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**CHILDREN'S TRUST & PREVENTION**  
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# **ROLE OF CHILD MALTREATMENT PREVENTION IN DIFFERENTIAL RESPONSE SYSTEMS**

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# WELCOME

- Purpose & Overview of the Session
- Differential Response Primer
- Differential Response – National Snapshot
- Growing the Differential Response
- Wisconsin's CRP and GAIN
- Minnesota's PSOP
- Q & A



On a scale of 1 – 10

# Where would you rate your level of knowledge of Differential Response



# A Quick Review: History of Child Welfare

- Henry Kempe (1962) – MDT's evaluate infants/children to identify non-accidental injuries. *Battered child* most frequent diagnosis
- Federal and state laws (since 1974) mandate child protective services (CPS) take *some* action on each report received
  - Historically: Action = investigation = same response for *all* reports
  - Focus on fact-finding and identification of a perpetrator and victim(s)
- Need for a new way of responding to reports:
  - Increasing numbers of reports, but < ½ are accepted & receiving services
  - Child welfare agencies shifting toward family-centered, family-led practices
  - Classic *battered child* rarely seen



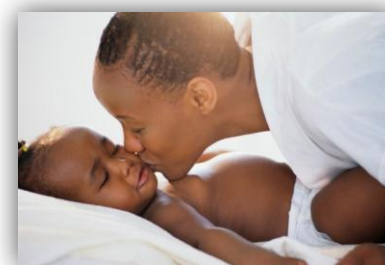
# What is a Differential Response System?



- Differential Response System describes a child protective service system organized to offer at least two response choices to accepted reports of child maltreatment

# What is Differential Response?

- ▶ Alternative to traditional child protection investigative response
- ▶ Sets aside fault finding and 'substantiation' decision
- ▶ Typically applied to reports that do not allege serious and imminent harm
- ▶ Allows and encourages agencies to provide services without formal determination of abuse/neglect



# Getting to a Differential Response System

- Philosophy
- Structural Change
- Organizational Culture
- Practice





# Rationale for Differential Response System

- Circumstances and needs of families differ and so should response
- Majority of reports do not need an adversarial approach or court-ordered interventions
- Absent an investigation:
  - child safety will not be jeopardized
  - services can be in place more quickly
  - families may be more motivated to use services
- Cases are monitored sufficiently to change course/paths when situation requires
- Only cases of significant severity need to be on the state central registry

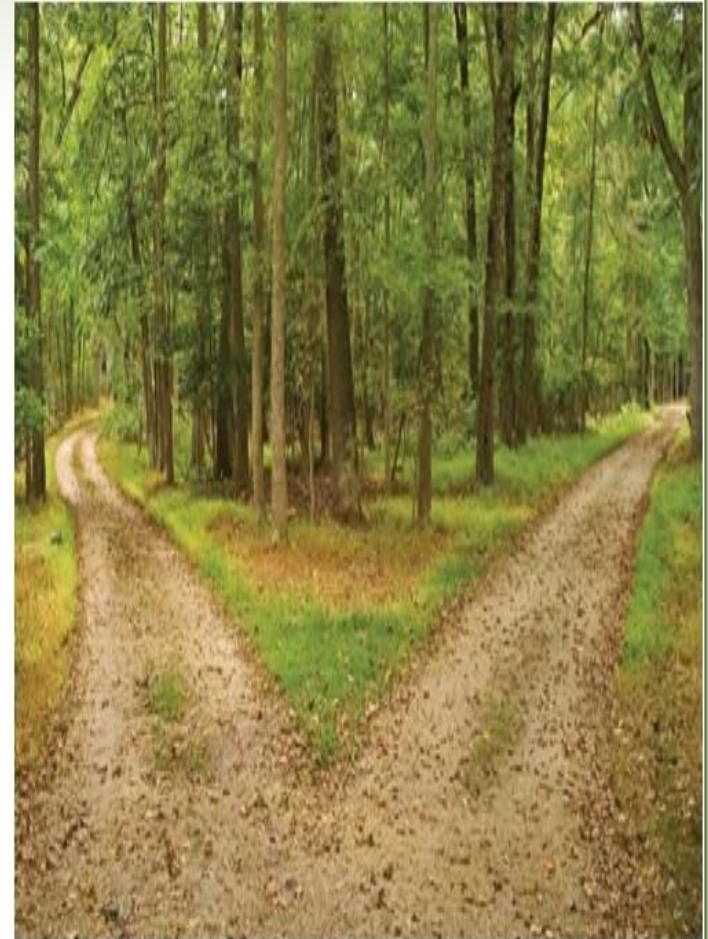


*Photo Courtesy of Denver Indian Family Resource Center*



# Factors Determining Response

- State statutory/ policy criteria
- Type of alleged maltreatment
- Severity of allegation
- History of past reports
- Ability to assure safety of child
- Willingness & capacity of parents to participate in services



# Commonalities Across Responses

- All focus on ensuring child safety and promoting permanency within family.
- All recognize child welfare agency's authority to make decisions about placement and court involvement.
- All contribute to creating system flexibility so CPS can respond to a family's changing circumstances, needs and desires.



Source: Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Protecting Children*, 23(1 & 2), 5-21.

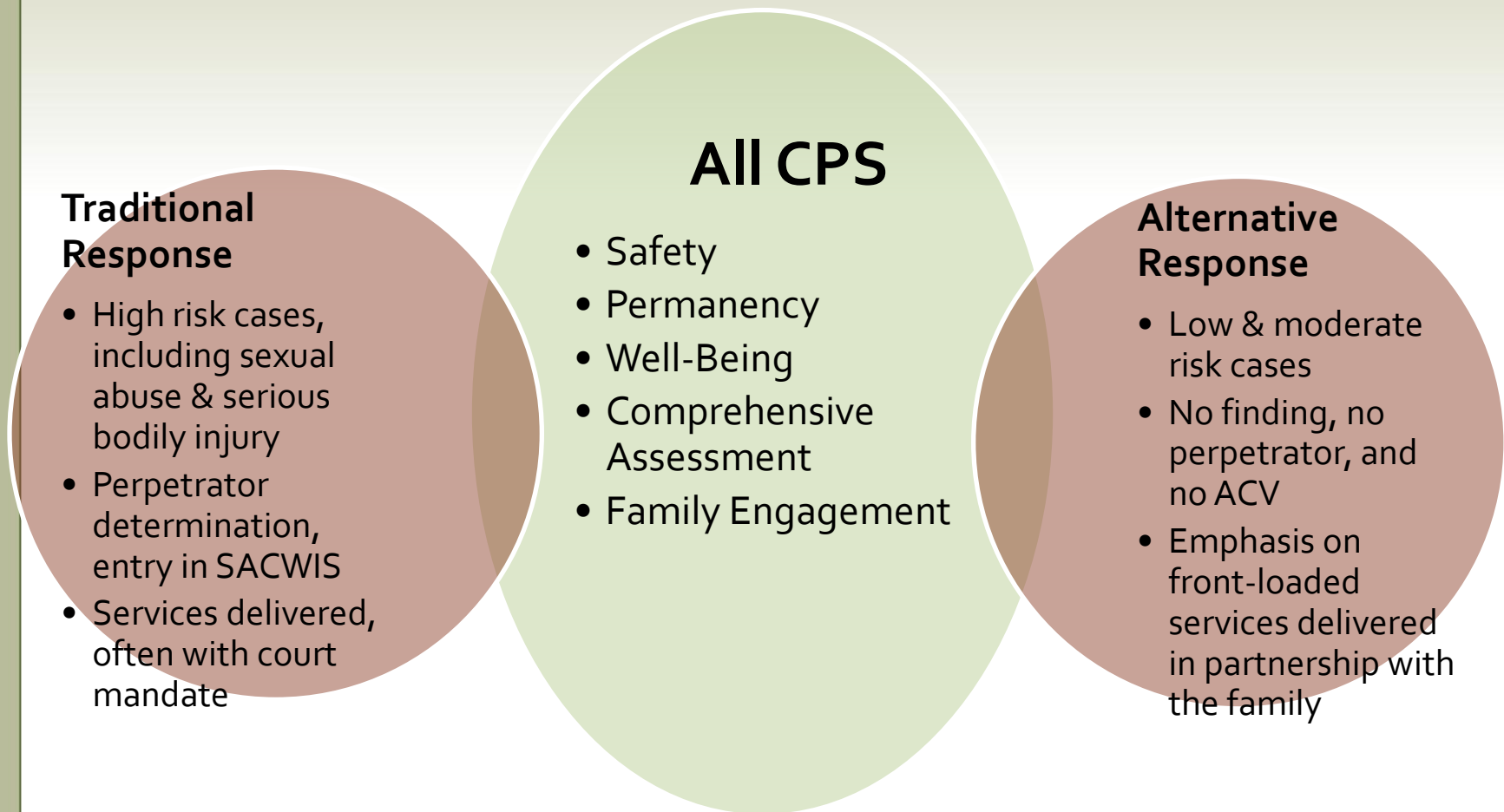
# Differences Between Non-Investigatory Response and Investigatory Response



- Focus on establishing safety not blame
- Safety through engagement of family strengths & community resources
- Parent as partner using collaborative practices
- Non-judgmental, honest & attentive responses
- Child safety addressed within context of family well-being
- Services not surveillance

[Loman, 2005]

# Comparing Traditional Response & Alternative Response

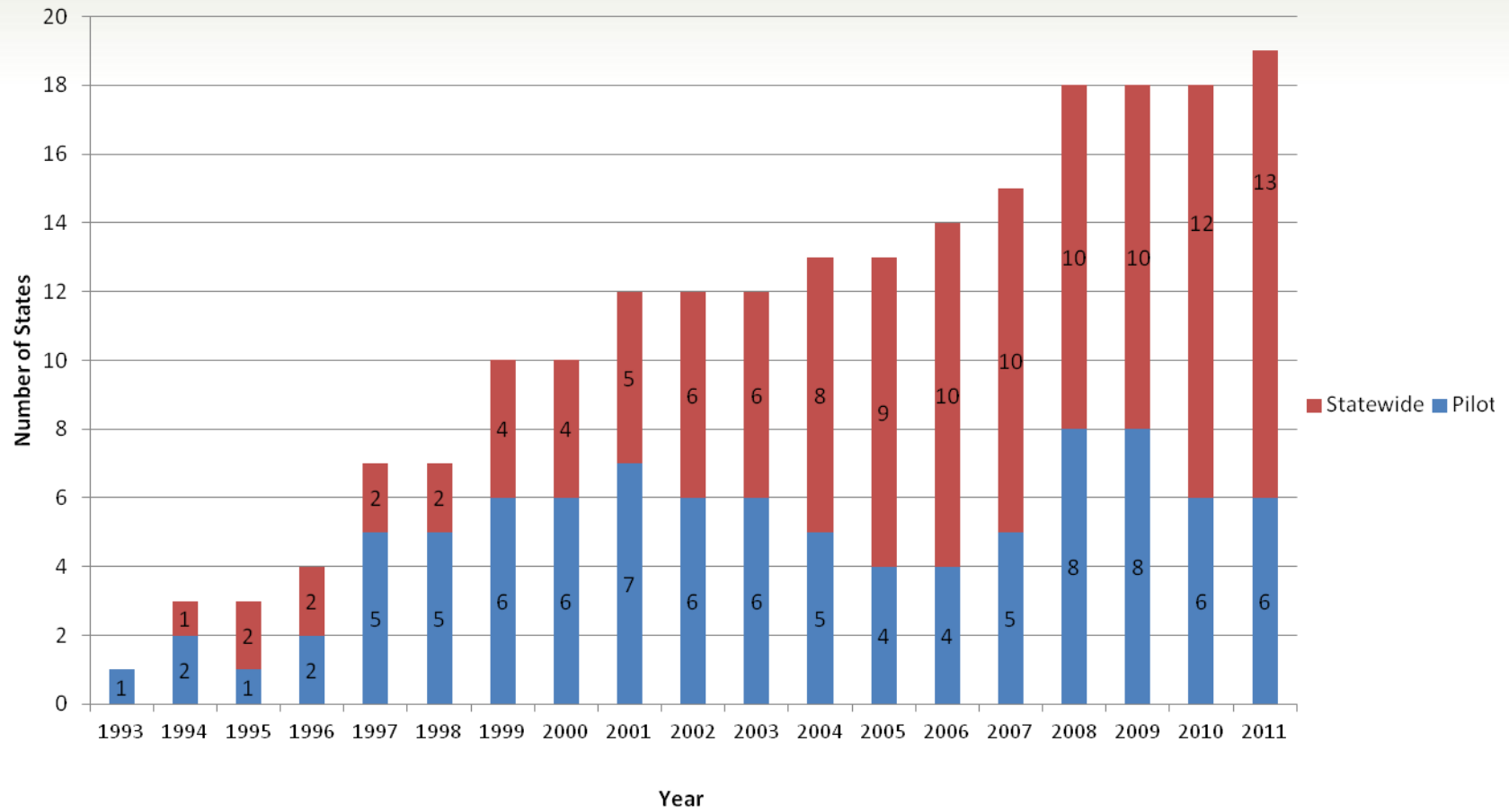


# Distinctions Between Approaches

	Assessment	Investigation
Focus	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.	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.
Type of Maltreatment	Generally targets low- to moderate-risk cases.	Under differential response, investigation is generally reserved for more serious reports that likely involve court action and/or criminal charges. Without differential response, investigation is used for all reports.
Purpose	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 meet their needs.	To determine "findings" related to allegations in the report and identify "perpetrators" and "victims."
Substantiation	Reports of child abuse or neglect are not substantiated, and therefore perpetrators and victims are not identified.	A decision on substantiation of the allegations in the report is a key objective.
Central Registry	Alleged perpetrators' names are not entered into a State's central registry.	Perpetrators' names, based on the findings, are entered into a state's central registry.
Services	Voluntary services offered. If parents do not participate, the case is either closed or switched to another type of response.	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.
Areas of Commonality	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.	

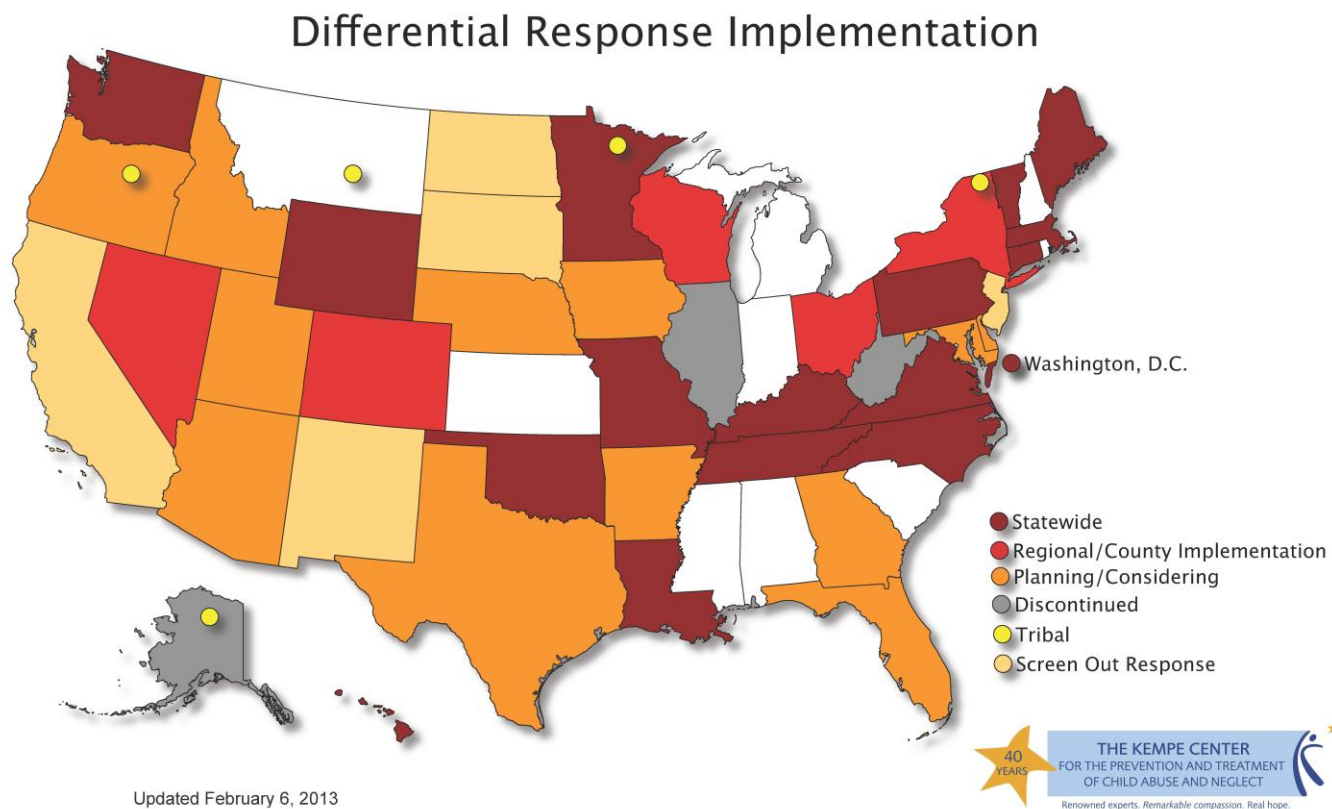
# Growth of Differential Response

## 1993 - 2011





# A NATIONAL SNAPSHOT





## **Service Types and Needs** **(Families assigned to AR Pathway)**

- Concrete Services (clothing, food, utility payment, housing, job training, transportation)
- Parenting Classes
- Domestic Violence services
- Mental Health services
- Substance Abuse Treatment
- Counseling (for adults and for children)
- Home-based services
- Population-specific services (e.g., Spanish-speaking clients, men, fathers, children with disabilities, etc.)

# Evaluation Results from Field Experiments

## □ Child Safety not Diminished

- ▣ Safety of children did not decline while families received new approach.
- ▣ Children were made safer sooner

## □ Family Engagement under AR

- ▣ Cooperation of families improved
- ▣ Families were more satisfied and felt more involved in decision making

## □ CPS Staff Reacted Positively

- ▣ Workers overall reacted positively and believed approach to be more effective.

## □ Services to Families and Children Increased and Changed

- ▣ Needed services were delivered more quickly.
- ▣ Services delivering basic necessities (food, clothing, shelter, and medical care) increased.
- ▣ Greater utilization of community resources

## □ New CA/N Reports and Later Placements of Children Reduced

- ▣ Recurrence of CA/N reports decreased for families where new approach was provided.

## □ Short-Term Costs Greater, Long-Term Costs Reduced

- ▣ While initial cost of AR in services provided and worker time was greater than in traditional CPS interventions, it was less costly and more cost effective in longer term.

# CAPTA on Differential Response

- 2010 Reauthorization = Major changes included federal requirements of state and local DR systems
- Differential response requisites are relevant to:
  - state assurances of procedures that differentiate severity for appropriate referral,
  - use of basic state grant funding to improve child protective services,
  - requirements to identify policies and procedures around the use of differential response, and
  - provision of annual State data on number of families that received DR



# Formalizing a Response to Screened-Out Reports of Alleged Child Maltreatment

# What Do We Mean by “Screened-Out” Reports?

- Child protective services (CPS) agencies use a two-stage process for handling allegations of child maltreatment:
  - (1) Screening
  - (2) CPS response
- During screening stage, initial notification—called a referral—alleging child maltreatment is received by CPS. Agency hotline or intake units conduct screening process to determine whether the referral is appropriate for further action.
- ***Referrals that do not meet agency criteria are screened-out or diverted from CPS to other community agencies.***

Source: Child Maltreatment 2009. Retrieved August 25, 2011 from <http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=9>.

# What Do We Mean by “Screened-Out” Reports?

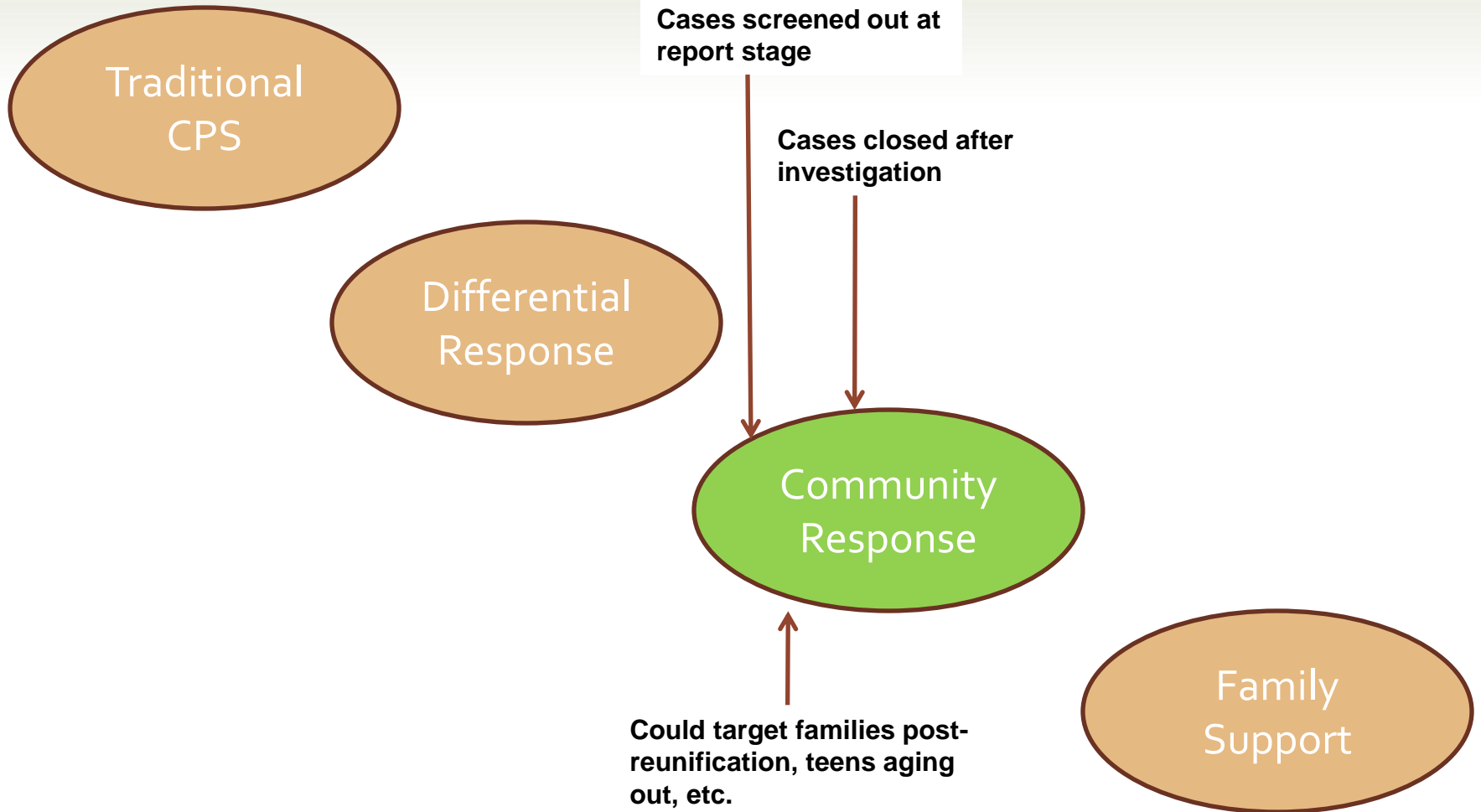
- The **reasons** behind the determination **to screen out** a referral may include one or more of the following:
  - Allegation did not meet the state’s intake standard;
  - Allegation did not concern child abuse and neglect;
  - Allegation did not contain enough information to enable a CPS response to occur;
  - Children in the referral were the responsibility of another agency or jurisdiction (e.g., a military installation or a tribe); or
  - Alleged victim was older than 18 years.
- Child Maltreatment 2009: 45 states reported numbers on both screened-in and screened-out reports:  
**61.9% reports screened-in, 38.1% reports screened-out**

Source: Child Maltreatment 2009. Retrieved August 25, 2011 from <http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=9>.

## CONTINUUM OF CPS INVOLVEMENT

FULL

NONE





# What Can We Learn From How Screened-Out Reports are Handled?

## We can learn whether...

- Screened-out referrals successfully highlight families in the community that are vulnerable.
- Value and cost savings can be demonstrated through early intervention/prevention with vulnerable families.
- Formal intervention with children and families screened-out of CPS impacts the nature and occurrence of initial CPS reports and deters escalating challenges for such families.
- Creative solutions exist for how to build collaborative preventive community efforts to support families and protect children – efforts that integrate both individual responsibility and a strong formal service infrastructure.

# Aligning Prevention and Differential Response

## Ecological Framework for Prevention

- Children and families are part of an ecological system – interventions must target individuals, families, community and society.
- Primary responsibility for development and well-being of children lies within the family.
- Healthy communities assure the well-being of families by offering universal access to support programs and services.



**How does this align with the core elements and values of Differential Response?**

Adapted from: Child Welfare Information Gateway. *Framework for Prevention*. Retrieved August 24, 2011 from <http://www.childwelfare.gov/preventing/overview/framework.cfm>.

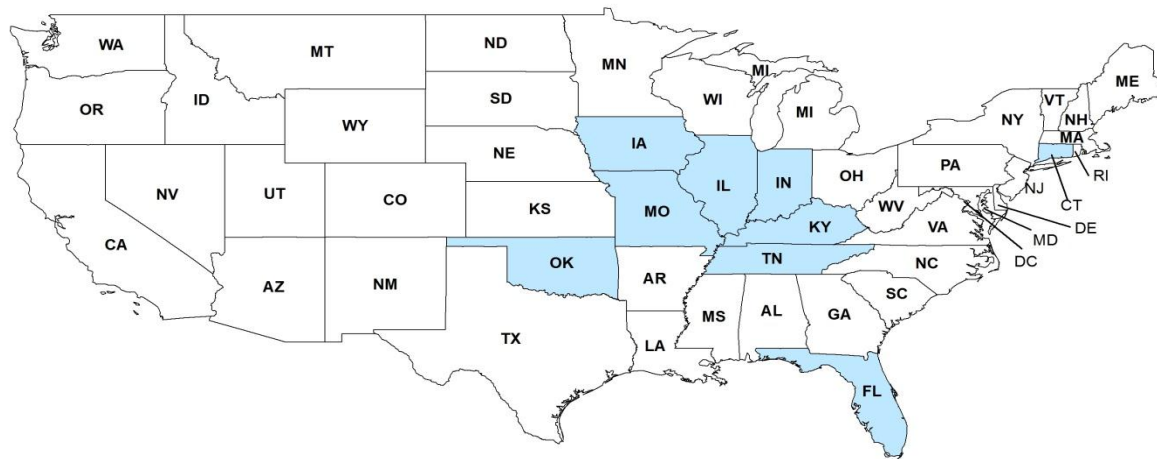
**Legend**

- Uniform, Statewide Formal Response
- No Formal Response Established
- Implementation in Selected Jurisdictions
- States where no data is available

# Findings: Statewide, Uniform Implementation

*9 States or 23% of responding states*

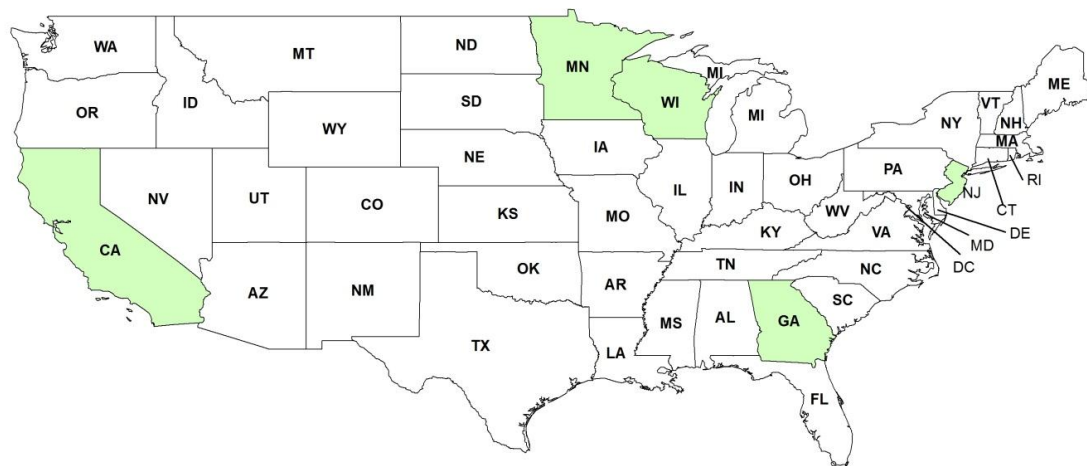
States with Uniform, Statewide Formal Response



# Findings: Implementation in Selected Jurisdictions

*5 states or 13% of responding states*

States with Implementation in Selected Jurisdictions



# Analysis

- Continuum of differential response possibilities in child welfare; *screen-in* is but one possibility for which we have greatest knowledge at this time
- Role of CW capacity constraints – staff, services, funds in promoting/limiting innovation
- Importance of collaboration between child welfare agencies & early intervention/prevention entities
- Need for greater communication and less “silo-driven” work as evidenced by *different knowledge* expressed by same state respondents

# Recommended Best Practices for CRP Design and Implementation

- Community Response Programs should exclusively target families who were screened out or had their cases closed after initial assessment by CPS following a report of CA/N;
- Services should be truly voluntary in nature and delivered by staff operating outside of the formal CPS system; families should be free to decline services as well as disengage from services at any point;
- Pre-established protocol between CRP service agency and the local CPS agency needs to be in place, including objective guidelines for referring families from CPS to CRP, ideally with very few criteria (e.g. every family who is screened out and has reasonable contact information);



## Recommended Best Practices for CRP Design and Implementation, cont.

- Goal setting should be a collaborative process between CRP worker and primary caregiver(s) in each family.
- Program should be delivered in family's home or in a convenient location, as determined by the family;
- Comprehensive assessment of each family's economic situation should occur prior to goal setting, to allow families to reflect on whether they need assistance accessing economic resources, making short-term financial decisions, or addressing emergent economic needs.
- Intervention period should be relatively short (e.g., 1-6 months), and not serve as a substitute for other community resources that offer long-term interventions; clear criteria for case closure should be developed.

# Making Real Gains in Prevention: Wisconsin's Journey

## Acknowledgements:

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UW-Madison School of Social Work





## Goals of Wisconsin's Children's Trust Fund Community Response Program Initiative

1. To enhance comprehensive voluntary services to lower-risk families that are reported to, but not served by, the CPS system;
2. To reduce demands on the CPS system;
3. To prevent re-reports to CPS related to escalation of risks;
4. To build a more comprehensive, community-based service continuum for families at risk for maltreatment.



# Wisconsin's Community Response Program

- 2006 - WI CTF provided pilot funding to six sites to develop CRPs that address the needs of families that are screened out of CPS following a report or investigation.
- 2008 – WI CTF funded four additional sites
- 2009 - WI CTF funded one more site



## What was the initial CRP intervention?

Wisconsin's Community Response Program (CRP) now operates in funded sites across the State. Sites vary on the length and intensity of their intervention. All referrals are from CPS.

Families define their needs; receive comprehensive case management services on a voluntary basis.

Services may include: domestic violence, mental health, substance abuse, basic needs, assistance with employment, parenting, and community resource referrals.





## Key Findings from CRP Implementation Evaluation

- Community service provider and CPS agency need to have a shared understanding of how to make referrals, and for whom.
- Average acceptance rate of 54%; range 28% to 83%. Those referred following an investigation more likely to engage than families screened out at report stage.
- CPS referral reasons (to CRP) were most often related to parenting needs; participant defined needs most often related to income.





## Key Findings, continued

- Participant reports of public benefit receipt were low at CRP intake, despite very low income levels.
- 70% of participants made significant progress toward at least one service goal; 57% attained at least one goal.
- Having an income-related service goal was highly predictive of goal attainment.





# Milwaukee Community Response Program (M-CRP)



# The Milwaukee CRP Model

\*Initially piloted in La Crosse County

Linking to Benefits and  
Economic or Material  
Resources

Target Population: Families whose  
CPS cases close upon investigation

Service Duration:  
~6-10 weeks; families can re-engage  
if they need additional assistance

Financial Decision-  
Making Assistance

One-time emergency  
assistance with economic  
needs

ECONOMIC SUPPORT FOR FAMILIES AT RISK

\*Referrals for other “non-  
economic” service needs



## Key Elements of M-CRP

Objective referral eligibility criteria:

- All cases closed after an investigation

- Family has reasonable contact information

CRP service provider is external to CPS

- Different from most Alternative Response models

Intervention around economic stressors only

- Significance for the prevention field: *“How much prevention can be attained by intervening only around economic issues?”*



FULL

Continuum of CPS Involvement

NONE

Traditional  
CPS

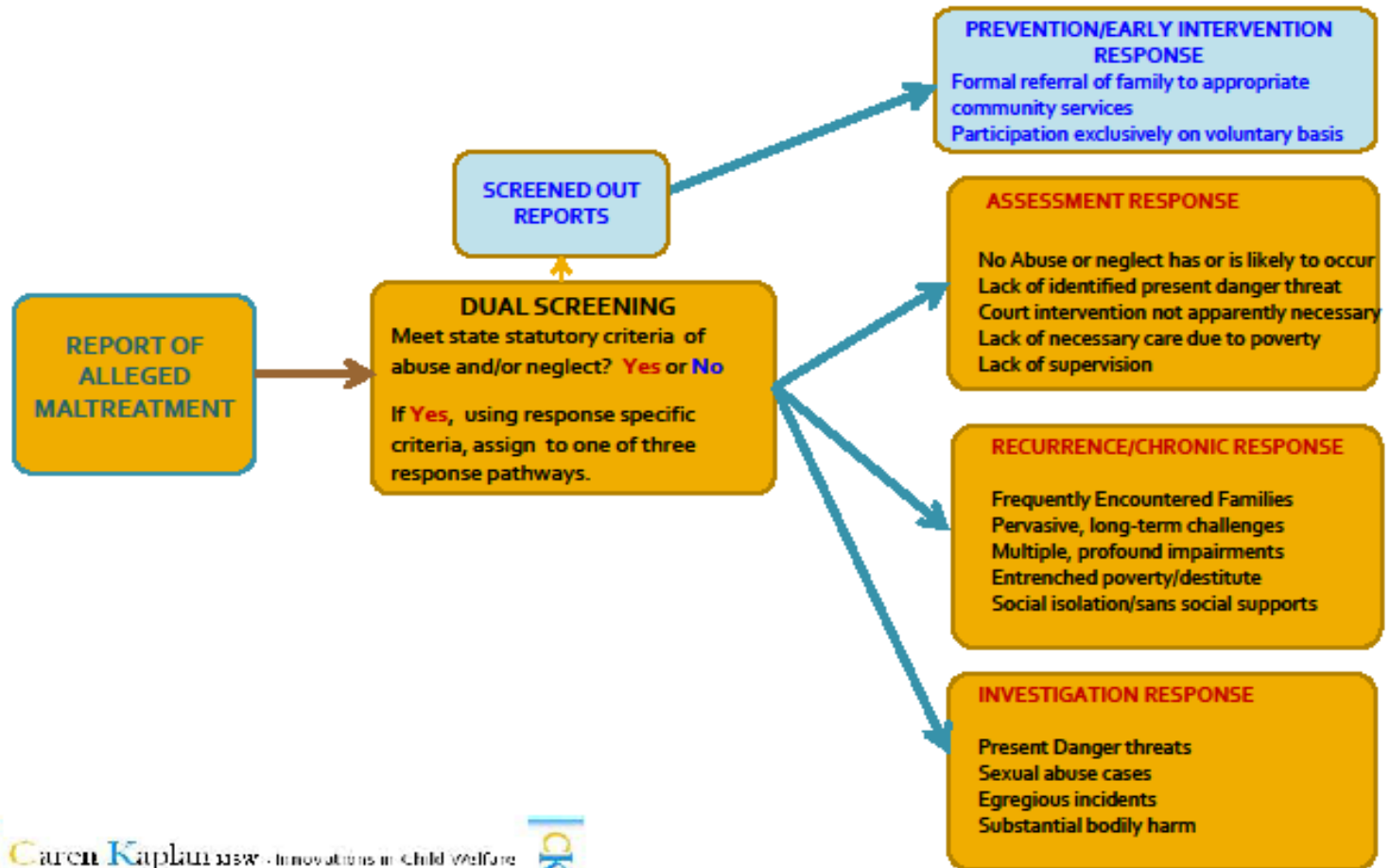
Differential  
Response

Community  
Response

Family  
Support

GAIN

# Growing the Differential Response System



Caren Kaplan, MSW - Innovations in Child Welfare



# *Come Join Us!*



Photo by Hector Mandel  
[www.dzphotovideo.com](http://www.dzphotovideo.com)



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