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Differential Response to Child Abuse and Neglect in Illinois

What is differential response? How might Illinois use it to support families?

By Kristin Abner and Rachel A. Gordon

In 2009, the Illinois Department of Children and Family Services (DCFS) began a pilot program and evaluation of one of the latest approaches to serving lower-risk children referred into the child welfare system (differential response). This intervention approach connects low-risk households to community services, and is completely voluntary. This chapter provides an overview of the practice, its effectiveness, and future policy needs.

NEED TO KNOW

- Seventeen states are implementing differential response in full, and another 13 had a program that included at least some components. Illinois just ended a five-year pilot program. The full evaluation is expected in 2013.
- The core features of differential response can appeal to a bipartisan agenda: it shifts responsibility from the government to neighborhoods and communities, and also offers a safety net to families struggling with structural barriers, like poverty, rather than criminalizing poor families.
- A look at all differential response tracks in the country reveals that children are not at increased risk when placed in a differential response track. For most programs, rates of recurrence were better—or no different from—the investigatory track. And, families in the differential response track are more satisfied with the intervention they received than families in the investigations track.
- Going forward, Illinois lawmakers will need to consider: ways to maintain child safety; the implications of voluntary service delivery; approaches to building information supports and community capacity; and strategies to increase collaboration across human service silos.

In 2010, the Illinois Department of Children and Family Services (DCFS) began a pilot program and evaluation of one of the latest approaches to serving lower-risk children referred into the child welfare system. This approach, differential response, allowed caseworkers to place families in a non-investigatory track when risks to child safety were low. In this track, caseworkers assessed and addressed family needs in an effort to prevent removing a child from the home.

Differential response is one of the most recent changes in a department that historically has faced repeated challenges. In the early 1990s, the American

Civil Liberties Union accused DCFS in a lawsuit of failing to keep children safe. As a result, a federal consent decree provided standards for child welfare practice, including child placement, upfront assessment, caseload sizes, and protective services.¹ Over the past 20 years, DCFS has radically changed its practices resulting in reduced caseloads and

¹ Kosanovich, A., & R.M. Joseph. 2005. "Child Welfare Consent Decrees: Analysis of Thirty-Five Court Actions from 1995 to 2005." Child Welfare League of America. Retrieved from <http://www.cwla.org/advocacy/consentdecrees.pdf>.

fewer out-of-home placements—and Illinois has implemented new service delivery approaches, one of which is differential response.²

Even with these changes, the challenges at DCFS continue. In early 2012, the media called attention to very high caseloads that violated a federal mandate for DCFS investigators' monthly workload. Even so, DCFS faces the potential for additional funding cuts due to the current state budget deficit.³ In this climate, it is unclear whether and how the differential response approach might continue in the future. The five-year pilot program was funded by outside sources and ended in May 2012, but the evaluation was not yet completed in early 2013. In this chapter, we describe the Illinois program and offer insights from other states' programs.

What is Differential Response?

In the early to mid-1990s, researchers and advocates began to question the uniform treatment approach in child welfare, which failed to recognize families' differing risk levels.⁴ Families experiencing lower risk (such as poverty-related neglect versus severe physical abuse) were often investigated by child welfare caseworkers as the result of a report, but if the case was not formally opened, services were not offered.⁵ This situation was problematic

"Differential response offered a non-adversarial way to respond to these lower-risk families and to connect them with needed services."

Differential Response across the country is also referred to as:

- Multiple Response
- Alternative Response
- Dual Track
- Family Assessment Response

because these families were treated in an adversarial way even when they were not at risk for the types of extreme neglect and abuse that most people associate with child protective services. That is, these parents were often doing their best to raise their children under extremely impoverished circumstances. The situation was also problematic because these lower-risk families needed different types of services than those offered by child welfare agencies, such as cash assistance, emergency housing, or food subsidies. Because the system was not designed to refer those families to appropriate services, they often ended up receiving no help at all.⁶ Differential response offered a non-adversarial way to respond to these lower-risk families and to connect them with needed services. In doing so, differential response also allowed child protective services to focus their investigative resources on the most severe cases.⁷

² McDonald, Jess, Connie Flower, and Mike Sumski. 2005. "The Child Welfare Workforce Crisis: Implications for Leadership." *Common Ground*, New England Association of Child Welfare Commissioners and Directors; Illinois Department of Children and Family Services n.d. "Signs of Progress in Child Welfare Reform." Retrieved from http://www.jessmcdonald.com/f/Signs_of_Progress.pdf.

³ http://articles.chicagotribune.com/2012-06-10/news/ct-met-dcfs-triplett-20120610_1_dcfs-reforms-dcfs-workers-budget-cuts.

⁴ Conley, Amy. 2007. "Differential Response: A Critical Examination of a Secondary Prevention Model." *Children and Youth Services Review* 29: 1454–1468; Schene, Patricia A. 1998. "Past, Present, and Future Roles of Child Protective Services." *Future of Children* 8 (1): 23–38.

⁵ Ibid.

⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010. "Child Maltreatment 2009." Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

⁷ Conley, Amy. 2007. "Differential Response: A Critical Examination of a Secondary Prevention Model." *Children and Youth Services Review* 29: 1454–1468; Waldfogel, Jane. 1998. *The Future of Child Protection: How to Break the Cycle of Abuse and Neglect*. Cambridge, MA: Harvard University Press.

Differential response interventions began in 1994 in Missouri and Florida. By early 2012, there were 17 states implementing the approach in full and another 13 had a program that included at least some components.⁸

Differential response implementation differs across the country, but there is consensus on the core elements of differential response. These include:

- Different intervention responses are allowed for different kinds of maltreatment reports.
- The type of response is determined by the presence of imminent danger, risk level, previous reports, report source, and case characteristics.
- The type of response can change based on additional information gathered (i.e. cases in the differential response track can move to the investigation track if child safety becomes a risk).
- Services in the differential response track are voluntary.
- Caseworkers connect families with existing services in their communities and neighborhoods.
- A formal determination of maltreatment is not made/substantiated, and the perpetrators and victims are not identified.⁹

There is still variation in how states implement these core features. For example, states vary in which families may participate in differential response, although most exclude the most serious cases, such as those involving physical or mental injury, sexual abuse, abandonment, or medical

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The number of differential response eligible families in some areas in the city of Chicago.

neglect.¹⁰ The suite of services offered to lower-risk families also varies across states, but typically includes economic support (housing, transportation, employment services), substance abuse programs, family counseling, and parenting classes.¹¹

Two of the most salient hallmarks of differential response are its voluntary nature and its reliance on community partnerships. Unlike an investigation, in which families must cooperate, families can choose whether or not they will participate in differential response services. However, some states require services even if the family declines. In some states, if child risk is higher, the family might be re-assigned to the investigatory track, where services are mandatory. Other states mandate services through court intervention but do not require an investigation.¹² Caseworkers in differential response programs typically approach parents as partners, a sharp contrast to the standard adversarial approach to child protective services. Differential response

“Two of the most salient hallmarks of differential response are its voluntary nature and its reliance on community partnerships.”

⁸ Ibid; Waldfogel, Jane. 2009. “Differential Response.” Pp. 139-155 in *Preventing Child Maltreatment: Community Approaches*, edited by K. A. Dodge and D.L. Coleman. New York, NY: The Guilford Press; Crane, Kelly. 2012. “State Legislative Experience with Differential Response.” Council on Contemporary Families Annual Conference, Family Impact Seminar, Chicago, IL.

⁹ Merkel-Holguin, Lisa, Caren Kaplan, and Alina Kwak. 2006. “National Study on Differential Response in Child Welfare.” Denver, CO: American Humane Association and the Child Welfare League of America, p. 10.

¹⁰ Kaplan, Caren and Lisa Merkel-Holguin. 2008. “Another Look at the National Study on Differential Response in Child Welfare.” *Protecting Children* 23 (1&2): 5-22.

¹¹ National Quality Improvement Center on Differential Response in Child Protection, 2009b. “Online Survey of State Differential Response Policies and Practices Findings Report. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.

¹² Kaplan, Caren and Lisa Merkel-Holguin. 2008. “Another Look at the National Study on Differential Response in Child Welfare.” *Protecting Children* 23 (1&2): 5-22.

caseworkers also individualize their approaches to families, aiming to connect them with various community-based organizations and to reinforce informal supports in neighborhoods and families.¹³ Indeed, differential response calls for “informal and natural helpers, drawn from families and communities, to play a much more active role in child protection.”¹⁴

These core features of differential response can appeal to a bipartisan agenda. On the conservative side, differential response shifts responsibility from the government to neighborhoods and communities.

“The very communities with families most in need of differential response may also be the places with the fewest services to offer.”

On the liberal side, it offers a safety net to families struggling with structural barriers, like poverty, rather than criminalizing poor families. However, differential response programs also face political and practical challenges. For example, neighborhoods and communities vary in their capacity to support families. The very communities with families most in need of differential response may also be the places with the fewest services to

offer. Indeed, early data from Illinois’ differential response implementation revealed that the city of Chicago had some areas with more than 50 differential response-eligible families per square mile.¹⁵ In other areas, services may be available, but

2009

Year Governor Quinn signed the
Differential Response Program Action

inaccessible, due to insufficient or nonexistent public transportation.¹⁶

The History of Differential Response in Illinois

Differential response began in Illinois as a way to reduce recurrence of child mistreatment in families, offer child protective services with a family centered approach, promote community well-being, and address racial disproportionality in the child welfare system. In 2008, the Illinois Department of Children and Family Services hired the Children and Family Research Center at the University of Illinois to compile existing literature, which generated interest in the beginning of a differential response model in Illinois. Based on the findings, the department put together a group of stakeholders in 2009 to formulate a strategy for developing differential response criteria, determining appropriate outcome measures for the evaluation, identifying computer system changes, and formulating public awareness campaign.^{17,18}

In August 2009, Governor Pat Quinn signed the Differential Response Program Action (SB807), and in December 2009, the National Quality Improvement

¹³ Waldfogel, Jane. 1998. *The Future of Child Protection: How to Break the Cycle of Abuse and Neglect*. Cambridge, MA: Harvard University Press, p. 138.

¹⁴ Ibid.

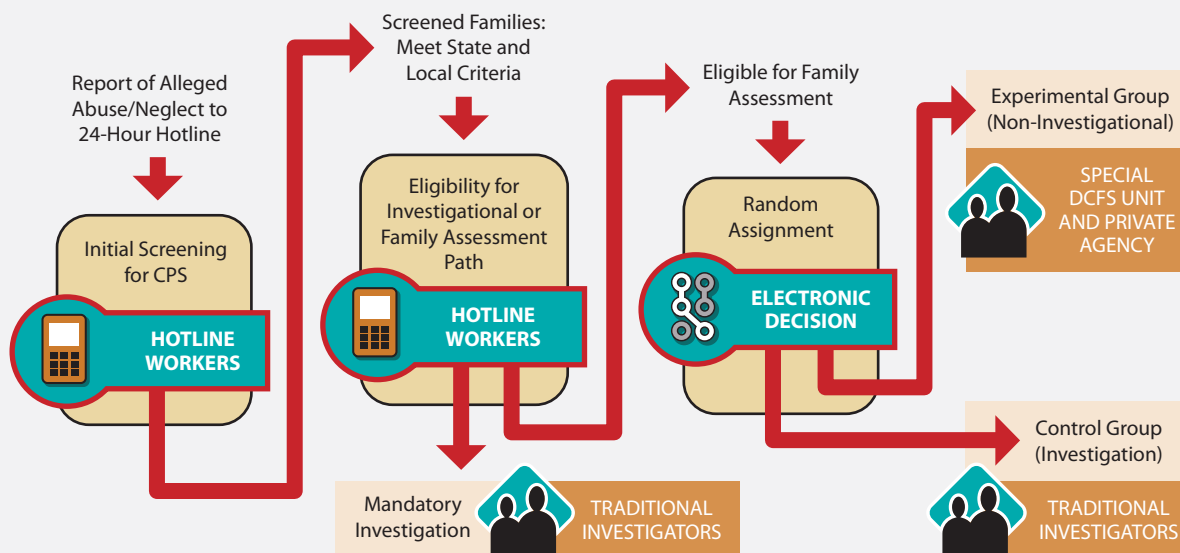
¹⁵ McEwen, Erwin. 2010. “Differential Response.” Presentation at the *Illinois Child Welfare Data Summit: 1st Annual Leadership Summit*. Chicago, IL.

¹⁶ In short, as Crain and Tonmyr argue, “it is critical to acknowledge that a weakness of some differential response systems is the assumption that community support services are available.” Crain, Jennifer and Lil Tonmyr. 2007. “Differential Response Models of Child Protection and Implications for the Canadian Incidence Study of Reported Child Abuse and Neglect – 2008.” Pp. 21-26 in *Canada’s Children: Child and Youth Maltreatment*, edited by the Child Welfare League of Canada. Ottawa, Canada: Author. (p. 22).

¹⁷ Jones, Womazetta, William Wolfe, Tamara Fuller, and Kathleen Kearney. 2010. “Putting It All Together: Lessons Learned from Implementing Differential Response in Illinois.” 2010 Conference on Differential Response in Child Welfare.

¹⁸ Source for flowchart: http://www.state.il.us/DCFS/docs/CFS_1050-49_Differential_Response_Brochure.pdf

Figure 1
Illinois DCFS Pathways to Strengthening and Supporting Families



Source: Information from http://www.state.il.us/DCFS/docs/CFS_1050-49_Differential_Response_Brochure.pdf

Center on Differential Response in Child Protective Services (QIC-DR) awarded Illinois a grant to pilot differential response for five years and to evaluate the program's effectiveness, including a randomized control trial. The program, called *Pathways to Strengthening and Supporting Families* (PSSF), was implemented statewide in November 2010 (Figure 1).

Illinois' differential response criteria focused on lower-risk neglect allegations. Families were screened for the differential response track, as opposed to the

child welfare investigations track, when a report of child abuse or neglect came into the Department of Children and Family Services' reporting hotline with any of the following allegations: lock out; inadequate food, shelter, or clothing; environmental neglect; mental injury; medical neglect; inadequate supervision; or risk of harm due to neglect. Child physical and sexual abuse allegations were not eligible for differential response. Additional criteria for the Illinois demonstration and evaluation included:

- The family must not have had a previous or pending indicated report of abuse or neglect;
- The family's address and other identifying information was available;
- The alleged perpetrator was the parent or legal guardian of the child;
- The children were not wards of the court; and
- It was not necessary to take protective custody of the child.

Illinois implemented a paired team approach to service where one representative from DCFS accompanied one local community-based service worker (SSF worker) for the initial visit with the

"Beginning January 1, 2010, the Department of Children and Family Services may implement a 5-year demonstration of a 'differential response program' in accordance with criteria, standards, and procedures prescribed by rule. The program may provide that, upon receiving a report, the Department shall determine whether to conduct a family assessment or an investigation as appropriate to prevent or provide a remedy for child abuse or neglect."

— SB807

family. These visits occurred within three days of the report. The SSF worker then acted as a coach and advocate for the family. The SSF worker had a maximum of 12 cases at one time, and served as an agent of change for the family.¹⁹

The home visit included an interview with the child to assess his/her developmental level and various other health and risk assessments for both child and family. The SSF worker stayed in contact with the family on a weekly basis in-person to provide short-term support, for example teaching a mother how to diaper her new baby. Or the worker might connect the mother to federal and statewide food assistance programs or help her secure reliable childcare. The SSF worker could also help the family identify its existing social support network, which was assessed in terms of its helpfulness, intensity, durability, accessibility, proximity, reciprocity, and size.²⁰ The case remained open for 90 days, but the family could request extensions for another 90 days.²¹

The Children and Family Research Center was expected to complete its evaluation of the state differential response program by mid-2013. The evaluation includes a process component, an outcome component, and a cost analysis.²² The randomized control trial (RCT) offering services to families ended on May 25, 2012. The process evaluation component includes implementation information from steering committee meetings to case tracking.

For More Information

A report on Illinois' differential response research and demonstration project is expected by the end of 2013. Please check the University of Illinois' Children and Family Research Center web site for its release at <http://www.cfcc.illinois.edu/differentialresponse.php>.

For more information on differential response in Illinois, please contact Womazetta Jones, Project Director for Differential Response at womazetta.jones@illinois.gov.

Outcome data will be provided through administrative case records, caseworker case closing reports, surveys from families after case closure, focus groups with DCFS staff and community providers, interviews with families, and observations of family-caseworker interactions.²³ Once evaluation materials become available, Illinois will assess whether to re-institute the differential response track.

Differential Response in Other States

Differential response varies considerably across the country, which makes it difficult to generalize but also provides many alternative models for Illinois to consider. Overall, 21 states have completed or are currently conducting some sort of evaluation of differential response.²⁴ Minnesota, Ohio, and New York have completed a randomized control trial (RCT) experimental evaluation of differential response (Figure 2). Illinois and Colorado are in the process of

¹⁹ Jones, Womazetta. 2012a. "Differential Response in Illinois – What Is It?" Council on Contemporary Families Annual Conference, Family Impact Seminar, Chicago, IL; Fuller, Tamara. 2012. "Differential Response: Sounds Great, But Does it Work?" Council on Contemporary Families Annual Conference, Family Impact Seminar, Chicago, IL.

²⁰ Illinois Department of Children and Family Services, Division of Service Support, Office of Training and Professional Development. 2010. *Illinois' Pathways to Strengthening and Supporting Families Training Modules*. Springfield, IL.

²¹ Fuller, T.L., Kearney, K.A., & Lyons, S.L. (2012). *Differential Response in Illinois: 2011 Site Visit Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. http://cfrc.illinois.edu/pubs/rp_20120327_DifferentialResponseInIllinois2011SiteVisitReport.pdf.

²² Ibid.

²³ Children and Family Research Center. (2012). *An Introduction to Differential Response*. http://cfrc.illinois.edu/pubs/bf_20120101_AnIntroductionToDifferentialResponse.pdf

²⁴ National Quality Improvement Center on Differential Response in Child Protection, 2011. "Differential Response in Child Protective Services: A Literature Review, Version 2." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families, Children's Bureau.

finishing RCTs. Ohio is doing an extended evaluation that is expected to be finished in 2013. Other states have completed quasi-experimental and non-experimental evaluations.²⁵ Quasi-experimental designs have matched and compared families or sites based on similar characteristics. Non-experimental designs have included case reviews or pre-and post-data comparison.²⁶ We focus primarily on results from the RCTs and quasi-experiments because they provide the most rigorous evidence of the causal impact of the programs.

The following is an overview of previous state evaluations. For a list of the evaluations, please see the end of this chapter.

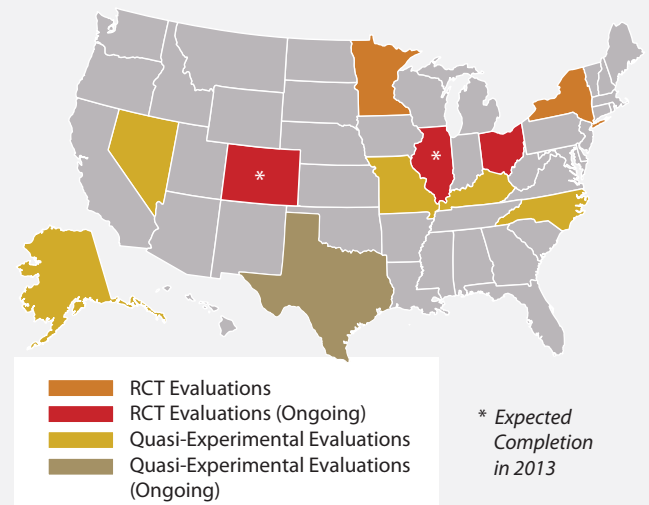
Child Safety and Recidivism

Child safety is an important outcome for differential response evaluations because children remain in the home after they come to the attention of child protective services.

Overall, evaluations of differential response show that children are not at increased risk when placed into the differential response track as opposed to the investigation track. These evaluations generally defined child safety in terms of caseworkers' assessments and by using re-reports into the child welfare system. Other outcomes like child injuries or deaths have been less often examined.

The equivalent safety of children in both tracks from the caseworker perspective has been shown in several states, including Minnesota, Ohio, and Missouri. In Missouri, researchers coded the safety

Figure 2
Differential Response Evaluations by State



Source: See footnote 24 on page 54.

concerns and severity descriptions in case files, comparing pilot to control counties. Researchers found improved safety for children in the pilot (differential response) counties with reported neglect of basic needs, lack of supervision and proper care, and less serious physical and verbal abuse, such as injuries resulting from discipline.²⁷

Equivalent recurrence rates were descriptively documented with data from five states in the National Child Abuse and Neglect Data System (NCANDS), revealing that repeated reports to the system were about the same for families in each track.²⁸ Evaluations in five states also showed that recurrence was

²⁵ Fuller, Tamara. 2012. "Differential Response: Sounds Great, But Does it Work?" Council on Contemporary Families Annual Conference, Family Impact Seminar, Chicago, IL.

²⁶ National Quality Improvement Center on Differential Response in Child Protection, 2011. "Differential Response in Child Protective Services: A Literature Review, Version 2." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families, Children's Bureau.

²⁷ Siegel, G. L., & Loman, L. A. (1997). *Missouri family assessment and response demonstration: Final evaluation report*. St. Louis, MO: Institute of Applied Research.

²⁸ Ortiz, Mary Jo, Gila R. Shusterman, and John D. Fluke. 2008. "Outcomes for Children with Allegations of Neglect Who Receive Alternative Response and Traditional Investigations: Findings for NCANDS." *Protecting Children* 23 (1&2): 57-70.

either lower in the differential response than the investigatory track (in Kentucky, Missouri, and Minnesota) or no different between the two tracks (in New York and North Carolina). After re-reporting, three states also found that the results of investigations were more favorable or no different for families originally in the differential response track. Specifically, fewer differential response families had children removed in subsequent investigations in both Minnesota and Ohio. In Nevada, there was no significant difference in child removal rates.

Service Delivery and Take-Up

Differential response arose from the premise that lower-risk families need different kinds of services than higher-risk families. Voluntary service delivery is also a core component of differential response, thus it is important to examine whether families offered services actually accept them.

If families refuse to participate in differential response, then the case is either closed or, in some states, moved into the investigatory track. In Illinois, the case is closed if the family refuses to receive services. In contrast, when in the investigatory track, families can be required by the court to participate in services.

State evaluations indicate that families in the differential response track receive more services, more quickly than families in the investigations track. In Missouri, differential response families received services within 17 days of the incident report as opposed to 34 days for families receiving investigations. In Minnesota, 54 percent of differential response families reported receiving specific services other than case management as opposed to 36 percent of the control group of investigations families. This service advantage is especially true in terms of basic items needed for children, like diapers and formula and economic help like assistance with utility bills (Colorado; Minnesota; Missouri; New York; Ohio). The counties in North Carolina

implementing differential response also increased the number of minutes per case on “frontloading” services pre- and post-implementation from (344 minutes per child to 441 minutes per child, respectively). Frontloading is defined as bringing services and supports more quickly to families. Differential response workers were also more likely to link families to community resources, which is an important component of differential response. For example, in New York differential response caseworkers referred families to neighborhood organizations (11 percent more than investigations), community action groups (12 percent more), and self-help groups (13 percent more).

Family Satisfaction and Engagement

Differential response caseworkers involve families as partners, rather than as clients, thus family satisfaction and engagement are important outcomes.

Consistently, state evaluations have found that families receiving differential response were more satisfied with the intervention that they have received, and caseworkers also report that families are more satisfied (Minnesota; Missouri; New York; North Carolina; Ohio).

The Minnesota evaluation, for example, documented this greater satisfaction and involvement among families in the differential response track.²⁹ Workers in Minnesota likewise reported that families in differential response were more cooperative. In Ohio, families reported being offered more services, deemed their caseworker more helpful, and were more likely to participate in services than families in the investigative track.³⁰ Families in New York’s differential response track reported

“Consistently, state evaluations have found that families receiving differential response were more satisfied with the intervention that they have received...”

²⁹ Loman, L. Anthony. 2009. “Differential Response and Family Poverty: Evidence from Evaluations.” Conference on Differential Response in Child Welfare.

³⁰ Ibid.

more positive feelings after the initial meeting with caseworkers, and reported their caseworker listened and respected them more than investigative track families did. And, if the family had prior experience with child protective services, they noted a better experience when in the differential response track.

Family satisfaction is one of the few areas in which findings are available for Illinois' differential response evaluation. So far, there is evidence that families in the differential response track are more satisfied with the quality and substance of interactions with workers than other families. Differential response families also report that they have more pathways to receive more services and are satisfied with the help they receive. Caseworkers likewise report that the differential response approach track allows them to make more progress with clients.³¹

Considerations for the Future

As already noted, differential response programs can appeal to lawmakers from both sides of the aisle, which speaks to its potential long-term viability. Consistent with conservative ideology, differential response shifts the role of child protection from the federal and state governments to local government and community-based organizations. By offering voluntary services to families, it also promotes family responsibility and accountability. On the liberal side, differential response programs recognize that situational forces, such as poverty, contribute to families coming into contact with the child welfare system. Such families are connected with social safety nets rather than criminally investigated.

Considerations for Policymakers:

- Service array
- Safety issues
- Family participation in services
- Reoccurrence of families in DCFS system
- Definitions of abuse and neglect and determinations of levels of risk
- Cost savings
- Community resources

Source: (Crane 2012)

Yet differential response also faces political and practical challenges. We highlight four main considerations and implications for Illinois lawmakers to consider: (a) maintaining child safety, (b) understanding the implications of voluntary service delivery, (c) building informal supports and community capacity, and (d) collaborating across human service silos.

Maintaining Child Safety. Child protective services always face a tension between a desire to keep families intact and a desire to protect children from harm. Public and political support can be quickly undermined when a child is seriously injured or killed after being left at home, despite a mistreatment report to the state. Due to this possibility, states implementing differential response have excluded the highest-risk cases from participating. States also provide continuous safety and risk monitoring for children who are in the differential response track. In Illinois, the community-based worker has weekly in-person contact with families in the differential response track. Continued vigilance to child safety will be essential for maintaining support for future differential response legislation.

Understanding the Implications of Voluntary Service Delivery. As discussed, families' voluntary participation is a core feature of differential response. In Illinois, about 90 percent of families participated when offered differential response services. We do not yet fully understand why some of these families accepted services and why others did not, and this knowledge will be important to increasing participation if the program is reinstated.³² More information is also available from other states about short-term versus long-term follow-up with families. For example, it is not clear whether differential response families remain more likely to receive services after contact with their caseworker ends. Such longer-term follow-ups will also be important to future programming.

³¹ Fuller, Tamara. 2012. "Differential Response: Sounds Great, But Does it Work?" Council on Contemporary Families Annual Conference, Family Impact Seminar, Chicago, IL.

³² Schene, Patricia A. 2005. "The Emergence of Differential Response." *Protecting Children* 20 (2&3): 4-7.

Building Informal Supports and Community Capacity. As discussed above, differential response relies on existing community services. Such resources will vary across communities, and may be least available in the areas with the highest concentration of families in need of services. In the future, sub-state evaluations would allow Illinois and other states to better understand whether differential response is more successful in some communities than others. Illinois' evaluation will include a sub-state analysis. More information is also needed about how caseworkers establish linkages with local community agencies, and

whether this relationship building varies across locales and types of agencies. For example, Missouri's evaluation indicates that workers reported a better relationship with community agencies and schools, but no change in the relationship with the juvenile court and police, as a result of differential response.

Collaborating Across Human Service Silos. More cost-benefit analyses of differential response are also needed. Differential response has the potential to increase efficiencies

within state child protection agencies because caseworkers can focus investigations on the highest-risk families. However, to the extent that differential response caseworkers duplicate efforts of other human service agencies, state spending may be less efficient across agencies. Currently, state cost-benefit analyses of differential response have shown mixed results. Ohio's evaluation showed that differential response cost about \$100 more per family when calculated over a 15-month period. However, differential response in Minnesota cost around \$200 less per family when considered long-term (the mean length for counties for the second follow-up was 453 days). It is also unclear how community-based differential response workers are connecting families to other human service systems, such as Temporary Assistance for Needy Families (TANF; cash assistance) or the Supplemental Nutrition Assistance Program (SNAP; food stamps). In order to truly enable organizational change within DCFS and across agencies, multiple stakeholders must be involved. Differential

response will likely be best sold across state agencies as one component of a wider effort to more effectively deliver a system of care to clients. Tippecanoe County in Indiana recently reformed its child welfare system after a highly publicized case involving a child's death. Community organizations planned public forums to raise awareness about the prevalence of child abuse and neglect in the county, the types of services available for families, and to foster ideas from the community about moving forward to keep children safe. The county also began to foster collaboration between agencies as a way to prevent child mistreatment and improve service delivery to families in the caseload.³³ Externally, the program needs to be well described to the media, legislators, judges, and other stakeholders, so that they understand this paradigm shift in child welfare and its long-term policy goals.

Conclusions

In Illinois and the nation, child protective services face a continual tension between keeping children safe and keeping families intact. Differential response represents the most recent shift in child welfare practice to help address this tension, recognizing that families differ in their level of risk and needed response. However, the impact of this program not only for families, but also state governments, is only partially understood.

Unfortunately, this innovative approach is being considered at the same time that state budgets are shrinking.³⁴ The short-term investment in starting the program might lead to increased efficiencies within and across state agencies, and to longer-term benefits to the extent that fewer families come back into contact with child protective services and

"The recession reduced states' abilities to fund these short-term investments. Yet the recession also accentuated the need for the program."

³³ Biggs-Reed, P., Smith Grossman, A., Rush, L., & Wilson, S. (2008). "White Paper: Understanding Child Abuse and Neglect in Tippecanoe County." Retrieved from http://www.ourkidstippecanoe.org/child_abuse_neglect_white_paper1.pdf.

³⁴ Waldfogel, Jane. 2009. "Differential Response." Pp. 139-155 in *Preventing Child Maltreatment: Community Approaches*, edited by K. A. Dodge and D.L. Coleman. New York, NY: The Guilford Press.

to the extent that more families are connected with services to get and keep them on their feet.³⁵

The recession reduced states' abilities to fund these short-term investments. Yet the recession also accentuated the *need* for the program. In a study of the effect of the current economic recession on child well-being, children in poverty were at higher risk for both abuse and neglect, and reports of child neglect increase during times of economic recession.³⁶

The impending report on the full evaluation of differential response in Illinois will importantly sharpen understanding of whether differential response met its goals, and whether it has the potential to bolster existing policy and foster the creation of new programs targeted to vulnerable families—not only in Illinois, but also across the country.

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Family Impact Seminar

This chapter is a component of the 2012 Illinois Family Impact Seminar, on the topic of *Differential Response to Child Abuse and Neglect: Where is Illinois and What Can We Learn from Other States?* The 2012 Family Impact Seminar was part of the Council on Contemporary Families Annual Conference, co-sponsored by the University-Based Child and Family Policy Consortium. The event, "Crossing Boundaries: Public and Private Roles in Assuring Child Well-Being," was held in Chicago on April 27 and 28. At the 2012 Family Impact Seminar, hosted by IGPA and several co-sponsors, researchers, practitioners, and experts on family policy gathered to discuss the effectiveness of differential response, and ways to ensure the approach's success in Illinois. The panel included widely respected experts on the differential response approach, including:

Womazetta Jones, Project Director, Differential Response, Illinois Department of Children and Family Services

Tamara Fuller, Director, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign

Kelly Crane, Child Welfare Policy Specialist at the National Conference of State Legislatures

Joel Rosch, Senior Research Scholar, Policy Liaison, Center for Child and Family Policy, Duke University

Acknowledgments

The Illinois Family Impact Seminar is an annual series directed by Dr. Rachel Gordon at the University of Illinois' Institute of Government and Public Affairs. The series connects decision makers with research evidence to inform pressing family policy issues. The Illinois Family Impact Seminars benefit from the good advice of members of the Policy Network for Family Impact Seminars, directed by Karen Bogenschneider at the University of Wisconsin-Madison and the members of the Illinois Family Impact Seminars advisory committee. Additional materials and video of the 2012 seminar can be found at igpa.uillinois.edu/pe/fis.

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