



# Family Assessment Response: Promoting the Goals of Child Safety and Family Preservation

## Introduction

The size and shape of the child welfare system is largely formed by how and in what numbers children enter and leave the system. If Child Protective Services (CPS), the investigative branch of the system, is the entryway, optimal system functioning can be attained only to the degree that CPS can respond effectively and appropriately to referrals (entries) to the system. For CPS to best accomplish this objective, it is necessary to acknowledge that there is great diversity and complexity among the families with which CPS interacts on a daily basis.<sup>1</sup>

If we were able to re-design the front door to the child welfare system, we might create a system that takes a more tailored approach to handling the range of family configurations, backgrounds, and experiences CPS routinely encounters. One particular approach that adopts this notion and has seen widespread uptake over the last decade is called *Differential Response (DR)*.

Differential Response, sometimes called *Alternative Response*, *Family Assessment Response*, or *Multiple Response*, creates separate entry pathways for families that have different risk profiles. For example, families with higher risk profiles would be assigned to the standard investigative track, whereas families with lower risk profiles would be assigned to a non-investigative pathway. In the non-investigative pathway of DR, many agencies develop a family-focused response with a strength-based assessment process that offers concrete services and referrals designed to prevent re-referral and child entries into care.

It is important to look across research, data and experience as states and jurisdictions consider adopting DR. This issue brief pulls together some of the lessons learned to provide a basic foundation of knowledge.

## Child Protective Services Background

When children and families are brought to the attention of the child welfare system by a referral of abuse or neglect, the state must decide whether or not to formally investigate the referral. For referrals with risk that meets or exceeds a certain threshold, CPS will conduct a forensic-style investigation of the specific allegations. The ultimate goal of the investigation is to determine whether further action, including potential out-of-home-placement, is necessary to ensure the safety of the child(ren). In 2011 in Washington State, there were approximately 78,000 referrals received by CPS. Of those, roughly 38,000, or 49 percent of intakes, were screened-in for investigations. After the completion of these investigations, only 2,220 referrals, six percent of all intakes, met the legal criteria for abuse, neglect, or abandonment.<sup>2</sup>

The work of CPS investigators is both challenging and complex. They must be capable of making thoughtful, accurate decisions on a wide assortment of referral types. In 2011, 66 percent of referrals received by Children's Administration alleged neglect; 25 percent of referrals alleged physical abuse; and nine percent alleged sexual abuse.<sup>3</sup> When a phone intake worker receives a referral—any type of referral—the worker must determine whether or not the referral warrants greater scrutiny. If the referral is serious enough, CPS will begin their standard response, which can be likened to a path with a series of forks. Many of these forks are decision points where CPS workers often provide an all-or-nothing response.

## A Different Approach to Working with Families

On an annual basis, over one million cases of child abuse are reported nationwide.<sup>4</sup> In recent decades, the number of children entering care due to neglect has been on the rise, making it the main reason children currently enter care. For this reason, states are looking for innovative ways to work with these vulnerable, often very poor families. Child welfare administrators have for years felt that the traditional investigation pathway provided by CPS is too intrusive and penalizing. Options were limited. In high risk situations, children were often removed from their homes while CPS mitigated future risk to children.<sup>5</sup> Other families at the low-to-moderate risk level for future child maltreatment were often excluded from traditional child welfare services, leaving them on their own to seek out formal and informal supports.<sup>6</sup>

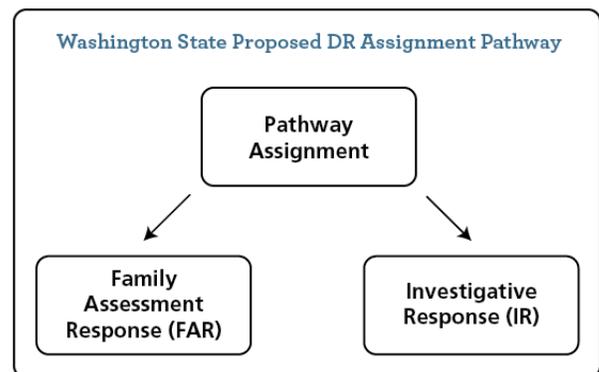
The recognition of the substantial diversity and complexity of families is not the only force behind the national effort to find more effective ways of working with families.<sup>7</sup> Over the last three decades, critics, including the federal government, have identified a number of other key drivers that warrant attention.<sup>8</sup> From 1994-1997, a group of child welfare stakeholders met at the Harvard Executive Session to discuss and synthesize these concerns:<sup>9</sup>

1. *Inappropriate Child Abuse and Neglect (CA/N) Reporting Patterns:* Over-reporting, where the public makes reports on a large number of cases inappropriate for a child welfare system response, and the converse, under-reporting, where the public does not report cases suitable for a child welfare system response.<sup>10, 11</sup>
2. *Insufficient capacity and resources to respond to reports:* The degree to which CPS holds the capacity and resources to effectively respond and/or investigate all appropriate reports.
3. *Poorly matched service orientation:* The degree to which the standard all-or-nothing style of responding to child abuse and neglect is matched to the families that are reported to CPS.<sup>12, 13</sup>
4. *Services availability:* Many children and families do not receive the services they need to remain intact or to prevent out-of-home placement.<sup>14, 15</sup>

When combined, these issues paint a very complex working environment for CPS. Although it is unlikely that any single reform could address the full spectrum of issues above, some experts and advocates have pointed to differential response as a promising tactic.

## What is Differential Response?

Differential response builds upon the existing practices of CPS by adding a third response pathway (and sometimes even a fourth) between no-investigation and investigation.<sup>16</sup> Traditionally, the middle pathways are non-investigatory and are designed to bolster family strengths, provide services as necessary, and reduce the likelihood of re-referral. Differential response allows CPS workers to consider factors such as the type, severity, and frequency of the reported abuse and the age of the child. The willingness and ability of the parent to participate in services such as parenting classes, counseling, or drug treatment are also taken into consideration. Across the country, wide variation in the DR approach can be found such as: the number of formal pathways included in the child protective system, the procedures and criteria used to determine which cases are eligible for DR, the circumstances in which cases are re-assigned from a DR track to an investigative track (and vice versa), and the type of workers (public or private) who provide services and the kinds of services provided in the DR pathway.<sup>17</sup>



A national study on the various approaches to differential response identified a set of common elements:<sup>18</sup>

1. The use of two or more discrete responses of intervention.
2. The creation of multiple responses for reports of maltreatment that are screened in and accepted

for response.

3. The determination of the response assignment by the presence of imminent danger, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics, such as type of alleged maltreatment and age of the alleged victim. Typically, accepted reports categorized as low- or moderate-risk are assigned to the non-investigation assessment response.
4. The ability to change original response assignments (either decreased or elevated) based on additional information gathered during the investigation or assessment phase. An increase or decrease in threats of harm or risk level can trigger a change in “response assignment.”
5. The establishment of multiple responses is codified in statute, policy, and/or protocols.
6. The ability of families who receive a non-investigatory response to accept or refuse the offered services after an assessment without consequences (i.e., services are voluntary).
7. The perpetrators and victims are not identified when alleged reports of maltreatment receive a non-investigation assessment response, and services are offered without a formal determination of child maltreatment (i.e., substantiation).
8. The differential use of the central registry, depending on the type of response. The name of the alleged perpetrator is not entered into the central registry for individuals who are served through a non-investigation assessment response pathway.

Beyond the common programmatic features found among differential response programs, there is a principle set of core values that run through the range of non-investigative responses:<sup>19</sup>

- Family engagement versus an adversarial approach
- Services versus surveillance
- Labeling as “in need of services/support” versus “perpetrator”
- Being encouraging with families versus threatening
- Identification of needs versus punishment
- A continuum of response versus “one size fits all”

In November of 2011, the authors of a comprehensive literature review of differential response found that 19 states were in some stage of DR implementation.<sup>20</sup> The literature review also documented that many states that implemented differential response as pilots have subsequently expanded availability statewide.<sup>21</sup>

## What is the Evidence About the Impact of Differential Response in Child Welfare?

While a variety of evaluations have been conducted on DR, the evidence base in support of this practice is still in a preliminary stage. Most notably, the majority of DR evaluation reports have not been published in peer reviewed journals. Only two randomized trials have been conducted. In these studies, while positive differences were found between families randomly assigned to receive DR or traditional investigation, the effects were “modest” at best.<sup>22, 23</sup> A variety of implementation summaries and literature reviews are available.<sup>24, 25, 26</sup> Other emerging findings include the following:

*Children are not less safe:* Probably one of the most significant findings to date is that “differential response does not result in increased harm to children”.<sup>27</sup> In addition, evaluations in Minnesota and Missouri have witnessed modest reductions in future removals.<sup>28, 29</sup>

*Families maintain more favorable attitudes towards differential response:* Families who receive a DR style intervention rather than a standard investigatory response tend to indicate that they feel more engaged than families that receive standard investigations.<sup>30</sup> Families in differential response pathways versus investigative pathways tend to receive services earlier in their case.<sup>31</sup>

*Workers feel greater satisfaction:* Workers tend to report greater satisfaction in the differential response pathway than the investigation pathway, although there is no conclusive data to indicate that a differential response pathway precipitates a greater or lesser workload.<sup>32</sup>

*Little cost comparison data between differential response and a standard CPS response:* There are few examples of cost comparisons between a differential response and an investigative response. Only Minnesota has conducted a cost analysis that has explored the longer-term fiscal implications of differential response (up to a maximum of 56 months).<sup>33</sup> The authors of this evaluation report that “for every \$1.00 spent on the experimental group (received differential response), \$1.59 was spent on the control group (received standard CPS investigative

response). They state, "From the beginning of the initial contact with families through the end of the present follow-up, control families cost the system 35 percent more." The authors conclude that differential response is "both cost effective and cost beneficial" based on the fact that the DR approach "more frequently attained CPS goals." The other prominent evaluation to incorporate a cost analysis did not find differential response to save money over the standard CPS response; however, the window of analysis was considerably shorter in this study. Moreover, no attempt has yet been made to broaden the analysis to include offset costs to other state agencies or society at large.

## Conclusions

Differential response appears to be related to modest improvements in family functioning over a standard investigative response, but the research literature on outcomes is quite limited and far from conclusive. There are a few key considerations public child welfare agencies should explore when weighing the merits of a new strategy for addressing the challenges of balancing child safety, family engagement, and family preservation:

- What are the implications for practice and implementation challenges?
- What are the implications for child safety?
- What are the fiscal implications?

Studies of DR provide some information relevant to the first two questions. However, answers to these questions appear to vary depending on various factors. The financial tenability of differential response hinges on its ability of offset long-term financial burdens from when families move through the traditional child welfare system. Since DR is designed as a front-end preventative strategy, costs, in theory, should be front-loaded and taper over time. More robust cost-benefit analyses are needed.

### Information

For more information, please send your questions to:

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## Endnotes:

1. Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Massachusetts: Harvard University Press.
2. Washington State Department of Social and Health Services Children's Administration. (2011). *Children's Administration 2011 Year in Review*. Retrieved on June 12, 2012 from <http://www.dshs.wa.gov/pdf/ca/year-in-review2011.pdf>
3. Partners for Our Children. (February 16, 2012). *What do we know about child welfare in Washington?* (Presented at Title IV-E Waiver Advisory Committee Meeting, SeaTac, Washington.) Retrieved on May 14, 2012 from <http://www.dshs.wa.gov/pdf/ca/IVEvidence021612.pdf>
4. Crane, K. (January 2010). *In brief: Taking a different approach*. (Presented at Washington, D.C.: National Conference on State Legislatures). Retrieved on June 14, 2012 from [http://www.ncsl.org/Portals/1/Documents/magazine/articles/2009/SL0110\\_InBrief.pdf](http://www.ncsl.org/Portals/1/Documents/magazine/articles/2009/SL0110_InBrief.pdf)
5. Conley A. and Berrick, J. (2009). Community-based child abuse prevention: Outcomes associated with differential response program in California. *Child Maltreatment*, 15, 282-292.
6. *Ibid.*
7. Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Massachusetts: Harvard University Press.
8. United States Government Accounting Office. (July 21, 1997). *Child protective services: Complex challenges require new strategies*. Report to the Honorable Nydia Velasquez, House of Representatives. Washington, D.C.: United States Government Accounting Office, Health and Human Services.
9. Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Massachusetts: Harvard University Press.
10. Bersharov, D. J. (1985). "Doing something" about child abuse: The need to narrow the grounds for state intervention. *Harvard Journal of Law and Public Policy*, 8, 539-589.
11. Besharov, D. J. (1990). Gaining control over child abuse reports. *Public Welfare*, 48, 34-40.
12. Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Massachusetts: Harvard University Press.
13. English, D., Wingard, T., Marshall, D., Orme, M. and Orme, A. (2000). Alternative responses to child protective services: emerging issues and concerns. *Child Abuse & Neglect*, 24, (3), 375-88.
14. *Ibid.*
15. Partners for Our Children. (February 16, 2012). *What do we know about child welfare in Washington?* (Presented at Title IV-E Waiver Advisory Committee Meeting, SeaTac, Washington.) Retrieved on May 14, 2012 from <http://www.dshs.wa.gov/pdf/ca/IVEvidence021612.pdf>
16. Walters, J., Beatty, D., Livingston, A. and Lau, W. (1997). *Hawaii's differential response system: Practical implementation strategies that led to successful outcomes*. (Presented at the Children's Bureau Conference for Agencies and Courts in Arlington, VA). Retrieved on March 12, 2012 from <http://cfsr.dhshawaii.net/documents/download/33>
17. Children and Family Research Center. (January 2012). *An Introduction to Differential Response in Illinois*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
18. Merkel-Holguin, L., Kaplan, C., and Kwak, A. (2006). *National study on differential response in child welfare*. American Humane Association and Child Welfare League of America. Retrieved on August 16, 2012 from <http://www.americanhumane.org/assets/pdfs/children/pc-2006-national-study-differential-response.pdf>
19. Kaplan, C. and Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children*, 23, 5-21. Retrieved on August 24, 2012 from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-23-1-2.pdf#page=7>
20. National Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential Response in Child Protective Services: A Literature Review. Version 2*. Retrieved on September 5, 2012 from [http://www.differentialresponseqic.org/resources/qic-dr\\_lit\\_review-version-2.pdf](http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf)
21. National Quality Improvement Center on Differential Response. (2012). *Differential Response: Early Implementation and Fidelity Cross Site Report of the National Quality Improvement Center on Differential Response in Child Protective Services*. Englewood, CO. Retrieved on August 24, 2012 from <http://www.differentialresponseqic.org/assets/docs/cross-site-report-may-2012-1.pdf>

22. Loman, L. and Siegel, G. (2012). Effects of anti-poverty services under the differential response approach to child welfare". *Children and Youth Services Review*, 34, 1659-1666.
23. Casey Family Programs. (April 2012). *Comparison of experiences in differential response (DR) implementation: 10 child welfare jurisdictions implementing DR*. Seattle, WA: Casey Family Programs.
24. *Ibid.*
25. National Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential Response in Child Protective Services: A Literature Review. Version 2*. Retrieved on September 5, 2012 from [http://www.differentialresponseqic.org/resources/qic-dr\\_lit\\_review-version-2.pdf](http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf).
26. Merkel-Holguín, L., Kaplan, C., and Kwak, A. (2006). *National study on differential response in child welfare*. American Humane Association and Child Welfare League of America. Retrieved on August 16, 2012 from <http://www.americanhumane.org/assets/pdfs/children/pc-2006-national-study-differential-response.pdf>.
27. National Quality Improvement Center on Differential Response, (2012). *Differential Response: Early Implementation and Fidelity Cross Site Report of the National Quality Improvement Center on Differential Response in Child Protective Services*. Englewood, CO. Retrieved on August 24, 2012 from <http://www.differentialresponseqic.org/assets/docs/cross-site-report-may-2012-1.pdf>.
28. Loman, L. and Siegel, G. (2005). Alternative response in Minnesota: Findings of the program evaluation. *Protecting Children*, 20(2&3), 78-92. Retrieved on August 24, 2012 from <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-20-2-3pdf.pdf#page=79>
29. Loman, L. and Siegel, G. (2004). *Differential Response in Missouri after Five Years: Final Report*. St. Louis, MO: Institute of Applied Research. Retrieved on August 24, 2012 from <http://www.iarstl.org/papers/MODiffResp2004a.pdf>
30. National Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential Response in Child Protective Services: A Literature Review. Version 2*. Retrieved on September 5, 2012 from [http://www.differentialresponseqic.org/resources/qic-dr\\_lit\\_review-version-2.pdf](http://www.differentialresponseqic.org/resources/qic-dr_lit_review-version-2.pdf).
31. *Ibid.*
32. G. Siegel and Loman, L. (2006). Extended follow-up study of Minnesota's Family Assessment Response: Final report. St. Louis, MO: Institute of Applied Research. Retrieved September 5, 2012 from <http://www.iarstl.org/papers/FinalMNFARReport.pdf>.
33. *Ibid.*