

NATIONAL  
QUALITY  
IMPROVEMENT  
CENTER

on Differential Response  
in Child Protective Services

## **Differential Response in Child Protective Services: A Guide for Judges and Judicial Officers**

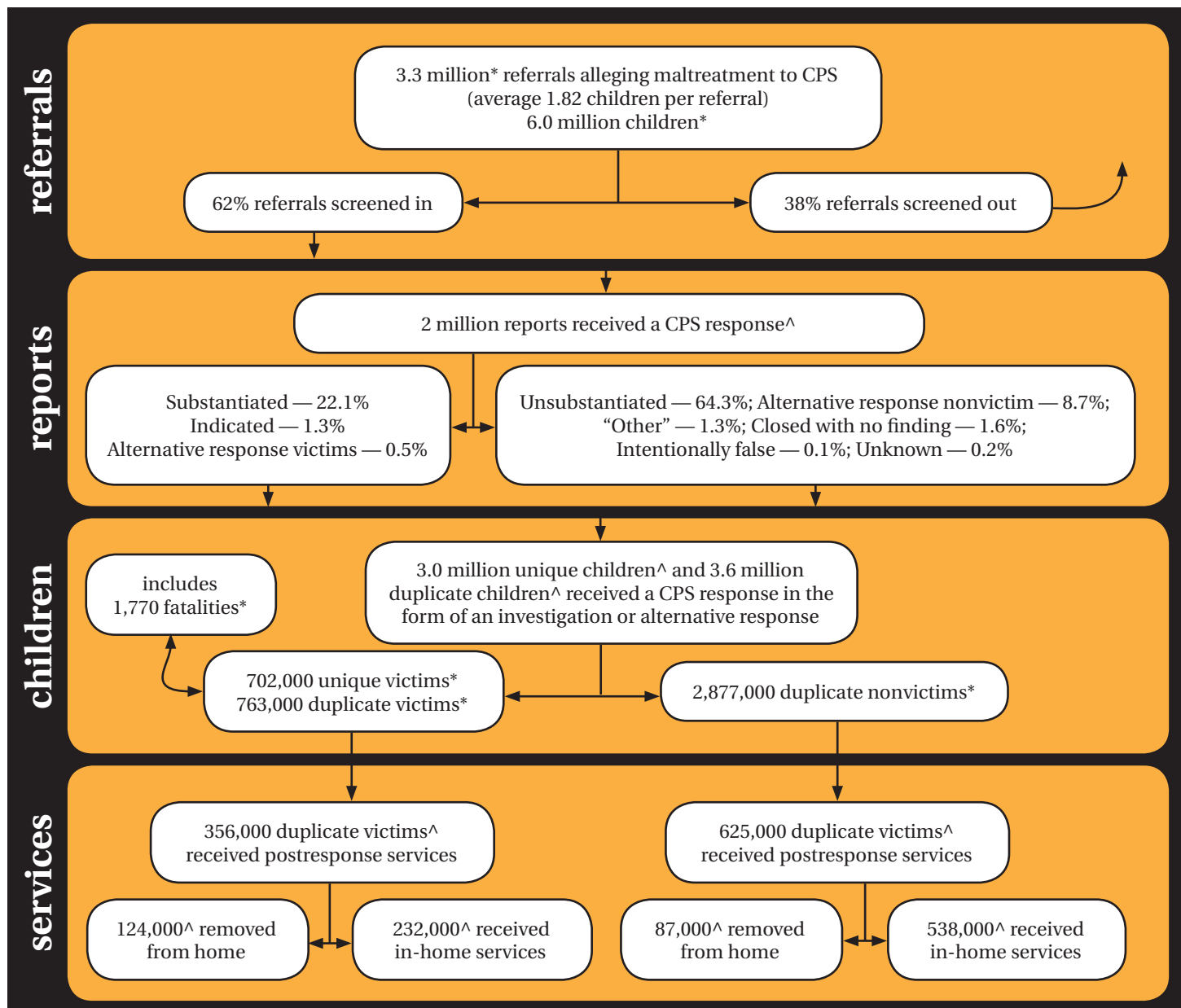


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## Introduction

Across the country, states and localities are increasingly implementing Differential Response (DR). DR is a child protective services (CPS) system reform that aims to better match the formal governmental response to alleged maltreatment to the family’s needs and strengths. Thus far, two experimental studies (in Minnesota and Ohio) and other quasi-experimental studies of DR have found that it keeps children as safe as traditional CPS approaches and that both families and social workers are more satisfied with this approach. In coming years, The National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) will contribute additional scholarly evidence from its three DR research and demonstration sites in Colorado, Illinois and Ohio. This guide explains what DR is; describes DR outcomes for children, families and agencies based on research to date; and discusses the court’s role as a stakeholder in DR. Before this Guide delves into the specifics of differential response, Figure 1 provides a firm grounding in the national child maltreatment statistics from 2009.<sup>1</sup>

**Figure 1**  
**Child Maltreatment 2009 Statistics**



\* indicates a nationally estimated number. ^ indicates a rounded number. Please refer to the report *Child Maltreatment 2009* [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can) for information regarding how the estimates were calculated.

<sup>1</sup> For more comprehensive reports and information on differential response, please visit [www.differentialresponseqic.org](http://www.differentialresponseqic.org).



## What is Differential Response?

Differential Response (DR) — also called “alternative response,” “dual track,” or “multiple response system,” in various jurisdictions — refers to a system reform that allows a CPS agency to respond in more than one way to *screened-in* reports of child maltreatment, in addition to meeting other core criteria described below. Appendix 1 charts the main distinctions between the investigation response (i.e., the traditional response) and family assessment response (i.e., the differential response in a DR-organized CPS system<sup>2</sup>). In 2006, American Humane Association and the Child Welfare League of America jointly conducted a national study of differential response models and cited the following as core elements of all DR models (Merkel-Holguin, Kaplan, & Kwak, 2006):

- Two or more discrete response pathways are used for screened-in reports, including an investigation response and a family assessment response;
- The establishment of discrete response pathways is formalized in statute, CPS policy, or CPS protocols;<sup>3</sup>
- Initial pathway assignment depends on an array of factors (e.g., assessment of presence of imminent danger, level of risk, number of previous reports, source of the report, and/or presenting case characteristics, such as type of alleged maltreatment and age of the alleged victim);

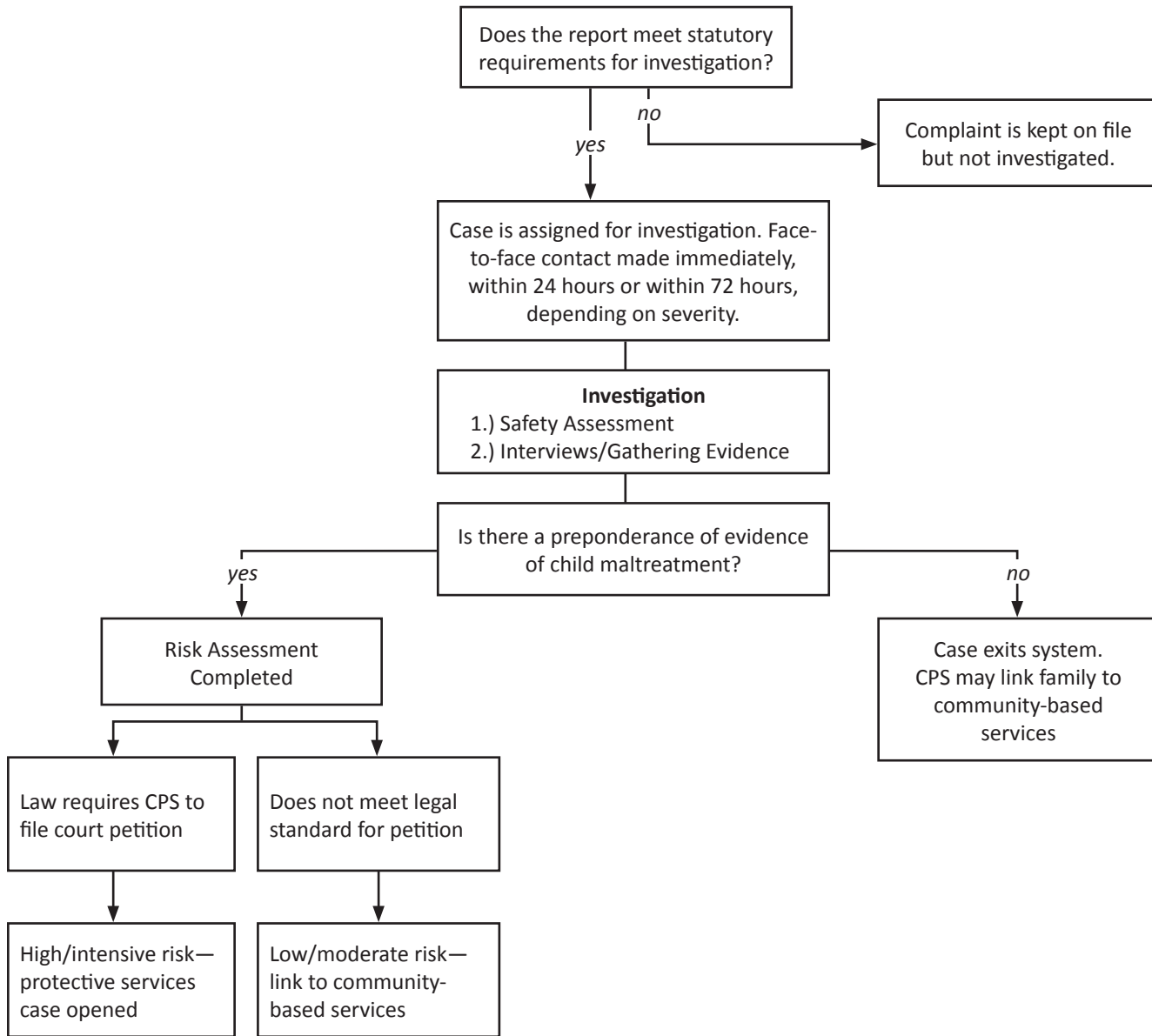
- Initial pathway assignment can change based on new information obtained by the agency, altering the risk level or safety concerns;
- Services are voluntary in a family assessment response pathway: Families can choose to receive the investigation response or accept or refuse the offered services if there are no safety concerns;
- Families served via a family assessment response are served without a formal determination of child maltreatment; and
- Since no agency determination of maltreatment is made, no one is named as a perpetrator and no names are entered into the central registry for families served through a family assessment response.

Some jurisdictions also use both formal and informal response methods to provide voluntary assistance to families in *screened-out* reports. While this is another innovative method of prevention and early intervention, and is **sometimes referred to locally as “differential response,” it is not the system reform covered in this guide.** Figure 2 shows a typical case flow for cases under the traditional CPS system. Figure 3 shows a typical two-pathway DR-organized CPS system.

<sup>2</sup> Differing terminology can be confusing in DR-organized CPS systems. Both the system reform and the secondary pathway have been referred to in the field and literature as differential response. For purposes of this guide, “Differential Response” and “DR” refer to the system reform; “family assessment response” or a lower case reference to “differential response” refers to the other response pathway.

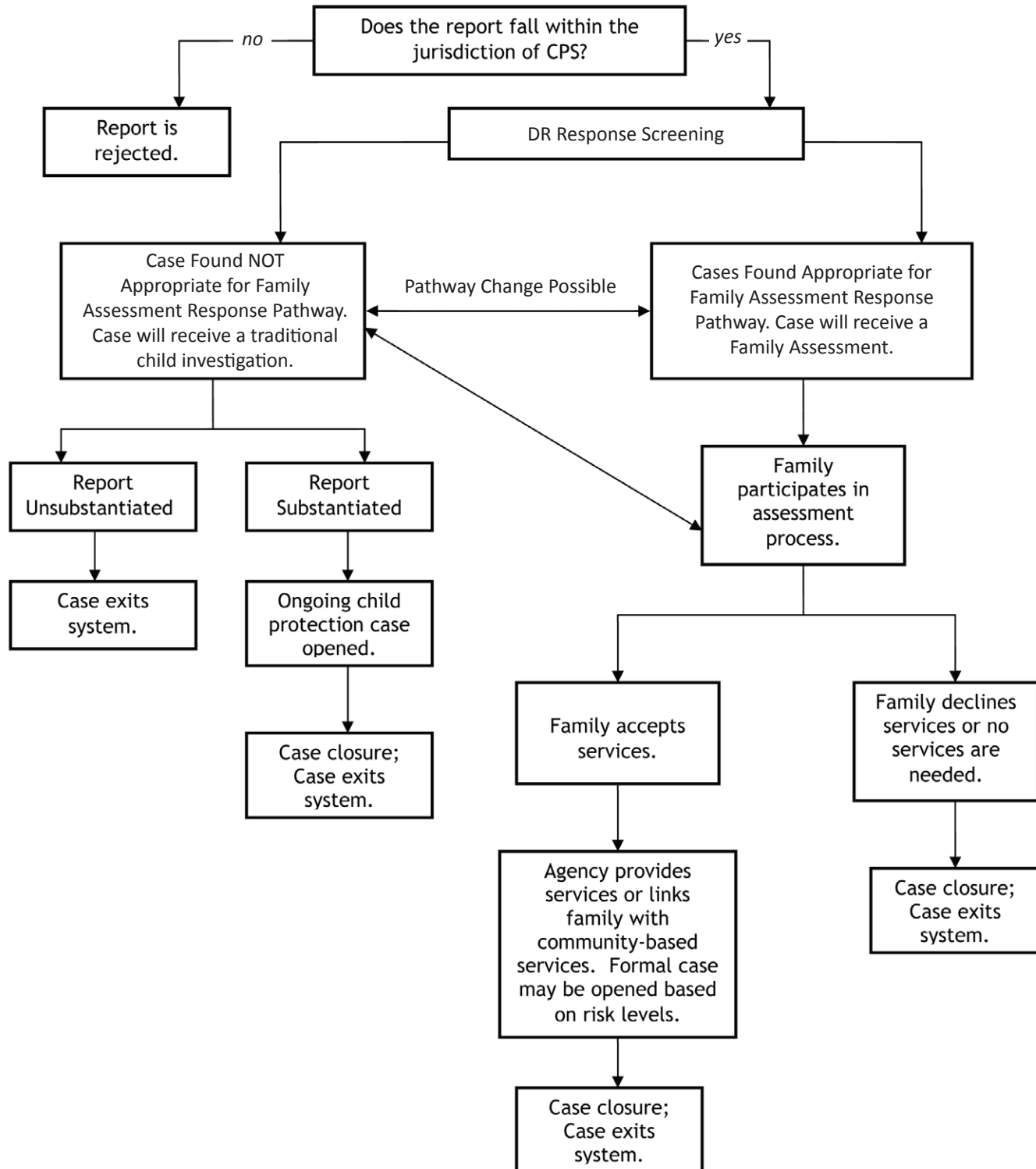
<sup>3</sup> State policies often exclude certain categories of maltreatment deemed to be inappropriate for a family assessment response (e.g., sexual abuse, physical injury to a child under a certain age), and some of the matters assigned to a family assessment response are those that formerly would have been investigated but then unsubstantiated, or given “other” dispositions (QIC-DR, 2009a).

**Figure 2**  
**Traditional CPS System**  
**(based on the Michigan Model)**



Source: National Center for Adoption Law and Policy and American Bar Association Center on Children and the Law (2006, January). Final Report of the Subcommittee on Responding to Child Abuse, Neglect and Dependency to the Advisory Committee on Children, Families, and the Courts. Columbus, OH: Authors. Available online at: [http://www.law.capital.edu/adoption/amicus/sumcom\\_documents/final\\_subcom\\_document\\_App\\_Executive\\_ver4a.pdf](http://www.law.capital.edu/adoption/amicus/sumcom_documents/final_subcom_document_App_Executive_ver4a.pdf).

**Figure 3**  
**DR-Organized CPS System**  
**(based on the Minnesota Model)**



Source: National Center for Adoption Law and Policy and American Bar Association Center on Children and the Law (2006, January). Final Report of the Subcommittee on Responding to Child Abuse, Neglect and Dependency to the Advisory Committee on Children, Families, and the Courts. Columbus, OH: Authors. Available online at: [http://www.law.capital.edu/adoption/amicus/sumcom\\_documents/final\\_subcom\\_document\\_App\\_Executive\\_ver4a.pdf](http://www.law.capital.edu/adoption/amicus/sumcom_documents/final_subcom_document_App_Executive_ver4a.pdf).

Regardless of the pathway chosen, all screened-in cases receive some form of response from the child protective services (CPS) agency; the agency informs the parent or caregiver of the alleged concerns; and **all cases are assessed for child safety**, using standardized protocols and assessment instruments.

In the family assessment response, the agency's focus is on child safety through engaging the family and meeting the family's needs. There is no formal determination or disposition related to the specific allegation(s) that triggered the report (i.e., no "substantiation" of whether the reported incident of abuse/neglect occurred). In addition, no person or caretaker is named as a "perpetrator" in the CPS case files or in a statewide central registry. As long as there are no safety issues, families assigned to the family assessment response may choose not to accept available resources or services. Thus, their participation is completely voluntary so long as the safety assessment and other information gathered during the assessment process do not indicate that any child in the family's home is unsafe.

Voluntariness of family participation is a critical aspect of this pathway. In a legal analysis conducted by the American Bar Association (ABA)'s Center on Children and the Law on behalf of the QIC-DR, the ABA determined that parents' substantive due process rights are not violated if their participation in a family assessment response is truly voluntary and the alternative is simply a traditional investigation (QIC-DR, 2009b).<sup>4</sup> The ABA's full legal analysis of DR is available online at: <http://www.differentialresponseqic.org/assets/docs/differential-response-in.pdf>.

Given the partnership between the worker/agency and the family in assessing safety, risk, strengths and needs of the family

during a family assessment response, if there are safety concerns, a safety plan is constructed and implemented. If the family and worker are not able to create a workable safety response for the child, the case can be reassigned to an investigation response. The CPS agency also may file a petition, invoking the court's authority to order the family's participation in services or to remove the child from the home, as needed.<sup>5</sup>

In the investigation response, the CPS agency's focus is on child safety through gathering evidence, making a formal determination of whether a particular allegation happened ("substantiation" or "indication") and, if so, naming a specific "perpetrator" whose name will be entered into the case file and a central registry. Substantiated cases with immediate child safety threats on this pathway may require court action. Nationally, only 17.6 percent of confirmed child maltreatment victims have cases that result in court action. Unsubstantiated cases result in case closure although service referrals may still be offered to the family. In some jurisdictions, investigation cases with families in need of services and without immediate safety threats may be reassigned to the family assessment response for voluntary services and supports.

## Why is DR important?

Given the prevalence of child neglect in a system created to address serious physical abuse,<sup>6</sup> the child welfare practice emphasis on family engagement to achieve child safety, and the growing rigorous research in this area, DR has received national attention as a promising reform. It has been implemented in 17 states, territories, or localities across the United States. An additional seven states, tribes or jurisdictions are contemplating or planning to use DR. Figure 4 shows a snapshot of DR across the United States.

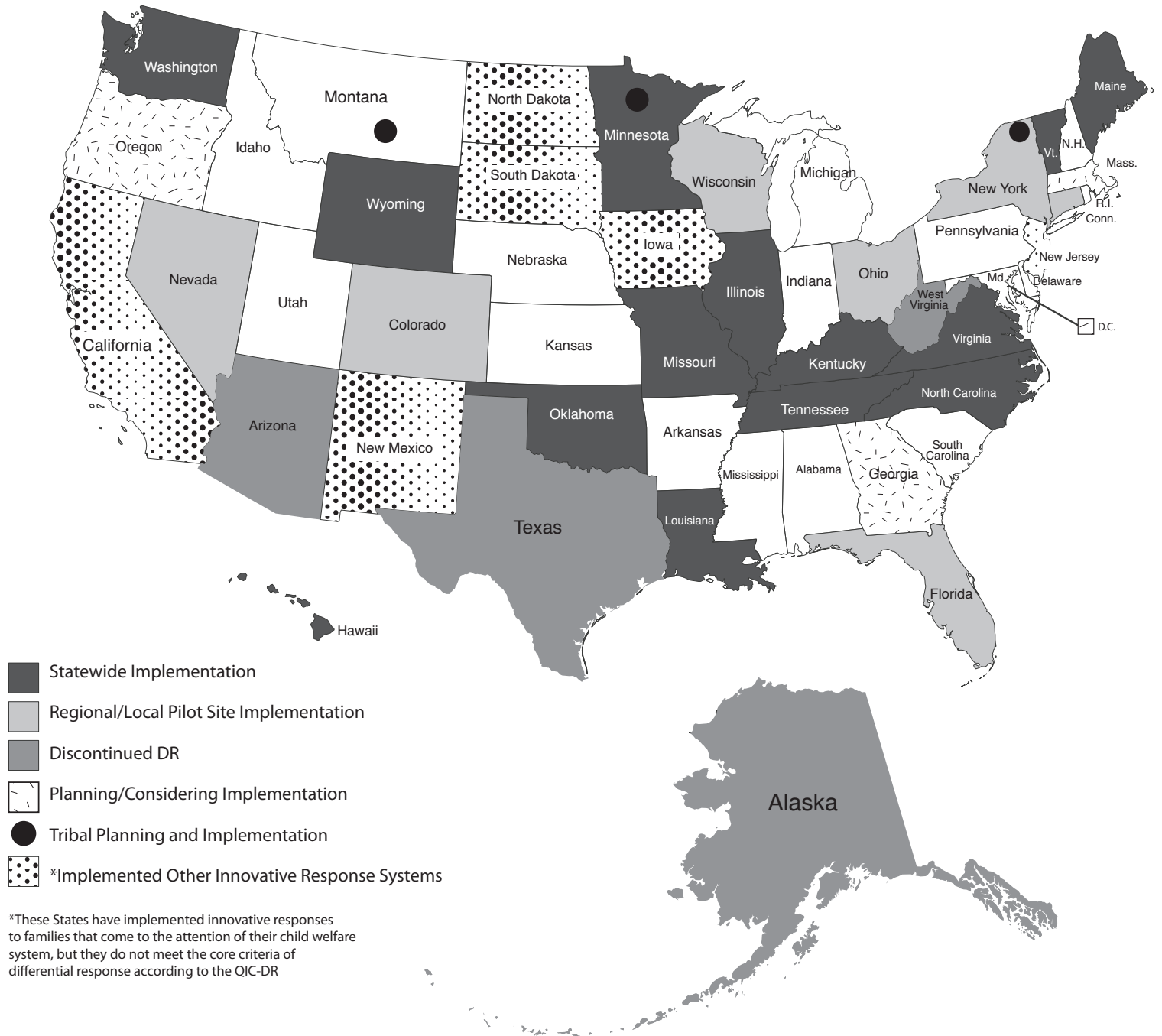
<sup>4</sup> Legal stakeholders and others have raised concerns about assuring the voluntariness of family participation with CPS agencies both generally and in DR-organized CPS systems. See the recommendations at the end of this guide for suggestions on how you can play an integral role in DR implementation to better assure fidelity to the core elements outlined herein.

<sup>5</sup> If the agency seeks a child's removal, it will be required as with any traditional case to demonstrate that it made reasonable efforts to prevent removal. The court should carefully consider the agency's efforts to create an alternate safety plan in partnership with a family in these cases as part of the reasonable efforts determination.

<sup>6</sup> For an overview of child protection history, see Myers, J.E.B. (2006). *Child Protection in America: Past, Present, and Future*. New York: Oxford University Press.



**Figure 4**  
**Differential response and other innovative response systems in the United States**



U.S. Map showing the States, tribes, and other jurisdictions that are implementing differential response, considering implementation, or implementing similar front-end system reforms. *Last updated July 18, 2011.*

Not only have **studies of DR-organized CPS systems found that it is an effective way** to handle child maltreatment allegations, but also there has been scholarly **debate about the efficacy of investigations and substantiation decisions in child protection.** Researchers using data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) found that children who had received an investigation fared *no better than*

non-investigated children on measures that included child behavioral problems, poverty, family functioning, and social support (after adjusting for baseline risk factors) (Campbell, Cook, LaFleur, & Keenan, 2010). This significant finding held true regardless of whether the case was substantiated and notwithstanding that substantiated cases were more likely to receive post-investigative services (Campbell *et al.*). The researchers surmised that

the narrow focus on immediate safety in investigations was not effective in addressing future risk of harm (Campbell *et al.*, 2010). They concluded that investigations represent “a missed opportunity to improve outcomes for children at high risk for future maltreatment, medical problems, and behavioral problems” (Campbell *et al.*, 2010, p. 948). Other researchers have analyzed the use of substantiation as a predictor of future maltreatment, with mixed results. For example, Kohl, Jonson-Reid, and Drake studied a sample of children with no prior reports from a national data set<sup>7</sup> and, controlling for case characteristics such as demographics and caregiver substance abuse and mental health problems, found no significant differences in re-reports, substantiated re-reports, and foster care placements between substantiated and unsubstantiated cases (Kohl et al., 2009). Kohl and colleagues did find that poverty was an indicator of re-reports and foster care placements (2009). By contrast, Fuller and Nieto (2009) compared a much larger sample of children with no prior reports from a single state’s (Illinois’) administrative data and, controlling for certain characteristics, found that substantiated children were more likely to be re-reported as well as subsequently substantiated. The Illinois data did not allow Fuller and Nieto to look at poverty’s effect on re-reporting and other indicators (Fluke, 2009). Ortiz, Shusterman, and Fluke (2008) compared data from five states using DR models and consistently found lower rates of re-reporting for families served via the family assessment response. In later commentary on his own findings, Fluke noted that “a determination of substantiation may not be relevant for some types of reports and may in fact contribute to more re-reporting” (Fluke, 2009, p. 71).

**Conclusion:** Thus, there is no definitive proof of the protective utility of making the substantiation decision that is required protocol for all cases in traditional CPS systems. These data suggest that elimination of this protocol for the types of cases served via the family assessment response in DR-organized CPS systems poses no greater or lesser risk to children. Moreover, DR-organized CPS systems may fill the gap of an

otherwise “missed opportunity” to address future risk of maltreatment by moving away from a universally incident-based CPS system and responding differently to cases in which future risk of harm, instead of immediate safety, is the prominent concern.

## What Do We Know About Outcomes in DR-Organized CPS Systems?

The Institute of Applied Research (IAR) conducted evaluations of DR pilot projects in Missouri (1995-1998), Minnesota (2001-2003), and Ohio (2007-2009) and found positive outcomes for children, families and CPS agencies.<sup>8</sup> The Missouri evaluation was based on a quasi-experimental study that tracked more than 7,000 families and included a follow-up after five years (Loman & Siegel, 2004a). In Minnesota and Ohio, families who were eligible for the family assessment response in lieu of investigation were randomly assigned to either a family assessment response or investigation to compare outcomes. The initial Minnesota study included data from more than 5,000 randomly-assigned families in 20 counties (Loman & Siegel, 2004b); in a follow-up study, families were followed for an average of 3.6 years to gauge longer-term effects (Siegel & Loman, 2006). The researchers took care to note that **positive evaluation findings were the result of dedicated caseworkers, adequate training, and administrative supports** (2006); in their words, “Minnesota’s experience represents a best-practice model, not a magic bullet” (2006, p. 4). In the Ohio study, IAR gathered and analyzed data from more than 4,000 families in 10 counties (Loman, Filonow, & Siegel, 2010).<sup>9</sup> These evaluations, along with Ortiz, Shusterman, and Fluke’s 2008 comparative analysis (see prior paragraph), provide a wealth of information on how DR-organized CPS systems affect families, the professionals who work with them, and the systems organized to respond to child maltreatment. Key findings are summarized below:

- Children served via a family assessment response were as safe as or safer than comparison children served via an investigative response;

<sup>7</sup> The researchers reviewed data from the National Study of Child and Adolescent Well-being (NSCAW).

<sup>9</sup> IAR also completed an evaluation of a smaller DR pilot in Nevada and found many similar successes. However, the authors chose not to include it herein due to limited assignments to the family assessment response and a local decision to use community-based family resource centers for all assessment cases. All Institute of Applied Research evaluations are available online at [www.iarstl.org](http://www.iarstl.org).



- Children served via a family assessment response had lower likelihood of subsequent maltreatment reports;
- Parents served via a family assessment response received more services, particularly services to meet basic needs;
- Case workers using the family assessment response felt better able to intervene effectively; and
- Costs to the CPS agency were initially higher, but the DR approach resulted in cost savings over time.

### Child Outcomes – Safety & Permanency

In all three pilot sites (Missouri, Minnesota, and Ohio), the evaluators found **no evidence that the use of a family assessment response reduced child safety** (Loman & Siegel, 2004a; Loman & Siegel, 2004b; Siegel & Loman, 2006; Loman et al. 2010). In fact, caseworkers in Minnesota reported more improvements in addressing initial child safety problems in family assessment response cases (Loman & Siegel, 2004b). In Minnesota and Ohio, children served via a family assessment response were less likely to experience removal and out-of-home placements, and had a lower likelihood of subsequent maltreatment reports (Loman & Siegel, 2004b; Loman et al. 2010; Ortiz et al. 2009).

In the Missouri study, the researchers noted that the results of the pilot DR project were mitigated by large caseloads and limited resources (Loman & Siegel, 2004a). In that state's DR demonstration, child removals neither increased nor decreased (Loman & Siegel, 2004a). Additionally, a five-year follow up revealed that children served via family assessment response were more likely to have experienced an out-of-home placement within that time. Based on additional analysis, the researchers determined that there was an underlying factor: the higher subsequent removals correlated with families who: (1) had never had a prior removal; and (2) had only teenaged children at the time of initial report (Loman & Siegel, 2004a). The majority of these cases were referred due to parent-child conflicts. Specific pilot sites had very high rates of later removals for these families (Loman & Siegel, 2004a).

### DR and Child Safety

*“No evidence was found — in analyses of case data, feedback from families, reports of workers, or responses of community stakeholders — that the [family assessment] approach placed*

*the safety of children in greater jeopardy than investigations. Workers in experimental cases reported more improvements in child safety problems that had been found at the time of the first home visit.”*

Source: Siegel, G. L., & Loman, T. (2006, December).

### Parent Outcomes – Engagement & Services

Caregivers in all three states — Missouri, Minnesota, and Ohio — who were assigned to the family assessment response were more likely to report being satisfied by how their workers treated them and the help they received. They were also **more likely to report feeling involved in decision-making**. (Loman & Siegel, 2004a; Loman & Siegel, 2004b; Loman et al., 2010).

In addition, all three studies noted positive findings about increased services on the family assessment pathway, particularly concrete services to help families meet basic needs such as food, clothing, home repairs, and utility bills (Loman & Siegel, 2004a; Loman & Siegel, 2004b; Loman et al., 2010). In the Missouri study, the researchers found a general shift toward preventive services; families that likely would have been unsubstantiated under an investigative response were designated as “services needed” in the family assessment response and **larger numbers of families without immediate safety needs were served by the CPS agency** (Loman & Siegel, 2004b).

### Agency Outcomes & Cost Analyses

Caseworkers, like families, reported more satisfaction with their worker-family interaction. In all three studies, the caseworkers reported that they were **better able to intervene effectively and that families' cooperation increased** (Loman & Siegel, 2004a; Loman & Siegel, 2004b; Loman et al., 2010).

In Missouri, the DR pilot was implemented without additional funding and was intentionally “cost-neutral;” the focus was on provision of time-limited services (Loman & Siegel, 2004a). Family assessment caseworkers were encouraged to refer families to community agencies for assistance, and a significant increase in these referrals indeed occurred (Loman & Siegel, 2004a). However, the researchers noted that families who likely would have had their case referred for agency family-centered services (ongoing case management) under the traditional system were instead referred to these community agencies and received a shorter duration of service provision from the public CPS agency (Loman & Siegel, 2004a).

By contrast, family assessment cases in the Minnesota and Ohio studies tended to use more agency worker time

<sup>9</sup> Families in the control group were eligible for the family assessment response but received an investigation response. The experimental group received the family assessment response.

and remain open for a longer period (Loman & Siegel, 2004b; Loman *et al.*, 2010).<sup>10</sup> In the extended Minnesota study, the researchers found that initial costs in implementing DR were higher due to increased services and staff time but subsequent costs were lower due to fewer families experiencing recurrence with the system, resulting in cost savings over time (Siegel & Loman, 2006). In Ohio, the researchers saw a similar increase in initial direct (services) and indirect (*e.g.*, worker time) costs (Loman *et al.*, 2010). The researchers noted that the study period was not long enough to analyze long-term cost reductions that may have resulted from reduced maltreatment recurrence, but the data was trending in the same direction as seen in Minnesota (2010).

Conclusion: Overall, the available data regarding costs and benefits of DR-organized CPS systems is promising for children, families, and CPS agencies. The pattern of increased services to families appears to result in fewer re-reports to the CPS system, suggesting that DR-organized CPS systems effectively diminish future risk of maltreatment. Moreover, better engagement of families may change the public perception of CPS workers from unwelcome interveners to helping partners, causing more families to proactively seek agency and case worker help when needed. The field will benefit from additional evaluations such as the planned evaluations for the three QIC-DR pilot sites (Colorado, Ohio, and Illinois), which will be completed by 2013, and will provide more evidence on outcomes and cost.

*“Differential response, when appropriate, provides families with the opportunity to participate in developing a plan to maintain a safe and loving home where children can grow and thrive. Engaging families in an approach that meets their particular needs increases the likelihood of success. Strength-based, family-involved decisions are more likely to produce long-term positive outcomes. Preserving families while never compromising a child’s safety remains the paramount goal. Differential response becomes the vehicle to accomplish these results.”*

**Denise Navarre Cubbon**

Judge, Lucas County Court of Common Pleas, Juvenile Division  
Toledo, Ohio

## How is the Court’s Function Impacted by DR-Organized CPS Systems?

Courts play an important leadership role in overseeing the safety, permanency, and well-being of many children who come to the attention of the CPS system, but their direct role is limited to a fraction of the families that CPS agencies assist every year. It is typically reserved for situations in which children have been removed from their home due to serious abuse or chronic maltreatment or in which the CPS agency seeks court supervision to

order a family’s compliance with services. **Nationally, only 17.6 percent of confirmed child maltreatment victims (less than 110,000 children) have child protective court cases opened annually** (U.S. Department of Health & Human Services, 2010). Consistent with current national statistics, the large majority of families served through a DR-organized CPS system will not come before the court — whether they receive family assessments or investigations. However, judges interviewed as part of the Ohio pilot DR evaluation thought that a DR-organized CPS system could reduce the number of maltreatment cases coming to court (Loman

<sup>10</sup> In Ohio, additional state funding was allocated to serve the demonstration families. In Minnesota, additional funding was made possible through a grant from the McKnight Foundation.

<sup>11</sup> Alaska subsequently discontinued use of its DR system, which was limited to a few local jurisdictions. The full article describing the survey results is available online at: <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-dr-national-study2006.pdf>.

Note: (43 States, duplicate count) % based on duplicate victims in 43 States, who received post-response services. Of 559,854 duplicate victims, 98,339 with court action.



et al. 2010), and the reductions in removals and recurrence seen in Ohio and Minnesota (Loman *et al.* 2010; Loman & Siegel, 2004a; Ortiz et al. 2009) support that assessment.

None of the studies discussed above looked at the number of family assessment cases that became court-involved in those jurisdictions. However, American Humane Association surveyed 15 states implementing DR (Alaska, Florida, Hawaii, Kentucky, Louisiana, Minnesota, Missouri, North Carolina, Oklahoma, Pennsylvania, Tennessee, Virginia, Washington, West Virginia, and Wyoming)<sup>11</sup> and asked whether cases assigned to the assessment response could become court-involved. Eleven of the 15 states allowed an assessment response to (continue to) be used in cases that became court-involved, but only five states allowed an assessment response if the child was placed in foster care (Kaplan & Merkel-Holguin, 2008). Therefore, it is possible that courts will be involved in family assessment pathway cases, and it is important

for judges to understand that such cases are likely to feel less adversarial.

**Conclusion:** Given the small number of child maltreatment cases that result in court action annually, the court's day-to-day functioning is unlikely to be significantly impacted by a DR-organized CPS system. However, an individual jurisdiction could see a reduction in caseload. Oversight, transparency, and accountability are essential in all child protection matters, and the court's limited resources may be best utilized in the more complex and serious cases (e.g., those in which families need intensive and wide-ranging services but are not open to receiving them and those with parallel criminal cases). Maximizing the use of court authority in these cases allows judicial officers to better dissect and address the issues, consider unique family dynamics, and hold more frequent hearings when intensive attention from the court is most vital.

*“Differential response, when the model is properly followed, greatly increases the likelihood that children can safely remain with their families. This fact alone is a strong argument for the implementation of this best practice in all fifty states.”*

**Judge Louis A. Trosch, Jr.**

*District Court Judge, 26th Judicial District of North Carolina  
Charlotte, North Carolina*

## What oversight mechanisms are in place in DR-organized CPS systems?

There are several non-judicial mechanisms that provide oversight for children in all CPS systems, and DR-organized CPS systems rely on the same checks and balances. Moreover, the public relies on these mechanisms for the millions of children who come into contact with CPS annually without resulting court action. Most child welfare agencies have internal quality assurance departments or other administrative checks for cases. Additionally, the federal Child and Family Service Reviews (CFSRs) assess states' and agencies' efforts to assure the safety, permanence, and well-being of children and families they serve, and CPS system improvements have been seen across the nation based on the last two rounds of CSFRs. Courts, along with other community stakeholders, also can play a critical role in promoting safety, permanency, and well-being for children served in a DR system by being **involved from the beginning in the development and implementation of DR** and by remaining engaged in examinations of how child and family outcomes fare under DR.

## Recommendations for Courts

Regardless of whether the use of DR leads to fewer families appearing in the courtroom, understanding and support

of DR by judges and judicial officers are essential to implementation of this system reform. Providing judicial leadership by engaging in collaborative efforts to improve the child welfare system is a key component in improving the handling of child abuse and neglect cases, according to the National Council of Juvenile and Family Court Judges and Pew Commission on Children in Foster Care (Whitney Barnes, 2006; Fiermonte & Salyers, 2005). When courts are partners in development and implementation of DR, the goals of a DR-organized CPS system are more attainable while parents' and children's rights are protected. If you are a judge or judicial officer in a jurisdiction that is considering or implementing DR, there are many **steps you can take to ensure its success:**

- ***Understand what DR is — and provide information to the community about it.***
  - » Learn more about how DR works in other states and how it is, or may be, implemented in your jurisdiction.
  - » Educate other judges, lawyers (including prosecutors and defense attorneys), and community stakeholders about DR by sharing your own knowledge, disseminating material about DR (such as this guide), and supporting other educational opportunities.

- ***Work collaboratively with your child welfare agency to promote transparent and effective implementation of DR.***
  - » Meet regularly with child welfare agency leaders and staff to discuss legislative changes to laws (as your state code of judicial ethics allows), updates to policies, and best social work practices that are consistent with the core elements of DR while maintaining family rights and furthering child permanency, safety, and well-being.
  - » Encourage the child welfare agency to develop and publicize procedures and create venues through which families and other community members can voice support for and concerns about DR and find answers to their questions.
  - » Engage in ongoing communication with the child welfare agency leadership and other community stakeholders to promptly address concerns or issues that arise as DR is implemented.
  - » If families served via the assessment response still routinely enter the court system, view it as an opportunity to review your jurisdiction's DR policy or protocols and engage in dialogue about whether further clarifications or improvements should be made to DR policies, protocols, or practices.
- ***Support DR training and coaching for caseworkers and local service providers, and encourage program evaluation to promote fidelity to the DR model and continuous quality improvement.***
  - » Close court for a day to allow for DR training.
  - » Use a courtroom for brown-bag lunch meetings for on-going training and communication.
  - » Bring in families with closed cases to talk to stakeholders about their DR experiences.
- ***Work collaboratively to remove any existing barriers to court accessibility***
  - » Review your local court rules and protocols to determine whether barriers to the court's accessibility exist, and what cost-effective solutions the court may be able to offer in partnership with other community agencies. Some families who come to the attention of CPS could resolve major barriers to child safety, permanency, and well-being through

other legal avenues, such as legal custody, guardianship, or visitation or protective orders. Barriers to court accessibility can prevent resolution even if the matter is uncontested. For example, some jurisdictions discourage pro se representation or lack resources to provide parents and caregivers with guidance to navigate the legal system (e.g., standardized forms or self-help centers). A parent's or other family member's inability to afford a lawyer and pay court fees, or failure to follow proper legal procedures, can wind up becoming an expense of the child protection system for lack of a better outlet.

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## Summary

DR is a CPS system reform that establishes more than one formalized CPS agency response to allegations of child maltreatment, depending on the type of maltreatment and needs of the family. A typical two-pathway DR-organized CPS system retains the investigation response for high-risk cases and adds a family assessment response for low- to moderate-risk cases. So far, 17 states, territories, or localities have implemented this system reform, and more are considering implementation. Rigorous evaluations conducted in Missouri, Minnesota, and Ohio suggest that DR is as effective as traditional CPS systems at keeping children safe, that both families and CPS workers feel more satisfied and engaged with one another in the family assessment response, and that DR can result in cost savings over time due to fewer recurrences of maltreatment and re-reports to the system. Although this front-end system reform is unlikely to have a significant

impact on juvenile and family court functioning, it is important for judicial and legal stakeholders to be involved in DR planning and implementation from its inception, because these stakeholders play a critical role in assuring oversight, transparency, and accountability for all child protection matters.

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## Resources

The QIC-DR website ([www.differentialresponseqic.org](http://www.differentialresponseqic.org)) offers numerous resources to learn more about differential response and other innovative CPS responses to reports of child maltreatment, including:

- Downloadable copies of a literature review;
- A comprehensive annotated bibliography;
- National survey findings;
- A legal analysis and legislation chart;
- Syntheses of QIC-DR summit proceedings; and
- A map showing differential response implementation activities by state.

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*In 2008, the U.S. Children's Bureau awarded a grant to American Humane Association and its partners, Walter R. McDonald & Associates Inc. and the Institute of Applied Research, to operate the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). The QIC-DR focuses on advancements related to differential response, a CPS system reform that is being implemented in a growing number of States and countries and is described in more detail in this brief.<sup>1</sup> The QIC-DR's purpose is to (1) design and conduct an evaluation to rigorously study implementation, outcomes, and cost impact of differential response in selected research and demonstration sites; (2) learn if differential response is an effective approach in CPS; and (3) build cutting-edge, innovative, and replicable knowledge about differential response, including guidance on best practices.*

*The QIC-DR spent its first year (2008-2009) conducting a comprehensive needs assessment to identify knowledge gaps in the field of differential response to select research priorities and to construct a rigorous, multimethod evaluation design to support research on differential response. The QIC-DR used a variety of methods to collect information and diverse opinions, including a literature review; multidisciplinary summits; individual interviews of child welfare administrators, supervisors, line workers, attorneys, and judges; a web-based national survey; focus groups with a variety of stakeholders; and listening sessions to hear from families who experienced a non-investigation response. It collected information about the history of differential response and similar CPS system reforms; the strengths and challenges of developing, implementing, and sustaining these reforms; and the effects on children, families, child welfare professionals, and other stakeholders. All of these activities added to a rich knowledge base about differential response and other innovative CPS reforms.*

<sup>1</sup> The National Quality Improvement Center on Differential Response in Child Protective Services is part of the Training and Technical Assistance Network of the Children's Bureau of the Administration for Children and Families, United States Department of Health & Human Services.

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## Appendix 1 Comparison of Responses to Screened-in Cases

	<b>Investigation Response*</b>	<b>Family Assessment Response**</b>
	*standard CPS response; also, response pathway typically used for high-risk cases in a DR-organized CPS system	**name varies by jurisdiction; response pathway typically used for low- to moderate-risk cases in a DR-organized CPS system
Focus	Child safety, forensic fact-finding	Child safety; assessment of strengths, needs, and risk
Goal	Children determined to be safe, or are made safe; determine “findings” related to the allegations in the report; persons responsible identified; services may be put in place to reduce risk	Children determined to be safe; parents, extended family & community partners engaged in assessing strengths, needs, & risk; families may participate in developing solutions & choosing services; families may receive supports that address family needs for both immediate safety and future risk of maltreatment
Initiation	Talk with alleged victim first, unannounced visits	Talk with caregivers first, request permission to visit
Assessment	Caseworker gathers facts regarding allegation, safety, & risk from child, family, & collaterals; may or may not involve family in safety & risk assessment; children interviewed separately regarding presence of abuse or maltreatment; case decision regarding allegations made with supervisor; professionals as experts	Caseworker & family jointly assess child safety, family strengths, needs, & risks; family involved in identifying collateral contacts who can assist with assessment; children participate in interviews with their parents regarding family strengths & needs; families as experts
Agency Disposition	Substantiation or indication decision made	No substantiation or indication decision made; families identified as “in need of services & support” or “services recommended”
Central Registry	Perpetrator’s name entered	No perpetrators identified
Services	If case is opened, service plan written (by professionals) and services are provided; families can be ordered by court to participate in services	Voluntary services offered; after assessment, families can choose to not participate; if sufficient safety concerns exist, case can be reassigned to investigation