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Differential Response: 
A Common Sense Reform in Child Welfare

By Lisa Merkel-Holguin, MSW, Director of System and Practice Advancements in Child Welfare, American Humane Association

The child protection field is increasingly complex with a plethora of laws, policies, and practices that guide professionals charged with protecting children from abuse and neglect. Explaining the multi-faceted child protective services system and path of actions to someone unfamiliar with it is not a simple task.

Enter differential response – a common sense reform in child protective services. Given a 15-second elevator ride, it is easy to explain how a differential approach in child protective services works and makes sense to the average concerned citizen: The response to accepted reports of child abuse and neglect should be commensurate with the risk level. And, families likely respond more favorably to receiving services if they are approached in a non-adversarial, non-accusatory way.

Since the mid-1990s, an increasing number of states have implemented differential response in child protective services systems. Also referred to as “dual track,” “multiple track,” or “alternative response,” differential response allows child protective services to differentiate its response to accepted reports of child abuse and neglect. Based on such factors as the type and severity of the alleged maltreatment, the number of previous reports, and the source of the report, child protective intake systems with a differential response approach have multiple pathways for responding. While state implementation of differential response varies greatly, generally with the approach, low- and moderate-risk cases are provided a family assessment and offered timely services, without a formal determination or substantiation of child abuse and neglect. The incident-based, oftentimes perceived adversarial, investigation is reserved for accepted reports that are high-risk and egregious.

Inside this double issue

While the structure for differential response intuitively makes sense, implementing such a system is complex and intricate. This double issue of Protecting Children fills a literature void and disseminates cutting-edge knowledge from a practice, philosophical, policy, and research perspective on the approach. The perspectives of many distinguished experts are gathered in this diverse and thought-provoking publication, which addresses:

• use of differential response with varying case characteristics;
• evaluative findings;
• community- and state-specific lessons surrounding implementation; and
• the practice, policy, and data implications.

Dr. Patricia Schene summarizes differential response, looking at distinctions between assessment and investigation approaches, discussing the rationale for the expansion of differential response, and broadly reviewing evaluative data. Dr. Marie Connolly documents how various countries have developed systems of child welfare, and explores how differential response provides an opportunity to achieve the dual mandate of child welfare – child protection and family support. Dr. Ying-Ying Yuan identifies the myriad of policy implications of differential response at state and national levels. And, derived from a larger report Secondary Analysis of Child Abuse and Neglect: Topics of Current Policy Interest, Dr. Gila Shusterman, Dr. John Fluke, Dana Hollinshead, and Dr. Ying-Ying Yuan examine case-level NCANDS data of six states that offered both alternative response and traditional investigation as part of their child welfare services.

Rob Sawyer and Sue Lohrbach illustrate Olmsted County’s (Rochester, Minnesota) decision-making process for selecting a child protection pathway for accepted reports of child maltreatment. This is followed by an article by Carole Johnson, Erin Sullivan Sutton, and David Thompson on the implementation of Minnesota’s alternative response approach in child welfare. An additional article by Rob Sawyer and Sue Lohrbach looks at providing a differential response for families in which child
exposure to domestic violence is a concern. Dr. L. Anthony Loman and Dr. Gary Siegel summarize findings of the program evaluation of alternative response in Minnesota. This double issue rounds out with an Olmsted County administrator, supervisor, and group of practitioners who reflect on strategies of engaging families through careful query of strengths and protective capacities, supplemented by the agency’s measures to support partnership-based collaborative practice.

**American Humane launches differential response initiative**

The American Humane Association has successfully led the implementation of large-scale initiatives to advance child welfare systems – most notably in outcome measures, safety and risk assessment, and family group decision making. Building on its distinguished record, American Humane is launching the following three multifaceted initiatives in 2005-2006 to advance the child welfare field, and ultimately, benefit vulnerable children and families: differential response; child neglect; and migration and child welfare.

Modeled after our FGDM work, these new initiatives have multiple foci, including literature development, information dissemination, research, consultation, and an annual conference to exchange knowledge internationally.

This *Protecting Children* launches the American Humane Association’s differential response initiative. American Humane is working with the Child Welfare League of America to finish the state-of-the-state survey on differential response. This survey, completed with the support of the Everett Public Service Internship Program, provides an up-to-date profile of practice, policy, implementation, and evaluative issues in differential response in the United States. In addition, American Humane’s national conference on differential response, Nov. 13 and 14, 2006, in San Diego, California, will provide an additional platform to glean and share more information to advance systems through this approach.

**Our acknowledgments for *Protecting Children***

In closing, on behalf of American Humane, there are numerous people to thank for developing and disseminating this volume of *Protecting Children*. American Humane thanks the authors, who wrote these comprehensive and stimulating articles, and the reviewers – Caren Kaplan, Patricia Schene, and Svetlana Darche – who contributed their time and expertise in strengthening the content. American Humane also thanks the American Legion Child Welfare Foundation – a foundation dedicated to the betterment of children – for its unwavering commitment to helping organizations widely disseminate materials that advance, influence, and change child welfare systems. Their support ensures that those wanting to learn more about this approach have easy access to pertinent information.

**About the Guest Editor**

Lisa Merkel-Holguin, MSW, has more than 15 years of experience working in and with child welfare systems. She leads American Humane’s initiatives that advance systems and practices to improve outcomes for children and their families. Merkel-Holguin has led American Humane’s FGDM initiative since 1997, providing training, technical assistance and consultation to over 100 U.S. communities and abroad. On behalf of American Humane, she has presented to over 50 national and international audiences and has authored/edited nearly 20 publications on FGDM.

Before joining American Humane, Merkel-Holguin was a Program Manager at the Child Welfare League of America, developing and implementing their multi-faceted HIV/AIDS initiative. Merkel-Holguin has direct practice and research experience in child daycare, independent living services, and family foster care. She received her undergraduate degree in social work from the University of Dayton and her Master’s of Social Work, specializing in Child Welfare and Planning, Policy, and Administration, from the University of Illinois at Urbana-Champaign.
**The Emergence of Differential Response**

**Patricia Schene, PhD**

Dr. Patricia Schene is an independent Consultant in Children and Family Services, Colorado.

*Differential response* is a form of practice in child protective services that allows for more than one method of response to reports of child abuse and/or neglect. Also called “dual track,” “multiple track,” or “alternative response,” this approach recognizes the variation in the nature of reports and the concomitant value of responding differentially.

Differential response has received increasing attention over the past decade as more jurisdictions have seen the value in differentiating their response to reports of child maltreatment. Moving away from an incident-based, adversarial investigation for all reports and toward a more family assessment-oriented approach for some reports, differential response offers services without having to investigate or substantiate the allegations.

There are some clear distinctions made between approaches that focus on *assessment* rather than *investigation*. Systems of differential response usually retain an investigatory response for some of their cases, but use assessment for most accepted reports. Table 1 draws some of the distinctions between these approaches.

**Expansion of differential response**

The rapid expansion of differential response can be explained in several ways. The leading factors include a broad level of dissatisfaction with traditional CPS practice, the growing recognition of the value in engaging families to change parenting practices and better protect their children, and a clearer environment of accountability to achieve measurable outcomes.

There has been a growing level of dissatisfaction with traditional CPS practice. No state has adequate resources to respond to all the accepted reports of child maltreatment with a careful consideration of risks and needs. Judgments are made daily that exclude certain types of situations, usually based on a determination of lower risk or severity. Often children are reported multiple times before a careful, face-to-face assessment is conducted. Parents typically experience CPS as accusatory, adversarial, and fearful due to the implied or explicit threat of out-of-home placement.

More important, the rate of service provision is extremely low. Nationally, fewer than 30% of reports are substantiated and...
fewer still are opened for ongoing services. Although most systems now can offer some services during the investigation/assessment process, they are not based on a systematic assessment of needs and directed toward clear outcomes.

Although immediate safety issues are normally resolved before a case is closed in traditional investigatory practice, the underlying causes for those threats to safety are not. It is not uncommon to have subsequent reports on the same family. It is rare that the key criteria for closing a case is the achievement of clear outcomes in terms of changed behavior that could sustain protective parenting and child well-being over time.

The response of CPS is, in sum, often seen as an adversarial investigation, leading to minimal services unless the situation is so severe that the child is removed from the home.

The child welfare community has been open to approaches that can be more immediately helpful to families and promise more lasting change. Many see the need for

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### Table 1. Distinctions between approaches

<table>
<thead>
<tr>
<th>Focus</th>
<th>Assessment</th>
<th>Investigation</th>
</tr>
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<tbody>
<tr>
<td>To understand the underlying conditions and factors that could jeopardize the child’s safety as well as areas of family functioning that need to be strengthened.</td>
<td>To understand what happened to the child in the incident being reported, who was responsible, and what steps need to be taken to ensure the child’s safety.</td>
<td></td>
</tr>
<tr>
<td>Type of maltreatment</td>
<td>Generally targets low- to moderate-risk cases.</td>
<td>Under differential response, investigation is generally reserved for more serious reports that will likely involve court action and/or criminal charges. Without differential response, investigation is used for all reports.</td>
</tr>
<tr>
<td>Purpose</td>
<td>To engage parents, the extended family network and community partners, in a less adversarial approach, to recognize problems and participate in services and supports to address their needs.</td>
<td>To determine “findings” related to allegations in the report and identify “perpetrators” and “victims.”</td>
</tr>
<tr>
<td>Substantiation</td>
<td>Reports of child abuse or neglect are not substantiated, and therefore perpetrators and victims are not identified.</td>
<td>A decision on substantiation of the allegations in the report is a key objective.</td>
</tr>
<tr>
<td>Central registry</td>
<td>Alleged perpetrators’ names are not entered into a state’s central registry.</td>
<td>Perpetrators’ names, based on the findings, are entered into a state’s central registry.</td>
</tr>
<tr>
<td>Services</td>
<td>Voluntary services offered. If parents do not participate, the case is either closed or switched to another type of response.</td>
<td>If a case is opened for services, a case plan is generally written and services are provided. Families can be ordered by the court to participate in services if CPS involves the court in the case.</td>
</tr>
<tr>
<td>Areas of commonality</td>
<td>All responses continue to include a focus on child safety, the promotion of permanency within the family whenever possible, the authority of CPS to make decisions on placement and court involvement, the value of community services, and the need to respond to changing family circumstances that challenge or promote child safety.</td>
<td></td>
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more careful assessment of what needs to change, which services and supports can contribute to those changes, and how parents can be engaged in pursuing those changes.

This realization has been the second major factor in pursuing differential response. The field as a whole has grown in appreciation of the importance of engaging parents, involving extended family networks in protecting children, building on the strengths and motivations of parents to do a better job, and recognizing the enormous challenges many families face in sustaining healthy lives. Differential response offers the opportunity to address those challenges, use family strengths to make changes, leverage protective capacities, and engage parents and their extended familial and community networks more effectively.

A third factor is the development of a stronger focus on outcomes through state efforts as well as child and family service reviews. Systems of accountability encourage more careful delineation of efforts and progress by case. Accountability also gives more attention to what works to involve families in services to accomplish needed changes. In some respects this has led to clearer decisions about not serving some cases; differential response, with its focus on voluntary services, can present the opportunity to exclude uncooperative parents from the caseloads unless the abuse/neglect warrants involuntary involvement.

Concerns and issues

Experience has led to some concerns about differential response that largely revolve around the level of continuing CPS involvement in cases not on the investigation path. Some communities see the "assessment track" as a form of "offloading" by CPS to community agencies of cases that belong to CPS. Other concerns relate to the degree of assessment made in order to choose a voluntary path of response. If done simply on the basis of the allegation, will CPS or a community agency make the initial response? If it is to be a community agency, how prepared are they to recognize and respond to safety concerns? Some experience indicates that many of the families diverted from CPS through differential response are not adequately assessed or served by the community, and children continue to be at risk.

Policy issues are raised on several levels with the implementation of differential response. One key issue is how to ensure that a response is made to accepted reports, especially when the CPS system is not taking the lead. There are a host of issues related to national data. If we are not substantiating a majority of the cases in jurisdictions with differential response, does that really mean the children involved are not "victims," or do we have to change our vocabulary to better fit the vulnerability of these children? Current data definitions of recurrence depend on substantiation. These are significant issues for national data collection.

Tracking all efforts to serve these families is also a challenge. When services are voluntary and provided in settings independent of public child welfare, are we able to include them in our information systems? What about outcomes for the children and families appropriately identified to CPS but served outside of CPS? Sometimes, without an open CPS case, jurisdictions are unable to track services, outcomes, or continued risks.

These issues will continue to play themselves out in policy and practice for jurisdictions that move toward differential response.
Evaluation

Knowledge is accumulating about differential response. We have all benefited from the evaluative research done in several states. The Minnesota example in this issue clearly highlights the key areas to evaluate, and the findings are very encouraging.

Rigorous evaluations that have accompanied implementation in some states have demonstrated that children are not less safe (i.e., more likely to be re-reported) under differential response. In Minnesota, the four-year evaluation included matched comparison and control groups. Their findings actually demonstrated somewhat lower rates of re-reporting for cases on the “assessment” track compared to similar cases on the traditional investigatory track.

Beyond the findings on safety, evaluations have demonstrated that parents, child welfare staff, and community agencies largely support the development of differential response, with its ability to approach many families with more responsive services more quickly and with less alienating practices.

It is clear from the evidence accumulated thus far that differential response has made a positive contribution to public child welfare. Children are at least as safe, parents are much more likely to engage in services, and assessment processes have generally had a wider focus on the underlying issues and needs in families that have to be addressed to protect children and strengthen families.

When implementing differential response, preparation is essential. Here are important lessons learned through various states’ implementation.

- Systematic structures for selecting a path of response (assessment, investigation, or other) need to be delineated, and staff require training to make these decisions.

- Because differential response counters some traditional CPS practices, when moving from an exclusive investigatory focus, staff and supervisors need to be clear as to how safety and risks will be assessed, how to engage parents to identify their needs and participate in services, how to follow up on voluntary involvement, and when and how to take another path if necessary for child safety.

- Services must be available and accessible for all cases, but most significantly for the assessment/services path. CPS has to join with others to identify the needs and gaps in services if more families are going to access them in a timely manner.

- Community service providers must be sensitive to the protective issues present in families referred by CPS so that risks that may emerge can be rapidly addressed. This also requires a higher level of coordination between CPS and community agencies, especially when CPS may close the case after the referral is secured.
Different countries have developed different approaches to child welfare with respect to both overall service orientation and the response to abuse and neglect notifications. Although the United Nations Convention on the Rights of the Child (UNCROC) framework provides broad principles and an important context within which child care and protection systems of response can develop, it is inevitable that these systems will be culturally specific. While the United States has yet to ratify the convention, service responses in all countries attempt to address the needs of children within their communities.

Countries have their own definitions of abuse and neglect, and their own ways of responding to family issues. Hence, systems develop in response to unique social and cultural conditions, and because of this, statutory responses to child care and protection with respect to law, policy, and practice can vary considerably cross-nationally. Countries differ in both their broad philosophy and orientation to child welfare and the way in which they manage notifications of child abuse and neglect.

Alternative responses to service investigations are increasingly being considered as countries explore ways in which the dual mandate of child welfare – child protection and family support – can be accommodated within an integrated family-centered response. These “differential responses” provide enhanced service opportunities for families to better meet their needs. This article looks at the ways in which countries have developed systems of child welfare, with respect to overall orientation and direct service provision. It explores the nature of differential responses and examines issues of interagency collaboration, coordination, and communication raised by such responses.

Child protection and family support

According to Hetherington (2002), three important factors influence the functioning of child welfare systems: structure, professional ideology, and culture.

Structure

Structural systems provide the mechanisms through which services are delivered. These may be organized at a central government level or provided by local non-government systems. The structural system
influences the way interventions occur and the thinking behind them. For example, Grevot (2002, p.3) argues that the French child welfare system is rooted in the spirit of the Fifth Republic, with the symbolic alliance between the State and the family for the upbringing and education of children – child being understood both as a member of a family as well as a citizen to be.

The development of the children’s judges system as the “secular arm of the state” created the structural framework that would influence the French system of child welfare for 50 years. It gives the French system a unique flavor around which family services have developed.

How services fit together is also important. The call in the UK for a “whole-of-government” approach, providing more integrated systems of welfare, health, and education, if successful will influence the ways cross-sectoral relationships develop and are sustained in that country.

Whole-of-government approaches foster shared cross-sectoral responsibility for the well-being of children, including partnership models and joined-up social services to meet the needs of vulnerable families.

Legal frameworks are important contributors to the structural system. Laws establish minimal expectations of the child welfare system structure within a given country and/or jurisdiction. How the law provides for the needs of children and families in child welfare clearly influences the way in which practice is undertaken. For example, the introduction of the Children, Young Persons and Their Families Act (1989) in Aotearoa, New Zealand, radically changed the way children and families are responded to, and it has set the standard for participatory practice with families in child care and protection.

**Professional ideology**

How systems of child welfare develop is also influenced by professional ideology. Social workers have theories that guide their practice and influence their decision making in child care and protection. For example, in the past two decades, models of best practice in child welfare have reflected greater commitment to family empowerment and family participation in processes that concern them. Significant developments have been the family preservation and reunification movement, widely adopted in the United States to address permanency issues for children and the exigency of the growth in foster care (Connolly, 1999). The competence-centered perspective, which represents a shift from more traditional pathology or deficit models, has also been influential (Pecora et al, 1992), as has the more recently developed strengths-based perspective, which harnesses the strengths of the family and its network toward protection of the child.

According to Hetherington (2002), while organizational structures, resources, and law provide the framework for child welfare practice, actual decision making is also influenced by professional knowledge and theory. Systems that allow greater use of professional judgment look different from highly bureaucratized systems with heavily proceduralized requirements. Greater use of professional judgment is characterized by

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Social workers have theories that guide their practice and influence their decision making in child care and protection.
reflexive dialogue between workers, integrating practice wisdom and experience to help work through the issues presented by the family. By comparison, a bureaucratized approach may more likely be influenced by a range of managerial demands, including the need to meet performance targets.

**Culture**

Finally, child welfare systems are influenced by the cultural society in which they exist. “Culture influences and expresses expectations of the various roles that should be played by the state, the family, and by the community in relation to the child” (Hetherington, 2002, p. 14).

Since child welfare encapsulates the complex relationships between state and family, it is significant that the ways society perceives these relationships influences both its philosophy and practice. Because culture can be constantly changing, and at the same time be resistant to change (Hetherington, 2002), its impact on the development of response systems in child welfare cannot be underestimated.

**Orientations to child welfare**

Understanding the orientation of service delivery is important because the way we perceive the nature of an issue influences the way we respond to it. Although there appears to be considerable commonality in terms of the challenges facing child protection systems internationally, writers have identified ways different countries have developed their child care and protection systems. Spratt (2001), for example, notes a basic “schism” reflecting opposing positions in child welfare – one that characterizes a family support orientation and one that characterizes a child protection orientation. The child protection orientation is characterized by a:

*primary concern to protect children from abuse, usually from parents who are often considered morally flawed and legally culpable. The social work processes associated with this orientation are built around legislative and investigatory concerns, with the relationship between social workers and parents often becoming adversarial in nature. (Spratt, 2001, p.934)*

By comparison, the family support orientation has been characterized as having “a tendency to understand acts, or circumstances, thought of as harmful to children, in the contexts of psychological or social difficulties experienced by families” (ibid). Here, families are seen as needing support to undertake the task of parenthood, and services are provided to ensure that they have the best possible chance of successfully looking after their children. While Spratt tends to identify these differences in child protection and family support orientation as occurring cross-nationally, it is also likely that they influence practice from state to state and across state jurisdictions. This has the potential to hinder practice understanding as different meanings can be applied to processes and language.

Relevant to this analysis of child welfare practice orientation is Gilbert’s (1997) comparison of child protection systems in nine Western countries. Gilbert argues that it was possible to differentiate child welfare response into these two welfare orientations: child protection and family service. He found that countries with a “child protection” focus (England, Canada, and the United States) were legalistic in approach, delaying intervention and applying resources at the investigative “front end” of the child protection process. Alternatively, European countries such as
Germany, Denmark, Sweden, Finland, the Netherlands, and Belgium were found to have a “family service” orientation. These countries place a much greater emphasis on prevention and the provision of early support services. Although these distinctions are necessarily generalized and to a degree oversimplified, they do provide a context for understanding the ways services have developed over time. More recently, along a similar vein, writers have explored differences between Australian/American/UK responses on one hand and Continental West European approaches on the other (Table 1).

Developments in Australia have generally paralleled those in the United States, Canada, and the UK, with an emphasis on risk assessment and the application of resources at the investigative end of the process. Hetherington notes that the English-speaking countries (England, Scotland, Northern Ireland, Ireland, and Victoria Australia) were generally child-protection focused and crisis-oriented in their research, reflecting a legalistic approach that is distrustful of state intervention (Hetherington, 2002). By comparison, child protection systems in France, Germany, and Sweden, having developed more slowly, are embedded within a broader system of universal welfare and have a greater emphasis on family support and mediation. Because they are built on a foundation of universal welfare provision, they have been found to engender community support, less obvious in the more adversarial, legalistic systems described here. These services are described as strengths-based, working in partnership with parents:

…the service works in solidarity with parents, as part of a well developed system of social welfare offered as a right, voluntarily, and, with resources to support families (Hill, Stafford and Lister, 2002, p. 8).

### Table 1. Australian/American/UK responses vs Continental West European approaches

<table>
<thead>
<tr>
<th>Child protection orientation</th>
<th>Family support orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characterized by child protection systems in the United States, UK, and Australia, reflecting:</td>
<td>Characterized by child protection systems in Continental West European (Belgium, Sweden, France, Germany) reflecting:</td>
</tr>
<tr>
<td>• A tendency toward residual and selective provision of welfare</td>
<td>• A tendency toward universal welfare provision</td>
</tr>
<tr>
<td>• Child protection services being separated from family support services</td>
<td>• Child protection services embedded within broader family support orientation</td>
</tr>
<tr>
<td>• A more legalistic, bureaucratic, investigative, adversarial response to child protection</td>
<td>• A voluntary, flexible, solution-focused, collaborative approach to child protection</td>
</tr>
<tr>
<td>• Emphasis on children’s rights and child protection</td>
<td>• Emphasis on family unity and a systems approach to family</td>
</tr>
<tr>
<td>• Emphasis on investigating risk</td>
<td>• Emphasis on support and therapeutic assistance</td>
</tr>
<tr>
<td>• Concentrating state resources on families identified as immediate and high risk</td>
<td>• Resources available on basis of early intervention</td>
</tr>
</tbody>
</table>

(Adapted from Hill, Stafford & Lister, 2002 p. 6).
Cross-national research is needed to better understand the impact of differing orientations to child welfare on outcomes for children and families. Recent evaluative findings from a major differential response study in Minnesota indicate that families receiving the new differential approach are less likely to report abuse recurrence and child safety improved when compared with families receiving a traditional investigative response (Loman & Siegel, 2004). This suggests potential for differential response systems to have a positive effect on outcomes for children and families.

Perhaps not surprisingly, hybrid systems of child welfare develop. In some countries family-centered child protection law provides an encouraging framework that can help bridge the gulf between child protection and family support approaches. For example, it has been argued that the New Zealand child welfare system has elements of both child protection and family support orientations (Connolly, 2004). The introduction of the Children, Young Persons and Their Families Act in 1989 provided New Zealand with a legal framework that reinforced the primacy of family with respect to the care and protection of children. By introducing a system of decision making that is family-led and strengths-based, it reflects a strong commitment to the family support orientation.

The legislation provided a new structure that radically changed practice, requiring that families be involved in decision-making processes that concern them. Supporting Hetherington's typology, the legislation emerged at a time when professional ideologies were also having an impact. Social workers were expressing concern that child protection systems were not providing for the broad-ranging needs of children and were not mobilizing the strengths of families toward the protection of children. The New Zealand child welfare system's cultural fit with Aotearoa was also being questioned. Removing children to systems of statutory care was alien practice to the indigenous population of Aotearoa, New Zealand. Within traditional Maori society, kin looked after children, the parental role being shared across extended family members. Increasingly, the infrastructure of state care for children was perceived as being culturally at odds with the people most affected by it. While the system did little to support family relationships, for Maori it was particularly unsuccessful. Maori children, being overrepresented in welfare statistics, were becoming increasingly alienated from their kinship network and their wider cultural environment.

Maori children, being overrepresented in welfare statistics, were becoming increasingly alienated from their kinship network and their wider cultural environment.

However, while New Zealand's legal framework is consistent with the family support orientation, an examination of practice indicates that it is increasingly forensic (MSD, CYF & The Treasury, 2003). New Zealand practice has become specialized toward child protection, but like many other countries, it has had a number of high-profile child death cases that has revealed system failure. In these circumstances, it is not uncommon for practice to become more risk
aversive, more dependent on risk assessment tools, and less influenced by processes of professional judgment. Also, like many other countries, New Zealand’s child welfare services have been unable to employ and retain qualified staff. This results in an under-experienced workforce, with people working in situations for which they are unprepared. This has led to a greater reliance on procedural mechanisms to standardize practice and a corresponding shift toward a child protection orientation to child welfare. Inevitably it also results in an ideological tension – family support-oriented law and an increasingly child protection-oriented practice. It is clear that even with supportive legal frameworks, drift toward more forensically driven practice can occur at the expense of family support models (Connolly, 2004). To sustain family-centered practice, much effort needs to be applied to nurture family-led professional processes. Family-focused staff training and supervision can help ensure that the dual mandate of child protection and family support is fully explored in practice. Maintaining and supporting professional belief systems that reinforce the state’s role to support families is of central importance. It is clear that some countries, notably England, have struggled to shift from a child protection to a family support orientation (Hetherington, 2002). However, countries such as New Zealand, with its supportive legal frameworks, have an opportunity to further reinforce family-centered practices and may find it easier to develop a hybrid system of child welfare that can reinforce the family’s primacy and provide necessary protection for the child.

The increased emphasis on child safety and a lower tolerance for conditions that are considered abusive have contributed to a more “interventionist” approach in child welfare (Farris-Manning & Zandstra, 2003), and writers have argued the need to reclaim a “family-centered services reform agenda” (Mannes, 2001, p.336). However, the cultural shift toward the child protection orientation is strongly embedded in practice and inevitably has a significant impact on the ways child abuse and neglect notifications are managed. Nevertheless, countries are beginning to explore ways in which services can be provided that respond more sympathetically to the needs of families and are realistic from an organizational perspective.

Managing child abuse and neglect notifications: Differential responses

International research suggests that the majority of needs are ignored in child abuse and neglect investigations (Thorpe & Bilson, 1998), and an increasingly narrow forensic response to investigation of child safety has been at the expense of a family-centered response (Buckley, 2000; Spratt, 2001; Sandau-Beckler et al., 2002). The challenges facing child welfare systems internationally suggest that more intensive family-focused services are likely to offer more practice depth and increase the potential for workers to protect the child and support the family (Cameron & Vanderwoerd, 1997). Child protection work that is driven by administrative requirements, strict procedures, and the primacy of management over professional practice has been described as the “bureaucratization” of...
child protection (Tomison, 2004).

Given the concern to address the lack of service depth and better respond to the diverse needs of families, it is perhaps not surprising that many countries are exploring ways in which the dual mandate to support the family and protect the child can be accommodated within an integrated family-centered response. Differential response models, also referred to as alternative stream/track models, have begun to appear across a range of jurisdictions. Child welfare systems that have typically characterized the child protection orientation have begun to adopt models of response that more appropriately address the diverse needs of families. Simply put, families that need a child protection investigation receive one, and families that are assessed to need more general family support services receive an alternative response more appropriate to their need.

Benefits of a differential response system

Family support services provided as an early intervention can provide detection of children at risk before they reach the statutory threshold for protective intervention (Tomison, 1995). Forensic-style child protection is a high-level intervention that can alienate the engagement of low-risk families. Family engagement and involvement in the process is essential to collaborative problem solving. Family investment in the process is more likely to result in a greater family commitment to outcome (Connolly, 1999). Risking the loss of engagement with families through an unnecessary investigative process may reduce the potential for families to be active (and willing) participants in the change process. Hence, providing a differential supportive service response is likely to enhance the potential to engage families on a voluntary basis. This is particularly important in cases of child neglect, when working in partnership has considerable benefits:

- Involvement of parents in assessment, decision-making, treatment, or interaction is essential to make things work, even if the child has to be removed from home...
- The point is that without parental agreement and commitment to work towards mutually recognised goals, progress is not going to be made at home (Iwaniec, 1996, p.121).

In addition, neglectful parenting situations generally require longer-term support services. Because of this, the shorter-term services offered by child protection systems can be less successful.

At the resource level, a consequence of the “one-size-fits-all” response is that limited resources tend to be expended on higher level investigation of all notifications. The effort needed to undertake a full investigation of all notifications has often meant that lower risk notifications have had to wait for service, being left unattended and assigned to waiting lists. Many countries have found that, as low-risk families remain unsupported, their situation exacerbates and they return as higher risk cases. Important opportunities are therefore lost for secondary prevention work. In addition, according to Whittaker and Maluccio (2002), the one-size-fits-all approach does not respond well to families whose needs change over time. These demands make it difficult to provide effective and timely responses to families across the risk continuum.

...as low-risk families remain unsupported, their situation exacerbates and they return as higher risk cases.
How differential response systems work

Many countries that reflect a child protection orientation have begun to reform their systems to incorporate a differential response. The practice is growing in the United States, and similar developments are occurring in Canada, Australia, and New Zealand. While the differential response systems reflect the particular country's unique service network, and language relating to the systems may differ, in general they follow a similar structural pattern: after receipt of a child report or notification, an assessment is undertaken to distinguish whether the situation requires a child protection investigation or a family support service. If it is a family support service, this will either be provided by a team within the statutory agency, or more typically, the family will be referred to a non-government family support agency. Workflow and referral processes within alternative approaches can be complicated, and each model will reflect its own set of circumstances.

Pathways of a differential response system

Although a family may be referred for a family support response, if it is later considered that a child protection response is more appropriate, the child will be referred across. Equally, if the initial assessment indicates a child protection response but further investigation indicates that a family support response is required, then the family will be provided with the more appropriate service.

Although practice in the UK does not necessarily identify as a differential response system, a comprehensive assessment framework is used to ascertain the type of service required. The assessment framework explores a number of dimensions to provide a systematic approach to analyzing information about children and families. The dimensions relate to the child's developmental needs, the caregivers' ability to respond to those needs, and the impact of external factors on the parents' abilities and the child's well-being (Department of Health, 2000). Overall, guidelines strongly support inter-agency assessment of children at risk, arguing that voluntary and private organizations can provide important information when children and family assessments are being made (Department of Health, 2000). While social services departments have the primary role to undertake the system of assessments, in practice this is done in consultation with other service providers. The challenge for all differential response systems is that they work to provide a context within which families can fully participate in these assessments of need and work in partnership with the professionals providing services for them. It is easy for new systems to become dominated by professional processes, and any family-centered model of practice will benefit from an ongoing analysis of its family responsiveness.

The success of a differential model relies, in part, on the creation and development of strong community support agencies that are willing and able to become partners with the state to protect the interests of children. However, collaborations are not always easy to establish and maintain.
Issues in developing collaborative support services for families

Despite general support for developing integrated systems based on collaborative partnerships between the state and voluntary sectors, countries continue to struggle with the tension between the primacy of forensic approaches to investigative practice and the need to locate child protection services within the broader system of family support. Indeed, this tension and the need to effectively integrate statutory child protection services within a wider family support approach has been identified as the issue confronting child welfare in the 21st century (Tomison, 2004).

Although countries and jurisdictions within countries may have different traditions with respect to child protection orientation, there is consensus about the need for greater service coordination in child protection networks in Western systems of child welfare (Tomison & Stanley, 2001). An over-reliance on social services to shoulder all the responsibility rests at the heart of concern. Writing from a UK perspective, Neate (2003) argues that despite the Children's Act (1989), which makes it clear that agencies across sectors have a duty to work with children who are at risk, this has not been implemented. However, in what is an ambitious and wide-ranging reform of the UK system, the Green Paper Every Child Matters promotes more joined-up services, a more stable and skilled workforce to deal with the problem, and an environment in which information can be more freely shared regarding children at risk. However, Every Child Matters notes that weak systems of accountability and poor service integration threaten the realization of this broader service aim:

Our existing system for supporting children and young people who are beginning to experience difficulties is often poorly coordinated and accountability is unclear... Some children are assessed many times by different agencies and despite this may get no services. Children may experience a range of professionals in their lives but little continuity and consistency of support. Organisations may disagree over who should pay for meeting a child's needs because their problems cut across organisational boundaries. Fragmentation locally is often driven by conflicting messages and competing priorities from central government (Department for Education and Skills, 2003, pp. 21-22).

In response to these challenges, Every Child Matters provides a long-term vision for improved cross-sectoral service delivery. In particular, it addresses the need for early intervention services, a greater focus on improving communication between agencies, the need for a common assessment framework ensuring that lead professionals take primary responsibility when more than one agency is involved, the integration of professional activity through the development of multi-disciplinary teams, and co-locating services for maximum involvement in the lives of children.

In exploring the potential for greater service collaboration, researchers have also piloted innovative family-centered projects...
that bring together statutory and non-government workers in collaborative practice with promising results (Walton, 2001). A research pilot project in the United States delineated the roles of the child protector and the family support worker and had them work in tandem. Both worked together in response to the notification, but the statutory worker undertook the child protection tasks while the family support worker provided the family support function. The roles for both were clearly different, and having the family support worker present throughout the investigative process ensured that the family support/preservation/strengthening function was not subsumed by the child protection function. The practice became much more family-focused, and the findings of the pilot concluded:

> When reasonable and thoughtful effort is expended to invest in families, then the children, the families, the caseworkers, and the public all benefit. By providing concentrated and comprehensive services from the moment of referral, many families can be helped to work out their problems in minimally intrusive ways that strengthen family functioning, provide for an enhanced network of supportive resources, and reduce the likelihood of out-of-home placement, without endangering the lives of children (Walton, 2001, p. 642).

Writers agree that a coordinated response provides more effective interventions (Bell, 1999; McIntosh, 2000). In particular, better-coordinated services have the potential to provide more effective assessments of family need and to develop prevention services that protect children from recurring child abuse and neglect. Thus, the child protection services become “merely one component in a complex web of child and family services at the primary, secondary and tertiary levels of prevention” (Scott, 1995, p. 85). Hallett and Birchall (1992) also argue that good coordination helps reduce duplication of services and make service gaps more easily identifiable. Limited resources can be more effectively targeted and service roles clarified.

However, despite the clear strengths of a collaborated approach, difficulties in interagency communication and coordination have plagued child welfare services for years. It may also be that the trend toward developing family support models that respond to primary, secondary, and tertiary levels of intervention have the potential to exacerbate these difficulties. Hallett and Birchall (1992, p. 26) identify a number of issues that increase the complexity of professionals working together:

> different professional perspectives and frames of reference about the nature of child abuse and of intervention, different agency mandates and operational priorities or organisational tendencies towards autonomy, the time and other resource costs of collaborative work and interpersonal difficulties of trust and openness, gender and status differentials.

These issues, together with recent literature relating to professional coordination, contribute to the development of some broad “best practice” ideas for collaborative partnering between statutory and non-statutory services (Tomison & Stanley, 2001) (see sidebar).

Although the rhetoric of interagency collaboration permeates the literature and child welfare guidelines internationally, writers
also have recommended caution with regard to shifting more fully toward a comprehensive family support model of welfare. Concerns about whether new models of collaboration adequately protect children have been articulated, together with fears that if the pendulum swings too far toward family preservation, it may compromise children's safety (Tomison, 2004). In addition, there are concerns that if a differentiated response is developed but under-resourced, then families with generic welfare problems will be no better served than they are under current “forensic investigation” models. There is potential under these circumstances for this to be seen as a further retrenchment by the state away from its responsibilities.

**Conclusion**

While these are complex issues, the benefits of developing systems that differentiate on the basis of need have also been strongly promoted. Differential response models are being developed internationally, and countries are working toward the development of enabling legislation that will support such responses. It is clear that not all families that are notified to statutory services need to be subjected to a full child protection investigation. Further, it is unnecessarily intrusive to require it and is more likely to result in an adversarial or hostile response. Differential response models that are based on need are likely to encourage families to respond positively to family support intervention. Certainly, many countries are beginning to think so and are reforming their welfare systems to encourage more family-centered responses.

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**“Best practice” ideas for collaborative partnering between statutory and non-statutory services (Tomison & Stanley, 2001)**

- If they are to be successful, integrated models of service need to be well resourced. Under-resourcing of services has the potential to exacerbate current problems and militates against family support models, contributing to secondary prevention.

- Agencies need to be clear about their goals and complementary interagency goals facilitated. Role conflict remains a significant barrier to successful collaboration.

- Roles and responsibilities need to be clearly articulated. Unclear or ambiguous roles and responsibilities, as determined by law and protocol, present significant barriers to successful collaboration.

- Trust between agencies is essential to the development of successful collaborations. These relationships do not occur naturally, but need to be systematically responded to and developed.

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**References**


neglect. National Child Protection Clearinghouse


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Potential Policy Implications of Alternative Response

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The current trend to offer different child protection services (CPS) responses to allegations of abuse or neglect is an important development in addressing child safety and well-being. This approach, which provides social workers and families a different framework of response and intervention, has the potential to affect all parts of CPS policy and practice. This article examines implications for the core components of the CPS system, namely reporting and initial intake screening, choice of response, service provision, and completion of the response. It uses extensive documentation of both the Virginia and Minnesota implementation of alternative response (AR) to provide examples of ways policy guidance is being formulated.

The general characteristics of AR have implications for many core components of CPS policy. This article discusses how CPS policies that address reporting, screening, service provision, and determination of maltreatment may need to be discussed further as AR becomes more widely used. Each of these components is briefly described and then more fully examined.

Reporting and initial screening

The basis of both AR and investigative CPS interventions is a report made by a person who has come into contact with a child whom he or she believes or suspects to be abused or neglected. Two-thirds of such reports to public CPS agencies are considered to meet the criteria for an intervention by the CPS agency and are screened in. More than one-half of all screened-in reports come from professionals such as educators and law enforcement, social service, medical, and mental health personnel (U.S. Department of Human Services, 2005).

During the 1960s, both the Children's Bureau and the American Humane Association published guidelines for model reporting legislation. Subsequently, almost all states passed some type of legislation requiring the mandated reporting of child abuse or neglect. For example, in 1964, New Jersey passed the Physicians Reporting Law, which required physicians to report their suspicions of child abuse or neglect to county prosecutors, who were required to investigate the case. (In 1971, amendments to the law required any person to make a report of suspected child abuse or neglect, and changed the locus of the report to the Bureau of Children's Services [Nelson, 1984.]) After a decade of such actions by the states, the passage of the Federal Child Abuse Prevention and Treatment Act in 1974 included provisions that states must have reporting laws to qualify for the state grant. By then, most states already had such laws.

The promulgation of reporting laws did not envision that reporting would increase at such rates that child welfare agencies would need to develop criteria for making a preliminary determination of whether to respond to all such reports. Almost all states have a decision protocol that determines whether a report will be accepted by the child welfare agency, and as noted, one-third of reports are not accepted. The most common reasons for not accepting reports include failure to meet the
state definition of child abuse or neglect, lack of sufficient information to locate the child, the child was over 18 years of age, or the report involved an unborn child (U.S. Department of Health and Human Services, 2003).

The growth of the numbers of children who are subjects of a response by the CPS agency (children in accepted reports) has been phenomenal. In 1976, the rate of children in accepted reports was 10 per 1,000 (U.S. Department of Health and Human Services, 1994). The rate reached a high of 42 per 1,000 in 1993 and remained relatively constant for almost a decade. The rate began to increase in 2001 (43 per 1,000) and was 46 per 1,000 in 2003 (U.S. Department of Human Services, 2005).

Of further interest is the proportion of accepted reports made by professionals and nonprofessionals. In 1992, 51% of accepted reports were made by professionals. This number has gradually increased, and in 2003, 57% of accepted reports were made by professionals. Concurrently, the percentage reported by friends or neighbors dropped from 10% in 1992 to 6% in 2003 (U.S. Department of Health and Human Services, 1994, 2005).

What is the policy relationship of reporting to AR? At least two questions can be raised. The first is whether the paradigm of reporting should be widened to include requests for services, as opposed to solely alleging maltreatment. These requests for services could be made on behalf of families or by families themselves. The CPS agency would serve as a point for information about services and referral to services for the community. Thus, some of the reports that are currently screened out would be considered to have received a CPS response, namely that of information and referral. Some cases currently being considered under AR might also be met by information and referral services.

Second, should the public receive more information about CPS? Should a description of AR become part of training for all mandated reporters? Should community providers, as well as other public agencies, receive training on the approach being implemented? Should all potential reporters receive information about alternative ways in which CPS might respond? This may encourage more families that need assistance to be referred to CPS.

A redefinition of reporting, in addition to increased awareness of the diverse responses the CPS agency provides – ranging from information and referral to working with law enforcement to obtain forensic evidence of maltreatment – could contribute to increasing the nuanced understanding of CPS agency roles by the communities they serve.

Choice of response

Alternative Response systems provide options that are different from the standard intervention by the agency. The decision whether to provide AR or an investigation is usually made after receiving, screening, and accepting a report of alleged maltreatment. In most current versions of AR, once an investigation is started, it cannot be changed to an AR. In some jurisdictions, AR applies to cases that the agency diverts from the public agency to the community at an early screening. This type of AR is not considered here.

In addition to the complexity of initial screening actions, the introduction of AR adds an additional type of decision making that can occur when the call is received.
implementations of AR recommend, but do not require, that the decision be made at the time of the initial call. For example, Virginia policy guidance is as follows.

The track decision should be made at Intake if at all possible. In making this decision, the Intake Worker and/or Supervisor should take into consideration such variables as:

- History of abuse or neglect;
- Type of alleged abuse;
- Child’s age and ability to self-protect;
- Presence of a disability that affects the child’s ability to self-protect;
- Whether the caretaker’s behavior is violent or out of control; and
- Living conditions (e.g., hazardous, presence of firearms or drugs).

If the crucial information is not obtainable from the complainant, the track decision can be made at the point of the first meaningful contact with any parties named in the complaint (Virginia Department of Social Services, 2004).

Both Virginia and Minnesota provide guidance as to which types of cases must receive an investigation and not an alternative response.

- In Minnesota, reports are ineligible for AR if the alleged maltreatment occurred in any of the following settings: a hospital; a correctional facility; a residential or nonresidential program licensed by the department; a program serving persons with mental retardation or related conditions; a public, private, or charter school; and in some other caregiving situations. AR is also not considered when there are allegations of egregious harm, sexual abuse (various specific types), abandonment, failure to thrive, murder, manslaughter, assault, prostitution, malicious punishment, and neglect or endangerment (Minnesota Department of Human Services, 2000).

- In Virginia, all allegations regarding an out-of-family setting of any kind must be investigated. Furthermore, sexual abuse, child fatalities, abuse or neglect resulting in serious injury, a child in protective custody by law enforcement or a physician or by the agency, allegations regarding a caretaker in and out of a family setting, or medical neglect of a disabled infant cannot receive an AR. The guidance also provides examples of situations in which AR might be appropriate, including abusive treatment that did not require medical treatment, child exposed to domestic violence, lack of supervision, and substance-exposed infant (Virginia Department of Social Services, 2004).

Given that many intake discussions can be relatively brief and limited in details, the decision about the appropriate response requires a highly trained staff. Somewhat counter-intuitively, agencies that do not use specialized intake staff may be at an advantage when this additional screening is incorporated into its approach. For example, smaller agencies, that rotate the screening function among their social workers may have staff members who have experience with both AR and investigations and are therefore better able to make informed decisions more consistent with agency policies and values. Agencies that use centralized intake screeners who are skilled in screening, but not service delivery, may find that additional training is needed. Certainly, all intake screeners need to be acquainted with the similarities and differences of the various responses the CPS agency offers.

What are the policy implications? The first policy decision is whether it is appropriate to
make such a decision during the initial intake of reports to CPS. While exclusions from AR may be relatively clear (e.g., sexual abuse allegations), it may not be as easy to determine whether a case should be included. For example, do intake workers have enough time, information, or experience to determine whether a domestic violence report should be included or excluded from AR? Specialized training and supervision is needed.

A second policy decision is whether the type of reporter should influence the type of response. Some states may have specific policy on not using AR on reports from certain mandated reporters. Consistent with this finding is the observation that there appears to be a tendency to use AR with nonprofessional reporters, such as families, relatives, friends, and neighbors. (See page 32, “Alternative responses to child maltreatment: Findings from NCANDS.”)

The third policy decision is whether prior referrals to or involvement with the public child welfare agency should also influence whether a new allegation can receive AR. In Virginia, for example, it is stipulated that if a family has received three family assessments within a year, the next report should be investigated. The article “Alternative responses to child maltreatment: Findings from NCANDS” (page 32) indicates that in some states, families with prior substantiated investigations did not receive AR. What information should be used to determine the policy guidance on this issue of recurrence?

The fourth policy decision is whether an AR case should receive the same priority in terms of response timeliness. What timeframe is most appropriate for AR if the locality has different timeframes for making contact with families, based on the apparent seriousness of the reported allegation? Timeframes are established in part to manage workloads. If CPS workers conduct both AR and investigative responses, should investigations always require a more timely response? If AR cases are handled by community agencies or by specialized CPS workers, what standards of responsiveness should be established, and should the CPS agency have responsibility for the oversight and accountability of the community-based organization's responsiveness?

These areas of concern – reporting source, maltreatment type, child's age, past history – contribute to a complicated equation that requires increased attention if response choice is consistently aligned with the agency’s priorities and the best outcomes for children and families.

Service provision

Under AR, the family agrees to an assessment of the child's safety and protection needs. If a family does not agree to the assessment, the agency may conduct an investigation. If a family does not wish to continue to receive services post-assessment, depending on jurisdiction, the case is either closed or an investigation ensues. As is true in most instances under investigations, the acceptance of services is voluntary, and the duration of service provision varies.

Both AR and investigations consider the safety of children. For example, Virginia’s policy states that family assessment AR has goals similar to an investigation.

Family assessment means the collection of information necessary to determine:

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The first policy decision is whether it is appropriate to make such a decision during the initial intake of reports to CPS.
a) The child’s immediate safety needs;
b) the child’s and family’s protective and
rehabilitative services needs to deter
abuse or neglect;
c) the child’s risk of future harm; and
d) alternative plans for the child’s safety if
protective and rehabilitative services are
indicated and the family is unable or
unwilling to participate in services.
These arrangements can be made in
consultation with the child’s caretaker
(Virginia Department of Social Services,
2004).

What distinguishes family assessments
from investigations in Virginia is that, while
both conduct a safety assessment and a risk
assessment, only investigations conduct a
dispositional assessment. In other words,
family assessment does not include the
determination of the occurrence of child
abuse or neglect. This is true in most
jurisdictions implementing AR.

The National Study of Child Protective
Services Systems and Reform Efforts, which
includes a study of a national representative
random sample of 300 counties, indicates that
key features of investigations related to safety
and risk were also conducted under AR (U.S.
Department of Health and Human Services,
2003 (b)).

While both AR and investigation responses
address the child’s safety, AR has the defining
characteristic of offering and providing
services. For example, the Minnesota brochure
on AR includes the following characteristics –
ensuring children are safe, avoiding negative
labels for parents, setting aside the issue of
fault, working in partnership with parents,
identifying families’ needs, providing services
and resources matched to families’ needs, and
building on parents’ and communities’
strengths and resources (Minnesota
Department of Human Services, nd).

Services may be provided without a
determination of abuse or neglect; however,
this distinction may not be as useful as it first
appears. CPS has long argued that during the
investigation, it may provide such services as
homemaker, transportation, counseling, or
financial aid. Furthermore, the provision of
services in most jurisdictions does not require
substantiation of the allegation. The review of
state policies by the National Study of Child

<table>
<thead>
<tr>
<th>Activities/Instruments</th>
<th>Always conducted in an investigation (Percentages in brackets indicate the agencies that replied “sometimes”)</th>
<th>Always conducted in an alternative response (Percentages in brackets indicate the agencies that replied “sometimes”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review prior CPS records</td>
<td>89% [9%]</td>
<td>80% [17%]</td>
</tr>
<tr>
<td>Interview or formally observe children</td>
<td>98% [1%]</td>
<td>69% [23%]</td>
</tr>
<tr>
<td>Interview caregivers</td>
<td>98% [1%]</td>
<td>73% [23%]</td>
</tr>
<tr>
<td>Interview family members other than the caregiver</td>
<td>56% [42%]</td>
<td>25% [62%]</td>
</tr>
<tr>
<td>Interview professionals known to the family</td>
<td>41% [58%]</td>
<td>25% [65%]</td>
</tr>
<tr>
<td>Conduct criminal background check on alleged perpetrator</td>
<td>32% [50%]</td>
<td>23% [34%]</td>
</tr>
</tbody>
</table>
Protective Systems and Reform Efforts found 39 states had policies that required workers to provide short-term services during the investigation if needed (U.S. Department of Health and Human Services, 2003). The National Study also found that 94% of counties allow services to be offered regardless of the determination of the investigation. The likelihood of services provided under AR more frequently than under investigations has been demonstrated in evaluation of Minnesota’s AR program. The study found that more AR families reported they received services than families that received investigation services, the services they received were more like what they wanted to have, and the services were more responsive to their needs (Minnesota Department of Human Services, 2004).

The CPS extent of service provision to children remains a challenging topic. Data from the National Child Abuse and Neglect Data System (NCANDS) consistently show that in most states, only a proportion of children found to be victims of child maltreatment receive post-investigation services. In 2003, an estimated 57% of victims received post-investigation services. (This contrasts with 35.6% in the Minnesota study of AR and investigation, but also varies greatly among states.) However, annual data also show consistently that a percentage of children not determined to be victims of maltreatment also receive services. In 2003, the percentage was 25% (U.S. Department of Human Services, 2005).

The context of the service may vary. For example, Minnesota’s guidance emphasizes that AR is a “strength-based and community-oriented approach” and one that “provides an opportunity to minimize the confrontational experience, enhance cooperation, and strengthen the family’s ability to take care of itself” (Minnesota Department of Human Services, 2000). Specific approaches used include family-directed case management, family group decision making, mediation, brief family therapy, and social support.

Another characteristic of the AR intervention is that it is voluntary. The basic tenet is that “families are more likely to be cooperative and motivated to voluntarily participate in services when they are approached in a less adversarial, investigative mode” (Schene, 2001).

Another critical issue related to service provision is whether the families prefer the approach and services received. This may be important in that, if families are satisfied with services, they may respond better and services may be more effective in the long run. Families might like the approach better. The Minnesota evaluation found that families that received investigations were more likely to have negative feelings (ranging from 6% that said they were pessimistic, to 28% that said they were stressed) compared to AR families (ranging from 3% that said they were pessimistic, to 23% that said they felt stressed). The greatest differences were on feelings of anger, irritation, or dissatisfaction. Families that received AR were also more likely to have positive feelings. Families that received an investigation ranged from 13% that felt optimistic to 27% that felt satisfied and 27% that felt relieved, compared with AR families, of which 16% felt grateful and 34% felt relieved (Minnesota Department of Human Services, 2004).

While these findings show that families that received AR liked their response better...
than families that received investigations, other observations are notable and important for policy makers. No more than 28% of families that received an investigation expressed a specific negative response. Equally surprisingly, no more than one-third of AR families expressed each of the specified positive feeling about AR. In spite of the perceived advantages of AR and the disadvantages of investigations, investigations may not be viewed as negatively nor AR as welcomed as thought.

In the Minnesota evaluation, both AR and investigation families expressed some dissatisfaction with service provision. Nearly one-quarter of the families that received AR (23.4%) said they were offered services they turned down, compared to 11.5% of investigation families. And 17.7% of investigation families said there was help they wanted or needed that they did not receive, while 22.8% of AR families said this (Minnesota Department of Human Services, 2004).

There are policy issues that arise from these findings. The first policy issue is one of safety and the services needed to achieve safety. Current policies maintain that each approach will address the safety and protection of children. Thus, policies often allow a child to be removed from the family (i.e., the provision of foster care services) under an AR or allow the case to be transferred to an investigative response if this is appropriate. Given the current core concern of CPS, which is the protection of children, it seems essential that safety remain the main objective under either response and services that can achieve safety are provided.

The second policy issue is related to the priorities in service provision. While it seems clear that direct services provided by CPS case workers under either response will be influenced by time, ability, and family cooperation, it is less clear how community resources will be influenced. Should families that receive alternative response and are more likely to be new entrants into child welfare receive priority in preventive services, compared to those that have received investigation services? Should those that receive investigations and are found to have maltreated their children have greater priority for services because their children are more at risk for maltreatment?

The third policy issue is related to service intensity and duration. Will policy guidance direct case workers to provide or arrange for short-term voluntary services for both AR and investigated families, but offer long-term services only to those who have been found to have maltreated their children? Or will policy decide that service need and provision should no longer be tied to a determination of maltreatment?

**Determination of maltreatment**

AR does not include the formal determination or finding of whether the child has been abused. AR cases end when the worker either refers the family for further services or closes the case. In investigation cases, workers may continue to provide short-term services, rather than transferring the case to another worker. Other cases are referred to ongoing service units.

One of the hallmarks of AR is that a determination of child maltreatment is not included. Families may be identified as being at risk of maltreatment and even in need of services, but the children are not categorized as being maltreated and the caregivers are not identified as perpetrators and are not listed in state central registries. As a consequence, forensic evidence gathering is replaced with an assessment, since the likelihood of court involvement is remote.

This does not mean that such consequences are imminent for all families
that receive an investigation. In almost all jurisdictions, the percentage of substantiated cases is lower than the percentage of unsubstantiated cases. Nevertheless, the process of making this determination may be drawn out, include the emergency removal of a child, and include tape recording of interviews and obtaining various other types of forensic evidence.

The nature of the above consequences raises perhaps the most fundamental policy question related to the adoption of AR by CPS. Should the assessment of service needs be entirely separate from determination of abuse or neglect?

This option is interesting. As noted, AR already separates service need from maltreatment determination. Moreover, under investigative responses, not all families found to have abused their children receive services, and some not found to have abused their children do. In other words, service provision is already delinked from maltreatment determination to a certain degree. Thus, perhaps the most critical decision for policy is whether the determination of maltreatment is to be separated from the provision of service in a more intentional manner. And, if delinked in a more deliberate manner, should the apportionment of service resources between AR and substantiated cases also be more intentional?

What would this look like? One possible scenario is that the definition of maltreatment would be narrowed to incorporate only certain types of maltreatment. It is likely that this would follow the distinction between cases that receive an investigation, in contrast with those that receive an alternative response. Furthermore, the emphasis would be on past or likely harm to the child, with a higher standard of evidence, namely preponderance of evidence. The dilemma over inclusion, namely subjecting families that have not maltreated their children to the invasiveness of investigations, and underinclusion, having limited capacity to accept reports or provide services and thus missing some families, might be addressed by a more narrow definition of abuse or neglect. A narrower definition might also result in a higher percentage of cases requiring collaboration with law enforcement.

Narrowing the definition of maltreatment would not be easy, but it may be essential to separating the two activities. Furthermore, such allegations would no longer need to be the gateway to services. Perhaps families would become more likely to seek the help of the child welfare agencies and its partners in the community. Child protection would become not the core function of child welfare but rather one of its functions. Children's well-being would become the objective of all child welfare programs. Prevention of child abuse and promotion of children's well-being would become equal to the important role of CPS of ameliorating the condition of abused or neglected children. The elements of risk of maltreatment could become more clearly related to prevention and promotion activities.

As discussed, if this were adopted, the reporting component might also change. A narrower definition of child abuse and neglect could result in more families being screened out, or it could change the definition of reporting to one that does not restrict it to allegations of abuse or neglect. Even as the definition of abuse and neglect narrowed, the reporting function could broaden. The
responses of the CPS agency could also broaden to be consistent with a broader responsibility by and to the community. The natural alliances of child welfare with education and maternal and child health would become stronger, while the alliance with the courts would be more clearly focused on children for whom their families could no longer keep them safe.

This broadening of the concern of child protection to a concept of child well-being does not necessarily imply that the public agency’s role would grow. Rather, the roles of the public sector and the nongovernmental sector might be clearer. Private nonprofit agencies could have clients who self-refer, as well as those referred by CPS. While this is true today, the difference might be that CPS would not have case management or oversight responsibilities for children whose needs do not meet the narrower definition. Fewer families might be “open cases” in CPS, but more families might receive community-based services. However, funding and allocation of resources would need further examination.

**Conclusion**

Most reform efforts have a short or long life cycle. Family preservation, for example, considered one of the major reforms efforts directed at child welfare services, had a relatively short life cycle as a core reform effort. Nevertheless, the influence of family preservation (namely its focus on the family); its recognition that short-term, intensive services are appropriate; and its understanding of families with multiple problems still permeate much of child welfare work.

Alternative Response could also have a short or long life cycle. Recognizing the positive support for this set of emphases within CPS, the various policy issues identified should be considered if AR’s impact is to be understood and the reform is to mature. If the discussion of AR policy implications were to include the redefinition of child protective services to a subset of child well-being services, AR might have a broader impact.

**Common Characteristics of Alternative Response**

While there are variations in the design and implementation of Alternative Response, the following are common characteristics of this approach.

- AR is provided to families that are the subject of an accepted report alleging child maltreatment.
- The decision to provide a traditional investigation or AR is made at initial screening, with a provision that the response can be changed based on risk and safety assessments.
- AR may be provided by community-based providers or public child welfare case workers. In some localities, these workers may conduct investigations; in others, these workers may be in different units from investigation workers.
- AR is not considered appropriate for cases that are likely to require court intervention, such as sexual abuse or severe physical harm to a child. Other restrictions may apply based on state statute or departmental policy.
- If an AR assessment is refused by a family, the agency may conduct an investigation. Post-assessment, if voluntary services are refused, the agency may close the case.
- A formal determination of whether the child has been abused is not required.
- Since abuse or neglect is not determined, caregivers are not labeled as perpetrators of child maltreatment and do not become part of the state’s central registry of perpetrators.
The critical objective of child protective services, other child welfare services, and all other types of services is to achieve a more systematic and consistent need-based approach to service allocation. As outcomes and performance measurement are adopted as key results for social services, the efficiency of matching need to service becomes even more crucial.

There are multiple challenges to such an approach. Certainly, funding challenges should not be minimized. Other challenges include the need to increase public understanding of child and family well-being and the community and governmental responsibilities for this. Having raised such questions, AR may indeed have identified a more fundamental issue. Perhaps the future of AR is not solely a different response to the investigation of allegations of abuse and neglect, but rather an alternative way to understanding the needs of families in contemporary society and the interaction of public and private responses to these needs. AR, therefore, is an example of a current child welfare reform effort that may thrive and grow, or be replaced by the next reform effort, depending on how much child welfare and other human service professionals engage in debates on the broader social policies related to improving the live of children and their families.

References


Faced with a large volume of CPS reports, increasingly complex cases, and strained resources, child protective services (CPS) agencies have developed practices and policies to differentiate how particular types of cases are handled (U.S. Government Accounting Office, 1997). Investigation responses are intended to determine whether a child is at risk of child maltreatment or if child maltreatment occurred. For CPS cases that do not require a traditional investigative response, alternative responses – also known as differential response, multiple response, dual track, or family assessments – are used to assess the needs of families and children, with little emphasis on determining if maltreatment occurred (U.S. Department of Health and Human Services, 2003a).

This study examined case-level data reported in 2002 to the National Child Abuse and Neglect Data System (NCANDS) by six states that offered both alternative response and traditional investigation as part of their child welfare services. Case characteristics, circumstances of reports, and outcomes for children who received an alternative response were compared with children who received a traditional investigation.

Previous research

A review of the literature suggests that most studies conducted to date have focused on single states and did not systematically report on all factors considered in this study regarding the provision of alternative response services.

Impact on the system

Findings vary widely on the percentage of reports that were diverted to alternative response systems (Siegel & Loman, 2000; Loman & Siegel, 2004a; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004; Chipley et al., 1999). With the introduction of alternative response, many
states or pilot areas have noted an increase in the proportion of investigations that are substantiated (Loman & Siegel, 2004a; Virginia Department of Social Services, 2004). In Virginia, the number of investigations and founded investigations decreased with the introduction of the assessment track; however, the proportion of investigations that were founded increased from 23% (during two baseline years) to 36% in state fiscal year 2004 (Virginia Department of Social Services, 2004). Reasons for an increased proportion of substantiations may reflect that more serious cases compose a larger portion of those investigated or that in some states an investigation must be initiated to receive services.

Child and family characteristics

In general, studies show that younger children are more likely to receive traditional investigations rather than alternative response. An early evaluation of the Missouri system during its pilot phase revealed that children under six who experienced physical abuse were more likely to be referred for investigation (Siegel & Loman, 2000). An evaluation of the alternative response system in Texas found that families with older children were more likely to be referred for alternative response and that hotline staff reported a greater propensity to assign cases with younger children to an investigation track (Chipley et al., 2004). Similarly, English et al. (2000) notes that children age five or younger were less likely to be referred to Washington’s alternative response system as opposed to the investigative response system.

Few studies have focused on demographic characteristics other than age among children who received alternative response. English et al. (2000) notes that the gender and ethnic composition of the alternative response families was comparable to traditional response families. Siegel and Loman (2000) notes little difference in the case characteristics and demographics of those children and families who experienced traditional investigations versus those who received an alternative response. Specifically, no significant differences were found between alternative response and investigation cases with respect to factors such as prior contact with CPS, report source, race, history of foster care placement, identity of the perpetrator (most often a parent), family structure (single female parents predominated), parental unemployment, and size of family.

Report source

Only a few published studies examined the relationship between identity of the maltreatment reporter and the track to which a report is assigned. A study of the Texas alternative response system identifies a mandate to investigate reports from law enforcement (Chipley et al., 1999). English et al. (2000) found that although professional and community referents referred cases equally to CPS, none of the alternative response cases had been referred by law enforcement or medical personnel. The children and families served by alternative response in the sample studied by English et al. (2000) were most likely to have been reported by social service professionals and educators.

Type of maltreatment

Previous studies of individual states
suggest that assignment to the alternative response track varies according to the type of maltreatment alleged. In Virginia, 72% of emotional abuse reports, 67% of neglect reports, 62% of medical neglect reports, and 61% of physical abuse reports were assigned to the assessment track. Investigations were mandated for sexual abuse reports, thus 98% of sexual abuse reports were investigated. Researchers also found that reports alleging multiple types of maltreatment were more likely to be investigated than assessed, and the likelihood of investigation increased as the number of types of maltreatments increased (Virginia Department of Social Services, 2004).

In comparison, according to a pilot study of the Texas alternative response system, 40% of emotional abuse, 53% of medical neglect, 72% of neglectful supervision, 50% of physical abuse, 79% of physical neglect, and 54% of sexual abuse reports were assigned to alternative response (Chipley et al., 1999). In Missouri, cases involving failure to supply basic needs, parent-child conflict, or less severe sexual abuse were more likely to be served by alternative response (Loman & Siegel, 2004a). In Minnesota, all reports of sexual abuse were referred to traditional investigation (Loman & Siegel, 2004b). Although English et al. (2000) did not report differences in the likelihood of being assigned to alternative response based on the type of maltreatment alleged, they analyzed maltreatment types by severity levels and identified that a notable portion of referrals with moderate severity ratings were assigned to alternative response, as were a small number of sexual abuse referrals.

Re-reports and recurrence

Comparisons of relative rates of re-reporting and recurrence of alternative response to investigation address the question of whether child safety is compromised when alternative response is provided. Overall findings from studies suggest that child safety is not compromised by alternative response and that children involved in alternative response systems are less likely to experience a subsequent report or investigation (Chipley et al., 1999; English et al., 2000; Loman & Siegel, 2004a; Loman & Siegel, 2004b; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004). This may be because these children have already been identified as being at lower risk of maltreatment (Chipley et al., 1999; Loman & Siegel, 2004a; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004). However, an experimental study conducted in Minnesota demonstrated that when comparable families were randomly assigned to receive assessment or investigation, the assessment cases were still less likely (27%) than were the investigation cases (30%) to be re-reported to the child welfare system (Loman & Siegel, 2004b).

Objective of this study

The objective of this study was to compare the children in each of the six study states who were referred to alternative response systems with those referred to traditional investigations. The following were the key research questions for this study.

What are the characteristics of children who received an alternative response? Children were
compared on whether they received an alternative response or an investigation response based on demographics, and whether the child had been previously victimized. (The NCANDS data include a field that indicates whether a child has previously been a victim of child maltreatment. There is no indication, however, whether a child has previously been included in a report of maltreatment and not found to be a victim. When working with a single year of data, it is not possible to identify children who may have been reported during previous years but not victimized.)

How are the circumstances of the reported maltreatment related to whether a child receives an alternative or investigation response? Children were compared on whether they received an alternative response or an investigation response, based on different circumstances of the reported maltreatment.

How do outcomes differ between children who receive an alternative response and children who receive an investigation response? Children who received an alternative response and those who received an investigation response were compared in terms of subsequent reports and dispositions within a fixed six-month follow-up period (for reports between January and June only).

Methodology

Case-level data from the 2002 NCANDS Child File were used as the basis for the analysis. These case-level data are submitted on a voluntary basis in a common record format to the federal government by state CPS agencies. Data from six states – Kentucky, Minnesota, Missouri, New Jersey, Oklahoma, and Wyoming – including 313,838 reported children, were used to create the data set for this research. (In New Jersey, all alternative response-nonvictim reports were concerned with family problems and received a child welfare assessment, but some reports had received an investigation as well. In instances where there was an alleged maltreatment as well as a family problem such as homelessness, domestic violence, child or parent substance abuse, or parenting issues that pose a risk to the child, an investigation was conducted, but if the allegations were not substantiated, these cases were considered to be family problem cases and were reported to NCANDS with an alternative response-nonvictim disposition.) These states were chosen because case-level data, including alternative response dispositions, were provided in sufficient numbers. Because of the major differences as noted in the literature review in state policy and implementation, and the level of use of alternative response as reported to NCANDS, data from each state were each analyzed separately.

Data analyses

For each of the variables pertaining to characteristics of the reported children, reports, and maltreatments, children in each category were compared on how many received alternative response and how many received traditional investigations. For example, the percentage of boys who received an alternative response was compared with the percentage of girls who received an alternative response.

For analyses of subsequent CPS responses, comparisons were made among children who received an alternative response and those who received an investigation as their first response during the reporting period. For these analyses, only children whose first response from the CPS system of the reporting year was during the first six months of the year were included. (It is not known whether these children experienced previous reports, investigations, or alternative response in previous years, because these data were not
linked to data from previous years. The prior victimization field was not considered.) Additionally, children who received an investigation and were found to be victims were analyzed separately from children who received an investigation and were found not to be victims. These analyses included only children who received a response of some kind from CPS; those who were reported but screened out at intake were considered not to have received a response.

For analyses of CPS response trends in each state, the overall number of children in maltreatment reports was compared for each year between 1998 and 2002. These analyses examined the percentage of children who were found to be victims following an investigation, the percentage who were investigated but found not to be victims, the percentage with an alternative response, and the percentage with any other dispositions. Data from 1998 through 2000 were obtained from state submissions using the summary data component, in which data were provided in aggregate form.

**Key findings**

Some states have been implementing alternative response systems for several years, yet no large-scale, multistate, data-based research has compared children who have received alternative response with children who have received investigations. Findings from this research show that in some ways these groups are quite similar; however, some differences can be identified. The implications of these findings are discussed here.

This study compared children who were referred to alternative response systems with those referred to traditional investigations in terms of their own characteristics, the circumstances of their reported maltreatment, and their subsequent reports and dispositions.

**Overall referral trends**

States’ use of alternative response varied considerably. During 2002, referrals to alternative response ranged from 20% to 71% across these six states. Trends over five years show that states were generally increasing – or maintaining – steady levels of alternative response referrals. The differences among states most likely reflect several factors, including whether the program was in the process of being implemented, whether the program is statewide or a pilot, the criteria specified for determining to which track a case may be referred, the number of alternative tracks to which a case may be assigned, the existence and scope of a legislative framework, and the degree to which a state documents the outcomes of these alternative track assignments in their NCANDS data. In general, a review of multiyear trends suggest that states using alternative response have been either experiencing growth or steady use of the optional approach to responding to child maltreatment reports (Figure 1).

Still, the use of alternative response appears to have an impact on the numbers of both victims and nonvictims identified by these states for investigations when comparing 1998-2002 disposition data. (See page 22 “Potential policy implications of alternative response” about the applicability of victim/nonvictim terminology in the context of systems with an alternative response.) In general, the use of alternative response resulted in a decrease in the number of victims and nonvictims identified by states using alternative response. The impact of the alternative response system on states’ victim identification ranged from a 6% decrease in Minnesota, where the program was being piloted, to a 36% decrease in Kentucky. The impact of alternative response systems on the number of nonvictims identified generally was reflected by a decrease of nonvictims (ranging
from 18% in Wyoming to 57% in New Jersey); however, the rate of nonvictims in Oklahoma rose by 30%.

**Child characteristics**

This research examined whether demographic characteristics – such as age, sex, race, and ethnicity – distinguished children who were referred to alternative response from those who received traditional investigations. Similar to findings in earlier studies, older children were more likely to receive an alternative response than were younger children. These findings suggest that criteria that lead to assignment of a report for an alternative response or investigation may take into account the child’s age as a vulnerability factor. This assessment may be guided by policy directives, a formalized risk, or safety assessment, or it may reflect the decision-makers’ proclivity to opt for a more formalized response in reports involving younger children.

**Figure 1. Trends in alternative response and investigation, 1998-2002**
children. Sex, race, and ethnicity did not strongly distinguish between children who received an alternative response and those who received an investigation.

In most of the states, prior victimization was related to a decreased likelihood of alternative response. In Minnesota and Missouri, this difference was quite dramatic – none of the children with prior victimization received alternative response. In Oklahoma and Kentucky, only 7% and 16% (respectively) of the children with prior victimization received alternative response. In New Jersey only, children with prior victimization were equally likely to receive alternative response.

Source of report

The connection between a referral to alternative response and the source of the report was confirmed by this study. Alternative response more often resulted from referrals from parents, relatives, friends, schools, or the children themselves. Referrals from social workers, medical personnel, and legal or criminal justice sources were less likely to be referred to alternative response. These findings coincide in part with earlier research. English et al. (2000) found that the children and families served by alternative response in Washington were most likely to have been reported by social service professionals and educators and never by law enforcement or medical personnel. In Texas, reports from law enforcement were mandated to receive investigations (Chipley et al., 1999).

Presumably, the specific policies at the state level regarding referral to alternative response are responsible to an extent for establishing the relationship between report source and alternative response referral. However, it may also be that reports received from professional sources present a more thorough and formalized assessment of the problems that prompted the report, as well as greater knowledge about the types of reports to which the traditional CPS system may respond; thus, assignment to the investigation track may be more likely. Another study has suggested that professional reporters are more inclined to report more serious allegations of child maltreatment. Thus, the greater use of the investigation track in such cases may also be explained by severity considerations (Zellman, 1990).

Maltreatment type

The connection between maltreatment type and referral to alternative response in each state was strong, but it varied across states. For two states – Missouri and Wyoming – all children referred to alternative response had the same maltreatment characteristics; in Missouri, all were children with no reported maltreatment, and in Wyoming all had been reported for “other abuse.” In the other states – Kentucky, Minnesota, New Jersey, and Oklahoma – a portion of children with different maltreatment types were referred to alternative response (Figure 2). However, neglect/medical neglect and emotional/other maltreatment types were more highly represented among children who were referred to alternative response. In these four states, children for whom sexual abuse was the only maltreatment type had the lowest rate of referral to alternative response. With the exception of New Jersey, where some children receiving alternative response have also
received investigations, virtually none of the children who were reported to be sexually abused were referred to alternative response. These findings suggest that alternative response system implementation generally reflects the purpose of the system – to serve less serious cases that may not warrant a traditional CPS response.

**Other circumstances of the reported maltreatment**

In the states that provided data on the reported child’s living arrangement, children living at home with their families were more likely to be referred to alternative response than were children in foster care or institutional settings. In all states but Minnesota, a higher percentage of children were referred to alternative response when other children were included in the same maltreatment report than when only one child was included in the report. In Wyoming, this difference was large, suggesting that the inclusion of more than one child in a maltreatment report may be a factor for referring a child to alternative response, or that the inclusion of only one child may be a reason for conducting an investigation. Alternatively, it may be that cases involving neglect are more likely to include more children who are in need of intervention than those cases in which physical or sexual abuse is alleged. However, in Minnesota, the reverse was true: Children who were alone in the maltreatment report were more likely to be referred to alternative response. Interestingly, one contributing factor may be that in the family risk assessment of abuse and neglect used in Minnesota, having more children in a family is one of the factors contributing to a higher-risk score, resulting in a lower likelihood that they would be referred to alternative response.

In New Jersey, only the presence of family violence and caretaker substance abuse were associated with an increase in the proportion of children referred to alternative response, which is consistent with the focus of New Jersey’s alternative response system on families with these issues. In all other states in the study, the presence of family violence was not associated with an increase in the likelihood that a child would be referred to a response of a particular type. Also, children whose caretakers had a history of drug abuse had a lower rate of referral to alternative response than those children with no history of caretaker drug abuse. When only caretaker alcohol abuse was present, children were referred to alternative response at

**Figure 2.** Percentage of children referred to alternative response, by maltreatment type, 2002
approximately the same rate, or slightly lower, than those with no history of caretaker substance abuse. Generally, these findings are in keeping with the alternative response systems’ premise to serve those cases that appear to be at lower risk or present less severe allegations regarding child maltreatment.

**Reentry or re-response**

Overall findings from earlier studies suggest that child safety is not compromised when alternative response is provided rather than a traditional investigation, and that children involved in alternative response systems are less likely to experience a subsequent report or investigation (Chipley et al., 1999; English et al., 2000; Loman & Siegel, 2004a; Loman & Siegel, 2004b; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004). The findings from this research demonstrate that the rate of recurrence within six months was comparable for children who received an alternative response and those who received an investigation, or that, in the case of Oklahoma, the rate of reentry was lower (Figure 3).

If children received an investigation as their initial response from CPS, the likelihood of their receiving an alternative response was lower for a second report, but not an impossibility. Among children who were found to be victims, fewer than 5% were referred to alternative response for a subsequent report in most states; although in Missouri and New Jersey – with their high overall rate of alternative response – 9% and 11% of victims were subsequently referred to alternative response. Similarly, among nonvictims in New Jersey, 13% were subsequently referred to alternative response while in other states this rate was less than 10%.

**Figure 3.** Subsequent response within 6 months, by initial response, Oklahoma, NCANDS CY 2002
Implications

In general, these findings demonstrate that alternative response system implementation reflects its intention – to serve children and families who appear to be at lower risk or who present less severe allegations of child maltreatment. The findings are consistent with the expectation that these families’ circumstances may not warrant traditional CPS response, but can benefit from some intervention to prevent potential or future maltreatment.

These analyses of child, report, and maltreatment characteristics suggest that states are implementing their alternative response systems somewhat differently. This may be due partially to the degree and scope of implementation in each state. Other explanations may include the degree to which policies clearly specify how the response assignment is made. It is also unknown if the profile of cases referred for alternative response changes as a system matures and workers become more comfortable with employing a less adversarial approach for intervention. Still, some discretion by individual caseworkers is likely responsible for much of the variation between alternative response and investigations, as much as client and report characteristics. (See Page 44 “Differential response in child protection: Selecting a pathway” to learn more about one county’s innovative framework and structure for pathway selection.) Further, state population demographics and availability of resources may also factor in decisions made and outcomes observed. A closer examination of the types of services utilized by families assigned to alternative response, compared with families assigned for investigation, may reveal more distinctive characteristics.

Obviously, specific state-level policies regarding referral to alternative response are responsible in part for the differences across states evident in these findings. The guidelines for determining whether cases should be referred to alternative response are typically based on the severity and type of maltreatment, but may vary considerably by state. These variations may reflect not only differences in policies, but also decision-making processes for assessing cases for response assignment, system capacity, and organizational philosophy.

It appears that services of some kind are being provided to a greater proportion of families that receive an alternative response than families that receive an investigatory response. It also appears from these data that, even though children who had been previously referred to alternative response do experience subsequent reports and responses by CPS, in general, they are not at any greater risk for subsequent reports than those who received an investigation. Furthermore, they are not at any greater risk for subsequent victimization. With this knowledge, at the system level, agencies that refer children and families to the alternative response or investigation track may be confident that, if specified guidelines direct the decision, the child’s future safety is no more likely to be compromised. Other studies have shown that statistically significant reductions in recurrence involving relatively small effect sizes are found under controlled conditions or in pilots (Chipley et al., 1999; English et al., 2000; Loman & Siegel, 2004a; Loman & Siegel, 2004b; Virginia Department of Social Services, 2004; Center for Child and Family Policy, 2004). The specific findings of this study lend weight to the possibility that such reductions may indeed occur when programs are brought up to scale, since we found no evidence of major differences in effect size. (Statistical tests were not performed for this descriptive study.)

However, inconsistencies were found among states, indicating that alternative response is
not always superior. As in any system of intervention, the achievement of improvement in outcomes may be highly dependent on the fidelity of program implementation, rather than the mere presence of alternative response policy. Nevertheless, the presence of such a policy does not appear to generate additional risk of increased recurrence.

Clearly, many factors influence the processes and outcomes of alternative response systems, and it may be helpful to more closely examine the interaction between these factors. Generally, the findings from this study are broadly consistent with those found in evaluations of individual states’ alternative response systems and demonstrate that alternative response has been provided in situations in which the severity of problems is less extreme. Because the history of alternative response implementation is so short, and because in many states alternative response is still being brought to scale statewide, data from this study reflect the experience of states in an early stage of development. Continued refinement of NCANDS data and analyses regarding children and families who receive an alternative response are needed to assess the effect of system change on the nature of child protection services and outcomes.

References


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Differential Response in Child Protection: Selecting a Pathway

By Robert Sawyer MSW, LICSW; and Suzanne Lohrbach, MS, LICSW

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Each local jurisdiction in the United States with responsibility for responding to community concerns regarding the safety and well-being of children is provided statutory authority to guide the initial agency response decision. Of crucial importance is the question about whether the report of possible child maltreatment includes sufficient information to activate an investigative response by public child protection and/or local law enforcement. On a daily basis, social workers and law enforcement officers screen community concerns and decide which situations warrant an investigative response. Historically, the critical agency decision was whether to intervene. A decision to intercede in family life results in a child protection investigation guided by statute and driven by a formal forensic procedure. A differential response offers agencies other options for intervention and assessment when concerns regarding children come to their attention via the community.

A county-wide differential response in child protection practice was initiated in Olmsted County Minnesota in 1999. This initiative authorized the agency to provide a family assessment process for some accepted reports of child maltreatment. In this process, the agency is required to make a finding regarding the need for service and to set aside the requirement to make a finding of whether child maltreatment has occurred. A family assessment process replaces a traditional forensic approach for families with reports that present as low or moderate risk of child maltreatment.

Olmsted County Child & Family Services has used a formal group process to facilitate the differential response pathway selection since its inception in 1999. This article describes this promising practice approach.

Organizational context

The implementation of a differential response approach both challenges and charges the child protection agency with choices for responding to community concerns about children's safety and well-being. Agencies undertaking such changes are likely to discover inadequacies in current organizational designs when attempting to incorporate the changing practice patterns described in this article. In particular, we found that crucial decisions to accept and direct the outcome of reports of concern from the community could no longer be the sole responsibility of individuals making independent decisions. Olmsted County moved to a group decision-making process to decide whether a family assessment or an investigative response is warranted.

Specifically, we found that the statutory authority to intervene in family life when there
were accepted reports of child maltreatment was being carried out in a linear design that was unnecessarily limiting the options early in the process, beginning with intake screening through investigation and assignment for ongoing services. Despite the fact that intake and assessment activities were generally monitored and reviewed by a supervisor for compliance with statute and supported by social work practice, access to ongoing services was typically limited to families with a finding of child maltreatment. The level of risk or concern regarding possible future child maltreatment may further restrict the offer of public agency services.

The “Critical Pathways for Child Protection Services” is the organizational design in operation in Olmsted County since 1999 that provides a choice in response to community concern about a child’s safety or well-being. Olmsted County uses a team approach to review, evaluate, and direct (RED) cases accepted through intake screening for consideration as a valid report of child maltreatment requiring an agency response. (see page 62, “Integrating Domestic Violence Intervention into Child Welfare Practice”, for a description of this design.)

**Screening community reports of concern**

All reports detailing community concern about children are screened by experienced social workers. An initial decision is made by intake social workers regarding whether the presenting information meets the statutory threshold for public intervention into private family life. Reports alleging child maltreatment are brought to the RED Team for disposition. Reports of serious harm or imminent danger to a child require immediate response by agency intake or assessment social workers and are then brought to the RED Team for review.

Community concerns that are not accepted for child protection assessment may be referred to community-based services. There are public and private services available within the community that may be appropriate resources for a family interested in receiving services. Children’s mental health services, teen parent program, crisis nursery, public health services, public assistance, and a variety of adult educational and counseling options represent more formal resources available to families on a voluntary basis. The intake social worker may explore informal extended family or community resources a family can access to meet needs.

**Critical pathways in child protection**

“Critical pathways” is an umbrella term that refers to three agency response options for intervention with families when it is determined that a report of alleged child maltreatment meets the requirements for agency intervention. These include a traditional child protection response, a domestic violence-specific response and an alternative response, all of which are available under the umbrella of differential response to accepted reports of child maltreatment. A brief elaboration of each follows.

The traditional child protection response is required by legislation for all reports of child sexual abuse, licensed facility reports, and egregious and serious harm to a child. Each year approximately 38% of reports in Olmsted County receive this type of forensic child protection investigation. Reports that may result in criminal charges require that investigations be done in cooperation and coordination with law enforcement. Currently, after a traditional child protection assessment process, the agency must make a formal finding both as to whether maltreatment occurred, and whether child protective services are needed.

The domestic violence-specific response is a differential option for families when there is
a presenting report of child exposure to domestic violence. This particular response design is aligned with research on the overlap between domestic violence and child maltreatment and is explored further on page 62. This is a differential response option that provides an assessment that may result in the need for, and provision of, social services without a formal finding of child maltreatment. Approximately 90% of domestic violence-related reports accepted between 1999 and 2004 for assessment in Olmsted County were referred to the domestic violence service area for intervention. This percentage represents 21% of all child protection reports accepted for assessment or investigation in Olmsted County.

The alternative response is a differential option for families that offers a family assessment process instead of a traditional forensic investigation. A finding of maltreatment is not sought by the agency. When the family assessment identifies a need affecting the safety, stability, or well-being of the children, the family is offered assistance. Approximately 41% of all reports received regarding child maltreatment in Olmsted County are referred to the alternative response pathway each year. Alternative response and domestic violence-specific numbers combined in Olmsted County accounted for approximately 62% of families receiving child protection assessment services via a differential response between 1999 and 2004.

When a report is made concerning the well-being of a child under age five, an agency contact is initiated regardless of whether the report meets the threshold for formal acceptance. Without assignment to either traditional assessment or alternative response, the child welfare response pathway represents another option that provides the family with a social work contact to further query any desired assistance with presenting concerns/needs, and directs attention to early intervention efforts. This new response became available in 2005, and we expect to offer assistance to as many as 200 families each year.

It was the creation of choices in child protection intervention that led to the need for the development and implementation of the RED Team. It became clear that the child protective service system required a reasonably predictable and consistent way to decide which pathway to employ with which set of circumstances.

**RED Team**

The RED Team was established in Olmsted County in 1999 to provide both structure and process in review of alleged reports of child maltreatment, evaluation of the available information, and direction regarding the agency response. Figure 1 describes the distribution of accepted reports in 2004.

**RED team responsibilities and selection guidance**

The RED Team is charged with reviewing available information and answering the following questions:

1. Does the report of child maltreatment meet the statutory threshold for intervention?
2. If the report does not meet the threshold for child protection intervention, should it be
referred for child welfare and/or community services?
3. Does an accepted report require a traditional forensic child protection investigation?
4. Does the report present as exposure to domestic violence, and should it be referred for domestic violence-specific intervention?
5. Does the report present as a child concern that can be addressed through an alternative response approach?

The use of a group process for decision making is a key principle underlying the practice; it supports the view that it is an agency decision, informed by the available information. An individual social worker is not expected to carry the weight of an intervention decision alone. While we acknowledge that individual social workers may make sound decisions regarding specific family situations, the group decision-making process, as described, builds agency capacity to make more consistent and reliable decisions over time. In 2004, four reports (1%), given additional information, were re-routed from a traditional child protection investigation. Since 1999, in Olmsted County, the number of annual reports returned for an initial traditional child protection investigation has remained at or below 2%. We believe the low rate of change from family assessment to traditional investigation means the RED Team is efficient in sorting reports and selecting the appropriate response.

The Minnesota Department of Human Services and the state legislature have provided a set of requirements and guidelines to influence local agency selection concerning responses to child maltreatment (MDHS Bulletin #03-68-02). Figures 2 and 3 provide examples of possible report/pathway distribution.

**RED team membership, roles, and responsibilities**

The RED Team membership includes wide representation from within the child protection services area. It is seen as essential for social workers involved in each of the available critical pathways of child protection intake, assessment, investigation, and ongoing intervention to be included. The social workers agree to participate on the team for at least six months. The time commitment and regular membership is seen as essential to the development and establishment of group norms and culture.

This is often one of the first opportunities the agency has to begin a process of making social work practice and the work of the agency internally transparent, which we believe supports positive internal working relationships. The decision making at each
The juncture in the child protection process is subject to review by others in the agency. If intake decisions are not understood by those responsible for the assessment or investigations, tensions can exist from second guessing the intentions of others. The inclusion of social workers with different roles and responsibilities in a group process allows for norms and values to be set by supervisors and reinforced through the ongoing work of the team.

Representatives from other organizational service areas (e.g. children's mental health, adolescent behavioral health, child foster care) may be participants in the RED Team process at the request of their supervisor. The inclusion of social workers or supervisors from non-child protection service areas of the agency provides them a view of how decisions are reached. We expect that this reduces any tensions between units on how reports are received and reviewed and how decisions are made. The group process is seen as an antidote to these tensions.

Membership also includes new social workers who regularly observe the RED Team as part of their orientation to child protective services and the decision-making process that has been developed. Listening to the variability of community reports reflecting concern about child safety, stability, and well-being provides a new social worker with a forum for hearing a discussion of a wide range of concerns and worries about children. As the team collects, organizes, and analyzes the available information to make a decision on each report, the new social worker gains an appreciation for the range of concerns and responses available. In addition, the social worker gains an understanding of the agency's work and the options available through differential response. This experience is intended to illuminate the need for more than one way of approaching families and children.
The social workers assigned to intake are regular members of the team and are responsible for gathering and presenting the known information on the reports of alleged maltreatment. In addition to the information contained in the initial report, along with further inquiry when possible, the intake social worker checks an agency information system to determine whether the family has current or past involvement with the agency. The intake social worker is also able to obtain additional information from other sources such as law enforcement to gain as much information as possible in a short period of time to best inform the decision-making process. If the report concerns a family currently open for services, the ongoing social worker is contacted and asked to attend the RED Team meeting. In addition to the specifics of a child maltreatment report, the intake social worker asks the reporter for any information that identifies exceptions to the report. An understanding of known family assets or resources promotes a more balanced approach to the family. Just as we seek information regarding danger and harm, we also begin seeking signs of safety. This begins the process of assessment or investigation and sets the stage for the assessment social worker to seek the family view as part of a comprehensive assessment or investigation. Therefore, the intake social worker has the responsibility to begin the collection of information and build relationships necessary to initiate a balanced assessment of the risks to the child or children.

The RED Team is chaired by a child protection supervisor or a senior child protection social worker if a supervisor is not available. The chair is responsible for facilitating the presentation of information and for ensuring a decision is reached on the disposition of the report. The chair retains responsibility for managing the process during the work phase and for ensuring that the disposition meets legal guidelines. The chair is additionally responsible for engaging the team in a balanced presentation of information and for holding to a line of inquiry that includes family strengths and unearths exceptions, if any, to the reported maltreatment. Reports of child maltreatment typically exact a toll on those who listen to the detailed accounts of what parents or caregivers may or may not have done. Reports are often graphic, one-sided, and fraught with speculation. In addition, personal values can cloud the perspective of the listener, who often receives imbalanced information and may have heard various accounts presented with great passion. Add to that the possibility that the worker may have an as yet undeveloped individual ability to suspend judgment in certain kinds of situations or under pressure, and the case for making these critical decisions in teams is clear.

In the selection of a pathway or response to an accepted report of child maltreatment, it is critical that the agency suspend final judgment and remain open to a range of possibilities until a more comprehensive assessment can be completed with child and parent or caregiver participation. The RED Team typically has presenting information from one source and rarely has the family perspective. This requires considerable support for workers to assist them in managing great uncertainty while allowing for diverse points of view. In her work reviewing...
child mortality findings, Munro (2002) made the following comment:

“The single most important factor in minimizing error is to admit that you may be wrong.” (p. 141).

The supervisor and the social workers must forge a set of group norms that establishes a working culture in the RED Team and that is based on making critical decisions with the most comprehensive information available. This requires the team members to be determined to seek information at moments when it may seem unavailable or when parts of the information may seem at odds with other parts. "Storytelling," speculation, and rescue fantasies are common deterrents to a constructive process. When we are faced with important decisions in a context of uncertainty, we must guard against speculation about meaning, or cause and effect, pretending we can ascribe meaning to the unknown. When we are worried about the safety of children, we guard against any tendency to move into a child-saving mode fueled by rescue fantasies based on little factual information. Until there is actual contact with the children and families, we do not know what actual safety concerns require intervention. Gathering available facts regarding the alleged child abuse or neglect concerns, reaching for exceptions to those reported concerns, seeking family strengths, and suspending personal judgment are a few of the essential tasks that underwrite sound initial decision making.

**RED Team process**

The RED Team meets each workday from 8:15 a.m. until all the day’s reports have been reviewed and disposition selected for each. Typically the team’s work is completed by 9 a.m. A set meeting space is identified and available, which is an indication of the agency’s support for this activity.

The number and nature of reports to be presented and reviewed determine the RED Team meeting agenda. As in any child protection agency, the amount of known information and its reliability is highly variable at this point in the process. If the report involves a family currently receiving services, the assigned social worker or supervisor is notified so they can participate in the decision-making process.

Reports of imminent harm to children receive an immediate response by social workers and are later reviewed by the RED Team. The RED Team process does not delay or interfere with the immediate delivery of social work interventions in high-risk child maltreatment.

**The consultation framework**

A specified consultation framework (Figure 4) provides a method for organizing and analyzing incoming information regarding a report of child abuse or neglect. The chair facilitates the process of gathering and sorting the available information, reaching a clear statement of the concern(s) regarding the children. The intake social worker presents the most objective current report possible and indicates any known history of agency involvement and/or pattern of abuse. Given that the best predictor of future child maltreatment is past child maltreatment, this information is meaningful in deciding the disposition (CRC, 2004).

The information is presented on a whiteboard and sorted into categories. A preliminary genogram (diagram using symbols) is drawn on the board to identify known family members and their connection to the child(ren) of concern. The categories are structured as follows:
• **Danger/harm**: The detail of the incident(s) bringing the family to the agency’s attention and any known pattern and history of past social service involvement/child harm.

• **Complicating factors**: Conditions/behaviors that contribute to greater difficulty for the family.

• **Strengths/protective factors**: The assets, resources, and capacities within the family, individuals, and community.

• **Safety**: Any existing strengths demonstrated as protection over time and any pattern/history of exceptions to the abuse/neglect.

• **Risk statement(s)**: The preliminary articulation of the perceived risk to the child(ren) and the context in which the risk is most concerning, reflecting any statutory basis/focus on which the report is accepted for further assessment.

• **Gray area**: This space is reserved for incoming information that requires further query to understand its meaning.

• **Next steps**: Immediate actions regarding disposition.

Initial decision making is enhanced when the agency has information about family assets, resources, and capacities. It is expected that when a family is known to the agency, more of this information is likely to be available. With a new report of maltreatment, an intake social worker is challenged to ask additional questions to elicit expanded information from the reporter. The quality of information obtained from the reporter is variable. Reporters are usually prepared to provide information specific to their concern or worry about the child. Once the concern is understood, the social worker asks the reporter for any family strengths and/or
exceptions to the concerns. The initial intake effort is focused on gaining information about the alleged danger and harm, as well as any beginning appreciation of protective factors or signs of safety.

The “Next steps” represents the category that captures the decisions regarding acceptance of the report for assessment and determined pathway.

In the event that the RED Team is unable to reach a decision regarding the acceptance of a report, the supervisor may ask the intake social worker to gather more specific information and return to a subsequent RED Team meeting. This may include an intake social worker making a home visit and/or calling a family if there is a presenting concern that may be reasonably addressed through referral to a community service. If the team decision-making process falters or remains conflicted, the decision is deferred to the facilitating supervisor for initial judgment regarding acceptance and selection of a pathway.

A RED Team member copies the framework information from the whiteboard, and this summary becomes part of the agency record documenting the acceptance and pathway decisions. Further discussion of the consultation framework can be found in Lohrbach and Sawyer, 2004.

RED Team data and information

The RED Team was established by Olmsted County Child and Family Services to provide a validating and sorting function for the child protection system in implementing a differential response to reports of concern about the safety and well-being of children. It is the gate through which community reports are organized and responded to within the legal framework set by state and federal law. The purpose of the RED Team is to impose a group decision-making process into the crucial initial decisions that involve allegations of abuse or neglect and bring discipline and method to the work of the agency.

The RED Team has been in operation since 1999. Each year the agency receives 1,800 to 2,400 calls or contacts regarding concerns about children. The team annually reviews approximately 750 to 900 reports and accepts more than 90% of these for an agency child protection response. Less than 2% of these reports move from a differential response to traditional child protection due to an inability to engage the family. This low return rate affirms that the team’s decisions are sound.

Over six years, 33% to 41% of reports in Olmsted County have received a traditional child protection investigation. Approximately 50% of the 241 to 320 accepted reports each year result in a finding of child maltreatment, and as many as 120 to 160 families are opened for ongoing child protection services (Olmsted County Report, 2004). The children and families receiving services in the child protection area represent the highest risk or concern for child safety, well-being, and permanency.

In our experience, the number of children in placement outside the family home is very low in the family assessment response. The presenting concern for placement is usually related to a child in need of special care and treatment due to a serious emotional disturbance rather than a child safety concern due to maltreatment.

Summary

The RED Team is an effective strategy for
reviewing initial child protection reports, evaluating their validity, and directing these reports to an appropriate child protection assessment or investigative pathway.

The RED Team offers a structured group process that launches the beginning of a balanced assessment of a child maltreatment report by a parent or other caregiver. The process signals the agency belief that this decision is important and requires the consistent allocation of resources to facilitate the best decision possible. The process further establishes that the decision to intervene in family life is an agency decision, informed by the work of the social workers who are the agents of the organization. The RED Team reflects a well-developed group decision approach that can be expected to yield better decisions than an individual, and that a structured group process that requires greater inclusion of strengths/capacities alongside risk/harm produces a more informed decision.

Acknowledgments

The RED Team has developed and constructively evolved over time due to the commitment and experience of numerous social workers and child protection supervisors at Olmsted County Child and Family Services. Julie Saugen and Pat Scott, child protection supervisors, were instrumental in the implementation of the RED Team. The authors further acknowledge the review and contributions specific to the writing of this article. Thank you to Linda Billman, Mary Fay, Tom Olson, Kory Schmitt, Julie Saugen, and Robyn Wood. A special thank you to Dr. Gale Burford, University of Vermont, for his insights, observations, and support.

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By Carole Johnson, MSW; Erin Sullivan Sutton, JD; and David M. Thompson, MSW

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In February 2004, Minnesota’s Alternative Response Program successfully completed the transition from a large-scale pilot that began in late 2000 to a statewide program. In Minnesota, where child welfare services are administered by counties and supervised by the state, alternative response is available as a child protection response in all 87 counties and applied to more than 47% of all accepted reports. This was a major milestone in Minnesota’s decade-long effort to improve the effectiveness of its child welfare system.

Alternative response is a strength-based and community-focused approach to responding to child maltreatment reports that seeks to collaboratively engage families in keeping their children safe. With the development and implementation of the Alternative Response Program, Minnesota has created a more flexible child protection response system tailored to families’ needs. Reports alleging substantial child endangerment – sexual abuse, severe neglect, and physical abuse – receive a traditional investigation, including a determination about the occurrence of maltreatment and the need for protective services. Neglect and abuse reports that don’t allege substantial child endangerment may receive a family assessment through alternative response. Counties conduct an additional screening beyond the statutory exclusions for risk factors such as past substantial endangerment reports, flight risk, or risk of violence in selecting reports appropriate for a family assessment.

Under alternative response, the traditional investigative activities of evidence gathering and determining whether child maltreatment occurred are replaced with a family assessment. The use of authority and the threat of sanctions are applied sparingly in the family assessment response, and only when necessary to ensure child safety. Safety is sought through the positive engagement of family members, and in the family assessment, families and social workers collaborate to identify child safety barriers, child maltreatment risks, and family strengths and needs for the case plans. Both the investigative and family assessment responses use structured decision-making tools to help the assessment process. In alternative response, however, areas of concern are often further assessed and addressed in service planning.

Alternative response social workers are trained in the Family Unity Model of family group decision making. While this process is not offered to all families, workers are encouraged to use the Family Unity Model within the context of case planning. If implemented, extended family members are involved in formalized case planning. Traditionally, under Family Unity, social
workers plan with the family, so it is best not to categorize it as a family plan. Unless it would compromise child safety, social workers are directed to honor the plan developed. Even if extended family members are not involved in formalized case planning, social workers are directed to help parents develop goals and plans that reflect the family’s “best thinking” about what they want to occur.

Contrary to the established practice in child protection, under alternative response, services are offered to families based on a wider set of family needs than those directly associated with the reported maltreatment. Services often respond to deficits in basic needs or threats to family stability rather than being solely driven by the severity of the maltreatment or the risk of recurrence. The programmatic belief and intent, based on preliminary evidence, is that attention to family stability and well-being will improve children’s safety and well-being. The development of a family assessment response creates a public policy environment where early intervention efforts are afforded substantial priority along with crisis and emergency responses.

Results documented by a four-year field study conducted by the Institute of Applied Research demonstrate lower child maltreatment re-reporting rates than a matched control group, as well as greater client satisfaction and improvements in child and family well-being (Loman and Siegel, 2004). (See page 78 for a detailed analysis of this research or visit the evaluator’s website at www.iarstl.org)

**Rationale for child welfare reform**

Child welfare reform in Minnesota has been driven by concern over the increasing number of child maltreatment reports, the impact of poverty on the incidence of child maltreatment, the disproportionate representation of families of color in the child protection system, and the limited focus on prevention (MN Child Welfare Report for 2003). Much like the national data profile, approximately 60% of all child maltreatment reports in Minnesota allege neglect (NCANDS, 2003). Many of these families experience chronic financial difficulties and are willing to participate in and respond favorably to services and the application of resources (Loman and Siegel, 2004).

This finding is especially significant for families of color that have disproportionately high poverty rates and involvement in the child protection system, most often for issues of neglect.

Most child protection investigations do not result in a substantiation of child maltreatment (NCANDS, 2003) or in the filing of juvenile court petitions. It is under these limited situations that a forensic investigation offers the most value. When criminal charges or the use of juvenile court are not anticipated, resources normally devoted to the investigative process may be used instead to deliver services to families. The community is better served by a child protection system that can respond flexibly to the conditions presented and employ resources where they have the greatest potential benefit (Loman and Siegel, 2004).

**Early reform efforts**

Minnesota began its child welfare reform efforts more than 10 years ago with a number of county-based pilots that tested the efficacy of prevention and early intervention with families at risk for child maltreatment. The McKnight Foundation, a Minnesota philanthropic organization committed to improving the lives of families, funded two such programs that served Hennepin County (Minneapolis) and Ramsey County (St. Paul), the two most heavily populated counties in Minnesota.
Family Options, in Hennepin County, focused on families assessed for child maltreatment but not typically offered post-assessment services. The Family Support Project, in Ramsey County, served families at risk for but with no report of child maltreatment. The service orientation for both programs leveraged the families' wisdom, knowledge, and expertise to identify and employ the resources they needed to keep their children safe and the families well functioning. Implementing social workers were trained to use the Family Unity Model to engage families in case planning. Both programs had success in moderating the severity of maltreatment in subsequent reports, enjoyed high client satisfaction ratings, demonstrated improvement in family well-being indicators, and found lower out-of-home placement costs over time (Owen, Fercello, 1998 & 1999).

During the mid-1990s, the Minnesota Department of Human Services (DHS), in response to the potential for federal block grants and increased flexibility in funding, began looking for opportunities for system reform. Stakeholder input was obtained through statewide public meetings. The system was frequently criticized as being too intrusive in some situations and unresponsive in others. It was apparent that, in focusing on finding child maltreatment, the child protection system often missed the opportunity to support families in a productive way.

The DHS reviewed reform efforts in other states such as Washington, Florida, and Missouri, where programs were being developed that differentiated the response to families based on presenting factors. It was recognized that most families reported to the child protection system were poor, and most reports alleged neglect. These families could be better served through a family assessment and the provision of support services.

In 1996, the DHS encouraged child welfare reform by funding innovative programs and allowing counties waivers for some provisions of the Reporting of Maltreatment to Minors Act, which let counties implement new ways of helping families. Under that initiative, 10 counties received funds for two years to pilot changes in their child protection programs. As one of the selected pilots, Olmsted County (Rochester, Minnesota) began applying a differential response to reports of child maltreatment. Lower-risk families received a non-adversarial family assessment, while reports of substantial child endangerment continued to be approached with a forensic investigation. See page 70 for a description of Olmsted County's family assessment response.

**Developing legislative commitment**

In 1998, a delegation of legislators, state and county officials, and advocates went to St. Louis, Missouri, to learn about their implementation of a dual-track child protection response system and community-based child protection units. The Missouri delegation of agency officials and community advocates indicated significant positive changes in their system as a result of their reforms, including: children were kept safe, families responded favorably and began to trust the system, and child protection workers liked the change in their work.

In 1999, the Minnesota legislature specifically authorized the use of an alternative response to reports of child maltreatment that did not allege substantial child endangerment. The DHS was directed to create guidelines for the implementation of alternative response and evaluate the outcomes for families under this approach.

**Piloting alternative response**

Through a grant from the McKnight...
Foundation, combined with available federal, state, and county funding, Minnesota launched a large-scale pilot program of alternative response. Twenty counties, representing 70% of the state’s child maltreatment reports, applied and were approved to participate based on proposals they submitted to the DHS. Participating counties agreed to implement the alternative response assessment and service protocol, attend training related to the project, and cooperate with evaluation efforts. DHS, community stakeholders, and county partners created assessment and service guidelines to be used in alternative response (Minnesota DHS Bulletin #00-68-4, 2000).

Under the pilot programs, counties received grants to serve an expanded number of families using an early intervention service model. In the past, most families with minor allegations or low to moderate risk of subsequent child maltreatment were not offered services. Pilot counties were directed to serve these families if identified needs threatened the family’s stability or child’s well-being. Families were provided a holistic assessment, offered services to address family needs, and engaged collaboratively in the development and implementation of service plans. Pilot counties were directed to use 25% of the grant funding to attend to the families’ basic needs. The remaining funds could be used for case management services, counseling, education, therapy, or treatment for substance abuse or domestic violence. Social workers were instructed to help families access existing funding sources before using grant funds.

The Minnesota DHS provided on-site technical assistance, community presentations, and specific project-related training during alternative response implementation. To include the parent perspective, the training plan was informed by an alternative response parent advisory group, which advised, coordinated, and also provided training. Beyond formal training events, grant county/tribal/agency staff, DHS staff, and the project evaluators convened annually for research updates.

The training was to ensure the development of basic knowledge, skills, and abilities necessary for social workers and community agency staff to provide strength-based, family-oriented assessments and services to families. The training plan had multiple phases. In the early phase, the project was designed to establish the skills necessary for social workers to provide family assessments and work collaboratively with families. In a subsequent phase, the training plan focused on specific strength-based interventions throughout the duration of the four-year project. At the conclusion of the four-year project, the following nine training topics were incorporated into the Minnesota Child Welfare Training System (MCWTS) and are available to alternative response county, tribal, and affiliated community agency provider staff to sustain the child welfare reform through ongoing education and training.

1. Alternative Response Foundation Training
2. Solution-Oriented Therapy
3. Framework for Understanding the Culture of Poverty
4. Parent/Child Attachment Past and Present
5. Ethnographic Interviewing
6. Family Unity/Family Group Decision Making Orientation
7. Collaborative Negotiation
8. Responding to Domestic Violence
9. How Our Potential Explodes

Counties assume program ownership and practice development

One of the surprises of the pilot was the ownership taken by alternative response social workers. Independent of the formal pilot requirements, social workers from implementing counties began meeting to discuss practice issues. They shared information about the best way to engage families, additional assessment tools being used, and services and resources that best matched family needs. Later, supervisors joined the meetings and administrative issues were discussed as well. With the growth of alternative response statewide, counties now hold quarterly regional meetings, with participants rotating host responsibilities.

What families say

A sample (1,184 in first survey, 678 in second survey, and 413 in third survey) of experimental (alternative response) and control group (investigative response) families were surveyed post-intervention on a continuing basis about their experience with the child protection agency. Experimental families receiving a family assessment were more likely than the control group families to identify positive feelings about their experience. They were more satisfied and engaged and perceived themselves as being better off because of the agency’s involvement. When asked about their experience, families were more likely to say things such as “My worker listened to me, was respectful of us, and was there to help” (Loman and Siegel, 2004).

What social workers say

Alternative response social workers were surveyed in 2001 and again in 2004 about their impressions concerning the intervention and the response of families. Social workers felt the intervention model allowed them to engage more positively with families and respond more flexibly to their needs. When asked about their experience, social workers were more likely to identify families as cooperative and responsive and successful (Loman and Siegel, 2004). There is a remarkable congruence between the families’ perceptions and those of their social workers.

Statewide implementation

The immediate success of alternative response and pilot county advocacy resulted in many new counties volunteering to begin implementation without additional financial aid. These counties were provided technical assistance and training but did not receive grant funding to expand services. Figure 1 illustrates the growth in implementation of alternative response since the start of the pilot project in 2000.

Beginning in 2004, the DHS provided all implementing counties modest service grants to support the early provision of services to alternative response families. Based on the strength of the evaluation findings provided by the Institute of Applied Research, the DHS proposed statutory changes governing child protection that institutionalize the dual-track response in law. This proposal was considered and passed by the Minnesota state legislature in the 2005 legislative session.

Developing a prevention track

The next step for Minnesota is the development of a third response track that serve families of preschool-aged children who were reported but screened out for a child maltreatment response. Approximately 35% of
screened-out reports in Minnesota involve preschool-age children. Young children are very vulnerable to the harm caused by inadequate parenting, nutrition, supervision, and health care. Under this Parent Support Outreach Program, county child welfare agencies contact families and offer to connect them with community services to help them address barriers to family well-being and child safety.

With the assistance of The McKnight Foundation, the Minnesota DHS provides counties with grants, training, and technical assistance to support implementation of the Parent Support Outreach Program by county child welfare staff and community providers. Lessons learned from alternative response are being applied in this pilot, including early identification and collaborative engagement of at-risk families, and the provision of services responsive to a wide set of family needs. As with the development of alternative response, the Parent Support Outreach Program involves an ongoing evaluation to help identify successful practices and related outcomes for families.

Conclusion

As a result of the long-term public/private partnership between the Minnesota DHS and the McKnight Foundation, and a willingness of county child protection agencies to implement new approaches to serving at-risk families, Minnesota has developed a child maltreatment response system that is more flexible, cost-effective, and collaborative and that supports the early provision of services. Most important, the reform has improved the safety and well-being of children by constructively engaging and supporting their parents and families.

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In the past decade, there has been an increasing interest within the child welfare field to initiate reforms in child protection services (Waldfogel, 1998; Schene, 1998). The National Study of Child Protective Services Systems and Reform Efforts Literature Review (USDHHSACF, 2003) identifies new approaches and initiatives in child protection in 39 states. The review further identifies 10 states that are developing or implementing a differential or alternative response to the investigation of child maltreatment reports in the child protection system.

A differential response to the assessment of accepted child maltreatment reports has been studied in Florida, Missouri, Western Australia, and Minnesota (Siegel & Loman, 1998, 2004; Parton, 1999). The service strategies employed in these child protection systems offer a flexible response to how selected child maltreatment reports will be assessed. The alternative strategy is usually focused on those presenting concerns that appear to represent low or moderate risk of repeat maltreatment to the child. Generally, a family assessment option replaces a forensic child-focused incident-based investigation. Further, the requirement to determine a specific finding of abuse or neglect is waived in many states, including Minnesota. Initial efforts are centered on engaging the family in an assessment process that identifies family needs and strengths and facilitates the family’s access to services to resolve issues that negatively affect their ability to care for their children.

Olmsted County context

Olmsted County is located in southeastern Minnesota and has a population of approximately 133,000. Rochester, a progressive technology community, is the major city in the county with a population of approximately 90,000. Home of the Mayo Clinic, an international medical facility, the county and city are experiencing rapid growth and increasing diversity. People of color are an estimated 14% of the population, and local schools report 24% of elementary students are children of color. Kids Count Minnesota reports the poverty rate is below 10%, and the unemployment rate is typically below 3%. The Olmsted County United Way observes that the service level economy is challenged by the absence of affordable housing required to retain personnel. Minnesota is a state-supervised/county-administered social service system, and Olmsted County Child & Family Services is the public child protection agency. Minnesota allows for significant local control in the development and implementation of social services for its respective 87 counties and 11 tribal communities.
Differential response

A countywide differential child protection response was established in Olmsted County in January 1999. The public child welfare agency initiated a reorganization of child protective services to provide a choice in agency response to accepted reports of child maltreatment. Prior to differential response, the agency had one way of approaching families and one set of procedures established through a combination of law, rule, and local practice. There appeared to be an increasing concern by the legislature, the Minnesota State Department of Human Services, and county child welfare agencies that the traditional child protection investigative response to issues of neglect was too intrusive and that a family assessment approach piloted in Missouri could be safely used with families at low or moderate risk of maltreatment.

Prior to differential response, Minnesota statute required two determinations for all accepted reports of child maltreatment. One is the determination of whether maltreatment occurred and the other is the determination of service need. The traditional child protection investigation represents a forensic process focused on substantiation of child maltreatment along with assessment of service need. The finding of such an investigation leads to a formal classification that is maintained for up to 10 years. There is a general tendency to delay non-emergency services until a finding has been made and a decision to provide ongoing services is reached by the agency.

Differential response replaces the traditional investigation and need for determination of maltreatment with a family assessment. The assessment process involves the use of statutory authority in a less intrusive manner. Sexual abuse and facility and daycare licensing reports, along with some criminal cases, are currently excluded from a differential response. The initial assessment process is built around contacts with the family, engaging them in the identification of strengths and challenges that may affect the safety and well-being of their children. In the original design, the social worker involved with the family assessment process remains with the family in the provision of ongoing services. The focus of the intervention becomes the identification of family needs and development of a constructive, working relationship with the family in the negotiation of a service plan based on child safety and well-being.

The differential response for families in which child exposure to domestic violence is a presenting concern requires a modified intervention strategy to ensure that the mother and child are safe. The family assessment process in differential response

Figure 1. Guiding principles for child protection involvement in cases with domestic violence

1. The protection of children is the highest priority.
2. Children’s safety and well-being can be enhanced by increasing their mothers’ safety.
3. Children’s safety is increased by supporting the autonomy of the adult harmed.
4. The person responsible for the harm, not the person harmed, is held accountable for the abusive behavior.
5. Child protection has a responsibility to provide direct services and referral to education and/or treatment services for abusive adult partners.
6. Child protection will promote a comprehensive, coordinated community response to address family violence and alleviate its consequences.
generally supports meeting with the entire family together. This approach is viewed as potentially dangerous for victims of interpersonal family violence as it may threaten the person responsible for the violence. To maintain a position of power, a person responsible for the harm may increase the threat of further harm if threatened by external intervention. The initial intervention requires the social worker to contact the adult victim of harm and to arrange a meeting where an interview can be held. Generally, the child’s mother is contacted and interviewed separately. Engaging the person harmed and developing a safety plan with them and the children is often the first task. The variation in approach is driven by an appreciation of the dynamics of domestic violence.

Child exposure to domestic violence – Why child protection?
In 1998, the Minnesota legislature modified the child maltreatment-reporting law to include or clarify that child exposure to adult domestic violence was a valid report of child maltreatment. While this legislation was later repealed, the public county child protection agencies continue to have the option to address reports of child exposure to domestic violence under the current statute addressing child neglect. A more complete analysis of this state struggle can be found in Edleson, Gassman-Pines, and Hill (2004).

Abuse often occurs against both the woman and children in the same family. There is a reported 40% to 60% overlap between intimate adult partner abuse and child maltreatment (Edleson, 1999), thus bringing child exposure to domestic violence into view as a valid child protection concern. Strauss and Gelles (1990) report that, in a survey of over 8,000 families, half of the men who acknowledged assaulting their female intimate partners also abused their children. Schechter and Edleson (1994) note that the majority of mothers who leave a domestic violence perpetrator do so out of concern for their children. Domestic violence was found in 41% of the families experiencing critical injuries or deaths due to child abuse and neglect (Oregon DHS, 1993). Of 67 child fatalities in the state of Massachusetts in 1992, 43% occurred in families where the mother identified herself as a victim of domestic violence (Felix & McCarthy, 1993).

There is a growing body of research that validates that witnessing violence may put children at risk. Compared to children who have not witnessed violence, children who have are more likely to exhibit increased anxiety, aggression, depression, and temperament problems (Christopherpoulos, et al., 1987; Holden & Ritchie, 1991; Hughes, 1988; Westra & Martin, 1981). Children may demonstrate less empathy and lower self-esteem (Hinchey & Gavelek, 1982; Hughes, 1988). Research supports the theory that children from violent families are more likely to carry violent and violence-tolerant roles to their adult intimate relationships (Cappell & Heiner, 1990; Rosenbaum & O’Leary, 1981; Windom, 1989). Edleson (2001) notes there are many questions remaining about the conditions under which negative outcomes occur for children, and not all children exposed to domestic violence suffer long-term negative effects. However, there does appear to be a

**Compared to children who have not witnessed violence, children who have are more likely to exhibit increased anxiety, aggression, depression, and temperament problems.**
sufficient base of concern for children that supports public intervention to reduce the impact of children’s exposure to domestic violence. Responsible practice recognizes the importance of careful assessment of children’s needs, inclusive of strengths and protective factors.

**Domestic violence and differential response: Avoiding revictimization**

The differential response option in child protection allows the public child welfare agency to approach adult victims from a perspective that is less inclined to hold them accountable for harm done through the violence of another. The forensic approach in traditional child protection investigation has established an expectation that when neglect or abuse of a child occurs, a person or persons is identified as responsible. Child protection may hold the adult victim responsible for the violence or the results of the violence. The “failure to protect the child” becomes the base of a finding of maltreatment and the legal base for court action. The adult victim of domestic violence can become a victim of the child protection process when the child protection agency fails to address the role and behavior of the adult who is causing harm. In Olmsted County each year, women represent more than 95% of the adults harmed in domestic violence cases referred to child protection (Olmsted County Child & Family Services, 2003).

Revictimization can be prevented through the waiver of the determination of maltreatment that a differential response offers, along with practice expectations that the intervention be focused on the person responsible for the harm and support the safety planning of those being harmed.

**Responding to the overlap between domestic violence and child maltreatment**

In Minnesota the primary purpose of public child protection services is to respond to reports of child maltreatment and to intervene to prevent recurrence of neglect and abuse. As prioritized in the Adoption and Safe Families Act (1997), child safety is the focus of child protection intervention. In the response to the domestic violence and child maltreatment overlap, the emphasis on child safety is embedded in the larger context that includes the parent or caretaker and the nature of the relationship between the adults.

The broader view incorporates two complimentary priorities that in combination define the aim of agency activity. First is the recognition that the safety of the child is best achieved through the safety of the mother. Child protection intervention is targeted toward work with the mother to assist her in building safety plans for herself and her children. Respect for the autonomy of the mother and seeking her view on how best to build safety can support her assertion to reclaim control of her life. The paternalism reflected in the general practice of compelling her to leave her partner or her children may be taken away is a bankrupt approach that promotes naive optimism about child safety. A mother may judge that it is safer for herself and her children to remain with a partner than to leave. An initial report of child safety because the person doing the harm has
left may result in child protection closing its involvement; this is often premature as our experience indicates that adults often reconnect. In Olmsted County, 50% of the couples receiving services due to child exposure to domestic violence remain together. When adults separate and no longer reside together, child protection may close its involvement with the family, as the source of possible harm has moved on. However, the adults may reunite without benefit of any safety planning after child protection closes.

Specialized approaches are used in situations where it has been determined that both caretakers are involved in the physical, sexual, and/or emotional maltreatment of their children. These interventions require inclusion of a broader family system and community response.

The second priority established requires child protection efforts to collaborate in coordinating the system of investigation, justice, and available services. Child protective services can enhance the safety and well-being of abused women and children through partnerships that build on common ground. Through building a culture of social inclusion, child protection agencies can adopt a learning posture in developing and implementing collaborative practice with extended family systems and other professional groups responding to domestic violence. An effective community response to the overlap between domestic violence and child maltreatment requires a coordinated effort including law enforcement, child protection, the court system, adult probation, women’s advocacy services, men’s domestic violence treatment programs, and supportive community services. The importance of a collaborative community response is explored in the publication 'Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice' provided by the National Council of Juvenile and Family Court Judges (Schechter & Edleson, 1999).

The three established priorities (child safety, child safety through mother safety, and a coordinated system of investigation, justice, and services) provide sufficient common ground to establish interagency forums within the larger community. Three such interagency forums operate in Olmsted County. The Intervention Project for Domestic Assault (IPDA), developed out of the state department of corrections and administered under the umbrella of the local battered women’s shelter, serves to coordinate law enforcement and court activity specific to domestic violence. The Domestic Violence Consortium includes representation from child welfare, adult probation, the women’s shelter, and community service providers to coordinate support and treatment services. The Family Violence Council’s membership widens the circle of stakeholders in the community response to domestic violence by including representation from former service users, schools, churches, medical facilities, and others.

Collaborative practice in Olmsted County is reflected most evidently at the service delivery or practice level. Direct service staff from the various disciplines regularly coordinate their efforts to promote safety planning that is practical and realistic.
facilitates access to supports and services and strives to hold the person responsible for the harm accountable. Fragmentation of service provision increases the risk of harm while collaboration among professionals promotes safety for children (DSMO, 1995).

Holding the person responsible for the harm, not the person harmed, accountable for the abusive behavior shifts the focus of intervention to the source of the danger and harm. This principle supports practice strategies that require child protection to work with law enforcement, the courts, and adult probation services. Helping a woman file an order for protection limiting further contact provides a beginning effort to engage the court in providing safety. Collaborating with law enforcement to promote a positive response to a call to activate an order for protection places the child protection focus at the source of the challenge to child safety. When considering access to the leverage of the court through child protection, this principle is reflected in the practice of filing petitions based on concerns regarding a dangerous environment caused by the person doing the harm. Further, coordinating safety and intervention planning with adult court services often provides increased opportunity for addressing the behavior of the person doing the harm.

Target population
Intimate family violence includes a broad range of relationships affected by the consequences of that violence. Child protection intervention involves a focus on a subset of the larger national concern. The following identifies the target populations served in domestic violence child protection efforts:

1. Children and adolescents at risk of child abuse or neglect when domestic violence is reported or there is a risk of repeated domestic violence.

2. The adult victim of domestic violence who is the primary source of care and support for a child or adolescent.

3. The abusive partner who remains a risk to the safety of the children and/or the adult caretaker of the children.

Child protection pathways
The organizational structure of child protective services can facilitate selection of the pathway for responding to reports of child maltreatment when differential response options are available. Olmsted County uses a team approach to review, evaluate, and direct (RED) cases accepted through intake screening for consideration as a valid report of child maltreatment requiring an agency response (see page 46-52). The RED Team meets daily to review presenting information to determine if a report meets the threshold for child protection for a child in need of services, or if more information is necessary to guide further agency activity. A traditional response is a forensic child protection investigation that is taped and may result in a finding of child maltreatment and/or a finding of a need for services. The investigation may be conducted with law enforcement if there is a potential for legal charges due to maltreatment.

Alternative response offers a family assessment due to presenting concerns, and this can lead to a finding of a need for services. Family members are approached as a unit and engaged in a process that leads to a family-centered plan of intervention. There is no formal finding of child maltreatment required.

The domestic violence response requires separate assessment and planning with the adult who was harmed and the children. Specific safety planning is developed to reduce further risk of harm between adults in the home. Further, domestic violence-specific
interventions, such as a men’s treatment group, men’s restorative parenting group, and women’s and children’s support group may be used to support individual family members. There is no requirement for a formal finding of child maltreatment. Social workers receive specialized training and consultation in intimate family violence.

Once accepted for child protection, the family may be referred for a traditional assessment, a family assessment, or a differential response specific to the considerations of assessment in domestic violence. Figure 2 provides a pictorial representation of the organizational structure.

The use of a team in pathway selection has been an effective innovation that brings together social workers representing each pathway, along with intake staff to manage the selection and flow of cases. Since 1999, less than 2% of cases per year are redirected to a different pathway after the initial case assignment (Olmsted County Child & Family Service Report, 2003).

The reports referred to the domestic violence-specific pathway are those that present with known intimate partner violence with children present in the environment. When domestic violence concerns emerge in traditional or family assessment cases, social workers may use consultation from the domestic violence response team (DVRT). The DVRT is a team of social workers trained in domestic violence intervention and child protection intervention who respond to reports of children exposed to intimate family violence. The DVRT is described in greater detail later in this article. All child protection

Figure 2. Olmsted County Critical Pathways

Olmsted County Child & Family Services “Critical Pathways” for Child Protection Services

- Screen Intake
- Initial Services
- Brief Services
- Red Team
- Traditional
- Differential Response
- Community Services
- Family Collaborative
- Child Mental Health
- Crisis Nursery
- Baby Steps
- Adolescent Services
- Law Enforcement
- County Attorney
- Court
- Court Improvement Project
- FGIDM
- MFIP/MA
- Probation
social workers, supervisors, and internal resource personnel have annual training on the dynamics of domestic violence to build agency-wide capacity in responding to the challenges presented in working with intimate partner violence.

Child exposure to domestic violence: The initial engagement

The acceptance of exposure to domestic violence as a valid report of child maltreatment requiring public agency intervention requires a modification in the differential response approach to ensure safety for the adult at risk of harm. The mother’s safety may be jeopardized if the family assessment process requires the social worker to engage the partners in conjoint interviews. During the child protection assessment phase, intervention-induced risk may arise with a conjoint meeting, where the male partner may be threatened by the process or concerned about his loss of control. Special consideration and care is given to impact interviews with the mother prior to any such meeting so adequate safety can be planned.

The adult victim should be interviewed separately in a setting that provides the opportunity for information disclosure without undue fear of being overheard. Where possible, interviews in a location chosen by the person harmed may reduce exposure to later pressure from her partner to share information. During the assessment phase, child protection social workers aim to engage the mother in a constructive assessment of her perception of safety for herself and her children. The child protection agency generally does not have sufficient information or knowledge of the violence in the home to contradict the mother’s views. Respecting and supporting her autonomy and right to make decisions is an important first step in engaging her in a working relationship.

Child protective services’ initial engagement with the person responsible for the harm may be most effectively built on the concerns raised by the children’s exposure to such violence. The focus of the intervention is building safety from the risk and/or recurrence of physical and/or emotional harm suffered by the children in the context of the violent behavior toward their mother. Typically, crisis behavioral control plans are developed at the outset.

Engagement with the children involved is guided by the agency’s responsibility to observe and talk with the children, along with the mother’s counsel on the negative impact this may have. A crisis safety plan is developed with the mother in an effort to prevent further harm. Safety plans for the children are developed with the mother, and children are often included. Individual safety plans for children are also crafted, with careful consideration given to informing those named in the plans that they are part of the plans. If a neighbor’s home is an identified place for the child to seek safety, it is critical that the neighbor is aware of the plan and responsibility.

According to data in Olmsted County, approximately 50% of the families served by DVRT remain within their original membership, with the adults expecting to continue in one household. In Olmsted County it is often not clear which couples will eventually choose to separate permanently. During the assessment phase, child protection social workers aim to engage the mother in a constructive assessment of her perception of safety for herself and her children.
Child Welfare and Domestic Violence Decision Points

There are at least seven significant decision points in the case management process in child welfare that facilitate a focus on safety.

1. **Screening**: Social workers are expected to talk with women (more than 95% of the adults harmed are women) about domestic violence and their possible victimization within the family home as part of the initial assessment process for services. The questions are also raised intermittently throughout the helping process. Identification of domestic violence in the intake or initial agency screening may influence a decision to accept a report of alleged child maltreatment.

2. **Safety assessment**: A safety tool is used after the first contact with a child to further inform a decision regarding child safety. Whether the child is safe, conditionally safe, or unsafe contributes to the decision making regarding the risk of harm and a child remaining at home, going with relatives/friends, or being placed outside the family system. When domestic violence is disclosed or reported, the safety assessment process continues by engaging the mother in development of a crisis safety plan for her and the children. To date, 96.5% of children in child exposure cases served through the Domestic Violence Response Pathway remain within their family systems with operational safety plans. English, Edleson, and Herrick (2004) noted similar findings in a recent study in Washington.

3. **Risk assessment**: The risk of recurrence of child maltreatment is identified through a structured decision-making process that generates a low, moderate, high, or intense risk level rating (CRC, 1999). The risk level provides a mechanism for determining response times and allocation of resources. In situations where domestic violence is known or suspected to be present, the child risk assessment is supplemented with the Campbell Danger Assessment tool (Campbell, 1995). The adult who has been harmed is asked to respond to specific items on a checklist and complete a calendar dating violent events in the past 12 months. The Domestic Violence Inventory is used when possible with the person responsible for the harm. An effort to obtain a Domestic Violence Inventory without court/probation involvement is highly variable.

4. **Family needs and strengths**: This tool is completed by the social worker in consultation with the family before development of a case plan. It represents the early identification of family needs and strengths and provides case-planning focus. In Olmsted County, 44% of families entering the child protection system receive ongoing social work services (Olmsted County Child & Family Services, 2003).

5. **Statutory intervention**: Children’s safety is enhanced when the social worker and family develop a constructive working relationship based on mutual understanding and agreement regarding the goals (Turnell, 1998; 1995; DSRU, 1995). In situations where social workers are unable to effectively engage family members in a process that supports safety, court leverage may be necessary. Less than 10% of Olmsted County cases served by the DVRT are under traditional child protection services, and less than 1% are under court order. However, 29% of the women have an order for protection, and 44% of the abusive men may be under supervision by adult probation (Olmsted County Child & Family Services, 2003). The court’s leverage is best focused on holding the person responsible for the harm accountable.

6. **Case plan**: The development and implementation of the case plan specifies the work to be done for child/mother safety and victimizer accountability and rehabilitation. Women and children may need support services within the community. Abusive adult partners may need more intensive education, treatment, and support if they are to remain together without recurring violence. The case plan must be reviewed on a regular basis to ensure that it remains focused on building safety to risk and context.

7. **Closure**: A decision to close agency involvement is best achieved when there is consensus among the social worker, family members, and relevant involved others that risk is reduced sufficiently to prevent recurrence of harm. A less than satisfactory closure is common when there is no working relationship between the agency and the family and insufficient information to support court intervention. In Olmsted County, a decision to close is monitored through a group consultation process. Social workers preparing to close a child protection case present the case for closure to a group of social workers facilitated by a supervisor. The group reviews the initial risk, efforts to assist the family in resolving challenges, and current information regarding child safety and risk of maltreatment recurrence. The supervisor can approve the case for closure, ask for further information, and/or request additional interventions.
Domestic violence child protection response: Logic model

The domestic violence response logic model increases the visibility of intimate partner violence and the impact on children as a community concern by providing a pictorial representation. The development and implementation of a new venture in child welfare is enhanced through construction of a logic model to capture the purpose, design, and aims. Figure 3 provides an overview.

Olmsted County Domestic Violence Response Team

The DVRT represents a public/private partnership between Family Service Rochester and Olmsted County Child & Family Services. Family Service Rochester is a non-governmental agency providing a variety of social services, including a long history of work with domestic violence. Olmsted County Child & Family Services is the public child welfare agency with statutory responsibility for responding to reports of child maltreatment. This collaborative project, initiated in 1999, is based on a belief that both child maltreatment and intimate partner abuse are communitywide concerns that require a broader community response.

The DVRT has eight child protection social worker members who are co-located within the county social service main office building. The team members can access intake information, case consultation, financial services workers, and purchased services for family members, along with various practical services including transportation, food vouchers, and basic household supplies. The social workers additionally provide consultation and assistance to other child welfare staff working with families where domestic violence is present. Team members are representatives on various inter- and intra-agency work groups, where there is an

Figure 3. Olmsted County Community Services Child and Family Services

![Logic Model Diagram]

Domestic Violence Response

Theory of Change
We believe the safety of the child is best assured through enhancing the safety of the adult victim. To protect children, we will join with the adult victim in safety planning, and hold the abusive adult partner accountable. Safety and well-being of children will result with the provision of direct services, referral to education and/or treatment services for abusive adult partners, and through a coordinated community response.

TARGET POPULATION
Children who witness domestic violence, their primary caregivers who are victims of domestic violence, and the abusive partners. Referrals come from Law Enforcement and Social Services.

Inputs
- 3.0 FTE Olmsted County Social Workers
- 5.0 FTE Family Service Rochester Social Worker

Activities
- Assessment of safety for children and adult victims
- Development of safety plans for children, adult victims, and abusive partners
- Information and referral to appropriate educational or treatment support
- Ongoing case management/home visits
- Partner with law enforcement, community corrections, women’s advocacy organizations, and other formal organizations addressing domestic violence in the community

Outputs
- # of families participating in assessment and ongoing services
- Children’s and Women’s Groups
- Educational/Treatment Groups for perpetrators
- Family Violence Council
- IPDA

Intermediate Outcomes
- Families will have a network of support in the community
- Families will have learned to recognize abuse and have tools to stop it
- Children will live in nurturing environments

Initial Outcomes
- Children and adult victims will be safe from harm
- Perpetrators will be held accountable for their behavior

Longer Term Outcomes
- Child Safety
- Child well-being
- Family well-being
opportunity to raise awareness about the dynamics and impact of intimate family violence. An ongoing cooperative relationship with the TANF staff facilitates access to financial support that is often critical when the adult victim is establishing a separate residence.

The eight social workers include three county-employed child protection staff and five private agency-employed child protection staff. One of the county social workers has primary responsibility for families with known domestic violence that enter the agency through the traditional child protection process. The social workers have previous work experience with intimate family violence, having worked in women's refuge services, child services, probation, medicine, and men's treatment programs. This diversity of experience enriches the child protection approach by supporting an ecological approach to family violence. A public agency child protection supervisor provides management and oversight in cooperation with a private agency supervisor.

The team members participate in regular individual and group case consultation. The consultation process helps maintain focus on the identified risks to women and children and promotes efforts to build safety around and accountability for those responsible for the harm. A child protection supervisor has clinical consultation responsibilities specific to the dynamics of domestic violence and provides additional support and focus to the work with families. Team members have ongoing access to specialized training in domestic violence.

Model of service: Collaboration

The DVRT social worker engages community professionals in planning and intervention to ensure a collaborative effort with family members. The child protection agency has staff available seven days a week and 24 hours a day to respond to incidents of family violence. Law enforcement may contact the crisis social workers and/or the women's shelter staff for emergency services for a family. Ongoing work with the abusive partner is often facilitated through a coordinated effort with adult probation services. Approximately 40% to 45% of the victimizers encountered by the DVRT social workers end up on probation due to a violent incident against their family members (Olmsted County Child & Family Services, 2003). These connections are important for ensuring accountability for the person causing the harm and planned interventions that are consistent and effective for all parties involved.

Professional cooperation can be gained when system representatives focus on communication that identifies common ground. Child welfare's primary concern has been the child's safety. The primary focus of the women's shelter has been the woman's safety. The common ground is identified by viewing child safety as best addressed through building safety for the mother. The common ground lies in the overlap between two larger systems (Figure 4), where working together has resulted in joint ventures around the development of mother and child support.
groups for women not involved with the women’s shelter and additional curricula focused on restorative parenting for the abusive father.

Communication and cooperation in the wider system is also enhanced through professional training. Olmsted Child & Family Services annually sponsors a two-day training focused on the dynamics of domestic violence and strategies for engagement with men who are violent with their adult partners. This opportunity is open to larger system representatives, and it is required training for new child welfare social workers. DVRT members have co-facilitated orientation and training with law enforcement.

Figure 5 outlines an initial effort to identify a system of care, custody, and accountability in the response to domestic violence in a larger community context. A system of care organizes information around and provides for prevention and early intervention activities to reduce the impact of violence before it emerges. Moderate and high-risk circumstances require different levels of service intensity, frequency, and duration.

**Domestic violence child protection pathway: demographics**

The number of accepted reports for child exposure to domestic violence has ranged from a low of 145 (18% of total child protection reports accepted) in 2002 to a high of 177 (24% of total) in 2003. Each year, over 90% of the cases presenting with domestic violence are accepted through the domestic violence-specific differential response pathway for assessment. Following either the domestic violence-specific differential response or traditional child protection assessments, approximately 50% of the families receive child protective services. The high- and/or intensive-risk-level families are offered services, and 95% accept those services. Less than 2% of the family cases in the domestic violence response pathway are under a court order due to a child protection matter, and there have been no petitions filed since 1999.

**Figure 5. Community – Domestic Violence Response System of Care, Custody, and Accountability**

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<tr>
<th>Early Intervention – Low Risk</th>
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<tr>
<td>• Community Education</td>
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<td>• Anti Bullying</td>
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<td>• Screening</td>
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<td>• Non-Violent Conflict Resolution</td>
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<td>• Children First – Assets</td>
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<td>• Parenting Time Hand Over</td>
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<tr>
<th>Crisis Intervention – High Risk</th>
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<td>• Law Enforcement</td>
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<td>• Legal Services</td>
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<td>• Crisis Workers</td>
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<td>• Child Protection</td>
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<td>• 911 Phones</td>
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<td>• Court</td>
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<td>• Corrections</td>
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<th>Community-Based Intervention – Moderate Risk</th>
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<td>• Shelter</td>
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<td>• Corrections</td>
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<tr>
<td>• Child Protection AR/Traditional</td>
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<td>• Supervised Parenting Time</td>
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<td>• Legal Services</td>
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<tr>
<td>• Men’s DV Treatment Group</td>
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<td>• Men’s Parenting After Violence</td>
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<td>• Women’s Support Groups</td>
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<td>• Child Protection – Traditional</td>
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<td>• Law Enforcement</td>
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<td>• Children’s Support Groups</td>
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<td>• Community Services</td>
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against the adult harmed under “failure to protect.” The data source for the information presented in this section is the annual Olmsted County Child and Family Services Child Protection Report (2003).

In the year 2003, approximately 48% of the children involved were under the age of five and thereby particularly vulnerable. Older children are likely to be at risk of accidental injury in their attempts to intervene to stop the violent act.

Olmsted County examined 95 cases closed in 2002-2003 and compared them by looking at the initial structured decision-making risk assessment and the closing level of risk. The aggregate data documents a shift in risk level from 82% of the cases rated at the high/intensive or moderate level at entry, and 34% rated at the same level at time of closure. The percent of cases at low risk moved from 18% at entry to 66% at closure. These data suggest a positive reduction in the aggregate risk level for most children and families.

Further data indicate that 74% of family cases closed in 2001-2002 do not have a subsequent report of child maltreatment and/or domestic violence within 12 months of completing ongoing social services, and 5% of the families in this data set returned with an escalated concern resulting in a traditional finding of child maltreatment. This finds a 5% recidivism rate for cases closed through the DVRT.

In 2003, the DVRT worked with 260 children exposed to intimate adult partner abuse. Nine children were placed outside the family home. Eight of the children were reunified with their family after short stays in shelter or family foster care. All eight placements were voluntary and did not require court involvement. One youth was placed due to youthful offender issues, and his care and custody resides with another agency. This information is consistent with prior findings and reflects a pattern of child welfare practice that does not rely on child placement as a significant intervention for families in which exposure to domestic violence is the presenting concern. In Olmsted County, 3.5% of the children exposed to domestic violence enter placement outside their family systems. English, Edleson, and Herrick have found similar results in a study conducted in Washington (2004).

**Lessons learned**

The Olmsted County Domestic Violence Team is entering its sixth year of responding to reports of children exposed to intimate partner violence. The following information is offered for consideration.

**1. Engaging men is a challenge**

The DVRT social workers initiate contact with men who are responsible for harming the mother/children and exposing the children to violence. Although men may engage in the assessment and service process, there are men who require significant skill and leverage to engage. The social workers find it more challenging to engage the men.

The child protection intervention is directed toward forming a working relationship with the adult harmed to assist in safety planning for her and her children. There may be a tendency for social workers to view the person causing the harm as one not worthy of assistance. Efforts and impact interviews with mothers may be viewed by the men as an alliance already formed. Some social workers struggle to engage those who
have been violent with women, and personal worker safety is a reasonable concern. The social workers have access to personal safety training and support.

The person responsible for the harm may not have an interest in engaging with a professional or system that may ultimately hold him accountable for his violence. The coordination of expectations and services between social services and adult probation is critical to effective intervention.

Experience, supervision, and training can mediate the challenges of engaging men in constructive relationships.

2. Working with others is a journey; there is no arrival point

Partnerships or collaborative relationships are built over time. Positive experiences can replace old memories and myths.

Take a learning posture, define common ground, acknowledge history and traditional approaches, offer crossover training opportunities, and listen for ways to remove barriers. These make a working difference in attitudes and actions.

3. A differential response in child protection can allow for engagement with women who are not using the refuge of a shelter

Each year in Olmsted County an estimated 90% of the women engaged have never used the services of a women’s shelter.

4. Re-victimization can be managed

Use of the court’s leverage via orders for protection and adult probation rather than child protection petitions can be effective interventions. Placement of children away from their families is very low.

5. Training and protocols can provide guidance for new ways to work

All child welfare personnel and relevant community providers must be trained to promote awareness of the dynamics of domestic violence and its impact. A protocol provides a set of guidelines for social work practice.

6. Capacity must be built within the larger community

Develop forums to discuss opportunities and challenges.

• Disputing the myths – take kids, blame moms
• Redefining turf – playing well with others, learning posture
• Training – system, agency, team, consistent message
• Awareness – raise the level of community concern about vulnerable children

Conclusion

The advent of a differential response provides the child welfare agency with new opportunities to approach families where valid reports of child maltreatment require agency intervention. A family assessment process tied to an offer of service may replace a traditional forensic approach that requires a finding of maltreatment, a labeling of parental behavior, and oftentimes the unnecessary separation of children from their mothers. Families that present with lower risk and safety concerns can receive a less intrusive public child welfare response. Research conducted in Missouri and Minnesota reports that child safety is uncompromised by a differential response to reports of child maltreatment (Siegel & Loman, 1998; 2004).

The overlap between domestic violence and child maltreatment can be addressed through child protective services when a specifically designed alternative response pathway is available to assess child exposure to intimate partner violence. Child protection is guided by three principles: (1) child safety
through mother safety, (2) respect the authority and autonomy of the mother to direct her own life, and (3) hold the person responsible for the harm accountable.

The establishment of an effective strategy for addressing domestic violence requires agencies and organizations involved in responding to intimate partner violence to find common ground to build protective capacity within the community. The coordination of law enforcement, women's refuge services, child protective services, the courts, adult probation, and community agency activities sets the stage for collaboration among professionals. When professionals work together with family members, their culture, community networks, and each other, the common ground allows for the development of safety plans, strategies for intervention, and unifying plans of service that reduce fragmentation and can build safety for children and their mothers.

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References


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Presented here are the evaluation findings of the Minnesota Alternative Response Project. The Minnesota project, piloted in 20 counties in 2001 and subsequently expanded statewide, is an example of a new approach to assisting families reported for child abuse and neglect (CA/N) to child protection services (CPS). This approach is being implemented in other states under various names, such as dual track, multiple response, and differential response. The term alternative response or AR is used in this article. AR, with many variations, is now in effect in about 20 states (Fluke, et al., 2003; Schene, 2001).

Alternative response defined

At the center of the AR approach is an alternative way of responding to families accused of CA/N. The typical, indeed the nearly universal, mode of response of CPS to accepted reports of CA/N has been to send an investigator to the home. CPS investigations are modeled after criminal investigations. They are narrowly focused on the incident alleged in the CA/N report and seek to determine whether the acts or failures to act actually occurred (a substantiation or finding), who was abused or neglected (the victim), and who was responsible (the perpetrator). The approach is adversarial, and threats of punitive actions are implicit. The atmosphere is accusatory, and for this reason, traditional investigations evoke anger, fear, and other negative emotions in caregivers. Because the object is substantiation, family members are often approached separately to compare different versions of incidents. When CA/N cannot be proven and the report is unsubstantiated, little follow-up assistance is typically provided to families to address broader and underlying problems that put them at risk of future reports.

Under the traditional system, formal cases are opened primarily for substantiated reports. Families with substantiated reports are a minority of all families encountered by CPS. There are often delays, sometimes of months, as families are passed from investigators to service workers. Finally, among open cases, actual services are delivered only to a minority of families in greatest need, usually those in crisis. This is the pattern of the traditional CPS system. (See Lindsey, 1994, for a description of the traditional system and the rationale behind it.)

AR represents a fundamental change in the manner of responding to families reported for
CA/N. In the Minnesota project, reports were first screened into two groups. The first group consisted of a minority of reports that were inappropriate for AR. These were reports with allegations involving egregious harm or imminent danger to children. These reports received a traditional CPS investigation. The second group comprised families with reports that involved less serious threats to child safety and that were screened as appropriate for AR.

Changes under AR that differentiated it from the traditional response included the following:

1. Families received an AR family assessment rather than a traditional investigation (although formal child safety assessments were conducted in response to all reports).

2. Reports were neither substantiated nor unsubstantiated; victims and perpetrators were not identified.

3. The entire family usually met with the worker during initial assessment visits, and decision making emerged from group discussion. However, if the worker felt it necessary, interviews of children separated from caregivers were permitted.

4. The full array of family strengths and needs was considered during the assessment. Assistance to the family was a consideration from the time of the first home visit. Services were premised not on substantiation of CA/N but on family welfare and long-term child safety.

5. Through funding provided by the McKnight Foundation, AR workers could offer additional services to families. This feature of the AR project may differentiate it from alternative response programs in other states. For example, the earlier and very similar approach adopted in Missouri was implemented without accompanying service funds (Siegel and Loman, 2000).

6. Further contacts and assistance to families were voluntary.

The AR project was implemented in early 2001. The evaluation began simultaneously, and the first phase was completed in fall 2004. Additional tracking of program impacts and costs will continue through mid-2006. This article summarizes select findings from the first phase of the evaluation, which included process, impact, and cost-effectiveness components. A wide variety of formal research questions were addressed in the 2004 report, which is available online, along with other ancillary findings (Institute of Applied Research, 2004). A subset of these are examined here in the following general areas: child safety, family engagement, service changes, recurrence of CA/N reports and later child removals, family outcomes, worker responses, and program costs.

Research design and data collection

The primary design for the impact analysis was a field experiment, conducted in 14 of the 20 project counties, that agreed to permit families screened as appropriate for AR to be randomly (although disproportionately) assigned to experimental or control conditions. Control families received a traditional CPS investigation, and experimental families received an alternative response. The following is a summary of some elements of the research design.

- The study population consisted of 2,860 experimental families and 1,305 control families with CA/N reports between February 2001 and December 2002. Because
all experimental and control families had been first screened as appropriate for AR and then assigned randomly, it was expected that the groups would be similar on demographic and case variables. Comparative analyses confirmed this.

- In the first phase of the evaluation, families in the study population were tracked from February 2001 through March 2004 using the Minnesota Social Services Information System (SSIS), from which outcome measures were derived.

- In addition, experimental and control cases were sampled to permit collection of information from workers that was unavailable in SSIS. This case-specific survey sample consisted of 690 families: 271 experimental and 207 control, as well as 212 AR families from the six counties that did not participate in the experimental design.

- Another and larger sample of experimental and control families was selected for purposes of obtaining feedback directly from families. Families were surveyed through interviews and questionnaires approximately 12 months after their case was closed and at yearly intervals thereafter. Depending on when families entered the study during the assignment period, they were surveyed from one to three times. Of the 3,866 families contacted, 1,184 responded to the first survey, 678 responded to the second survey, and 413 responded to the third. Finally, a third sample of 649 cases was selected for the cost study. Cost data on sample cases consisted of all expenditures recorded in county accounting systems, as well as indirect costs calculated on the basis of worker time records.

- In 2001, and again in 2004, general surveys were conducted of CPS social workers in each local office to determine their attitudes toward and appraisals of the AR approach, determine their perceptions of the attitudes of families in AR versus traditional CPS, and learn of any operational changes that occurred or problems that developed. Responses were received from 115 workers in the 2001 survey and from 106 workers in the 2004 survey.

- Regular site visits were made throughout the 2001-2004 period to CPS offices in counties participating in the AR demonstration to interview social workers and supervisors and visit community agencies. A majority of all CPS social workers involved in the AR demonstration were interviewed, many on an annual basis.

Major study findings

Child safety

Perhaps the most important finding of the evaluation was that child safety was not jeopardized under AR. An assumption implicit in traditional CPS has been that adversarial investigations are necessary to ensure children are protected; that is, that child safety threats are removed or controlled. A natural fear, therefore, has been that replacing investigations with AR family assessments might threaten children’s safety.

An important and often-used indicator of long-term child safety in studies of CA/N response systems is recurrence – does CPS intervention prevent subsequent incidents (at least known incidents) from occurring? Findings related to recurrence are presented on page 85. In this evaluation, short-term changes in child safety during the time the family was in contact with CPS were assessed.
in the initial phase of each research case. The initial phase can be thought of as the treatment phase of the field experiment, during which the experimental families received AR and the control families received the traditional approach. Using the case-specific survey to measure change in the initial phase, workers were asked to assess each sample family in 12 safety areas: food and nutrition, clothing, personal hygiene, safe shelter, hygienic living situation, health care and medications, supervision, abandonment and locking out of home, physical violence, overly severe discipline, emotional abuse, and sexual abuse. Workers rated problems at first contact (mild [1], moderate [2], or severe [3]) and at the time of final contact (not present [0], mild [1], moderate [2] or severe [3]). Safety changes were calculated as the difference between final and initial ratings for each type of child safety problem identified by workers.

In some cases, only one problem was identified. For other families, more than one problem was found, although the number of safety threats rarely exceeded three. These scores were individually analyzed. In addition, by averaging all separate scores for each family, a global safety change score was generated. Generally, ratings of change in specific safety areas ranged from no change (0) to improvements in safety (1 and higher). Declines in safety were reported only rarely. While it might be assumed that workers would be somewhat biased when judging their own work and unlikely to indicate failures in protecting children, the analysis was based on relative differences in safety change assessments between workers in experimental cases and workers in control cases.

There was no evidence that AR resulted in greater declines in child safety among families in which safety problems were found. Rather, considering all individual categories of change in child safety, the percentage of experimental families that ended with safety improvements totaled 47.7% compared to 31.8% for control families. Using the global measure of safety change, AR experimental families with an initial safety problem received a score of .99, compared to .76 for control families. This amounted to an average improvement in child safety for both experimental and control families, but for the experimental families approached under AR, the improvement was greater and was statistically significant.

Another measure of short-term changes in child safety was the difference between experimental and control families in the number of new CA/N reports during the initial phase, while workers were in contact with families. If children were less safe under AR, an increase in CA/N reports on families provided with this approach during these early days might be expected. The average length of the initial phase was greater for experimental families (median of 72 days) compared to control families (median of 52 days), primarily because more experimental families received post-assessment services before contact with the agency was concluded (Figure 1). This meant that, other things being equal, experimental families had greater opportunity to be reported again by caseworkers and service providers. The difference in the proportion of new families reported, however, was less than 1%. This difference was not statistically significant. Therefore it was concluded that there was no
difference in CA/N report recurrence during the initial phase, indicating no decline in child safety.

**Family engagement**

Engagement is an essential condition for further cooperation and participation of families in CPS services. Because the AR approach was non-adversarial, family friendly, and voluntary, the atmosphere when workers visited families was warmer and less threatening. Caregivers and other family members were consequently less afraid and more likely to respond positively to the worker. Thus, families tended to be more engaged. Conversely, traditional investigations were adversarial and included the threat of punitive consequence of a CA/N finding and an involuntary case opening. Thus, investigations were more likely to alienate families. One reason for the reduction in safety problems among AR experimental families may have been the success of AR in engaging families.

The Structured Decision Making (SDM) Family Risk Assessment instrument was completed for each experimental and control family at the point of initial contact. One of the items in the SDM assessment related to caregiver cooperation. On this item, workers rated the primary caregiver as uncooperative in 44% of control families, but less than 2% in experimental families. In addition, the SDM assessment included ratings of the caregivers’ motivation as well as their assessment of the seriousness of the report. Both primary and secondary caregivers in the control group were rated as less motivated and as viewing the report less seriously than caregivers in the experimental group.

Using a different measure of cooperation, workers were asked to rate experimental and control families in the case-specific sample using an 11-point rating scale from -5, very uncooperative, to +5, very cooperative. The average level of cooperation of families during the first visit was 2.4 for AR experimental families versus 1.8 for control families. At the last visit, the difference between the corresponding averages was greater: 2.9 for experimental and 1.6 for control. Both differences, however, were statistically
significant. Moreover, workers were more likely to report that control parents were hostile throughout the case (6%) compared with experimental parents (3%).

The responses of families tended to mirror those of workers. For example, 58% of families in the experimental group reported being very satisfied with the way they were treated by workers, compared to 45% of control families; 53% of experimental families described the worker as very friendly, compared to 41% of control families (Figure 2).

AR increased participation on the part of family members, a direct measure of actual engagement: 68% of experimental families said they were involved a great deal in decisions that were made about their families and children, compared to 45% of control families (Figure 3). Differences in engagement and alienation were also demonstrated in the reported emotional responses of families. Following the first visit with a CPS social worker, experimental families were significantly more likely to report being relieved (experimental 34% versus control 27%), hopeful (26% versus 20%), satisfied (29% versus 27%), helped (21% versus 16%), pleased (24% versus 19%), reassured (23% versus 16%), and encouraged (21% versus 17%). On the other hand, control families significantly more often reported being angry (experimental 11% versus control 17%), afraid (9% versus 13%), irritated (12% versus 20%), dissatisfied (5% versus 11%), worried (16% versus 23%), negative (4% versus 8%), pessimistic (3% versus 6%), and discouraged (7% versus 11%).

Another element of family engagement was participation of the entire family as a group. Over two-thirds of AR families (68%)
rated that one or more children were present during the initial assessment visit compared to slightly over half of control families (55%). Among those who were married, 82% of AR respondents said their spouse has been present during the assessment, compared to 65% among the control group.

**Services to families**

Experimental families received more services and types of services than control families given the traditional response. Moreover, increased participation of families in decision making may have increased the use of services more highly valued by families themselves. The addition of special funding for post-assessment services from the McKnight Foundation was also a factor in the increased opening of formal service cases, the vehicle through which case management and a variety of funded services were provided to families.

Overall, 36% of experimental families in the impact study had a formal case opened, compared to 15% of control families (Figure 4). In the process, post-assessment services were offered to a wider variety of families. Using the risk rating on the Minnesota SDM tool as a rough measure of risk, it was found that cases were opened for 28% of low-risk and 41% of moderate-risk experimental families, compared to 3% of low-risk and 9% of moderate-risk control families. At the same time, more cases were also opened for high- and intensive-risk families under AR (64%) compared to the control group (57%). These findings show that AR moved the agency to place more emphasis on preventive services, but also maintain emphasis on the traditional response for higher risk cases and families in crisis.

Information about specific services provided to families was obtained from workers responding to the case-specific survey. Traditional counseling and therapeutic services were offered more frequently to experimental families. Increases were also evident in certain family support services that were nontraditional in CPS. These were basic services addressing personal, household, and other financial needs, including employment assistance, vocational training, transportation, TANF and Food Stamps, emergency food, basic household needs, housing, rent payments, and daycare. In each of these areas, services were offered to significantly more experimental families than control families, in spite of the similarity between the families in the two groups. These services are sometimes related to child safety but more often address problems of general family welfare and, in this sense, they are preventive rather than protective services. This was further evidence of a shift toward a more preventive approach.
under AR. Workers further confirmed this during interviews as they described “services to meet immediate needs” and “concrete assistance.” The following quote from a worker is illustrative:

“We can help AR families maintain employment with daycare, transportation, gas money, tools, and alarm clocks. And help them with some pretty basic things they need for their homes and their children, like blankets, pillows, cribs, vacuums, safety gates, electrical plugs.”

Responses of families generally coincided with those of workers. AR experimental families reported receiving various services more often, including food and clothing, help with utilities, appliances and furniture, home repair, other financial help, counseling for a child, respite care, and help with employment or job searches.

Experimental families were provided more funded services but also received more services from workers themselves and from unpaid community resources. Regarding the latter, according to information received from workers, significantly more experimental families received services from emergency food providers, mental health providers, support groups, recreational facilities, youth organizations, daycare and preschool providers, schools, community action agencies, job service/employment security, and employment and training agencies.

While services were expanded to more families, including lower-risk families, more services were also provided to higher-risk families. This was true both for control families, reflecting traditional CPS, as well as experimental families offered AR. Whether they received an alternative or traditional response to a child maltreatment report, families that reported more stress in their relationships with their children, stress in their relationships with other adults in their lives, concern about the general well-being of their family, and concern about the general well-being of their children were significantly more likely to have reported receiving services. However, AR families with seriously ill or developmentally or learning disabled children or with caregivers who were experiencing stress associated with other adults in their lives were significantly more likely to have received services than corresponding control families. More generally, services under AR were also provided to more of the lowest income families – one measure of risk of future CA/N. According to information provided by families, 60% of AR families that received services were families whose income was below the mean for the group. On the other hand, among control families that received services, 52% had incomes below the mean.

Service increases were also seen across families from the larger ethnic and racial communities in Minnesota. While 52% of white experimental families received services compared to 36% of the control, the corresponding percentages for African American families were, respectively, 63% and 27%, for Hispanic families 67% and 52%, and for American Indian families 54% and 37%. Each of these differences was statistically significant. Only among Asian families were experimental and control services comparable: 59% and 64%, respectively.
Recurrence during the follow-up phase

There was a modest but statistically significant reduction in recurrence among experimental families. The absence of new reports of CA/N is an indirect measure of improvement in the long-term safety status and general welfare of children. Information on new reports was available for all families in the study through SSIS.

In the analysis, any new report received anywhere in Minnesota for any child in experimental and control families during the period from the final family contact until the end of data collection was counted. This is termed the follow-up phase of the research case. The tracking period of the follow-up phase varied, of course, because families entered the experimental and control groups at different times, and the length of the initial phase varied (see Figure 1). The statistical analysis was able to adjust for these differences (proportional hazards analysis) and take into account other variables of importance. The basic finding was that new reports occurred significantly less frequently among experimental families that received AR and that families continued (statistically, they “survived”) for longer periods before new reports occurred. The difference in proportions of families with recurrence was approximately 3%: 27% of experimental families had a new report, compared to 30% of control families.

An additional finding was that the reduction in recurrence was attributable both to the new approach and to the increased services. This finding was particularly important because it showed that, in addition to offering more comprehensive services, positive benefits were achieved – independently – by changing the way workers approached families.

In a related analysis, it was also shown that recurrence rates were reduced for experimental families in each of the three largest racial groups: Caucasian, African American, and American Indian. These effects of AR did not appear to be related to the racial or ethnic identity of families.

Finally, another measure of recurrence was examined: later placement of children in foster care. The proportions of families in the study population that had a child placed after the final contact with the family in the initial case were relatively small: 11% of experimental families had one or more children placed at a later time compared to 13% of control children. However, a similar statistical analysis (proportional hazards) showed that the difference was statistically significant. The AR approach led to a reduction in later removal and placement of children. This finding has important implications for the long-term costs associated with families under CPS and may account in part for the positive findings of the study of AR costs discussed here.

Family outcomes

Other positive changes were found based on feedback from families. Experimental families (responding to the first follow-up survey approximately 12 months after the initial case had been closed) were more positive about the services they received. Caregivers were asked, “If you received some services or assistance, was it the kind you needed?” Nearly one-half of experimental families (48%) responded yes, compared to about one-third of control families (33%). They were also asked, “If you received some services or assistance, was it enough to really help you?” Again, 44% of experimental families responded affirmatively, compared to 27% of control families. The differences were statistically significant and were relatively large for family groups that were essentially similar.
Families were asked to rate changes in the stress level during the 12 months after the initial phase in the following areas: financial outlook, current job/job prospects, relationships with other adults, relationships with children, general well-being, well-being of children, home, and life in general. In each, a greater proportion of control families felt more stress, and a greater proportion of experimental families felt less stress. In two areas – financial outlook and relationship with other adults – the differences were statistically significant. The differences on these two variables were modest overall and seemed to result from a sub-set of families that experienced more intense changes in their lives. For example, 31% of control families felt “a lot more stress” about their financial outlook, compared to 23% of experimental families. On the other hand, 36% of experimental families felt “a lot less stress” about adult relationships, compared to 27% of control families.

As a follow-up to the issue of reduced financial stress, two analyses examined family income and months worked during the previous year. Differences in family risk were controlled. Family responses were compared about one year after final contact in the initial assessment or service case. The (marginal) mean income of the control families was $23,762, compared to $25,497 for experimental families, a difference just below the usually accepted level for statistical significance (.05 < p < .1). Looking at months worked during the last 12, the means were 7.13 for control families and 7.23 for experimental families, a small but statistically significant difference. These findings on income are intriguing, but other research is needed, perhaps using state wage files, to confirm them in other CPS contexts.

Worker perspectives

With few exceptions, positive attitudes toward AR grew stronger among workers as they gained experience with it. A majority of workers in both interviews and in comments made in surveys expressed a positive attitude toward AR. A majority indicated that the non-judgmental, strength-based, and empowering approach to families fostered by AR had a positive effect on their practice. They also indicated that AR allowed them to focus on the family as a whole and provide support and advocacy, as well as more immediate help and referrals to community services and resources.

Overall, the evidence indicates that the introduction of AR produced a shift in social work practice and that the shift was in the direction intended by program administrators. This shift was recognized by many workers and welcomed by most. Beginning in the first year of the study, workers surveyed responded strongly that AR had affected their practice. Among workers who were responsible for AR only (that is, they did not do investigations), 50% said AR had affected their approach to families a great deal. Three years later in the second general survey, the response of these AR workers was stronger still, with 69% saying it affected their CPS practice a great deal. These findings were reinforced in interviews of workers, none of whom indicated a preference to abandon AR and return to the single traditional response for all reports. The following quotes typify the attitudes of many workers:

“We discuss safety of the children with families instead of trying to determine whether maltreatment occurred or not. And we approach families as a whole instead of interviewing each family member separately. With AR, families are more involved in the decision making.”
“Families are approached as a unit [not split up to interview], each person is heard by the rest, children’s feelings are revealed, and families hear what they are doing well. The approach does not focus on blame and wrongdoing.”

Contact between families and workers increased with AR. Based on data in the case-specific sample, traditional workers were more likely to have one-time, face-to-face meetings with families than AR workers (41% versus 27%). For those families visited more than one time, the average number of total meetings was higher for experimental families (5.4) than for control families (2.9). This difference, in part, would seem to reflect the change in family and worker roles in these encounters and may be another measure of greater family engagement under AR.

Increase in family contact affects workload, at least initially. One in five workers using the new approach reported large increases had occurred in their workload and paperwork. By broadening the scope of initial assessments beyond the narrow focus of investigations on maltreatment allegations, encouraging involvement of family members in decision making, and changing the criteria for continued work with families, the AR approach increased the amount of time and effort that some AR workers expended per family. However, a majority of workers indicated no change or only small increases or decreases.

Overall, a sizeable minority (44%) of the workers surveyed said the introduction of AR made it either a little more or much more likely that they would remain in this field of work. Only a few (6%) said it was a little less likely they would remain in child protection, and none said it was much less likely they would stay in the field.

**Program costs**

The cost analysis found that overall costs associated with families were lower under AR. Costs were collected on samples of experimental and control families and included service costs (reported by local bookkeepers) and calculated staff time costs based on workers’ logs.

Costs were examined during two time periods for each family: 1) the period from the initial CA/N report until the final contact with the family after the initial report – the initial phase – and 2) the period from the final contact with the family until the end of data collection – the follow-up phase (Figure 5). The average total costs during the first period were $1,132 for the experimental sample,
compared to $593 for the control sample. AR was more expensive during the early period because, as has been shown, service cases and various individual services increased under AR and because contacts with families were terminated early for many control families in unsubstantiated investigations. During the second period, however, the average total costs were $804 for experimental families versus $1,538 for control families. AR was less expensive during the later period because AR families had fewer later reports. Consequently, fewer new CPS cases with their attendant expenses were opened for AR families, and fewer children were later removed and placed outside their homes. The overall mean costs were $1,936 for experimental families under AR, compared to $2,131 for control families under the traditional system. Savings achieved by experimental families later more than offset investment costs incurred during the initial contact period. These findings are encouraging but provisional, as additional data are being collected on sample families through 2006.

No effects, organizational issues, and size of impact

This summary focused on the positive outcomes of the AR evaluation. While it did not find instances of strictly negative findings, where better outcomes occurred among families given the traditional approach (among the control families), there were findings of no difference in outcomes for experimental and control families on a number of measures.

Various questions and ratings of child well-being were asked during follow-up with families. Based on caregivers’ reports one year or more after the final contact with CPS following the initial incident, no consistent differences were found between experimental and control children on measures of overall child well-being, child health, aggressive and uncontrolled behavior, behavior and relationships in school, and academic progress. Similarly, no differences were found in caregiver reports of improvements or declines in their relationships with their children, their methods of disciplining their children, their ability to care for their children, their home and living arrangements, or emotional or financial support from friends and relatives. Whether the lack of findings was due to the absence of effects or to parents’ reticence to report negative effects is not known.

There were also various findings within the process evaluation of difficulties and obstacles to implementation of the new approach. As noted, the first step in AR after an initial report is received is screening. The screening process directs some families into traditional investigations and other families into AR. While investigations are mandatory when criteria indicating egregious harm or imminent danger are met (Minnesota Department of Human Services, 2003), other criteria are discretionary and give latitude to local office staff to determine whether a traditional investigation is warranted. The proportion of reports screened into AR from February 2001 through December 2002 varied from 27% to 61% across the 20 demonstration counties (excluding the special case of Hennepin County, where AR was limited to a single CPS unit). The range in most counties (14 of 20) was between 45% and 56% screened into AR. Assuming a rough similarity in the proportion of AR and control families screened into AR, the proportion of experimental families in AR was estimated at 53%, compared to 39% for control families.
types of reports received among sites, these variations indicate two things. First, the confidence of local staff in the AR approach varied among offices during the early days of the demonstration. Some counties were much more cautious than others. A consequence was that AR populations in counties that screened a higher percent of reports into AR contained more families with more intense child safety threats (Institute of Applied Research, 2004, 107). Given the generally positive effects of AR across all demonstration counties, very conservative screening that directs fewer families into AR could be expected to reduce the positive effects of the approach. Second, because we also saw variations in screening in the earlier Missouri demonstration that were still present when a five-year follow-up was conducted (Loman and Siegel, 2004), greater consistency in training of local personnel in screening, clearer and more reliable screening criteria, or both may be needed.

The particular way in which AR was organized varied from office to office. This topic goes beyond the scope of this article but was treated in some detail in the evaluation report (Institute of Applied Research, 2004, 11-16). Organizational structure was influenced by the size of county staffs and the pre-existing organizational structure within local CPS offices. Organizational differences affected continuity of services; separation or integration of the roles of CPS investigator, AR assessment worker, and ongoing case manager; and integration of case management and service delivery of public workers with that of community agencies. The organizational choices in each of these areas may have both positive and negative consequences for implementation of an AR program.

A final procedural issue should be mentioned. The Minnesota program, like the Missouri program that preceded it, allowed for change of track. A report that was screened for an AR family assessment might be changed to a traditional investigation if the worker and supervisor felt that the family situation warranted such a change. Similarly, it was also possible to change from traditional to AR if the worker determined that the situation was less serious than screeners had assumed. In Minnesota, the former occurred for less than 5% of reports, and the latter in less than 1%. In light of the screening variability among counties, we might expect more track switches, particularly from investigations into family assessments. The highest percentages would be expected in counties with the most conservative screening proportions. If it is assumed that investigations should be minimized, the reasons for the low percentage of track changes need further study.

Finally, the important differences described in this study have been statistically significant but modest in absolute size. The term *significant* means that an observed difference likely was not an illusion. The term *modest* means a major shift in the variable of interest was not found. This indicates that the system did not undergo revolutionary change but was nudged or moved slightly in a new direction. This is sometimes seen as a negative finding, particularly when “modest” is taken to mean “inconsequential.” The definition of modest, however, depends on one’s perspective. An example of subsequent reported maltreatment of children can be considered. For the 2,860 families that were being followed, there was an estimated 3% reduction in new child maltreatment reports. In numeric terms, this translates to about 86 families that did not have a new report but would have had at least one new report under the traditional approach. The number of new child abuse and neglect incidents that were avoided was higher because most families that
are reported two times are reported again. However, thousands of families similar to those in the experimental and control groups are reported each year in Minnesota, and hundreds of thousands are reported nationally. In this context, the modest difference produced by the change in approach to families would translate into thousands of families in which reported children maltreatment would not recur.

**Discussion**

Overall, the evaluation findings in Minnesota were positive both in instrumental outcomes such as assistance to families and family and worker attitudes, as well as in measures of child safety and child and family welfare. The results are made more convincing by the randomized experimental design of the study. Two findings may be emphasized.

First, positive results can be achieved in CPS interventions through greater discrimination in how families are approached. Family-friendly practice produces not only more cooperative, engaged families, but also a greater degree of child safety with less cost and greater satisfaction among both families and social workers. This may be seen as support for proactive, strength-based, family-centered approaches. Indeed, AR can be thought of as a method of initiating family-centered practice from the very first meeting with the family.

Second, a finding of fundamental importance in this evaluation concerns the value of prevention. The preventive services in the study could not be described as primary but as targeted and as secondary or tertiary. Nonetheless, they are preventive in that they address fundamental risk factors in CPS families. AR appeared to shift the CPS system toward prevention in three ways: the number of families that received some assistance increased; attention to low-risk families increased; and family support services directed toward basic, financially related needs increased. These findings are encouraging because they document an increase in positive results among families (mostly low income) that normally would be ignored by CPS. At the same time, the findings are dismaying in that CPS is not currently a family welfare agency, and CPS workers who are generally overburdened with serious protective services cases cannot do extensive work in other areas of child and family welfare.

Nor does CPS, with limited financial resources in most states, have the capacity to fund these services at levels needed by families, even if such funding pays off in the long run. This is the dilemma that many have referred to regarding differential response reforms (for example, see the discussion in Waldfogel, 1998, 87-93).

On the other hand, CPS is the only agency with workers in virtually every county and municipality in the nation who can contact families at their homes to offer assistance.
separate specialized agency after 1970. Regardless of whether CPS expands further into child and family welfare, the findings support the idea of partnerships with other agencies and organizations in a concerted effort to address child and family welfare needs. The findings of this study suggest that a broader service emphasis and changed orientation to families may not only reduce future CA/N but also be less costly in the longer term. And, if benefits such as cost-reductions can be demonstrated considering only CPS service and administrative costs, a full cost-benefit analysis that considered other benefits, such as those accrued from increases in family earnings and child safety, would show even more benefits relative to costs.

References


Child protection social work practice is in transformation, moving toward an intervention system that increasingly values and validates the contributions and views of families, their extended network of support, and involved professionals (Burford & Hudson, 2000; HSMO, 1995; Merkel-Holguin, 2004; Turnell & Edwards, 1997). The move toward a balanced assessment that incorporates the family view, cultural context, and attention to demonstrated protective factors provides the foundation for the promotion of child safety and well-being. The available professional views and identified danger, harm, and concerns are placed alongside the family’s information and views. Input is expanded through use of solution-focused skills to discover strengths, protective capacities, and existing signs of safety (Berg & Kelly 2000; Turnell & Edwards, 1999).

Goals are developed jointly with family members and relevant service providers. Social workers support service coordination by using group process forums such as case planning conferences, allowing discussion of both family and professional views and development of a shared understanding of the details of goals.

Differential response options in child welfare practice allow for the construction of alternative pathways for agency intervention for accepted child maltreatment reports (Sawyer & Lohrbach, 2005). The available pathways are influenced by the presenting level and nature of concern regarding child safety and the availability of information for initial decision making. Reports that appear to represent low or moderate risk of harm are referred for a family assessment, with a decision made about the need for formal or informal intervention. No finding of child maltreatment is required. For families gauged to be at risk of recurrence of abuse or neglect through the assessment, services are offered and provided on a voluntary basis.

Child protection intervention strategies that support partnership-based collaborative practice within a differential response system rely on the use of family involvement strategies, solution-focused skills, integration of research-based risk and protective factors, and identification of family assets, resources, and capacities. Olmsted County, as an agency, assumes accountability for social work practice through provision of selected training opportunities, supervision, and consultation directed toward building social worker confidence and capacity within a context of support and affirmation.

The following sections represent social...
worker practice descriptions of direct work with families, as well as measures taken by the agency to support partnership-based collaborative practice patterns. The narratives illustrate engagement strategies and careful query of strengths and protective capacities relative to frank discussions of concerns. Examples of the coordination are presented that include a wider network of child, family, and community resources in planning.

Practice example of family assessment and intervention

Social worker narrative

I met with family members earlier this year after a report alleging that the mother of two children was using drugs and their care was compromised. Extended family members had contacted the agency expressing concern about the single mother and the well-being of the children (ages 15 and 8) in her care. The following concerns were specifically cited in the report:

- drugs and drug paraphernalia found in the home,
- little or no food in the house,
- mother leaves the children home alone for extended periods of time, and
- the older child is providing the majority of the parenting care of the younger sibling.

As I reviewed the information, I recognized that this mother and her two children had a concerned extended family member network willing to participate in a meeting to address the drug use that was compromising the children's safety and well-being. Since the extended family called the agency, I viewed this as their request for help.

I made an initial phone call to the mother, introducing myself and briefly outlining the concerns reported to the agency. I explained my role as the social worker responsible for completing an assessment of the reported concerns. I asked her if she would be willing to meet with me so I could hear her thoughts regarding the concerns. She agreed and came to the agency offices that afternoon, and we talked about how things were going for her. She shared that her husband’s recent death had caused her to feel sad and anxious about being a single parent. She admitted to drug use as a way of coping and trying to feel better. I told her that my role was not to stop her drug use, but to ensure that her children were safe despite her drug use. She said that she wanted to stop using drugs and stated that her family supported this. She described feeling scared about losing the one thing that seemed to take away all of her uncomfortable feelings of sadness and loss. Drugs were her primary coping mechanism, and she was fearful about stopping despite her desire to do so.

I talked with her about my need to talk with the children, too. I asked her if she would be willing to meet with me along with her children. She agreed to meet and I offered to come to her house.

Social worker reflections on first meeting

- In the first phone call, I greeted the mother, introduced myself, gave clear information regarding the purpose of my call, and asked to speak with her face-to-face to listen to her thoughts and views.

- During the initial appointment with the mother, I actively listened to her and refrained from any judgment about her or her drug use.

- We talked about her desire to be drug-free and the obstacles to reaching that goal from her viewpoint.
We set up a time to meet with her and her children together.

During the second appointment, which I scheduled within a week’s time, I introduced myself to the two children and explained my role as a social worker conducting a child protection assessment. I invited the children to talk about how things were going for them. Both children expressed concern about their mother and anger about her unavailability for them. The children directly shared their feelings with their mother and their desire for her to receive drug treatment so she could get better.

**Social worker reflections on second meeting**

- I interviewed the children and their mother together, introducing myself and explaining my role to the children. I actively listened to the children, tuning in and gathering information on how they viewed the problem and their ideas for solutions.

- I facilitated a conversation with the children about their worry, anger, and disappointment with their mother and helped them process their feelings.

- I offered information to the children about drug use as it pertains to addiction, treatment, aftercare, and relapse.

- We brainstormed ideas for the children’s safety that specifically addressed the mother’s drug use and her unavailability as a parent.

- We identified supportive adults with whom the children could stay until their mother was able to support herself and the children.

I asked the mother if she would sign a release of information and if she would be willing to meet with extended family members to develop a plan for her children. She agreed, and a family meeting was set to establish the plan. The plan included things such as what to do if drug use is suspected, what to do if drug paraphernalia is found, who would provide care for the children should the need arise, and the organization of visits with the mother should another person be caring for the children.

At a subsequent meeting within a week after the second meeting, I met with the mother, the children, and an aunt and uncle to talk about concerns and create the following consensus-based plan. The children would live with the aunt and uncle while the mother attended inpatient treatment for her drug use. The children would visit their mother while she was in treatment, and they would eventually spend weekends with her in the family home. Agreements were reached that allowed the children to signal an end to a visit if they were concerned about drug use, and their mother could opt against a visit if she was feeling overwhelmed with the treatment process. The aunt and uncle would monitor the contacts. They expressed that they would address issues and challenges as they arose, and call the agency if they required support. I offered education and information about the drug treatment process to give the family members an idea of what the mother was facing. All family members signed the safety plan, and each received a copy, along with a letter from me thanking them for their involvement.

The mother entered drug treatment, and the plan devised by the group was implemented. The children resided with their aunt and uncle, maintaining ongoing contact with all involved family members. The family’s plan for intervention was working and the children remained safe and well cared for.
In closing, I later received positive feedback from two family members, who thanked me for meeting with them in the evening to create a plan. I recognized that the extended family had a lot of constructive energy organized around helping the mother and children, and I viewed my role as facilitating the planning process. I contributed by respecting the family's work hours and meeting with them after my own typical work hours. The family identified a time and place that was convenient for them. The family members stated they felt their concerns were taken seriously, and they now had a more realistic expectation of the mother regarding her drug use and treatment process. The family members expressed that they were comfortable without further agency involvement; however, should further needs or concerns arise, they would not hesitate to call the agency again for assistance and intervention.

Practice example of working with community elders within a cross-cultural context

Social worker narrative

One of my alternative response cases was with an immigrant family of 10 – two parents and eight children – who moved to Olmsted County from another state. The family came to the attention of social services due to concerns regarding their capacity to provide basic needs for their children. The moderate risk level and initial team screening process (see “Differential response in child protection: Selecting a pathway” on page 44) directed this family to Olmsted County's alternative response pathway. This family had multiple needs, including the basic needs for food, clothing, and shelter of their children. A particular challenge was finding a home large enough to accommodate their entire family. After searching for housing within their financial means and finding nothing, the family separated and rented two different apartments. The mother, along with seven of the children, moved into a three-bedroom apartment, and the father, along with their oldest son, moved into a one-bedroom apartment. The family struggled with the separation and resulting negative impact on both their financial resources and their parenting capacity. Paying two utility, cable, telephone, and rent bills created more financial strain, and dealing with two different landlords was confusing.

This family agreed to the need for child protective services and participated in the development of the family service plan. The parents, the two older children in the home, two older daughters who live outside the home, one son-in-law, and one of the religious community leaders were most actively involved in the planning.

The primary goal identified by the family was the well-being of the children; housing was the second goal. I connected this family with Habitat for Humanity (a housing resource) and advocated for them. After two years on the waiting list, this family now lives together in their own five-bedroom house. At the time this article was written, the family has been in their new home for one year, and their quality of life had improved.

Social worker reflections on partnership and collaboration

Working with immigrant families that have been under oppressive regimes before arriving in the United States is challenging. The
majority of these families don’t trust any system or authority. My experience is that they tend to fear authority and show mistrust when working with government employees or individuals they perceive to have authority. It is easier to engage immigrant families when using alternative response methods because an assessment process and voluntary offering of services, rather than an investigation that leads to a maltreatment determination, reduces their fear and galvanizes them in creating solutions for themselves. In Olmsted County, I have found this to be particularly helpful when working with clients of the Somali culture. There is a Somali proverb that says, “dhib xow u dhacay lama dhahsee, see looga dhaqmaa ayaa la dhahaa,” which can be translated as, “Don’t ask how an accident happened, but ask how it can be solved.” This approach reduces the stress and the fear of the caregivers and increases their trust level.

The flexibility offered through a differential response helps immigrant family members partner with service providers and other professionals to match services to needs and explore services that may be unfamiliar to them. An example is in-home, family-based counseling, which is not part of many African cultures, and families are reluctant to use therapeutic services. When parents are informed that they are participants in the process (sitting in the driver’s seat), they normally agree to participate.

Although immigrant families first prefer to use the resources within their culture, oftentimes their cultural support system has collapsed long before they arrived in the United States. In that case, it sometimes

Figure 1.

This is an example of using a metaphor to amplify the parent’s vision for the family, enhancing internal focus of control and taking incremental steps for change. The metaphor was meaningful to the parent who used the image of driving her car as an anchor for her sobriety.
requires partnering with community elders to reorganize support systems or help a family make crucial decisions. For example, in a different case, I worked with two parents who refused medical services for their child based on their beliefs and mistrust of the modern health system. With the permission of the parents, I asked community elders to support the family in making a decision for their sick child. After the involvement of the community elders, the parents agreed to the recommendation of the medical doctors. Their child underwent surgery, and the illness was successfully treated. The positive outcome of this case was the result of collaboration among child protective services, the family, medical personnel, and community elders.

**Practice example of work engaging children**

**Social worker description**

Quality social work visits with the family and child help determine the measurement of safety. I like to observe parent and child interaction to see the application of skills acquired, changes made, and strengths demonstrated in the service of child safety and well-being. I find it helpful to use conversation aids (Figure 1) with many children between the ages of five and 10. Sometimes I have the child update the conversation aids used in the assessment. Other times, an analogy or a metaphor is developed specific to the child/family narrative of their experiences with and perspectives on the concern, along with the positive resolution. The social worker's connection with the family supports a shared journey, providing an opportunity for understanding. The relationship supports the work toward different family-centered solutions. Other conversation aids I have found useful include the following.

- Have the child draw a picture of how things used to be and how things are now. Then have them describe the drawings to gain a better understanding.
- Have the child color on a blank ruler to show how safe they feel now. Clearly define what is safe and not safe as the anchor endpoints for the child.
- Have the child fill out a phone list for emergencies to get a better understanding as to who is important in the child and family's life.

**Practice example utilizing family involvement strategies**

**Social worker description**

Family group and family case planning conferences have offered opportunities to bring multiple service providers and family members together to create plans that resolve child protection concerns. Families often express confusion about working with multiple systems that require certain activities from them (e.g., school attendance) and don't fully explain what they are responsible for as parents. I frequently use case planning conferences when there are challenges with children's school attendance. These case planning conferences typically can involve the parents, children, family friends, grandparents, support persons, social worker, social worker supervisor, guardian ad litem, attorneys, and any other people the family invites. It gives the involved parties a forum to share information and talk through available options to create solutions. Clarification, planning, and support for success are often overlooked when working with families where school attendance is a challenge.

I worked with a family whose child was marked tardy, and we regularly held case planning conferences to:
• ensure that the family and the school were operating on the same understanding of the time;

• ensure that school personnel were communicating among themselves regarding who marked the child in on time; and

• designate one person at the school for the parent to communicate with to assist with fragmentation of information.

One of the most noticeable changes was the increased communication of the parent with the school within the first week after the initial meeting. The child’s attendance and tardiness improved as well. Ongoing meetings were held to make sure that the plan was working for all parties involved and to discuss overall child well-being issues that are affected by school attendance.

Summary

Participatory social work practice is based on an inquiring approach, where family members are viewed as relevant and vital in the process of building safety within their family systems. Social work practice must grow beyond the naive equations that “needs equal services” and that a case plan is a “menu of professional services.” Instead, it must look much more rigorously at the desired outcomes of services to establish a wider array of practical and informal resources that can be used in response to child welfare concerns. Child protection practice is too serious to ignore the assets, resources, and capacities within family systems and communities. Social workers need the skills to effectively engage family members in working and constructive relationships. They will further benefit from training that teaches them how to make explicit their expectations, concerns, and roles while making their actions, assessments, and authority vulnerable to family members in their cultural and community contexts.

The partnership-based, collaborative practice described in this article through a differential response child welfare system is supported by an agency culture characterized by respect for social work staff and families and a clear vision focused on outcomes of child safety and strengthening families. The culture is further developed by a practice that is aligned with research and values flexibility, creativity, a solution focus, and collaborative efforts. The agency must communicate and uphold an interest in good practice specific to a balanced assessment of ongoing needs and lessened conflict, with increased family and child participation.

References


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Protecting Children

Social Worker Perspectives on Agency Support of Practices

Social work practice is supported by training that:

• focuses on child abuse literature regarding risk and protective factors specific to physical abuse, sexual abuse, and chronic neglect;
• uses formalized, research-based tools to assist with articulation of existing safety, danger, and harm;
• focuses on skill building pertaining to microskills, techniques, and strategies from solution-focused casework and strengths-based practice;
• outlines practice principles and elements specific to building constructive working relationships with families and collaboration among professionals;
• offers practice models that meaningfully involve families and are restorative in nature;
• uses a visual, diagrammatic framework as a tool that can be used with families to describe and input information as a balanced assessment of safety;
• focuses on stages of change regarding goal development with families;
• focuses on building safety in the context of denial and discrepant explanations; and
• focuses on specific considerations with domestic violence and youth in conflict.

Social work practice is supported by supervision that:

• is offered in regular group process settings with a clinical consultation focus, allowing for cross-training, transfer of learning, routine exposure of practice, and shared accountability;
• is offered in individual settings specific to professional goal development;
• is offered in a team supervisor format, allowing for increased access;
• uses a consultation framework for organizing and analyzing information in case planning development; and
• is offered in the format of reflective teams per request for processing perceived impasses.

Social work practice is supported by an agency culture that:

• considers individual social worker personality traits, differing abilities, and learning curves;
• values open-mindedness, skills in identifying what is important to families, and a willingness on the part of social worker or agency to admit mistakes, humility, and respectful responses;
• allows for thinking and exploration of solutions that lie outside the constraints of the agency/larger system and permits informed challenges to existing rules and regulations;
• is sensitive to growing pains in the development of new practice patterns;
• acknowledges the value of celebration with families through sharing a meal or convening a meeting of success at closing or specific points of accomplishment;
• requires consultants/supervisors to use formal training strategies when guiding social work staff in the development of strengths-based practice perspectives; and
• recognizes staff members’ skill and contribution by believing that they have ideas and strengths that they bring to solution building and general practice.

Social work practice is further supported by:

• focus groups and think tanks convened around practice development questions and challenges;
• regular inquiry into good practice to build practice confidence and increase the body of knowledge;
• caseloads that are manageable and consistent with the delivery of a collaborative practice model;
• access to technology, technical assistance, and supplies;
• resources within the child welfare practice (e.g., family group decision making, family case planning conferences, court liaison social workers, case aids, clinical consultants, foster care and adoption social workers, quality assurance personnel)
• opportunities to develop professionally through presentations, project design, grant writing, and research projects;
• internal agency collaboration forums;
• external agency collaboration forums;
• national and international collaboration forums;
• access to research materials, journals, and books specific to child welfare practice; and
• specialized tools: structured decision making, safety tools, and danger assessment in domestic violence.