Differential Response: A Family Impact Analysis 2012

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Abstract

A pendulum swing is underway in child welfare with movement toward a differential response approach to child protective services. The premise of differential response is to initiate a non-investigatory track for low risk families reported to child protective services, recognizing that many families face structural barriers that put them at risk of contact with the child welfare system. In this non-investigatory track, caseworkers evaluate reports of maltreatment on a case-by-case basis, provide assessments and address the needs of the family in order to prevent child removal from the home. The goal of this paper is to conduct a family impact analysis of differential response to highlight both strengths as well as points of consideration for future program development.

Keywords: child welfare, differential response, social policy, vulnerable families

Differential Response: A Family Impact Analysis

Historically, the child protection system removed children from their families following an abuse or neglect substantiation. Most recently, some states have implemented a differential response approach to child protection, offering a non-investigatory approach for lower-risk families referred into the system. This represents a shift in child welfare practice away from viewing child maltreatment from an individual standpoint to recognizing that many families face structural barriers that put them at risk of contact with child protection. In this non-investigatory track, caseworkers evaluate reports of maltreatment on a case-by-case basis, provide assessments, and address family needs in order to prevent child removal from the home. Differential response initiatives help support long-term family stability through tailored service delivery.

The goal of this paper is to conduct a *family impact analysis* (Bogenschneider, Little, Ooms, Benning, Cadigan, & Corbett, 2012) of differential response to highlight strengths as well as considerations for future program development. A family impact analysis provides a systematic way to examine a program or policy from a family perspective in order to illuminate how it benefits families, where it has gaps in family support, and how it might be improved to support family well-being. The family impact lens is meant to provide a balanced, objective, and educational examination of how a program or policy affects families from a nonpartisan standpoint.

Background of Child Welfare Practice and Theoretical Shifts

An "unresolved tension" exists in the role of child protection between rescuing children from abusive or neglectful parents versus stabilizing vulnerable families and leaving children in the home (Schene, 1998). Over time, government intervention in child protection has shifted following changes in understanding the underlying causes of child abuse and neglect. See Table 1 for an overview of key policy inception and theoretical shifts.

In this section, we will discuss how child abuse first came to be conceptualized as a social problem. Then, we will provide an overview of the human service system's development and early theories on the cause and treatment of child abuse and neglect. From an individual perspective, child maltreatment has been viewed as a problem stemming from poor parenting, parental mental health, or child medical wellness. Then, theories arose around understanding the multidimensional nature of child maltreatment, adding structural perspectives to the causes of child maltreatment. From the structural perspective, child maltreatment is seen as a result of contextual factors facing families that impede effective parenting, such as poverty resulting from limited employment opportunities. We then explain the shift from child removal to family preservation, which focuses on keeping children in the home. Finally, we explain the shift to differential response, which represents a structural approach to child maltreatment.

Child abuse as a social problem. Child abuse first came to the public's attention in 1874 with the "Mary Ellen" case, which initiated the construction of child maltreatment as a social problem. This case led to the inception of laws and brought child abuse to the attention of the public, government, and media. A "friendly visitor" noticed that Mary Ellen Wilson was being physically abused at the hands of her stepmother. As there were no child protective service organizations or institutionalized ways to handle child abuse, the incident was reported to the American Society for the Prevention of Cruelty to Animals. The outcome sparked considerable

public attention, and the New York Society for the Prevention of Cruelty to Children (SPCC) was subsequently established in 1875. The SPCC became the first national child protection association. Soon to follow, other SPCCs appeared throughout the country (Nelson, 1984). In 1912, President Taft created the Children's Bureau, making child protection a federal priority, establishing a government role in taking responsibility for children, whereas previously, the family was viewed exclusively in the private sphere (Nelson, 1984). The role of the government in protecting child well-being is rooted in *parens patriae,* or "parent of the nation," giving the state the right to intervene in families to protect children. The state had previously viewed families as outside of their jurisdiction, but the Children's Bureau established the policy of state intervention when parents were unable to fulfill their duties of protecting children from harm (U.S. Department of Health and Human Services, 2010).

The rise of a human service system. The early implementation of child protection took a law enforcement perspective, but between 1920 and 1950, a shift occurred toward rehabilitation. Child protection became part of the human service delivery system for vulnerable families, moving away from the regulatory and policing system. In 1935, the Social Security Act became the first federal legislation on child welfare, establishing state agencies for child protection. The Act authorized the Aid to Dependent Children (ADC) program, designed to help poor, single mothers keep children at home by providing material support (Schene, 1998). This shift to a rehabilitative approach was embedded within the larger sociological, political, and cultural shifts of the time, which led to the establishment of human service systems, reflected in the changing landscape of government intervention as a result of the New Deal. However, with the World Wars, child protection received less government attention (Nelson, 1984).

In the late 1950s and early 1960s, child abuse and neglect was "rediscovered" during the War on Poverty which placed a renewed national emphasis on family well-being (Nelson, 1984). It was during this time that child maltreatment was conceptualized as an individual problem at the parent level in both research and practice. Child maltreatment was attributed to parental psychological issues and understood as a relatively rare occurrence. Abusive parents were diagnosed with mental disorders, which medicalized their perpetration of child abuse and neglect (Gelles & Maynard, 1987). Between 1963 and 1967, all 50 states passed child abuse laws (Nelson, 1984). In the 1960s, child abuse was understood from the individual perspective on the child level, as it was conceptualized as a medical disorder for children (Waldfogel, 1998). "Battered child syndrome" was first defined in the *Journal of the American Medical Association*, which situated child abuse and neglect in the psychological and medical fields (Gelles, 1985; Gelles & Maynard, 1987, Kempe, Silverman, Steele, Droegemuller, & Silver, 1962). Battered child syndrome was defined as:

> "A clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited" (Kempe et al., 1962, p. 17).

The medical field's attention to child abuse put pressure on the federal government to authorize national legislation. In 1974, as the first national legislation focused on child abuse and neglect, the Child Abuse Prevention and Treatment Act (CAPTA) was signed by Congress. The Act provided funding to state agencies for child protection and created standards for responses to child maltreatment allegations (Schene, 1998).

The inception of multidimensional theories on child abuse. In the late 1970s and early 1980s, another major shift occurred, this time toward understanding child abuse and neglect from a structural perspective. This shift resulted from the work of sociologists and developmental psychologists who examined the multidimensional nature of violence in the home. Sociologists argued that violence in the home occurred because of multiple social stressors and factors rather than individual mental wellness (Gelles & Maynard, 1987). For example, from interviews with families, Gelles (1987) concluded that poor, minority families experience more violence in the home because of the increased stress in their lives. Parents who abused their children were more likely to be socially isolated than nonabusive families as they had smaller social networks and were less likely to know their neighbors (Gelles, 1987). Similarly, Urie Bronfenbrenner's work led developmentalists toward an ecological approach to child development, going beyond the individual (1974, 1979). Bronfenbrenner argued that "human abilities and their realization depend in significant degree on the larger social and institutional context of individual activity" (Bronfenbrenner, 1979, p. xv). According to Bronfenbrenner (1974), family research should consider multiple ecological levels, not only systems in which the child participates directly, but also systems that are in the surrounding layers of the child's environment. Understanding multidimensional barriers, this theoretical shift was also coupled with changes in child welfare practice as the community serving children shifted from medical professionals to government employed social workers to support families beyond their medical needs (Waldfogel, 1998).

The implementation of family preservation. Whereas theories on the role of child protective services existed previously, the goal of preserving families was not operationalized as a practice until the 1980s as child welfare reporting increased, but state budgets for child welfare decreased. The goal of family preservation was to serve as a preventative measure to reduce out of home placement, support permanency for children, and reunify families as quickly as possible (McCroskey, 2001; Schuerman, 1997).

Federal legislation around the time of the family preservation movement echoed the increasing call to keep families intact. In 1980, Congress passed the Adoption Assistance and Child Welfare Act, creating federal procedures on child welfare case management, requiring state plans for addressing child maltreatment and to make a "reasonable effort" to keep families together, although legislators did not specify a clear definition of a "reasonable effort" (Farrow, 2001). The Act reduced the number of children in foster care in the early 1980s, but from 1986 to 1995 the number of children in foster care increased by 76 percent. In 1993, the Family Preservation and Family Support Service Program was authorized as part of the Omnibus Budget Reconciliation Act to address the increasing numbers of children in foster care. The Act allowed funding for community-based services to prevent child removal from the home (Murray & Gesiriech, n.d.). Evaluations of family preservation programs showed positive results; however, questions were raised on how families were targeted for family preservation, as families who were not at risk of child removal received the intervention (Schuerman, 1997). Additionally, advocates and researchers became increasingly concerned that family preservation was putting child safety at risk as family preservation was blamed in a few high-profile child deaths

(Ingrassia & McCormick, 1994). Subsequently, the Adoption and Safe Families Act of 1997 refocused child welfare on child safety but also encouraged permanency (Murray & Gesiriech, n.d.).

The rise of differential response. The move to a differential response approach arose from dissatisfaction with Child Protective Services (CPS) investigation processes and a failure to provide services to families in a nonadversarial way. A taskforce of child welfare administrators and practitioners convened at the Harvard Executive Session on New Paradigms for Child Protection between 1994 and 1997, which was funded by the Annie E. Casey and Edna McConnell Clark Foundations (Barclay et al., 2002). The Taskforce cited key problems with the child welfare system, including the under-inclusion of families who were not reported but should be, capacity of the system to provide services to reported families, and tension within child protection between rescuing children and stabilizing families.

Also around the time of the taskforce, researchers and advocates began to note that the child protective services' dual mandate to rescue children and preserve families was not well suited to a broad, uniform treatment approach for families that experience differing risk levels (Conley, 2007; Schene, 1998). In particular, families experiencing lower risk were often investigated by child welfare caseworkers as a result of a report, but if the case was not formally opened, services were not offered (Conley, 2007). From these concerns came the impetus for developing a differential response track that focused on the state and community sharing responsibility for families, giving caseworkers the ability to assess families at different risk levels to match appropriate services. By implementing differential response for lower-risk families, child abuse and neglect investigations can focus on the most severe cases (Conley, 2007; Waldfogel, 1998). Thus, the shift to differential response represents a movement in the field of understanding the importance of engaging lower-risk families, the role that informal social supports can play in stabilizing family life, and "recognizing the enormous challenges many families face in sustaining healthy lives" (Schene, 2005, p. 6).

An Overview of Differential Response

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

"(a) The use of two or more discrete responses of intervention;

(b) The creation of multiple responses for reports of maltreatment that are screened in and accepted for response;

(c) The determination of the response assignment by the presence of imminent danger, level of risk, number of previous reports, the source of the report, and or presenting case characteristics;

(d) The ability to change original response assignments (either decreased or elevated) based on additional information gathered during the investigation or assessment phase;

(e) The establishment of multiple responses is codified in statute, policy, and or protocols;

(f) The ability of families who receive a non-investigatory response to accept or refuse the offered services after an assessment without consequences (i.e., services are voluntary);

(g) The perpetrators and victims are not identified when alleged reports of maltreatment receive a non-investigation assessment response, and services are offered without a formal determination of child maltreatment (i.e.substantiation);

(h) The differential use of the central registry, depending on the type of response. The name of the alleged perpetrator is not entered into the central registry for individuals who are served through a non-investigation assessment response pathway" (Merkel-Holguin, Kaplan, & Kwak, 2006, p. 10).

Differential response interventions began in 1994 in Missouri and Florida (Waldfogel, 2009). Since 1994, differential response programs have increased across the United States and also internationally in Canada, Australia, and New Zealand (Conley, 2007). As of 2009, 18 states had implemented differential response programs (QIC-DR, 2009a). Figure 1 shows the increase from 2000 to 2009 of the percent of child welfare reports that screened into differential response.

Most states include policies that exclude the most serious cases from entering the differential response track. These usually include a formal policy which prevents cases that include serious physical injury or sexual abuse, serious mental injury, abandonment, or medical neglect (Kaplan & Merkel-Holguin, 2008). The process for a case being referred into the differential response track differs across the country. For example, in Illinois, families were screened for the differential response track, as opposed to the child welfare investigative track, when a report of child abuse or neglect came into the Department of Children and Family Services' reporting hotline with any of the following allegations: lock out; inadequate food, shelter, or clothing; environmental neglect; mental injury; medical neglect; or inadequate supervision. Then, the family was assigned a differential response specialist and a community-based caseworker. Once the team determined that there are no immediate risks to the child by interviewing the reporter and conducting background checks, the family was visited within 24 hours of the report. The home visit included a child interview to assess the developmental level of the child, a Child Endangerment Risk Assessment Protocol (CERAP), a Home Safety Checklist, and a Drug Endangered Child Protocol. The team conducted additional assessments on five domains: child well-being, parental capabilities, family safety, family interaction, and the home environment. The community-based caseworker continued to contact the family daily, or as needed, to provide intensive strength-based support in the short-term. The caseworker helped the family identify its existing social support network, which was assessed in terms of its helpfulness, intensity, durability, accessibility, proximity, reciprocity, and size (Illinois Department of Children and Family Services, 2010).

As opposed to the investigative track, differential response calls for "informal and natural helpers, drawn from families and communities, to play a much more active role in child protection" (Waldfogel, 1998, p. 138). In this way, differential response provides a tailored response and intervention to families through collaboration with community-based organization partners and informal supports- in particular, neighbors and kin (Waldfogel, 1998). Caseworkers have significant discretion in offering services to the family depending on the level of risk. The

extent to which services are voluntary varies across the country. Although there is no strong evidence of the effect of voluntary participation, some argue that if a family feels that they have a choice to participate, they become more engaged and build better relationships with service providers who can provide long-term support (Kaplan & Merkel-Holguin, 2008). Hence, the differential response approach focuses on engaging parents as partners, assessing the needs of families, providing multiple services, and connecting families to community-based support services.

A 2009 study on differential response revealed the key services that states deliver to families (see Table 2) (QIC-DR, 2009b). Table 2 outlines that many states provide economic hardship support, substance abuse programs, family counseling, and parenting classes as part of their differential response program, and fewer states provide advocacy services, home cleaning, medical services, and dental services.

In short, the inception of differential response could be explained as a result of a shift to using structural theory as a mechanism for understanding and addressing child maltreatment. Differential response represents movement toward a system that relies on social support and community interventions to stabilize families and keep children in their homes.

Methods

We conduct a family impact analysis of the differential response program, following procedures outlined by Bogenschneider and colleagues (2012). The family impact's guiding principles for analyzing policy, programs, and services were first developed by the Consortium of Family Organizations in the 1980s and modified in 2000 and again in 2012 by the Policy Institute for Family Impact Seminars (Bogenschneider, 2006; Bogenschneider et al., 2012; Ooms, 1995). The *Family Impact Checklist* provides detailed questions for each of five guiding principles, which include family responsibility, family stability, family relationships, family diversity, and family engagement (Bogenschneider et al., 2012). We often ask about the economic or environmental impact of certain government policies, but it is similarly important to ask, "what is the impact of this policy, program, or practice for families?" (Bogenschneider et al., 2012).

A family impact analysis can involve empirical research, interviews with individuals, or a qualitative review of the available evidence. Differential response implementation is at different stages across the country, and therefore, for this analysis, we will draw on a review of the existing literature on differential response to conduct this family impact analysis in each of the guiding principles, often drawing on examples from Illinois.

Results: Family Impact Analysis

Bogenschneider and colleagues (2012) recommend first identifying what types of families are affected by the program or policy, which can include families at particular life stages, different income and education levels, different cultural or religious backgrounds, or special needs. Differential response affects many diverse families, but mostly involves families with socioeconomic disadvantages reported to child protective services. In an overview of state evaluations, Loman (2009) reported that most families who qualify for differential response cite economic circumstances as the main reason for the child protective services report. In the

following sections, we conduct a family impact analysis of differential response using the general Family Impact Checklist proposed by Bogenschneider and colleagues (2012).

Principle 1: Family Responsibility

- How well does the program help families build the capacity to fulfill their functions and avoid taking over family responsibilities unless absolutely necessary? How well does the program set realistic expectations for families to assume financial and or caregiving responsibilities for dependent family members depending on their family structure, resources, and life challenges?

From a family impact perspective, programs promoting family responsibility aim to support and empower families in ways that can include healthy parenting, family formation, and economic support. These supports require tackling underlying issues that may be impeding family economic success such as low literacy or unemployment (Bogenschneider et al., 2012). Coupled with the comprehensive assessment conducted by a social worker and community-based worker, differential response helps families to "build the capacity to fulfill their functions" (Bogenschneider et al., 2012), rather than treating individual problems on a short-term basis. Differential response is meant to foster family functioning and well-being, which aligns with this core family impact principle. The key to promoting family responsibility is allowing children to remain in the home so childrearing functions are not taken over by the state.

The voluntary nature of services may help participating families feel like they are helping themselves and promote longer term skills in self-sufficiency. By providing services ranging from economic support to house cleaning, differential response services are nonthreatening, where the family may be more likely to voluntarily accept services. Services are directed to promote family responsibility by tackling a wide range of barriers that impede family functioning, such as employment services to help parents provide economically for their children or relationship building to promote family formation maintenance. Little is known yet about how many families take up the voluntary services, but two pilots in California found low refusal rates (Berrick et al., 2009).

Differential response is built upon community involvement and service delivery that relies on the collaboration between child welfare agencies and community-based organizations. However, one of the biggest remaining challenges is identifying how service delivery can be improved in communities at the same time that state budgets are dwindling (Waldfogel, 2009). As a part of differential response, the responsibility of helping families is placed on the local government and community non-profit organizations, rather than the state or Federal government. But, not all local governments and community organizations have the capacity to meet the increased demand that may result from the increased demand for their services. In short, the program allows for families to take responsibility as children are left in the home, address multiple barriers to family functioning, and voluntarily opt into certain services to foster their well-being and stability.

Principle 2: Family Stability

- How well does the program help families avoid problems before they become serious crises or chronic situations that erode family structure and function? How well does the program

balance the safety and well-being of individuals with the rights and responsibilities of other family members and the integrity of the family as a whole?

From family impact perspective, family stability includes keeping intact parental, marital, and other familial relationships where children are involved. Promoting family stability includes helping families manage their problems before they escalate into serious crises (Bogenschneider et al., 2012). The philosophical roots of differential response are consistent with family stability, allowing for children to remain in the home. As discussed above, family stability is a clear goal of differential response as differential response programs economically stabilize families through support services and linking the families to employment and counseling programs, which may indirectly decrease changes in family structure. Not only do differential response interventions provide economic support, but workers also can refer families to other social service programs to help provide economic stability. For example, families receiving differential response in New York reported receiving more help from workers in accessing services to meet their basic needs through other public assistance programs than similar families who experienced the investigative track (Ruppel, Huan, & Haulenbeek, 2011).

In addition to economically stabilizing the family, differential response helps to reduce the likelihood of future instability as, for the most part, evaluations of differential response on the state and county levels reveal that there are modest decreases in the rereporting of families from the differential response track (QIC-DR, 2009a). The National Child Abuse and Neglect Data System (NCANDS) in 2005 show that 83 percent of differential response cases did not have a reoccurring report, six percent reentered into the differential response track, and 11 percent received an investigation (Ortiz, Shusterman, & Fluke, 2008).

Similarly, using a nonexperimental design, Marshall, Charles, Kendrick, and Pakalniskiene (2010) compared children receiving differential response services to children placed into the traditional investigative track across Canada. There were no significant differences between groups in the rate of recidivism or the time between repeat cases. However, whereas few comprehensive studies have been completed on differential response, studies suggest that children in differential response were less likely to be removed at the end of the study than the comparison group, which suggests that services promoted family stability (Marshall et al., 2010). Additional research is needed to understand which mechanisms, in particular, are driving the reduced rates of recidivism, whether it be certain types of services or the fact that the families screened into differential response already have certain supports in place. Overall, the goal of differential response is to stabilize families, recognizing the unique needs of families, in order to promote future family well-being.

Principle 3: Family Relationships

- How well does the program recognize that individuals' development and well-being are affected by the quality of their relationships with close family members and family members' relationships with each other? How well does the program involve couples, immediate family members, and extended family when appropriate in working to resolve problems, with a focus on improving family relationships? How well does the program take steps to prevent family abuse, violence, or neglect?

From a family impact perspective, this principle focuses on how well the program helps support family members to enhance relationships and prevent violence or neglect in the home. This principle focuses on how well a policy or program recognizes that relationships and family dynamics can shift as a result of various changing life situations (Bogenschneider et al., 2012). The differential response program provides a safety net for families who are experiencing a crisis that led to their being reported for child abuse or neglect. Differential response programs seek to engage members with positive relationships, but also to intervene in the case of negative family relationships in order to promote family stability. Differential response aims to stabilize families not only economically but also in terms of building familial relationships through parenting workshops and family counseling (see Table 2 for more information). However, at this stage, there have not yet been studies regarding how differential response affects marriage and divorce rates.

Differential response programs promote a non-investigatory track for families, allowing caseworkers to draw on informal supports to help build family relationships, not only with supportive family members but also with neighbors. Less than ten percent of local child welfare agencies are taking the lead on providing differential response programs as they are contracting out differential response provision to community-based organizations (England, Fluke, & Ying-Ying, 2003).

The role of informal supports, such as neighborhood networks, can help to reduce the social isolation of vulnerable families (Waldfogel, 1998). The neighborhood context and local community where families reside are important in providing necessary supports in "their infrastructure, their capacity to provide resources, their level of safety, and their ability to instill a sense of collective identity and build social capital" (Berrick et al., 2009, p. 152). Early data from Illinois' differential response implementation reveal that the city of Chicago has saturated city blocks where some neighborhoods have more than 50 eligible families per square mile (McEwen, 2010). Thus, the concentration of families who qualify for differential response within the Chicago area suggests that systemic, contextual risk factors are influencing families in these areas. The irony of the focus on informal supports is that differential response cases tend to be clustered together geographically, so there may be relatively few neighborhoods with the capacity to help fully support the residents.

Additionally, studies to date have not determined how often caseworkers promote relationship building among family members, and even neighbors, to provide informal supports. A better understanding of how caseworkers are helping families to make these connections and build networks is needed. Overall, differential response has the potential to promote stable family relationships, but additional work is necessary to understand how this is occurring.

Principle 4: Family Diversity

- How well does the program identify and respect the different attitudes, behaviors, and values of families from various cultural, economic, geographic, racial and ethnic, and religious backgrounds, structures, and stages of life? How well does the program ensure the accessibility and quality of programs and services for culturally, economically, geographically, racially or ethnically, and religiously diverse families?

From the family impact perspective, family diversity includes programs that acknowledge family diversity, do not discriminate based on race or ethnicity, understand economic situations, and acknowledge differences across geographic locations. Recognizing family diversity also takes into account that programs can rarely be "one size fits all," as families have various cultural and religious beliefs that require programs to respect family differences (Bogenschneider et al., 2012). Differential response offers such a tailored approach to support the diverse needs of vulnerable families.

More work is required at this stage to understand how differential response affects families from different racial and ethnic groups, as well as service delivery for families residing in different geographic locations. It is well documented in the literature that racial and ethnic minorities and lower income populations have a disproportionate rate of child maltreatment reports (Osterling, 2008). The National Quality Improvement Center on Differential Response in Child Protection (2009a) posits that information is needed on the effects of differential response across demographic differences- race or culture- of the population that is receiving the intervention. The tailored approach of differential response may be a way to reduce racial and ethnic disproportionality in the child welfare system.

In bridging the gap between differential response models and local areas, some researchers note the importance of neighborhoods in supporting families. Crain and Tonmyr (2008) argue that "it is critical to acknowledge that a weakness of some differential response systems is the assumption that community support services are available" (p. 22). As previously discussed, differential response eligible cases in Chicago are clustered together in neighborhoods that may not have support services available. Similarly, it can be difficult to implement a differential response system in rural areas because of the lack of concentrated service delivery providers; however, there is some evidence to suggest the well-established and longstanding network ties between the child welfare agencies and community based organizations providers in rural areas could be a potential strength (Zielewski & Macomber, 2008). Programs implementing differential response need to take the local area into account to assure that services are available for families, such as a public transportation infrastructure in urban areas or lack thereof in rural areas (Zielewski & Macomber, 2008). Overall, differential response seeks to provide a diverse set of services, recognizing that families who come into contact with child protective services face a diverse set of needs.

Principle 5: Family Engagement

- How well does the program provide full information and a range of choices to families, recognizing that the length and intensity of services may vary according to family need? How well does the program build on social supports that are essential to families' lives?

From a family impact perspective, family engagement includes encouraging partnership building between programs and the families they serve. Such programs allow families to make decisions about their potential service offerings, offer flexible service options that are easily accessible, and help build a social support network around the family (Bogenschneider et al., 2012). Because families work closely with caseworkers implementing the differential response assessment and service delivery plan, family engagement is an important part of the differential response model.

Caseworkers involve families as partners, rather than as clients, to help develop a service plan to support families and children. Families participate in case planning and in decision-making meetings (QIC-DR, 2009a). In Illinois, differential response workers were trained to facilitate meetings of "family support network teams" to help the family build a network. The team was made up of the parents, caregiver of the child (if different from the parent), service providers, as well as family-identified supportive individuals. The meeting not only built the group of people around the table as a team, but bolstered the family unit, itself, as a team with common goals (Illinois Department of Children and Family Services, 2010). Differential response, as a policy, has the potential to better engage families than through traditional investigations. However, it is unclear on how caseworkers are actually implementing differential response on the ground or if this approach works well for promoting family engagement.

As a result of differential response, families and caseworkers report higher satisfaction with service delivery (QIC-DR 2009a). In Minnesota, families reported that they were more satisfied with the services provided and felt more involved. Also, Ohio reports reveal that families reported being offered more services and deemed their caseworker more helpful than families in the investigatory track (Loman, 2009). In comparison to the investigative track, families in New York's differential response track report their caseworker listened and respected them more than investigative track families. And, if the family had prior experience with child protective services, they noted a better experience when in the differential response track than prior experiences (Ruppel, Huan, & Haulenbeek, 2011). The evaluation of Minnesota's program is unique in that the state conducted an impact study with a quasi-experimental design. Because parents felt more control and involved in the process, they were more likely to access services than parents in the control group (Loman & Siegel, 2005). Strong state evaluations of differential response, using experimental designs have offered key insight into the differential response process, especially given the selection of lower risk families and voluntary participation. Overall, differential response programs have increased family satisfaction with the child welfare system, which is important for increasing family engagement in utilizing services and supports.

Discussion and Conclusion

The family impact lens guides researchers and practitioners in analyzing programs from a family perspective and illuminates how programs can support family well-being. Differential response programs have aspects that appeal to a bipartisan agenda, which speaks to its potential long-term viability. From the conservative agenda, differential response shifts the role of child protection from the Federal government to the local government and community-based organizations, thereby reducing the scope of the government. By offering voluntary services to families, it also promotes family responsibility and accountability. On the liberal side, differential response programs recognize that there are structural forces that account for inequality that contributes to families coming into contact with the child welfare system.

As previously outlined, differential response represents the latest shift in child welfare practice to support lower risk families experiencing a report of child maltreatment by addressing multiple barriers to family functioning. With the family impact lens, we have identified the strengths and challenges of current policy which leads us to three main considerations and implications for differential response program development and implementation: (a) maintaining child safety, (b) understanding voluntary service delivery, and (c) collaborating across human service silos.

Maintaining Child Safety

Differential response has the potential to foster family responsibility and stability, but child safety will always be a tension for this type of intervention. Children in the differential response track remain in their homes, which are potentially vulnerable environments. Caseworkers and community partners must be able to develop trust and build a relationship with the family to ensure that child safety is a priority. Whereas leaving a child in a vulnerable home elicits safety concerns, the role of the community and the family's relationships and support networks can play a crucial role in promoting long-term child safety. An important consideration for future research is understanding the long-term impacts of helping families to build social support networks – not only with neighbors, but also to organizations where they reside. Differential response represents a shift in responsibility for families from state and Federal government to local organizations. It is as yet unclear whether this shift improves child safety.

Understanding Voluntary Service Delivery

As previously discussed, families' participation in services is voluntary in the non-investigatory differential response track. If families refuse to participate in differential response, then the case is either closed or, in some states, consideration is made to allowing the family to move into the investigatory track. When in the investigatory track, families can be court-mandated to participate in services. However, gaps remain regarding our understanding of how workers follow-up with families to ensure participation, how often families move into investigatory track, and the length of time families receive services without the supervision of a caseworker (Schene, 2005). In Illinois, a differential response case remains open for 90 days, but families can extend services for an additional 90 days in 30-day increments. Questions remain on how well differential response engages families to voluntarily seek services and support in the long-term.

Collaborating across Human Service Silos

Differential response requires that families are offered a wide range of services to best fit their needs, which speaks to the importance of collaboration between local and state government agencies and community-based providers. With the overall concern for child safety, differential response programs match a family's needs to appropriate services, but it is unclear how community-based differential response workers are connecting families to other human service systems, such as the Temporary Assistance for Needy Families (TANF, or welfare) program or the Supplemental Nutrition Assistance Program (SNAP, or food stamps). Program communication is critical to successful differential response implementation. As government interoperability is a priority of the Obama Administration, it is not without challenges. Obstacles remain in terms of where service providers are located in relation to the families they serve and how to co-locate staff from state and local agencies and community organizations. Fostering long-term organizational change and building communication among staff from different organizations by integrating computer systems and building networks are challenges to collaborative service delivery.

Conclusion

The review of differential response using the family impact lens illuminates the strengths of the program as well as areas for improvement. Representing the most recent shift in child welfare practice, the differential response approach aligns with sociological and ecological theories that child maltreatment is embedded within multiple contexts and draws on the role of the local community and social support system in helping families. On paper, differential response aligns philosophically with the main family impact goals of promoting family responsibility, stability, relationships, diversity, and engagement; however, little is known yet about how well differential response achieves these goals in practice. Further illuminating the family impact of child welfare initiatives can bolster existing policy and foster the creation of new programs targeted to vulnerable families and neighborhoods. The family impact lens can serve as a continued way to analyze the stages of differential response implementation and identify key areas of future consideration.

Table 1.

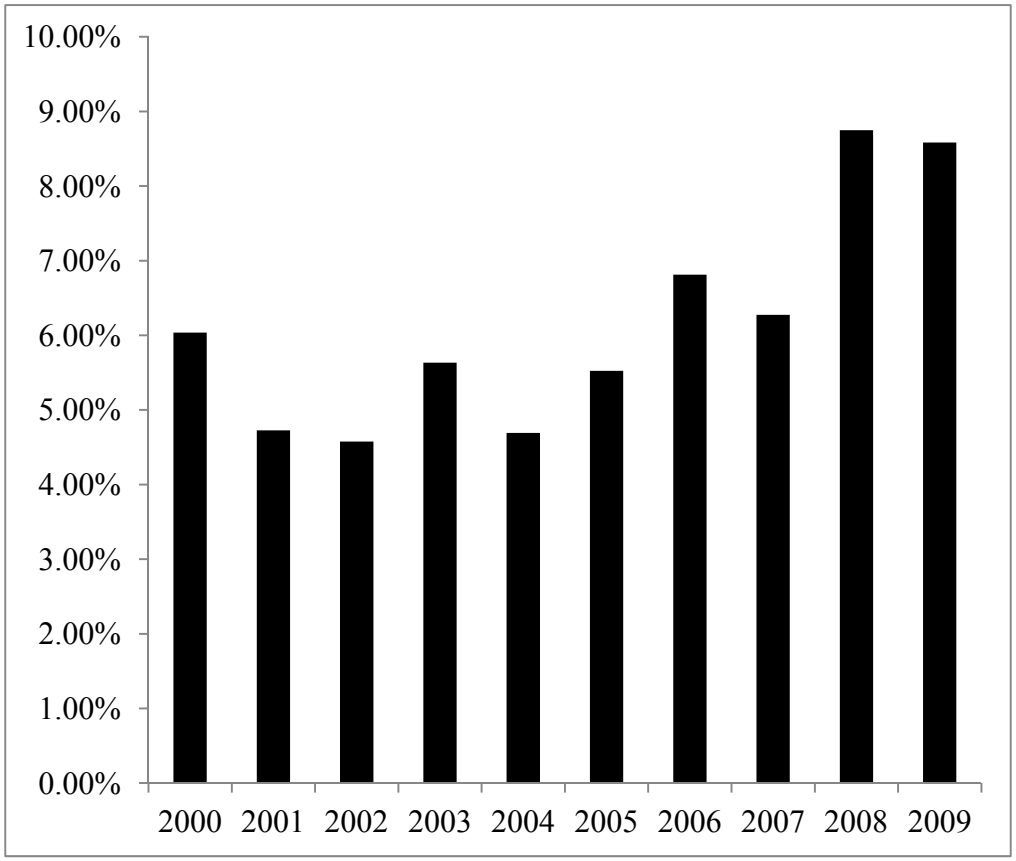
Timeline of Child Protection and Theoretical Paradigms in the United States.

Key Periods	Dates	Event
Child abuse as a social problem.	1874	⇨ Child abuse is recognized through "Mary Ellen" case.
	1875	⇨ The New York Society for the Prevention of Cruelty to Children is established. Child protection seen as part of law enforcement.
	1912	⇨ The National Children's Bureau is established.
	1920s	⇨ Child protection shifts from law enforcement to rehabilitation.
	1935	⇨ The Social Security Act creates state agencies for child protection.
Human service system development.	1950s-1960s	⇨ Child abuse is seen as an individual problem from psychological and medical point of view.
	1962	⇨ Kempe and colleagues (1962) coin the term "battered child syndrome."
	1967	⇨ All 50 states pass child abuse legislation.
	1974	⇨ The Child Abuse Prevention and Treatment Act (CAPTA) is signed by Congress as the first national legislation focused on child abuse and neglect.
Multi-dimensional theories on child abuse.	1970s-1980s	⇨ A shift occurs to understanding child abuse and neglect to a structural perspective, which is coupled with changes from medical professionals to government employed social workers serving maltreated children.
	1980s	⇨ The family preservation movement arises as a result of child welfare reporting increasing, but at the same time state budgets for child welfare decrease.
Family preservation arises.	1980	⇨ Congress passes the Adoption Assistance and Child Welfare Act of 1980, which created federal procedures on child welfare case management, requiring state plans for addressing child maltreatment; the Act requires states to make a "reasonable effort" to keep families together.
	1993	⇨ The Family Preservation and Family Support Service Program is authorized as part of the Omnibus Budget Reconciliation Act to address the increasing numbers of children in foster care.
	1994-1997	⇨ A taskforce of child welfare administrators and practitioners convenes at the Harvard Executive Session on New Paradigms for Child Protection to address shortcomings of child protection.
Differential response incepted.	1994	⇨ Missouri and Florida establish differential response programs.
	1997	⇨ The Adoption and Safe Families Act of 1997 refocuses child welfare on child safety but also encourages permanency, as concerns arise with the family preservation movement.
	2009	⇨ Eighteen states begin piloting or establish differential response programs.

Note: For detailed citations, please see the historical review section of this paper. Key citations include Nelson 1984 and Schene 1998.

Figure 1.

Percent of Children Subjects of a CPS Investigation or Assessment Given a Disposition of Differential Response from the National Child Abuse and Neglect Data System.



Note. Differential response data were first collected by the NCANDS in 2000. Data were compiled from the Child Maltreatment Annual Reports, published from the NCANDS by the Children's Bureau. (http://www.acf.hhs.gov/programs/cb/stats_research/index.htm).

Table 2.

Differential Response Service Delivery Options Across States.

Service Offerings	Number of States (N=14)
Economic Hardship Support (housing assistance, career services, and transportation)	13
Substance Abuse Programs	10
Family Counseling	10
Parenting Classes	8
Other Services (family conferencing, domestic violence counseling, mental health services, anger management)	5
Advocacy Services	5
Home Cleaning Assistance	4
Medical Services	3
Dental Services	1

Note: Citation: National Quality Improvement Center on Differential Response in Child Protection. (2009b).*Online survey of state differential response policies and practices findings report.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth, and Families, Children's Bureau. Retrieved from http://www.differentialresponseqic.org/assets/docs/qic-dr-findings-report-jun09.pdf

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