework; emotional maltreatment; endangered development; First Nations; legislation; multilevel needs; poverty; province; recurrence; sexual abuse; social assistance; substantiated investigations

U.S. Department of Health and Human Services and Children's Bureau. (2003, April). *National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy*. Washington, DC: Author. Retrieved October 2, 2009, from <http://aspe.hhs.gov/hsp/cps-status03/state-policy03/chapter5.htm>

This report chapter summarizes child protective services (CPS) policy in the 20 states that, at the time of the report, offered one or more alternatives to traditional CPS investigatory response. It defines alternative response as “a formal response of your agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred or that the child is at risk of maltreatment.” The chapter examines the differences and similarities among the 20 states’ policies and provides percentages of states with some common policies, including usage of services, purpose of alternative response and response options. It also provides tables of information summarizing each state’s policies.

Key Words: alternative response; differential response; child protective services policy; child protective services systems; child safety; child welfare policy; family preservation; family support; prevention; substantiation; tracks of response

Vermont Department for Children and Families. (2007, November 1). *Report and recommendations to the legislature: Act 77, an act relating to the child abuse registry and sex offender registry requirements.* Waterbury, VT: Author. Retrieved October 2, 2009, from <http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/portChildAbuseRegistryandSexOffenderRegistry.pdf>

This state report focuses on the development of Vermont's central registries for child abuse and sexual offenders. It specifically explores how a "tiered approach" to child maltreatment investigation affects child and community safety, and recommends ways to address this issue. A literature review, focus groups, an online survey and interviews were used for data collection for the report. Findings regarding differential response indicated that participants saw child safety and child and family outcomes positively for this approach, but that serious concerns regarding workload were raised. A detailed examination of cases is presented, which projects the percentage of cases that might be assigned to an assessment pathway, and the state's readiness to adopt the approach is deemed to be positive.

Key Words: tiered approaches; child abuse and neglect registry; alleged maltreatment; substantiation; front-end services; family group conferencing; community resource capacity; strengths-based; community partners

Virginia Department of Social Services. (2006, December 15). *Evaluation of the differential response system.* Richmond, VA: Author. Retrieved October 2, 2009, from http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2006/differentialresponsesystem_annualreport_2006.pdf

Virginia Department of Social Services. (2007, December). *Evaluation of the differential response system.* Richmond, VA: Author. Retrieved October 2, 2009, from http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2007/differentialresponsesystem_evaluation_annualreport_2007_12-07.pdf

Virginia Department of Social Services. (2008, December). *Evaluation of the differential response system.* Richmond, VA: Author. Retrieved October 2, 2009, from http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2008/differentialresponsesystem_evaluation_annualreport_2008_12-08.pdf

These three evaluation studies are the most recent reports prepared and submitted by the Virginia Department of Social Services to the state legislative committees that oversee child protective services (CPS). The reports are primarily based on data from the state's Online Automated Services Information System regarding child maltreatment referrals received for the preceding year. State fiscal data, case reviews and staff surveys are also used. Descriptive data regarding track assignment and service provision are provided yearly, as well as an exploration of a special topic. For the 2006 report, the special topic is invalid referrals. The report discovered local variations in screening and documentation practices but determined that valid

complaints were not inappropriately screened out in this process. Recommendations include suggestions that training and technical assistance be provided to local departments to ensure consistency of screening practices and that CPS policy regarding differential response incorporate evaluation findings. The 2007 report special topic is timing of first meaningful contact and reviews of cases not accepted by CPS. These reviews find that late first initial contact correlated with overall lower level of effort and local variations in screening guidelines, lack of physical marks and lack of information were the most common reasons for rejecting a report. Recommendations address continued exploration of slow response times and subsequent training, the need for a more accurate data system and examining service provision decision making. In 2008, the special study regarding ongoing service cases found that providing ongoing services seemed to reduce the risk of future abuse or neglect, particularly when the services addressed the full range of the families' needs. No recommendations were offered.

Key Words: track assignment; Structured Decision Making; ongoing services; risk assessment; recurrence; response time; automated data system; screening practices; worker training; Integrated Early Childhood State Plan; central registry; OASIS; invalid complaints; local agency; first meaningful contact

Waldfogel, J. (1998, Spring). Rethinking the paradigm for child protection. *The Future of Children*, 8(1), 104-119.

This critique of child protective services (CPS) explicitly draws on the work of a task force called the Harvard Executive Session, which met from 1994 to 1997 and was composed of child welfare administrators, practitioners, policymakers and experts. In it, the author outlines the decision-making process for CPS reports, and discusses the problems with this traditional approach as identified by the task force. The new paradigm described in the article includes differential response, using the experience of Florida, Iowa and Missouri as examples. Other program histories, descriptions and select evaluation data are also presented. The article concludes with a discussion of the challenges of developing a differential response. Overinclusion and underinclusion of families in CPS, the provision of inappropriate services and system capacity and service orientation, are challenges the author identifies regarding how child maltreatment was handled. Clear screening guidelines to maximize child safety, increased capacity of community service providers and changes in organizational culture are among the recommendations for addressing these challenges.

Key Words: central registry; community-based partnerships; CPS system capacity; Harvard Executive Session; informal resources; in-home services; narrowing plus; overinclusion; partnership model; risk assessment; screen; service delivery; service orientation; standardized procedures; underinclusion

Walter R. McDonald & Associates, Inc. (2001, March). *National study of child protective services systems and reform efforts: Literature review*. Retrieved October 2, 2009, from <http://aspe.hhs.gov/hsp/protective01>

This literature review was prepared as part of the National Study of Child Protective Services Systems and Reform Efforts conducted almost a decade ago. The objective of the review was to inform the federal government about the current structure and improvement efforts of child protective services (CPS) systems across the nation. Among new approaches examined in the

review are differential response (DR) or similar initiatives identified as existing in the states of Florida, Iowa, Louisiana, Minnesota, Missouri, New Jersey, North Dakota, Texas, Virginia and Washington. Many of the articles reviewed note that the traditional components of CPS systems (report, investigations, services and/or child removal) are not appropriate because of changing standards of maltreatment and the difficulty in having a standardized approach that tries to meet two potentially contradictory objectives of punishing the perpetrator and providing services to the family. This review describes many proposals and initiatives for improving child protection practices. The articles reviewed suggest various proposals for change, including differential response/family assessment systems, the creation or support of community-centered services, clearer delineation of the relationship between CPS and law enforcement, increased collaboration between CPS and domestic violence agencies, increased collaboration between CPS and alcohol or other drug agencies and expanding the network of service providers. This literature review finds that many proposals and initiatives for improving CPS took a structural approach to improvement and that CPS agencies may need to more precisely define, divide and channel interventions into particular philosophical models. In addition to an overall review of existing literature, early evaluation findings were summarized. These findings included decreased duration of family involvement with CPS, increased use of community services and the indication that child safety was not compromised by participation in DR. The review concludes with a recommendation for a common typology for use in defining these efforts.

Key Words: child protective services; literature review; differential response; proposals for change; family assessment; decision making; new approach; alcohol and other drug; AOD; domestic violence; DV; community-centered; Family Preservation and Family Support Act; multidisciplinary teams; MDT; child advocacy centers; CAC; collaboration; structure; improvement; services; law enforcement; initiatives; structural approach; philosophical model; central registry; community services; child safety; re-referral; service capacity; staff training; parent cooperation; common typology

Walter R. McDonald & Associates, Inc. (2003). *National study of child protective services systems and reform efforts: Site visits report*. Retrieved October 2, 2009, from <http://aspe.hhs.gov/hsp/CPS-status03/site-visits/index.htm>

This article is a summary of eight site visits to child protective services (CPS) agencies in order to discuss recent reforms these sites have implemented. Sites were located in California, Florida, Georgia, North Carolina, Pennsylvania, Utah, Virginia and Wisconsin. Site activities included interviews, focus groups and obtaining documentation of the reform efforts. The article summarizes individual and general site findings. The site reports are descriptive illustrations of how change has been undertaken and discuss the history or context of the reform, the objectives of the reform, specific CPS policy, practice and procedural components, the impact of changes and plans for the future. In general, changes discussed were undertaken with the intent of improving the management and provision of CPS and were found by agency staff and the community to be beneficial. General areas of change noted across sites included organizational and administrative changes, investigation and assessment functions, improvements working with families, community collaborations, attention to domestic violence, addressing substance abuse and accountability. A common theme emerged across sites of providing more family-friendly, strengths-based services that empower families and involve them in the decision-making process. Only two sites specifically mentioned differential response (Virginia and Wisconsin).

Key Words: reform efforts; site visits; domestic violence; DV; family group conferencing; family group decision making; FGDM; differential response; alternative response; drug courts; child protective services; Georgia; Pennsylvania; North Carolina; Virginia; Wisconsin; California; Florida; Utah; assessment; community collaboration; domestic violence; substance abuse; family-friendly; strengths-based; policy; investigation

Weiden, T., Nutter, B., Wells, L., & Sieppert, J. (2005). *Alberta response model implementation evaluation phase 1: Baseline data*. Alberta, Canada: University of Calgary, Centre for Social Work Research and Professional Development.

This report presents evaluation findings for the implementation phase of the Alberta Response Model (ARM) in fiscal year 2003/2004. Data were collected from randomly selected files for 183 family enhancement (differential response) and 193 protection (traditional investigation) cases, and from a series of key informant interviews with knowledgeable family resource center staff. Demographic and service provision characteristics are documented for each case, as well as assessment practices, permanency planning activities and community engagement efforts. Interviews focused on community engagement outcomes for the center they represented, such as community input into center planning and priority setting, center input into community planning and priority setting, development of community supports for child and youth well-being, integrated service delivery and active engagement with the community in supporting child and youth well-being. The most important finding for this initial evaluative effort is the lack of systematic documentation for the information required to conduct the study. It is recommended that the 14 baseline measures developed for the evaluation be used to develop practices and outcomes for future differential response work.

Key Words: casework baselines; family enhancement; community engagement; aboriginal origin; assessment; motivation for change; supportive alliance; permanency planning; family meetings; outcome measures

Weiser, B., & Dreitzer, D. (2008, November). *Partnerships and pitfalls: Nevada differential response program*. Presentation at the American Humane Association Conference on Differential Response, Columbus, OH. Retrieved October 2, 2009, from <http://www.americanhumane.org/assets/docs/protecting-children/partnerships-and-pitfalls.pdf>

This presentation provides an overview of Nevada's recently implemented differential response initiative. A map and description of the state are provided, as well as descriptions of the state and local partners in the effort and a timeline for the project. Full implementation of the approach was planned by 2012 in all family resource centers (FRCs) in the state, pending budget constraints. Clark (Las Vegas), Washoe (Reno/Sparks), and Elko county FRCs provided the first locations for the approach. At the time of the presentation, seven programs were in operation with six additional sites to be implemented by January 2009, and 557 of 681 families had been served. Points of emphasis include the maintenance of open communication and flexibility in implementation planning.

Key Words: partnership; Washoe County; Elko County; Clark County; service areas; family resource center; neglect; NCFAS-G; UNITY; SACWIS; rural region; training; Casey Family Programs

Wheeler, C. E., & Johnson, S. (2003). Evaluating family group decision making: The Santa Clara example. *Protecting Children, 18*(1 & 2), 65-69.

This article provides a detailed overview of the family conference model (FCM), followed by a description of the model's application in Santa Clara County, Calif. Evaluation findings of the county's use of the model focus on preventing maltreatment, maintaining children within their families and reducing court involvement. These outcomes were found to be largely met for participating families, and a participant satisfaction survey indicated that families found the conferences to be helpful. The authors conclude that family conferencing contributes to a family's engagement and the ability to achieve positive outcomes for itself and its children, while remaining an essentially cost-neutral approach.

Key Words: family conference model; child and family outcomes; family strengths; court involvement; informal services; kinship care; cost; cultural issues

Yuan, Y-Y. T. (2005). Potential policy implications of alternative response. [*Protecting Children, 20*\(2 & 3\), 22-31.](#)

This article reviews the development of child welfare policy in relation to the differential response (DR) approach, including factors related to reporting and screening, determining the most appropriate response, comparing activities conducted under investigation versus DR tracks, differences in service provision and the most appropriate time in the process to determine whether maltreatment took place. Program histories, descriptions and select evaluation data are used here as examples. The core components of assigning assessment versus investigation tracks to a child protective services report are reviewed, with examples at each stage regarding how cases in each of the tracks were handled, and identifying the potential policy implications raised. Select findings from the extensive evaluation of the Minnesota program are presented as examples. The article concludes with a discussion of factors to be considered in DR's successful implementation, including funding issues, public awareness and its inclusion in the larger discussion of how best to meet the needs of children and families.

Key Words: assessment; Child Abuse Protection and Treatment Act; CAPTA; community-oriented; core components; decision protocol; dispositional assessment; family group decision making; mandated reporters; NCANDS; reporting laws; screening; service provision; substantiation; voluntary services

Zielewski, E. H., Macomber, J., Bess, R., & Murray, J. (2006). *Families' connections to services in an alternative response system*. Washington, DC: Urban Institute.

This paper provides findings from a study that sought to examine how families connect to community services in an alternative response system. The authors conducted this study in two states that have incorporated alternative response processes into child welfare practice: Kentucky and Oklahoma. The authors interviewed child welfare agency administrators and community service providers, organized focus groups with caseworkers and spoke with families in both urban and rural areas of Kentucky and Oklahoma. The study illustrated six potential

factors that could impact how and if families connect to service providers if alternative response is applied: 1) the “service network infrastructure,” 2) the availability of services, 3) the referral process, 4) the follow-up process, 5) the approach to families and 6) the service facilitators. The four major study findings are: 1) the pathway to services in an alternative response system is complex; 2) the exchange of information between child welfare agencies and community providers is often minimal; 3) service networks exist, but they may have key gaps; and 4) follow-up to see if families receive services is rare. The authors conclude the paper by identifying areas of future alternative response research as well as policy and practice implications.

Key Words: aftercare plans; alternative response; approach to families; availability of services; community service providers; connections to services; Families in Need of Service Assessment; FINSA; family-centered; family engagement; family team meeting; follow-up; intensive services; referral process; service facilitators; service network infrastructure; strengths-based; traditional investigation