

Illinois Pathways to Strengthening and Supporting Families

Project Abstract

In the State of Illinois, the differential response model has been named Pathways to Strengthening and Supporting Families (PSSF). PSSF will be implemented throughout the entire State of Illinois, which consists of the large urban city of Chicago and the surrounding area (Cook County), as well as smaller urban regions and large agricultural regions in the central and southern portions of the State. Under the PSSF approach, calls made to the “hotline” will be screened to determine if they meet the criteria for a child abuse or neglect report under Illinois statute. Pathway assignment depends on several factors, including the presence of imminent danger, prior indicated maltreatment reports, the type of alleged maltreatment, the relationship of the perpetrator to the child and the age of the alleged victim.

Reports eligible for the family assessment pathway must meet all of the following criteria:

- There are either no prior family reports to the SCR or no prior indicated allegations of abuse and/or neglect; or prior indicated reports have been expunged within time frames ranging from five to 50 years;
- The alleged perpetrators are parents (birth or adoptive), legal guardians or responsible relatives and the alleged victims are not currently in the care or custody of the Illinois Department of Child and Family Services or wards of the court;
- Protective custody is not needed or taken; and

- Allegations include, singly or in combination:
 - Lock out
 - Inadequate food
 - Inadequate shelter
 - Inadequate clothing
 - Environmental neglect
 - Mental injury
 - Medical neglect
 - Inadequate supervision, unless the child or children are under the age of 8 or have an emotional or mental functioning of that of a child under the age of 8, and there was no adult present or able to be located or if the adult is present but impaired and unable to supervise.

Families assigned to the family assessment pathway will be served by a paired team



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consisting of one differential response specialist and one PSSF caseworker employed by a community-based agency. The process for completing a thorough family assessment includes the following:

- The differential response specialist will assess the safety of all children and risk factors present in the home.
- If the child(ren) is determined to be unsafe, or if the level of risk is high, department supervisors have the authority to reassign a family to the investigation pathway.
- If there are no immediate safety concerns, the DR specialist will hand over all future services to the PSSF worker.
- The PSSF worker will complete a family needs and strengths assessment and provide the family with a wide array of services targeted to meet the identified concerns. Referrals will be made only if absolutely necessary.
- The strengthening and supporting family service case may remain open for up to 90 days. After 90 days, 30-day service extensions for up to an additional 90 days may be granted by the private agency providing the family assessment services in consultation with the family based on its needs and the availability of funds.

Evaluation of the PSSF approach will consist of a randomized control experimental design with qualitative elaboration and pretest and post-test comparisons of worker and agency contextual factors. Highlights of the evaluation design include:

- Contextual factors of worker background, training, satisfaction and attitudes toward child protection and differential response,

organizational culture and climate, and service availability will be assessed prior to and following PSSF implementation.

- A process evaluation will thoroughly document the steps taken to implement PSSF throughout the state, including detailed documentation of all steering committee meetings and decisions, training development, model fidelity, identification of implementation barriers and resolutions, and case tracking and cost data.
- Outcome data will be collected through a mixed-methods approach that includes administrative data; caseworkers' reports; paper and pencil surveys; focus groups and structured interviews with caseworkers, supervisors, administrators, community providers and families; and naturalistic observations.

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