

**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, ON: Child Welfare League of Canada.**

The Alberta Response Model (ARM) is based on the principle that the collective acts of 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.

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**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.

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**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, ON: 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. Existing policies 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, however there was no pilot testing of instruments and system practice modifications were not implemented. 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.

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**Berrick, J. D., Bryant, M., Conley, A., de Elizalde, L., Garcia, V., & Greer, A., ... Price, A. (2008). *Differential response and alternative response in diverse communities: An empirically-based curriculum*. Berkeley, CA: University of California at Berkeley, Center for Child and Youth Policy. Retrieved from <http://www.csulb.edu/projects/ccwrl/Differential%20Response%201023.pdf>**

This ten module curriculum on differential response (DR) was developed for the California Social Work Education Center (CALSWEC), a state coalition of social work educators and practitioners. The ten modules included are: 1) an introduction, 2) a review of differential response-related literature, 3-4) reviews of differential response practice in Contra Costa and Alameda counties, 5) practice issues, 6) assessing readiness in diverse communities, 7) client experience with differential response, 8-9) outcomes from Contra Costa and Alameda counties, and 10) implications for policy and practice. Each module includes a discussion of purpose, objectives, competencies, questions for discussion, and references.

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**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, ON: 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.

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**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, ON: Child Welfare League of Canada.**

This book chapter provides an overview of 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 multi-sector 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.

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**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, ON: 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 welfare workers and families. The authors propose several avenues for change in the Canadian child 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.

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**Carl Vinson Institute of Government. (2009). Differential response/family support services: Policy analysis and recommendations. Athens, GA: Author.**

This report provides recommendations for Georgia's Department of Human Services to reform its child protective services system to address issues related to its overburdened system. A backlog developed such that investigations were not being carried out in a timely manner following the passage of legislation in 2004 that mandated investigations of all reports coming from mandated reporters. In order to mitigate the number of families receiving investigations, "diversion," intended to be a mode of differential response, was implemented in some county jurisdictions to respond to reports that appeared to be of a lower-risk. The report details issues of concern in the diversion system including significant variation in definitions of differential response across counties and non-adherence to the model. After reviewing differential response models implemented in other states, the report suggests best practices for implementation in Georgia.

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**Carpenter, C. (2007, Spring). Alternative response. *Children, families, and the courts: Ohio bulletin*, 3(3), 1-13. Retrieved from**

**<http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-ar-ohio-child-law-bulletin.pdf>**

This article raises key policy issues in the implementation and practice of alternative response in Ohio. Ohio's alternative response began as a ten-county pilot program via legislative authorization enacted on June 21, 2006. The article opens with an overview of alternative response (aka 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.

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**Casey Family Programs. (2007). Implementing differential response in California: Promising practices and lessons learned. Seattle, WA: Author. Retrieved from [http://www.casey.org/Resources/Publications/BreakthroughSeries\\_DifferentialResponse.htm](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. These include: 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 BSC's work.

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**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, CA: California Department of Social Services, Children and Family Services Division. Retrieved from [http://www.cfpic.org/children/pdfs/11\\_County\\_Eval\\_Phase1.pdf](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.

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**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 from [http://www.childwelfare.gov/pubs/issue\\_briefs/differential\\_response](http://www.childwelfare.gov/pubs/issue_briefs/differential_response)**

This publication provides a historical and programmatic description of differential response (DR), including its philosophical underpinnings and a comparison between a multi-pathway system and the traditional single pathway system of responding to allegations of child maltreatment in child protective services. 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. These address 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.

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**Child Welfare Services Stakeholder Group. (2002). Part V: Report of the early intervention and differential response strategies in *CWS redesign: Conceptual framework* (46-69). Sacramento, CA: Author. Retrieved from <http://www.cdss.ca.gov/cdssweb/res/cws/pdf/progrpt2002.pdf>**

This report details the five core strategies developed by the Early Intervention and Differential Response Workgroup in California's Child Welfare Services Stakeholder Group to enhance child welfare service provision and engage families involved with the child welfare system. The five strategies are: allowing for a differential response to reports of child maltreatment, developing community partnerships for early intervention, developing an assessment and service planning pathway, developing a comprehensive system of services for families, and building accountability to outcomes into the child welfare system. The article advocates for the statewide adoption of differential response in California citing the weaknesses of the current allegation-based and investigatory system, including high rates of repeated referrals and low rates of service provisions to all but the highest risk families that could be ameliorated in a more flexible and responsive DR system.

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**Chipley, M., Sheets, J., Baumann, D., Robinson, D., & Graham, J. C. (1999). *Flexible response evaluation*. Austin, TX: 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.

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**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.

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**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, ON: 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: 1) understanding the individual circumstances of a child reported to be in need of protection, 2) mobilizing all available and necessary community resources and 3) 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.

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**Comer, D. (2008, November). *The six principles of partnership: A foundation for differential response* [PowerPoint slides]. Presentation at the American Humane Association Conference on Differential Response, Columbus, OH. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/the-six-principles.pdf>**

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.

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**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 the Work First Family Assistance program and child welfare agencies.

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**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, California. 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 concludes that the ARS program is essentially grounded in the current DR literature and recommends additional outcomes-oriented evaluation efforts.

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**Conley, A., & Berrick, J.D. (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, California. 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.

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**Conley, A. & Berrick, J.D. (2010). Community-based child abuse prevention: Outcomes associated with differential response program in California. *Child maltreatment*, 15(4), 282-292.**

This study utilized a quasi-experimental design to compare families receiving Another Road to Safety (ARS) services to those who were eligible but screened-out of the child protection system in Alameda County, California. ARS services were provided to families over the course of nine months by paraprofessionals. The study examined rates of subsequent involvement with child protection services over a five-month timeframe following service provision. The study found no significant difference in subsequent maltreatment referrals, timing of subsequent referrals, or investigations between experimental and control families. However, the authors cautioned against drawing strong conclusions due to study limitations including selection bias and small sample size.

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**Connecticut Department of Children and Families. (2009). *CT DCF differential response system (DRS) status of work matrix*. Hartford, CT: Author. Retrieved from [http://www.ct.gov/dcf/lib/dcf/drs/pdf/drs\\_status\\_of\\_work\\_matrix.pdf](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 (DR) system. Dated March 2009, the matrix presents a detailed organizational plan that delineates columns for: major planning areas, planning area descriptions, key activities, leadership, activity status, 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 DR were held, and a preliminary agency policy was drafted.

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**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 legally requires 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.

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**Connolly, M. (2007, November). *Practicing for outcomes: Differential response model, New Zealand style* [PowerPoint slides]. Presentation at the American Humane Association Conference of Differential Response, Long Beach, CA. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-drm-keynote-presentation.ppt>**

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 non-governmental and community-based service providers is also thoroughly addressed.

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**Connolly, M. & Smith, R. (2010). Reforming child welfare: An integrated approach. *Child welfare*, 89(3), 9-21.**

This article discusses the strategic development of New Zealand's child welfare system and the four interrelated elements upon which their approach was based toward supporting professional reform and strengthening services for children and families. The four elements are: 1) the knowledge framework, 2) the service model, 3) the practice package, and 4) the support of staff. The article further describes the integrated service system (ISS) model that served as the

foundation of the conceptual plan to bring these four elements into the New Zealand Care and Protection Practice Framework.

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

This report describes West Virginia's Family Options Initiative (FOI), a private program providing case management and other services to families involved with West Virginia's Department of Health and Human Resources, and the evaluation findings of an initial five-county pilot. FOI's principles, design, objectives, and evaluation methodology are outlined. Data sources included consumer, community, family, and worker surveys, case reviews, and state and county quantitative data. 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.

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**Dhillon, A. (2005). *Keeping families together and safe: A primer on the child protection-housing connection*. Washington DC: Child Welfare League of America. Retrieved from <http://www.cwla.org/programs/childprotection/childprotectionhousing.pdf>**

This primer discusses the necessary collaboration between child protection systems and the housing community to keep children and families in safe and stable homes. The primer describes the organizational components of each system and advocates for a mutual understanding between child protection professionals and housing professionals about each other's systems, which serve a similar clientele. Alternative response or differential response is briefly mentioned as an element of child protection systems in many jurisdictions.

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**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, ON: 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.

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**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, ON:  
Child Welfare League of Canada.**

This chapter summarizes the findings of a two-year national study of child protective services and reform efforts which concluded in 2001, and an evaluation of Washington State's alternative response system (ARS) implemented in 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 child welfare 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.

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**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 documents 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 (Washington Risk 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 were not re-referred. Outcome data indicated that the majority of families were not re-referred to child protective services, regardless of 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. Further exploration is needed to identify the mechanisms behind re-referral rates.

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**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, ON: Child Welfare League of Canada.**

This book chapter describes emerging models of aboriginal child welfare in Canada, particularly the Usma Family and Child Services agency of British Columbia, which is administered by the Nuu chah nulth Tribal Council. This agency 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, the agency 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.

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**FRIENDS National Resource Center for Community-Based Child Abuse Prevention.  
(2007, September). *Alternative response systems: Learning tool 13*. Chapel Hill, NC:  
Author. Retrieved from <http://www.friendsnrc.org/joomdocs/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.

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**Hardin, M. (1996, Winter). Responsibilities and effectiveness of the juvenile court in handling dependency cases. *The future of children*, 6(3), 111-125. Retrieved from [http://www.princeton.edu/futureofchildren/publications/docs/06\\_03\\_08.pdf](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 article's thesis 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.

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**Hilker, K. (2010). *Tennessee Department of Children's Services: Multiple response system 2010 preliminary evaluation*. Murfreesboro, TN: Tennessee Center for Child Welfare, Middle Tennessee State University.**

This evaluation report documents the preliminary findings from the follow-up evaluation of Tennessee's Multiple Response System (MRS), which was implemented statewide in 2006. Outcomes were reported in the areas of safety and family well-being, cost effectiveness, service provision, community involvement and stakeholder perspectives, and worker satisfaction and support. Positive findings included the perception of maintained child safety under MRS and potential cost savings due to decreased out-of-home placements since implementation, although direct causality could not be confirmed. Additionally, workers perceived enhancement of service provision to families under MRS. Challenges identified involved lack of clarity or understanding of MRS by community stakeholders and lack of consensus around MRS policies, procedures, and techniques amongst child welfare workers, supervisors, and administrators. Recommendations included more comprehensive collection and analysis of cost data, ongoing training and technical assistance for child welfare staff, and outreach to community stakeholders towards greater communication and collaboration. Additional follow-up evaluations are planned.

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**Huebner, R. A. (2005, August 21). *Program evaluation of the multiple response system: Kentucky*. Unpublished report.**

**Huebner, R. A., Durbin, L., Brock, A. (2009, April 3). *Program evaluation of the multiple response system Kentucky Department for Community Based Services*. Unpublished report.**

The 2005 evaluation report summarizes the background and findings for Kentucky's Multiple Response System (MRS) between 2001 and 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 National Child Abuse and Neglect Data System (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 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 child protective service 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 and in response to concerns raised at that time. These analyses found 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.

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**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. Retrieved from <http://www.iarstl.org/papers/MnPresBostonApril05.pdf>**

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.

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**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 a philanthropic foundation 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 that would conduct outreach to offer to connect eligible families with community services.

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**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, ON: 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 a multi-agency collaboration approaches to needs assessment and service delivery with a detailed case study of child welfare services in North Lincolnshire, United Kingdom. Notably, while North Lincolnshire strongly supports common assessment approaches, they also encourage methods that facilitate flexible responses to child maltreatment referrals.

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**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 the American Humane Association 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. Variations in states' implementation of DR are discussed, including case assignment procedures, 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.

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**Kaplan, C. & Rohm, A. (2010) *Ohio alternative response pilot project: Final report of the AIM team*. Englewood, CO: American Humane Association. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-ohio-section1-aim-final-report.pdf>**

This report is a summary of an 18 month (July 2008 - January 2010) pilot study of ten Ohio counties that designed, implemented, and evaluated an alternative response approach to accepted reports of alleged child abuse and neglect. The AIM team (American Humane Association, Institute of Applied Research and Minnesota consultants) members were selected by the Supreme Court of Ohio's Judicial and Court Services Division and acted as project consultants to guide the pilot planning and evaluation processes. The final report provides recommendations and findings, and also describes the activities of the AIM team and results of those activities. This report was submitted to the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect and Dependency with three other supplemental reports: Evaluation Report completed by the Institute of Applied Research, Statutory and Rule Framework and Chronicle Report, both developed by the National Center for Adoption Law & Policy.

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**Kaplan, C., & Schene, P. (2008, November). *Primer on differential response: Take two!* [PowerPoint slides]. Presentation at the American Humane Association Conference on Differential Response, Columbus, OH. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-conf-presentation2008.pdf>**

This presentation provides a basic overview of differential response (DR) in child protective service systems. 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.

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**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* [PowerPoint slides]. Presentation before the Subcommittee on Child Abuse, Neglect, and Dependency, Columbus, OH. Retrieved from <http://www.iarstl.org/papers/OHarPres20081208.pdf>**

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.”

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**Kelley, D., Konopka, R., & Baker, C. (2009). Differential response. In Slack, K.S., Jack, K.M., & Gjertson, L.M. (Eds.) *Child maltreatment prevention: toward an evidence-based approach* (47-52). Madison, WI: Institute for Research on Poverty, University of Wisconsin-Madison. Retrieved from <http://www.irp.wisc.edu/research/WisconsinPoverty/pdfs/ChildMaltreatment-Final.pdf>**

This article is a review of evaluations of differential response programs in multiple jurisdictions where subsequent instances of child maltreatment were an investigated outcome. It very briefly describes the models used, methodology of studies and findings from the evaluations of DR systems in AK, KY, MN, MO, NC, VA and WA. The review yielded four major findings across models: child safety was not compromised under assessment response pathways, families receiving this pathway had fewer subsequent child maltreatment reports, families with subsequent reports receiving assessment response had longer timeframes reports, and subsequent reports were less severe for those families receiving assessment response. This review also found that families tended to be more satisfied with the assessment response approach. The article recommends that further experimental research be conducted on differential response in additional regions with more populations to further demonstrate reliability of outcomes.

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**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, CA, 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.

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**Larsen-Rife, D. & Brooks, S. (2009). *The importance of family engagement in child welfare services*. Davis, CA: Northern California Training Academy. Retrieved from <http://academy.extensiondlc.net/file.php/1/resources/LR-FamilyEngagement.pdf>**

This publication discusses the importance of family engagement in child welfare services and the use of differential response as an approach to overcome barriers of effective engagement. The publication further describes family characteristics that have been found to inhibit engagement

which include: substance abuse, mental illness, interpersonal violence, cultural mistrust and differences, poverty, housing and employment, and romantic partner separation. The importance of a supportive nurturing environment and worker empowerment was determined to more effectively engage parents. The publication highlights outcomes and best practices of family engagement through research studies.

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**Lawrence, N. & Snyder, E. (2009, Spring). *Multiple Response System and System of Care: Two policy reforms designed to improve the child welfare system*. Durham, NC: Center for Child and Family Policy, Duke University. Retrieved from [http://childandfamilypolicy.duke.edu/pdfs/news/PolicyBrief\\_mrssoc.pdf](http://childandfamilypolicy.duke.edu/pdfs/news/PolicyBrief_mrssoc.pdf)**

This policy brief documents the evaluation results from 10 pilot counties implementing Multiple Response Systems (MRS) also known as differential response. They found that the three pilot counties that also implemented Systems of Care had much higher rates of success than the other pilot counties in three areas: 1) Child and Family Team meetings, 2) community collaboration and reduction in duplication of services, and 3) time and effort. This brief provides an overview of MRS and Systems of Care as well as findings that support implementation of both reform efforts concurrently.

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**Lemon, K., D'Andrade, A. & Austin, M. (2005). *Understanding and addressing disproportionality in the front end of the child welfare system*. Berkley, CA: Bay Area Social Services Consortium. Retrieved from [http://cssr.berkeley.edu/bassc/public/DISPRO\\_PDF.pdf](http://cssr.berkeley.edu/bassc/public/DISPRO_PDF.pdf)**

This publication is an extensive review of the literature pertaining to racial disproportionality in child welfare. It presents theories for why disproportionality exists including biases, differential needs of families of color and system-related factors. It also discusses potential interventions to address the issue, including differential response as it relates to poverty and the unique needs of families of color.

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**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 a family assessment response in a differential response system of child protective services. 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 around training, supervision, agency

culture, and other resources and tools that support social work practice.

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**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 from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-severe-abuse-mopdf.pdf>**

This report details the findings from a secondary analysis 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.”

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**Loman, L. A. (2006). *Families frequently encountered by the child protection services: A report on chronic abuse and neglect*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf>**

This report examines characteristics of frequently encountered (FE) families in child protective services (CPS). Using data derived from a sample of families in Minnesota and Missouri, the author explores characteristics of risk, safety, and child abuse and neglect reports that correlate with and predict chronic neglect. The goal of the report is to identify the barriers within the structure of CPS that make responses to FE families less effective.

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

This presentation highlights 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. Findings included positive outcomes experienced by families served by a family assessment approach, with the most effective prevention of child abuse and neglect stemming from ongoing worker contact and concrete services provided through family assessment services. Differential response led to increased caregiver satisfaction and to more financially related services being offered to the most financially needy families. It was concluded that this could be attributed to two factors: use of flexible funding and a service shift due to family participation. Additional findings included 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.

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**Loman, L. A., Filonow, C.S., & Siegel, G. (2010). *Ohio alternative response evaluation: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-ohio-section2-final-evaluation-report-1.pdf>**

This report describes the implementation of alternative response (AR) in ten Ohio pilot counties and evaluates the immediate and long-term impacts of differential response on families and children. Families eligible for an alternative response pathway were randomly assigned to AR or to the traditional investigation response (IR). Findings included that AR families were more satisfied and engaged in the process than IR families and were offered and participated in more services. Additionally, AR families had fewer new reports, and fewer child removals and out-of-home placements than IR families in the follow up period. Cost analyses indicated that AR was more expensive than IR in initially but that indirect costs during the follow up period were reduced.

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**Loman, T., Shannon, C., Sapokaite, L., & Siegel, G. (2009). *Minnesota parent support outreach program evaluation: Final report*. St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/PSOPFinalReport.pdf>**

This report discusses the findings from an evaluation of the Minnesota Parent Support Outreach Program (PSOP), a program implemented with the intention of providing services to families referred to, but screened-out of, child protective services. Through analyses of administrative, family needs assessment data, and supplemental survey data from workers and families, the report determined numerous positive outcomes of PSOP in participating families. The report found that families were generally satisfied with their involvement in program and that family outcomes improved with increased utilization of services offered through PSOP. The authors concluded that preventive services are beneficial in child welfare for improved family outcomes.

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**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. The control group received an investigation response while the experimental group received a family assessment response. The families were screened and those that were deemed inappropriate for a family assessment response due to egregious harm or imminent danger to children, for example, were placed in the control group. The experimental group was made up of families deemed appropriate for family assessment responses such as those with reports involving non-severe threats to child. General family 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. Research questions examined included 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.

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**Loman, L. A. & Siegel, G. (2005, March). *Alternative response research in Missouri, Minnesota, and Virginia: Findings in six areas* [PowerPoint slides]. Saint Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/CAPresentation.pdf>**

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) varies 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.

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

This study examined the effects of differential response on recidivism, referral sources, and child removal in British Columbia. The differential response system in British Columbia includes four distinct pathways and adheres to the core elements of differential response outlined by the National Quality Improvement Center on Differential Response. Using administrative data, the authors compared characteristics of cases that received differential response and cases that received traditional investigation. The authors found no difference in rates of recidivism between the two groups, but children who received differential response were less likely to be removed from their homes or to be placed in care agreements. The authors attributed the positive outcomes to the better match between services and family needs in the differential response pathway.

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**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.

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**Maryland Department of Human Resources. (2008). *Analysis of the FY 2010 Maryland executive budget, 2009*. Retrieved from [http://mlis.state.md.us/2009RS/budget\\_docs/All/Operating/N00B - DHR Social Services.pdf](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 from [http://mlis.state.md.us/2008rs/fnotes/bil\\_0002/hb0262.pdf](http://mlis.state.md.us/2008rs/fnotes/bil_0002/hb0262.pdf)**

These 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 addresses.

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

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 including information about states no longer implementing DR as well as descriptions of "other innovations" in child welfare related to a multiple pathway approach. 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 Child Welfare League of American and American Humane Association 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.

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**Michigan Department of Human Services. (2008). *Children's protective services investigation process*. Retrieved from [http://www.michigan.gov/dhs/0,1607,7-124-5452\\_7119\\_7194-159484--,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7194-159484--,00.html)**

This document describes the State of Michigan's 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.

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**Miller, D.W. (2008, Fall). *Alternative response in child welfare. The Advocate: The newsletter of Division 37, 31(3), 4-6*. Washington, DC: American Psychological Association. Retrieved from <http://www.apa.org/divisions/div37/AdvocateFall2008.pdf>**

This one-page newsletter article briefly describes alternative response systems in very basic terms. It touches on preliminary positive and negative findings from selected early studies and provides suggestions for additional research.

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**Minnesota Department of Human Services. (2005, April 4). *Minnesota's child welfare report for 2003: Bulletin #05-68-03*. Saint Paul, MN: Author. Retrieved from [http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16\\_141408.pdf](http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_141408.pdf)**

This bulletin includes findings from an evaluation conducted in 2003 regarding the Minnesota state's child welfare activities, including differential response (DR). Descriptive data is presented regarding both DR and investigation pathways, including: report status, maltreatment type, service type, report source, perpetrator relationship, abuse severity, family conditions, child demographics, and recurrence. Some data are also provided at the county level.

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**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 from [http://mcdses.co.monterey.ca.us/reports/downloads/DR\\_Report\\_Final.pdf](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 from [http://mcdses.co.monterey.ca.us/reports/downloads/P2S\\_PrgramandDataReview\\_CombinedReport\\_6-20.pdf](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 (DR) 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 the Child Welfare Service Case Management System case-level data and data collected in a system designed specifically for the pilot, the Efforts to Outcomes database. Data was collected around the referral processes, case characteristics, family participation and engagement, length of service, family needs assessment and case planning, identified needs at intake, service planning, funding utilization, 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.

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**National Center for Adoption Law and Policy. (2010). *Recommendations for a Differential Response Statutory/Rule Framework in Ohio*. Columbus, OH: Author. Retrieved from <http://www.law.capital.edu/adoption/AR/Section%203%20Recommendations%20for%20Rule%20Statute%20Framework.pdf>**

This report outlines recommendations from the National Center for Adoption Law and Policy (NCALP) related to a statutory and rule framework for the state of Ohio to consider as the state expands Alternative Response from ten pilot counties to statewide implementation. The recommendations were developed following the conclusion of an evaluation of the ten county AR pilot conducted by the Institute of Applied Research and after extensive interviews and focus groups conducted by NCALP. This report was included as a supplement to a final pilot report submitted to the Supreme Court of Ohio's Subcommittee on Responding to Child Abuse, Neglect and Dependency by the AIM team (American Humane Association, Institute of Applied Research and Minnesota consultants).

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**National Child Welfare Resource Center for Family-Centered Practice. (2001). *Best practice/next practice: Family-centered child welfare* [Newsletter]. Washington, DC: Author. Retrieved from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BNPNSpring01.pdf>**

This biannual publication has multiple articles and fact sheets related to differential response (DR) in child protective services (CPS). Articles discuss the practice in general descriptive terms and offer comparisons of DR systems to the traditional single-pathway (investigation only) system of CPS. This publication contains DR fact sheets for nine implementing states as well as

resource recommendations for front-line social workers to better inform themselves on DR policy and practice.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009, September). *Differential response in child protective services: A legal analysis*. Englewood, CO: Author. Retrieved from <http://www.differentialresponseqic.org/assets/docs/differential-response-in.pdf>**

This report analyzes the legal implications of implementing a differential response system within child welfare services. The primary legal considerations covered are: due process, equal protection, Fourth Amendment rights, federal statutory-based rights, state-based rights and common defenses. Despite a lack of court cases challenging DR, the analysis provides implementing jurisdictions with indications of what legal challenges may arise and what statutory protections should be considered.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009). *Differential response in child protective services: A literature review*. Englewood, CO: Author. Retrieved from <http://www.differentialresponseqic.org/assets/docs/qic-dr-lit-review-sept-09.pdf>**

This literature review synthesizes the existing literature regarding differential response (DR). It includes program descriptions, including core model components and values, as well as an examination of evaluations of DR implementation and outcomes in various jurisdictions. The review concludes with recommendations for future research on DR.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009, March). *Information summit on disproportionality: Final report*. Englewood, CO: Author. Retrieved from <http://www.differentialresponseqic.org/assets/docs/disproportionality-info-summit-report-final.pdf>**

This report provides a summary of key themes and discussions covered at the Quality Improvement Center on Differential Response Information Summit on Disproportionality in child protective services held in March of 2009. The report provides an overview of differential response (DR) and disproportionality and disparities in child welfare. The report describes the content of a series of roundtable discussions focused on the potential of differential response to address disproportionality and disparities in the child welfare system. Potential areas discussed where DR may have the potential to mitigate disparities and disproportionality included workforce bias and pathway assignment.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009, February). *Information Summit on Policy and Practice: Final Report*.**

**Englewood, CO: Author. Retrieved from**

**<http://www.differentialresponseqic.org/assets/docs/policy-practice-information-summit-feb-09.pdf>**

This report summarizes proceedings at the Quality Improvement Center on Differential Response (QIC-DR) Information Summit on Policy and Practice in child protective services relating to differential response. Topics covered included an overview of the QIC-DR, issues around implementation of differential response including obtaining community and stakeholder buy-in, and policy changes that facilitate implementation. Issues of sustainability and goodness of fit in diverse and Native American communities were also discussed.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009, July). *Information summit on prevention: Final report.* Englewood, CO: Author. Retrieved from**

**<http://www.differentialresponseqic.org/assets/docs/prevention-info-summit-report-feb-09.pdf>**

This report summarizes proceedings at the Quality Improvement Center on Differential Response (QIC-DR) Information Summit on Prevention in child protective services (CPS). Topics covered included the ways in which a differential response-organized CPS system might contribute to the prevention of future instances of child maltreatment in families being served by the system, as well as documented indicators of success and challenges. Lessons learned from other systems, including community-based programs such as the Strengthening Families Program and gaps in the knowledge base around this issue were also discussed.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009, March). *Information summit on research and evaluation: Final report.* Englewood, CO: Author. Retrieved from**

**<http://www.differentialresponseqic.org/assets/docs/research-evaluation-report-final.pdf>**

This report summarizes proceedings at the Quality Improvement Center on Differential Response (QIC-DR) Information Summit on Research and Evaluation. Alternatives for evaluation designs of the QIC-DR project were discussed and analyzed as were alternatives around evaluator types (local versus central). Issues around sample size, cost analyses, and data collection were also discussed.

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**National Quality Improvement Center on Differential Response in Child Protective Services. (2009). *Online survey of state differential response policies and practices findings report.* Englewood, CO: Author. Retrieved from**

**<http://www.differentialresponseqic.org/assets/docs/qic-dr-findingsreportjun09.pdf>**

This report provides an overview of differential response (DR) and related models in multiple jurisdictions throughout the United States obtained through an online survey conducted by the Quality Improvement Center on Differential Response. The report additionally explains the survey design and methodology. The report identifies existing policies and practices related to DR and the lessons learned in the implementation of these practices. Overall survey findings indicated many commonalities in DR systems across the 20 implementing jurisdictions. States described DR as a holistic approach that allowed workers to assess the child's and family's situation without focusing only on the reported incident or the perpetrator which led to greater family engagement and enhanced access to services.

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**North Carolina Department of Health and Human Services. (2004). *North Carolina's multiple response system of child protective services*. Raleigh, NC: North Carolina Division of Social Services, Family Support and Child Welfare Section. Retrieved 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. Retrieved from <http://www.ncdhhs.gov/dss/mrs/docs/MRS%20Evaluation%20Report%202004.pdf>**

**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. Retrieved from [http://www.ncdhhs.gov/dss/publications/docs/mrs\\_eval\\_rpt\\_6\\_30\\_06\\_all\\_combined.pdf](http://www.ncdhhs.gov/dss/publications/docs/mrs_eval_rpt_6_30_06_all_combined.pdf)**

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 ten 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 ten 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 tenth county was too large to have a comparable county, so it 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 conducting a more detailed and systematic outcome evaluation.

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 ten 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. The report’s recommendations 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.

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**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 number anticipated. Demographic, service engagement, goal attainment, child health and safety, participation termination and placement/re-referral data are presented, in addition to 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 data analyses, including family engagement rates, lengths of services, family outcomes six months post-services, and regional service differences resulting from the introduction of a new data collection form. 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 providing services that better 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' 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 implementing the Structured Decision Making risk assessment, family team decision making, and the development of a new data collection system. Additionally, the report documented plans to alter the child protection findings structure from a three-tiered to a two-tiered system, and to revisit the institution of DR as it is currently defined in the child welfare field.

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**O'Neill Murray, K., & Gesiriech, S. (2008). *A brief legislative history of the child welfare system*. Washington, DC: The Pew Commission on Children in Foster Care. Retrieved from <http://pewfostercare.org/research/docs/Legislative.pdf>**

This report provides a broad overview of federal child welfare legislation throughout the history of the United States. Its central thesis is that legislation has changed as societal perceptions regarding the role of government in protecting children have evolved. It indicates that the first piece of federal child welfare legislation was the Social Security Act of 1935. The report includes discussion of significant pieces of federal legislation including: 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.

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**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 the National Child Abuse and Neglect Data System (NCANDS) are analyzed, focusing on whether children in alternative response systems are being kept as safe as 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 an alternative response assessment or an investigation although children who received assessments were at a somewhat reduced risk of being re-reported. Additional findings demonstrated that across all five states, 32 percent of the total children in the child welfare system who entered the system due to allegations of abuse received assessment responses. These children were equally distributed across gender, race and ethnicity to their peers who were investigated. However, 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, such as the potential inadequacy of re-reporting data to demonstrate child safety, as well as future areas for study.

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**Paxson, C. & Waldfogel, J. (2003). Welfare reforms, family resources, and child maltreatment. *Journal of policy analysis and management*, 22(1), 85-113.**

This article examines a variety of child welfare reforms, including differential response, that have impacted national child maltreatment rates. Two key indicators of child maltreatment were identified as being reduced in states implementing differential response: rates of substantiation and numbers identified child victims. This reform, along others, is explored for its potential impact on national child maltreatment rates.

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**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, ON: 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 renewed focus on protecting children from maltreating caretakers. 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 that allows for the provision of a broad and more flexible set of responses to respond to the wide variety of family needs and risks experienced by families in the child welfare system. The authors contend that a dual or differential response system employs such a strategy and suggest that implementing differential response 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.

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

This literature review provides a comprehensive synthesis of the knowledge base around the potential benefits and challenges of a differential response (DR) system of child welfare and summarizes evaluation findings from previous studies. Several descriptions of jurisdictional efforts to implement DR are included. The document 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 implementing 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 integral for DR to be successfully implemented in the state. A bibliography is included.

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

This document provides background information around the number of referrals made to New Jersey’s child abuse hotline in 2006. In that year, the hotline received 54,000 calls reporting suspected cases of child maltreatment, each of which required a child protective services investigation. Included in this number were 12,000 calls received either directly from families or on behalf of families. This document also describes the Department of Children and Families’ announcement of funding availability for up to four counties in New Jersey to develop and implement a differential response (DR) pilot initiative. An explanation is provided that describes the mission of implementing a DR system as seeking to provide services that will promote family 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 and seeks to meet those needs through the DR program.

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

This article documents the efforts of Olmsted County Child and Family Services in Minnesota in developing 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 both the adult who was harmed and the children. In these cases, there is no requirement for a formal finding of child maltreatment. This innovative response was initiated in 1999 after legislation was passed (and has since been repealed) which stated that child exposure to domestic violence constituted a valid report of child maltreatment. This type of intervention required some modification to the differential response system to ensure safety for the victimized adult as well as the child witness. This article notes that using a differential response approach in domestic violence cases may lead to lower rates of re-victimization and that building community capacity is essential to providing a community-based protection program for children and families.

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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*. Washington, DC: National Child Welfare Resource Center for Family-Centered Practice. Retrieved from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BPNPSpring01.pdf>

This newsletter 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 whose cases 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.

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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.

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Schene, P., & Kaplan, C. (2007, November). *Getting started with differential response: Fundamentals and first steps* [PowerPoint slides]. Presentation at the American Humane Association Conference on Differential Response, Long Beach, CA. Retrieved from <http://www.americanhumane.org/assets/pdfs/children/differential-response/c-dr-conf-2007.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.

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**Schene, P., & Oppenheim, S. (2005). 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 from <http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/StrengtheningCAFamiliesThroughDifferentialResponse.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. Some local jurisdictions have adapted a differential response system that includes a pathway for screened-out reports of suspected child maltreatment, termed Community Response. The brief analyzes the successes and challenges of implementing jurisdictions and provides demonstrative scenarios for each response pathway. The brief concludes by identifying fiscal and administrative barriers to the implementation of statewide implementation of DR, and asserts that adequate funding and the ability of public agencies to collaborate with private service providers would be required for success.

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**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 (aka 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. The 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?, and 3) How do outcomes differ between children who receive an alternative response and children who receive an investigation response? Through the comparison of data of children receiving an alternative response to their peers receiving investigation responses, the study found that, in general, alternative response systems are able adequately serve lower-risk children and families, and perhaps prevent future maltreatment. Findings are also provided for overall referral trends, child characteristics, source of report, maltreatment type, circumstances of the report and

re-response. No information is provided regarding the practice components of any of the alternative response programs, and guidelines and findings across states are sometimes inconsistent.

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**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 from <http://aspe.hhs.gov/hsp/05/child-maltreat-resp/report.pdf>

This article consists of a literature review on alternative response (AR) and documents findings from a study comparing National Child Abuse and Neglect Data System (NCANDS) data across six states implementing AR. Data comparisons were made for children referred for AR versus children referred for traditional investigations. Factors examined include demographic characteristics, previous victimization, circumstances surrounding the alleged maltreatment, and outcomes related to services including 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 between groups are found in proportions of total reports referred, impact of AR on the total number of investigated reports, and how types of maltreatment were referred.

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**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 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 such as service tracking, case progress measurement, maltreatment recurrence, 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.

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**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 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 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 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 Management Information System (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 was 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 was 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, slightly 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 instrument evaluation, when safety questions were asked in a different way, or with more detail and the ability to check the severity of an 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 regarding to the usefulness and dependability of the tool.

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**Siegel, G., & Loman, L. (2002).** *Alternative response evaluation first annual report: Executive summary.* St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/MnARExecsum.pdf>

**Siegel, G., & Loman, L. (2003).** *Minnesota alternative response evaluation second annual report: Executive summary.* St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/mnARExecSum2.pdf>

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

**Siegel, G. & Loman, T. (2006).** *Extended follow-up study of Minnesota's Family Assessment Response: Final report.* St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

These reports present evaluation findings for the Minnesota alternative response (AR) demonstration project from its initial implementation in 2000 through mid-2004 and including an extended follow-up of families into 2006. This longitudinal evaluation includes a process study and impact analysis as well as detailed descriptions of the study populations. For the 2004 and 2006 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 state Social Service Information System (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. This was the number of families with accepted child maltreatment reports during the initial study period, between Feb. 1, 2001, and Dec. 31, 2002, in the 20 project counties that were deemed appropriate for alternative response. Among these families, 5,733 were from 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 ways in which they implemented the new program and were less likely to have separate workers dedicated exclusively to either the alternative or the 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.

The extended follow-up study followed families for an average of 3.6 years from the 20 counties participating in AR pilot, which was renamed Family Assessment Response (FAR) to investigate long-term outcomes. Outcomes investigated included maltreatment recurrence, family satisfaction, services provided, removal and placement, cost savings and worker responses. Findings of the follow-up evaluation included continued decreased child maltreatment recurrence in FAR families, persistent positive workers attitudes toward FAR, and continued cost savings.

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**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 from <http://www.iarstl.org/papers/Nevada%20Differential%20Response%20Pilot%20Project-Interim%20Report%20November%202008.pdf>

**Siegel, G. L., Filonow, C. S., & Loman, L. A. (2010, December).** *Differential response in Nevada: Final evaluation report.* St. Louis, MO: Institute of Applied Research. Retrieved from <http://www.iarstl.org/papers/NevadaDRFinalReport.pdf>

This first evaluation report of the Nevada differential response (DR) pilot project, implemented in 2007, provides preliminary descriptive and baseline findings in the areas of screening, services, practice, family response, and program outcomes. Unique characteristics of Nevada's child welfare system are highlighted, including its geographical characteristics and immediate referral of family assessment cases in the DR system to local Family Resource Centers (FRCs), who then provided assessment and case management services. 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 DR program both geographically and in terms of eligibility requirements, and improving the current system's capacity to adequately serve DR families.

The final evaluation report describes DR practice generally and specifically regarding Nevada's pilot project. The report documents outcomes derived from the same data sources as in the preliminary report. Around family characteristics, evaluators found that DR families were more likely to be poor and less educated than their peers in the general population. Regarding services provided, the study found that DR families were more likely to receive concrete services, as opposed to information or referrals, which addressed basic and poverty-related needs. DR families reported positive satisfaction with services received as well as with the way they were treated by their workers. Finally, in regards to future CPS reports, DR families were found to have fewer subsequent referrals to the system than their counterparts receiving investigations in

the follow-up period. Outcomes related to worker perceptions of DR are also addressed, as were challenges and recommendations for future DR practice in Nevada.

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**Sphere Institute. (2006). *Implementing differential response: An assessment of community organizations' capacity and interest*. Burlingame, CA: Author. Retrieved from [http://www.sphereinstitute.org/publications/DR\\_Report\\_Final.pdf](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, out of which 60 responses were received. The survey's purpose was to assess 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. These counties tend to 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. Recommendations include additional education, outreach, and assessment around provider needs and barriers towards full participation in county DR efforts.

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**Stanley, T. (2007). *Risky work: Child protection practice*. *Social policy journal of New Zealand*, 30, 163-177. Retrieved from <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj30/30-pages163-177.pdf>**

This article focuses on the centrality of risk assessment and management in the field of child protection in New Zealand. Under the current system, the author argues that risk assessments serve to justify decisions made by workers towards minimizing uncertainty and risk to children and fulfilling organizational regulations. The author raises a concern that differential response systems will be compromised if the current role that risk discourses play in the decision making process is not adapted to fit a new system in which less severe cases call for an approach that does not require risk assessments to play as central a role as in more severe cases of maltreatment.

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**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 consisted of families with pre-school-aged or younger children but was then expanded to include families with children up to age 10. Another modification to the program was to allow families to self-refer and allow for referrals from other professionals. 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.

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

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**Trocme, N., Knott, T. & Knoke, D. (2003). *An overview of differential response models*. Toronto, ON: Centre of Excellence for Child Welfare, University of Toronto. Retrieved from <http://dev.cecw-cepb.ca/files/file/en/DifferentialResponse4E.pdf>**

This brief overview describes a variety of differential response systems in the United States that have created multiple pathways to respond to reports of child maltreatment and better serve the unique needs of individual families involved in the child welfare system. Evaluation results from MO and MN are highlighted. The overview was a primer to a symposium held in 2003 to discuss the implementation of differential response systems in Canada.

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**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 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 use of services, purpose of alternative response, and response options. It also provides tables of information summarizing each state’s policies.

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**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.**

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.

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**Virginia Department of Social Services. (2006, December 15). *Evaluation of the differential response system*. Richmond, VA: Author. Retrieved from [http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2006/differentialresponsesystem\\_annualreport\\_2006.pdf](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 from [http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2007/differentialresponsesystem\\_evaluation\\_annualreport\\_2007\\_12-07.pdf](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 from [http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2008/differentialresponsesystem\\_evaluation\\_annualreport\\_2008\\_12-08.pdf](http://www.dss.virginia.gov/files/about/reports/children/cps/all-other/2008/differentialresponsesystem_evaluation_annualreport_2008_12-08.pdf)**

These three evaluation reports were 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 the need for continued exploration of slow response times and subsequent training, the need for a more accurate data system, and the need to examine 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.

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**Waldegrave, S. & Coy, F. (2005). A differential response model for child protection in New Zealand: Supporting more timely and effective responses to notifications. *Social policy journal of New Zealand*, 25, 32-48. Retrieved from <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj25/25-pages32-48.pdf>**

The traditional method of responding to child welfare reports in New Zealand prior to 2005 was to conduct an investigation. The early 2000s brought a change in context due in part to an increased public awareness of child abuse and neglect. This resulted in higher rates of child maltreatment reports to child welfare agencies and an increased focus on risk and safety within the system. These changing circumstances resulted in the need for systemic changes to the increasingly overburdened system. In 2005, legislation was proposed calling for implementation of a differential response model to the child welfare system. This article highlights the challenges that would need to be overcome to successfully implement differential response including, moving away from the risk-centered and interventionist approach of child protective services, finding resources for services to meet identified family needs, and creating lasting partnerships with non-governmental organizations for increased and timely service provision.

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**Waldfoegel, J. (2001). Protecting children in the 21<sup>st</sup> century. *Family law quarterly*, 34(3), 311-328.**

This article explores calls for widespread child protective services (CPS) reform and the ways in which differential response might address weaknesses in the current system. The author identifies five key problem areas in the current system: over-inclusion, under-inclusion, capacity, service delivery, and service orientation. The author suggests improvements through a differential response system in which CPS responses are customized to family needs, and community-based resources are utilized, as are informal and natural helper individuals.

Additionally, the author calls for improved training for front-line workers, expanded community partnerships and court reforms towards creating more effective CPS systems.

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**Waldfoegel, 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 comprised of child welfare administrators, practitioners, policymakers, and other experts. The author outlines the traditional decision-making process for CPS reports in an investigation-based system and discusses the problems with this approach as identified by the task force. Identified challenges in effectively addressing child maltreatment in traditional CPS systems include: over-inclusion and under-inclusion of families, the provision of inappropriate services, system capacity, and service orientation. 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. A new CPS approach presented in the article includes differential response and cites the experience of Florida, Iowa, and Missouri as examples. Other program histories, descriptions, and select evaluation data are also presented.

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**Walter R. McDonald & Associates, Inc. (2001, March). *National study of child protective services systems and reform efforts: Literature review*. Rockville, MD: Author. Retrieved 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) and 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 substance abuse provider 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 language in defining these efforts.

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**Walter R. McDonald & Associates, Inc. (2003).** *National study of child protective services systems and reform efforts: Site visits report.* Rockville, MD: Author. Retrieved 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 system reforms implemented in each site. 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. They discuss the historical context of reforms, 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).

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

This report presents evaluation findings for the implementation phase of the Alberta Response Model (ARM) in the 2003-2004 fiscal year. Data were collected from randomly selected files for 183 family enhancement (differential response) and 193 protection (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. The authors recommend using the 14 baseline measures developed for the evaluation to develop practices and outcomes for future differential response work.

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**Weiser, B., & Dreitzer, D. (2008, November).** *Partnerships and pitfalls: Nevada differential response program* [PowerPoint slides]. Presentation at the American Humane Association Conference on Differential Response, Columbus, OH. Retrieved from

<http://www.americanhumane.org/assets/pdfs/children/differential-response/partnerships-and-pitfalls.pdf>

This presentation provides an overview of Nevada's 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 is planned for 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 implementation. At the time of the presentation, seven programs were in operation and 557 families had been served. Six additional sites were scheduled to be implemented by January 2009. Points of emphasis include the maintenance of open communication and flexibility in implementation planning.

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**Westat, Inc. (2009). *Recent trends in local child protective services practices*. Rockville, MD: Author. Retrieved from <http://aspe.hhs.gov/hsp/09/TrendsinCPS/index.pdf>**

This study used data from multiple national studies that surveyed the local practices of child protective service (CPS) administrators. The study sought to identify themes in changes in CPS policy and procedure between 2002 and 2005-2006 in four areas: administration and staffing, screening and intake procedures, investigation of child maltreatment allegations, and alternative CPS response (which was defined as any response that did not result in a determination of maltreatment). The study further analyzed whether changes in the four areas were associated with changes in child maltreatment reporting and victimization rates. Findings included lower rates of neglect and cases of multiple maltreatment types in jurisdictions practicing alternative response while also noting that fewer localities reported practicing alternative response in 2005-2006 than had done so in 2002.

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**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, California. 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.

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**Wright, M., Tickler, S., & Vernor, K. (2008). *California child welfare services: eleven-county pilot project evaluation report*. Santa Rosa, CA: The Results Group. Retrieved from <http://www.cwda.org/downloads/11CountyPilot2008.pdf>**

This report evaluates the efforts of eleven counties in the State of California in implementing three pilot strategies: differential response, Standardized Safety Assessment, and Permanency

and Youth Transition. Each sought to improve outcomes of child safety, permanency, and well-being, as well as the overall child welfare system. This article provides the historical context of child welfare in America in general and in California in particular, and then describes the three pilot strategies and their effects on several indicators for each outcome of interest. Results are provided for the state as a whole, and are presented as a comparison between the eleven pilot counties and the 57 non-pilot counties. The authors provide several recommendations for further evolving the pilot strategies and increasing the positive changes experienced by children and families.

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**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 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 the inclusion of DR in the larger discussion of how best to meet the needs of children and families.

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**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 by identifying areas of future alternative response research as well as policy and practice implications.