



Child Welfare: Differential Response Systems and Community Partnerships

Differential Response Systems
CCL-CAP Conference
April 13-15, 2007

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Differential Response (DR) in Two States

- Two state systems, Missouri and Minnesota, in which quasi-experimental and experimental evaluations were conducted
- Missouri was a pioneer, piloting DR, in the mid-1990's and expanding statewide in 1998 and 1999.
- Minnesota introduced an approach similar to Missouri but modified in 2000-2001 and expanding statewide during 2003-2005.



Assumptions of Differential Response

- The adversarial approach of CPS investigations usually alienates families and is unnecessary for most reports of child abuse and neglect.
- Family engagement is an essential basis of actions to prevent future child maltreatment.
- Traditional CPS investigations are narrowly focused on allegations of abuse or neglect.
- Prevention requires a broader focus on risk factors that underlie abuse and neglect.

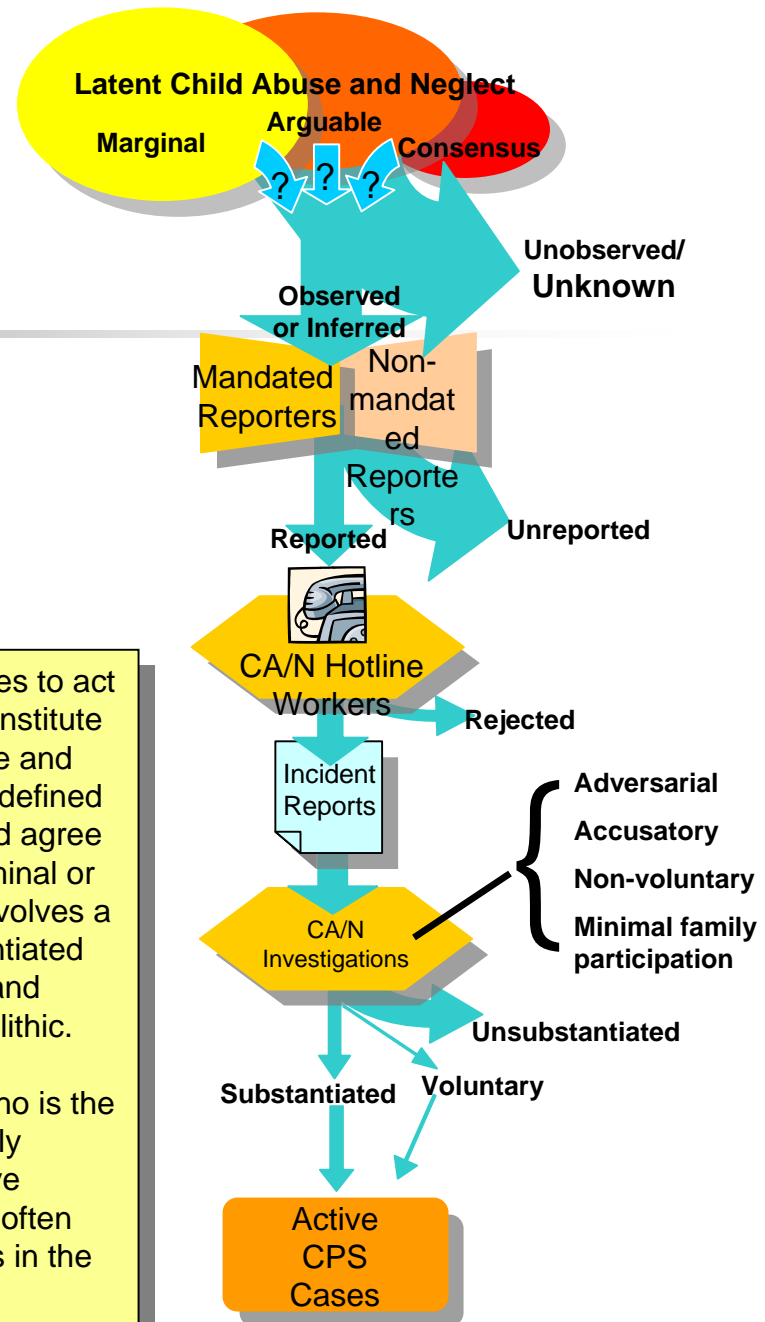


Approach of Differential Response

- Screen reports to determine the minority that should be investigated: clearly criminal or highly dangerous. Most families should receive a family assessment.
- Approach families in a non-adversarial, family-friendly fashion soliciting full family participation.
- Conduct a full safety-assessment the children and develop a safety plan if necessary.
- Conduct a broader family assessment that examines the full range of family needs.
- Make continuing work with families contingent on their choice and mutual agreement of the family.

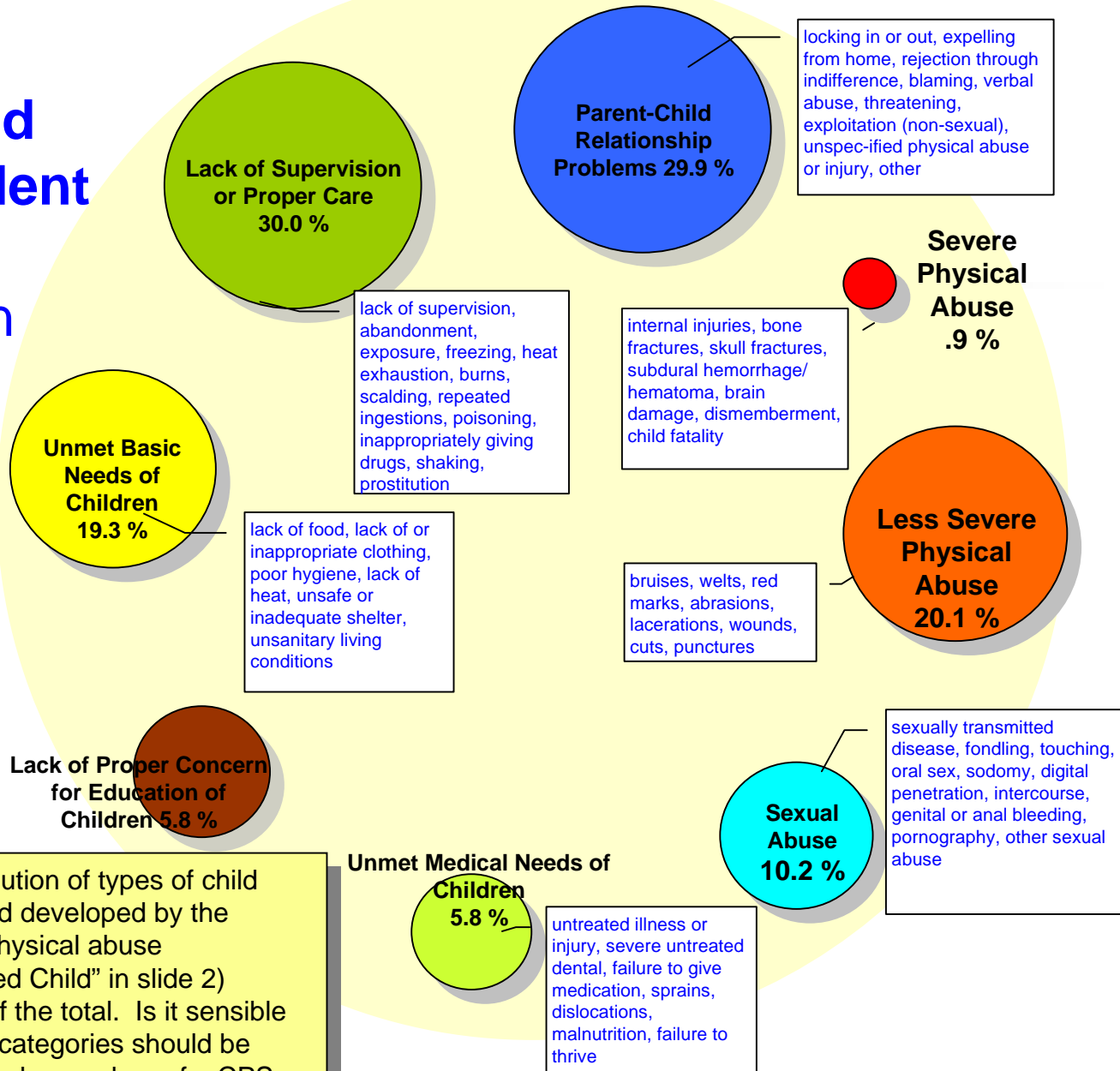
Flow into and through CPS before Differential Response

This diagram is intended to highlight the following: 1) Various acts and failures to act occur that are never known or are not reported to CPS that, nonetheless, constitute real harm or endangerment of children. These are called “latent” child abuse and neglect. They become abuse or neglect when they are known and officially defined as such. Among the latent acts are certain acts that virtually everyone would agree to be abuse or neglect, if they indeed occurred. These are acts that are criminal or very dangerous to children—labeled “consensus” in the diagram. 2) CPS involves a selection process in which only a small minority of reports are finally substantiated and enter in active service cases. 3) In spite of the diversity of child abuse and neglect defined in state laws since the 1960’s, the response of CPS is monolithic. Reports are all investigated. Investigations are essentially adversarial and accusatory. They seek to determine whether a child is a victim, and if so, who is the perpetrator. They primarily threaten punishment and promise assistance only secondarily. They are mandatory rather than voluntary. Families are passive reactors to investigation rather than active participants. Investigations most often elicit negative emotions, such as anger or fear. (Note: the size of the arrows in the diagram are meant to be illustrative only.)



Dimensions of Child Abuse and Neglect in Incident Reports

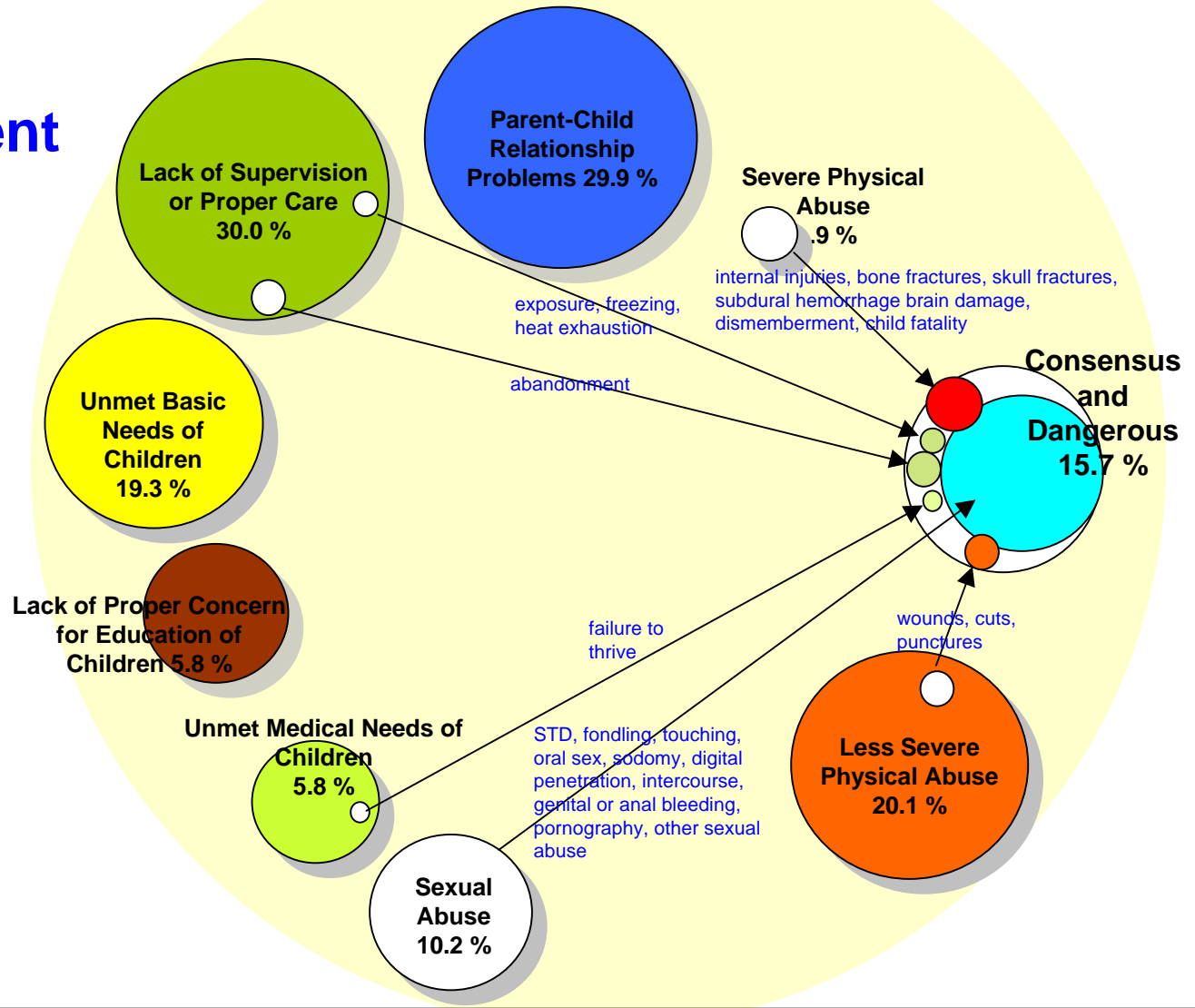
51,173 reports in 28 Missouri Counties, 7/95-6/97)



These circles represent the distribution of types of child abuse and neglect reports that had developed by the 1990's. The category of severe physical abuse (corresponding to Kemp's "Battered Child" in slide 2) constitute less than one percent of the total. Is it sensible that every report in each of these categories should be approached through the quasi-criminal procedure of a CPS investigation? The diversity suggests that responses ought to be diverse as well.

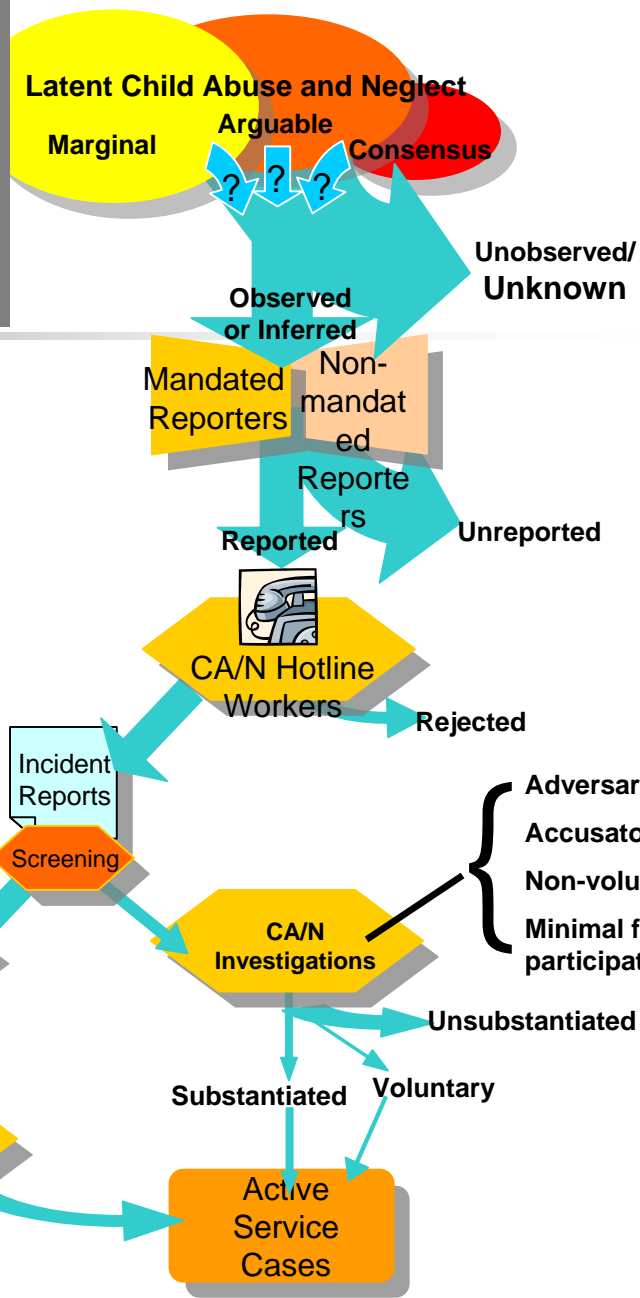
Dimensions of Child Abuse and Neglect in Incident Reports

51,173 reports in 28 Missouri Counties, 7/95-6/97)



This is the diagram from the previous slide but assembling categories that most people would agree are very dangerous or criminal and should be investigated, probably with law enforcement participation. Some might include other categories. For example, less severe physical abuse that involves several different types of physical insults, such as bruises, abrasions and scrapes, might be included. Other might eliminate certain categories, such as failure to thrive. In this scheme, less than 16 percent of reports would be investigated. Others would receive an alternative response.

Here the diagram in slide 4 is expanded to include an alternative response to traditional CPS investigations. The differential response programs in Minnesota and Missouri were demonstrations that the majority of reports of child abuse and neglect could be approached through family assessments, which were non-adversarial, voluntary and participatory in nature. The diagram represents a high simplified view of differential response. There were many variations in the structure and service approach among local offices in Missouri and Minnesota.



Flow into and through CPS after Differential Response

Screening—after reports are accepted—is the first and the key difference in the DR approach. Here reports are moved into either the investigation or the family assessment track.

Non-adversarial
Family-friendly
Voluntary
Encourages family participation

Family Assessments

No services needed / does not accept

Services Needed & Accepted

Community Agencies & Informal Services

Incident Reports
Screening

CA/N Investigations

Adversarial
Accusatory
Non-voluntary
Minimal family participation

Unsubstantiated
Substantiated
Voluntary

Active Service Cases



Two Field Experiments of the New Approach: Missouri and Minnesota

- Designs
 - Missouri: Quasi-Experimental with Comparison Counties
 - Minnesota: Experimental with Random Assignment
- Families Studied
 - Missouri: 3,313 families in pilot counties compared to 3,087 similar families in comparison counties. Tracked families screened as appropriate and families screened as inappropriate for family assessment.
 - Minnesota: 2,732 experimental families compared to 1,299 control families (by 12/05). Tracked only families screened as appropriate for a family assessment.



Two Field Experiments of the New Approach: Missouri Findings

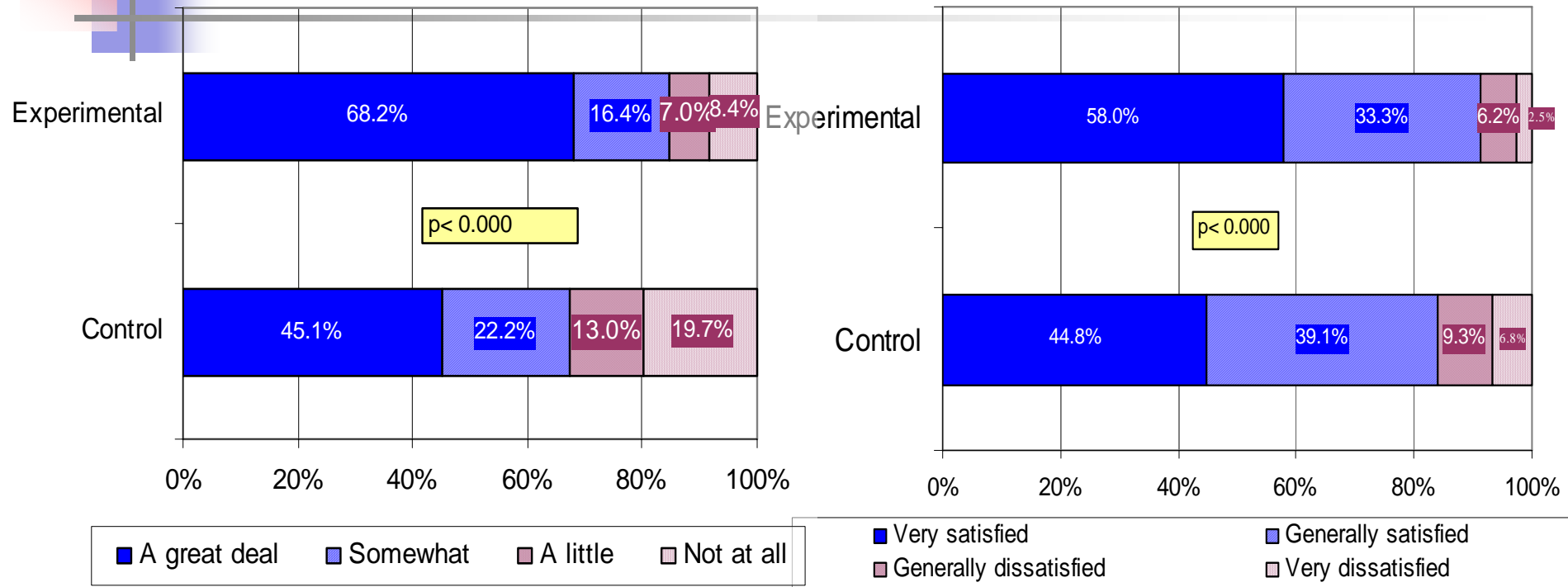
- **Missouri:**
- **The safety of children was not jeopardized, and for certain types of reports was improved.**
- **Children were made safer sooner.**
- **Cooperation of families improved.**
- **Families were more satisfied and felt more involved in decision making.**
- **Workers judged the family assessment approach to be more effective.**
- **Recurrence of CA/N reports decreased overall.**
- **Removal of children from homes neither increased nor decreased.**
 - **Children spent less time in placement in counties with both Family Assessment and Family-Centered Out-of-Home demonstrations.**
- **Needed services were delivered more quickly.**
- **Services delivering basic necessities (food, clothing, shelter, and medical care) increased.**
- **The percentage of reported incidents in which some action was taken increased.**
- **There was greater utilization of community resources.**
- **Community representatives preferred the family assessment approach.**
- **Investigations were enhanced.**



Two Field Experiments of the New Approach: Minnesota Findings

- Safety did not decline while families were receiving AR (a family assessment).
- Workers reported more improvements in child safety problems found during the first home visit.
- Families were more likely to report:
 - That they were treated in a friendly and fair manner.
 - That they were more involved in decision making.
 - That workers helped them obtain services or directly assisted them.
 - That workers connected them to other community resources.
- Families had increased positive and reduced negative feelings following the initial visit.
- CPS workers generally held positive to very positive attitudes toward the new approach.
- Families receiving a family assessment were over twice as likely to have service cases opened and were more satisfied with services received.
- AR families who received services were more likely to be poorer and more likely to receive assistance to meet basic needs such as food, clothing, home repairs, help paying utilities, and help in finding a job.
- Families were less likely to have new child maltreatment reports
- The positive effects of the new approach were equally evident among Caucasian, African-American and American Indian families.
- Fewer AR families had children later removed and placed in out-of-home care than control families.
- While the 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 the longer term.

Minnesota Family Responses



Level of Involvement in Decision Making

Satisfaction of Families with Treatment by Worker

Families determined to be appropriate for DR were randomly assigned to an experimental condition (a family assessment) or to a control condition (a traditional investigation).

1. Experimental families felt they had a greater involvement in decision-making.
2. Experimental families were more satisfied with the way they were treated.
3. Workers responses concerning specific experimental and control families also reflected these differences.

After the final contact with the families, caregivers were asked about their response to the worker who initially visited their homes. Among other questions, they were asked to check adjectives that described their feelings at that time. Counts of checks for each adjective were compared.

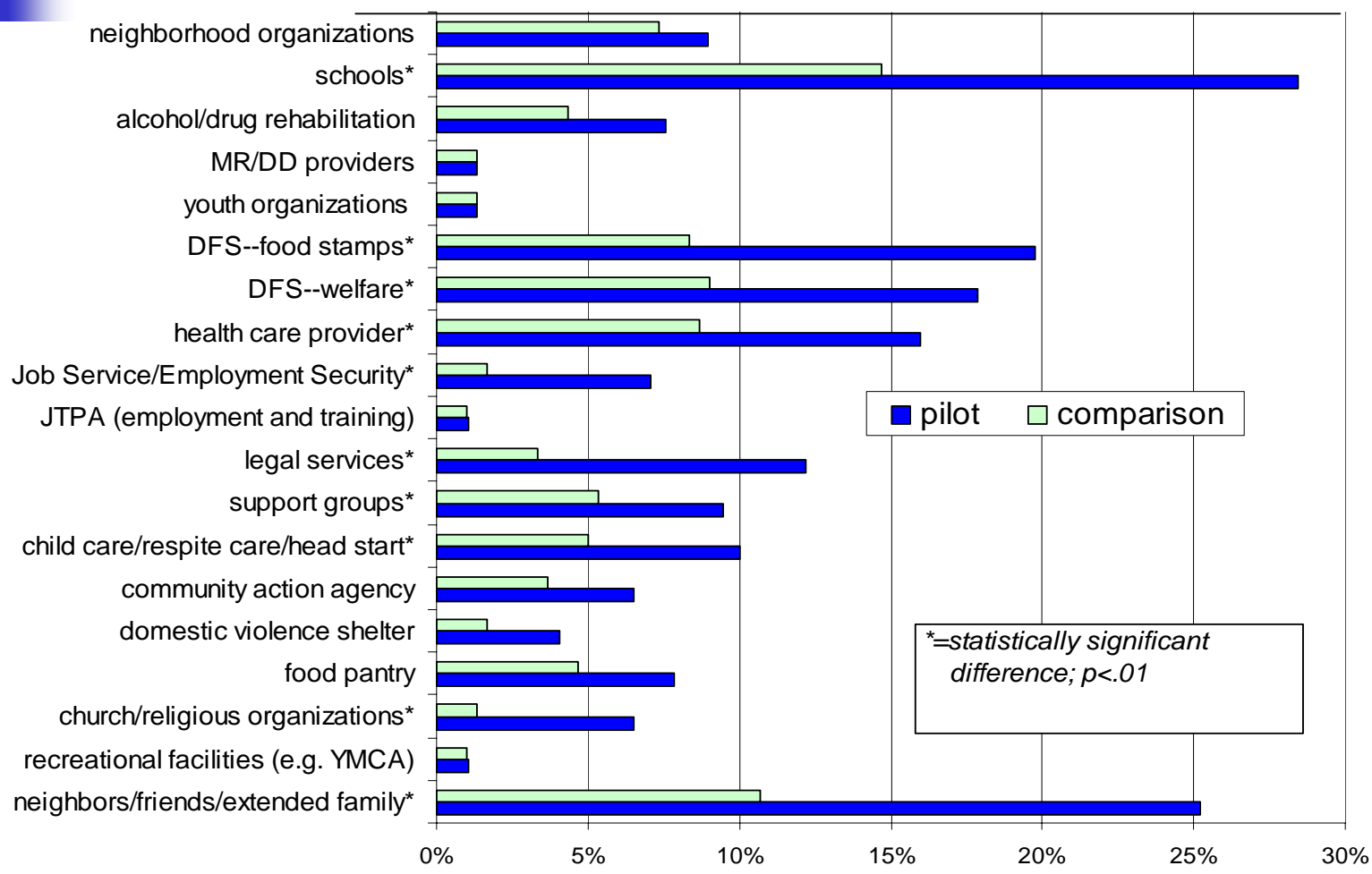


Minnesota Family Emotional Response

- Differences in engagement and alienation were demonstrated in the reported emotional responses of families in Minnesota.
 - Experimental caregivers significantly more often reported being:
 - Relieved
 - Hopeful
 - Satisfied
 - Helped
 - Pleased
 - Reassured
 - Encouraged
 - Control caregivers significantly more often reported being:
 - Angry
 - Afraid
 - Irritated
 - Dissatisfied
 - Worried
 - Negative
 - Pessimistic
 - Discouraged

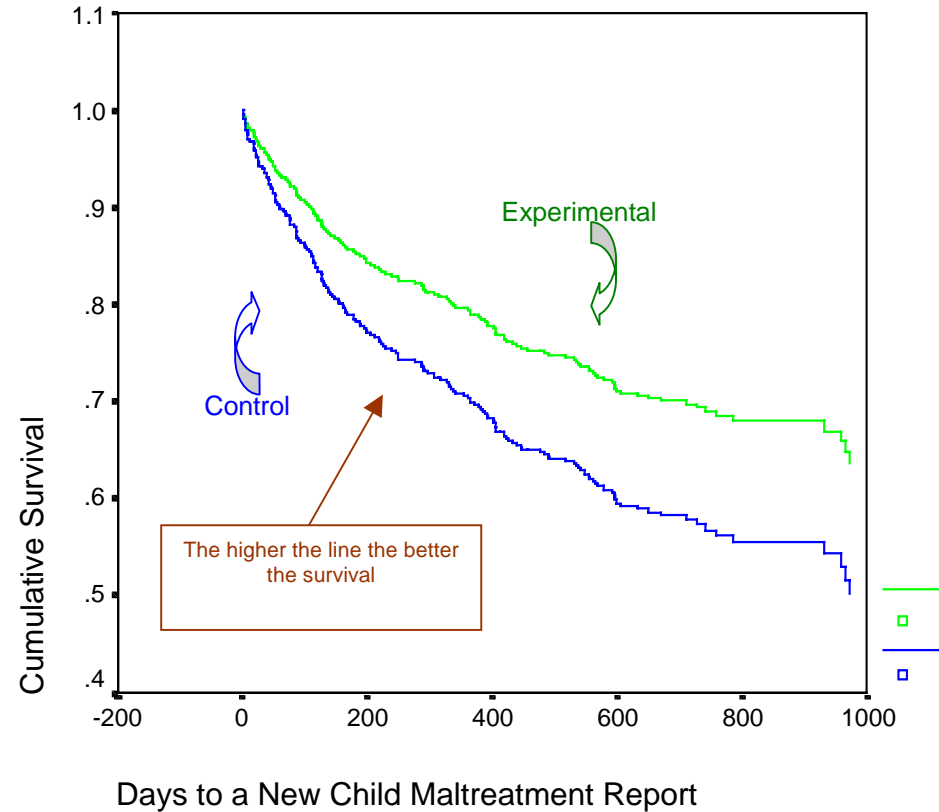
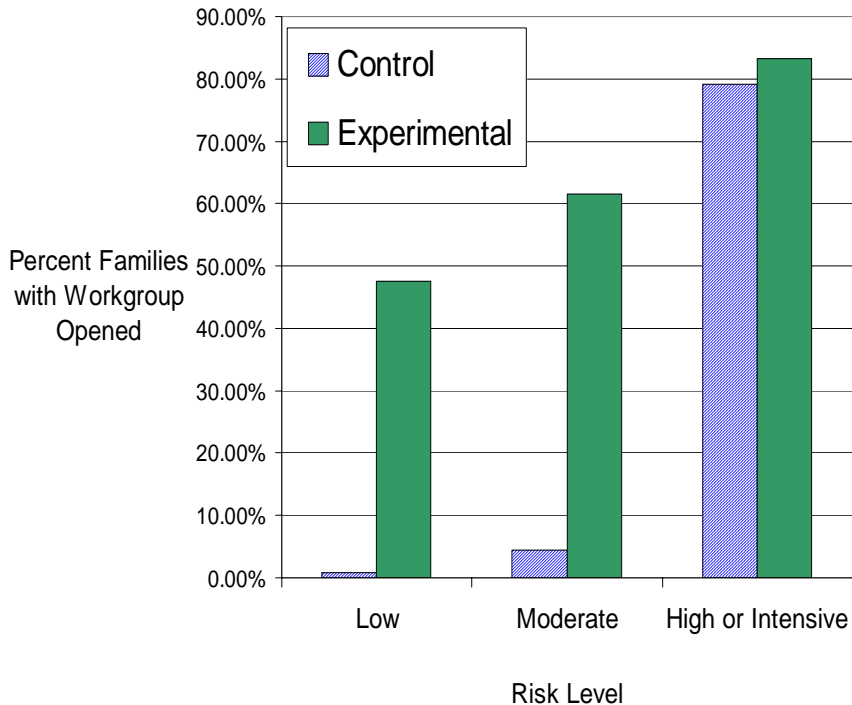
Under DR utilization of community resources increased in both Missouri and Minnesota. The chart on this page shows the increase for pilot families in Missouri. This was particularly important for Missouri where no new funds were made available for the DR pilot. DR naturally leads to increased discovery of services needs. Missouri counties turned to the community. In Missouri most of these services were offered at no charge by community agencies and informal providers.

Utilization of Community Resources Increased (Missouri)



Cumulative Survival of Experimental and Control Families until a New Child Maltreatment Report was Received Hennepin County (Minneapolis)

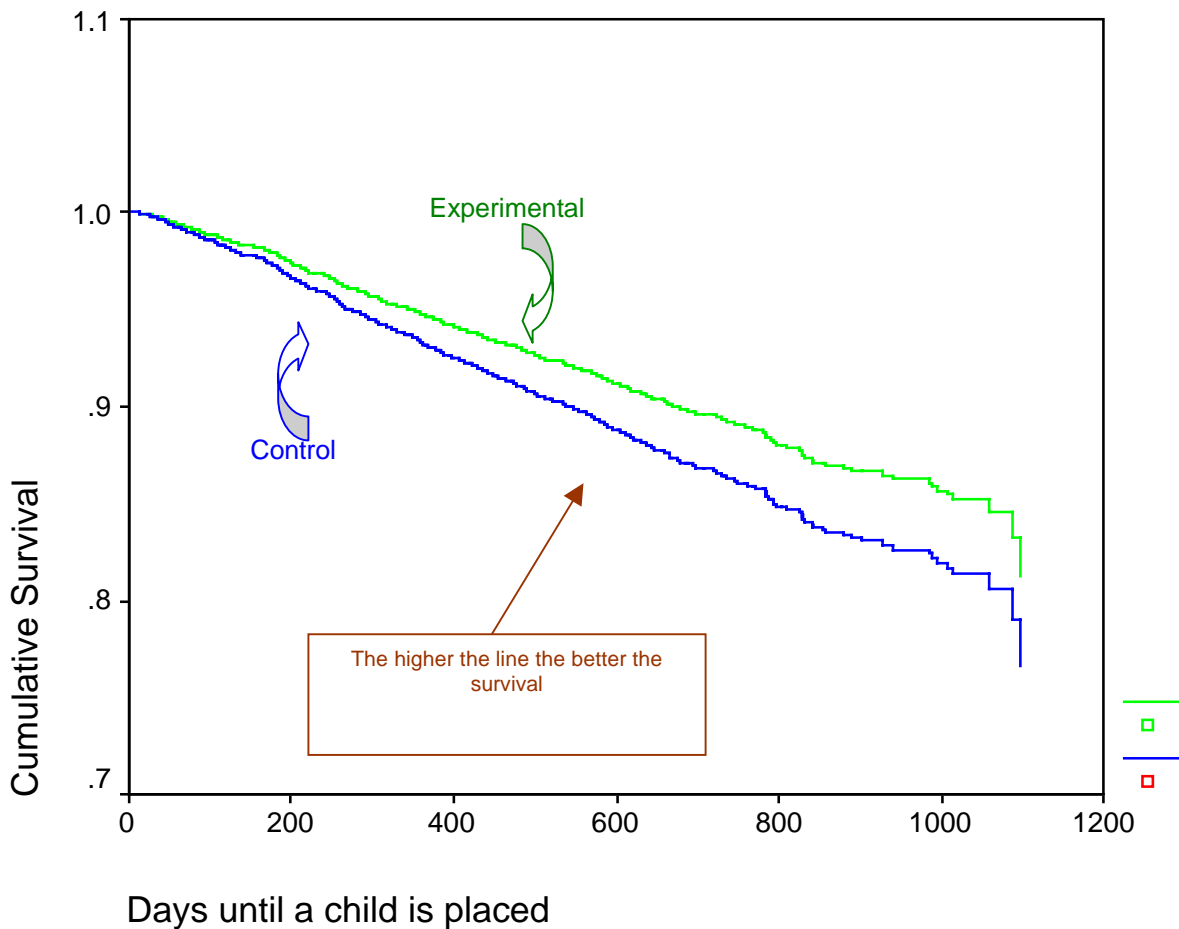
Post-Assessment Services by Risk Level of Family



These charts show results for Minneapolis on one of the outcome variables: new CA/N reports. The chart on the left shows the change in approach under DR, as more low and moderate risk families were served under the new approach. The graph on the right shows a survival analysis comparing days until a new report of child maltreatment was received. Experimental families that received a family assessment (and the consequent increase in services) were significantly less likely to be re-reported. Minneapolis represented a major change in practice resulting in a major shift in outcomes

This chart shows results for subsequent removals and placements of children, after the conclusion of the initial experimental or control case for all cases in the Minnesota pilot. Families receiving a family assessment were significantly less likely to have a child removed during the follow-up period.

Minnesota: Cumulative Survival of Experimental and Control Families until a Child is Removed and Placed Outside the Home



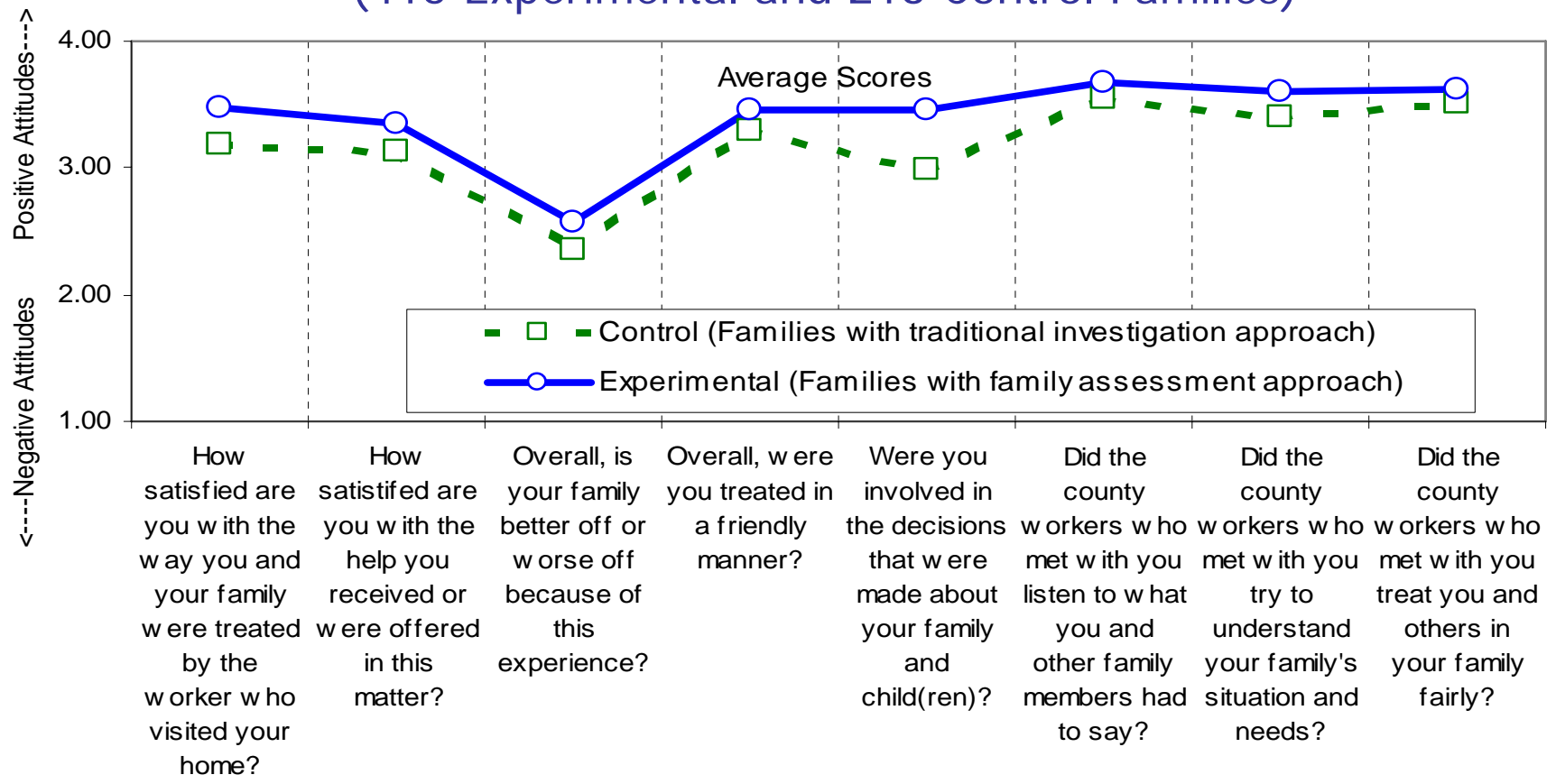


Extended Evaluation in Minnesota:

- The original Experimental and Control families were tracked through December 2005 for an average of 3.6 years per family.
 - The original positive findings of reduced subsequent maltreatment reports and reduced subsequent placement of children were reconfirmed.
- A more detailed analysis of sample families was possible.
- Three Summary Measures were created:
 - Overall Caregiver Satisfaction at the conclusion of the initial “case.”
 - High Financial Need Families
 - Financially-Related Services and Mental/Health Counseling Services
- These were interrelated in various ways and were related to the formal service process
- They in turn shed light on the kinds of families that were helped.

These questions were asked of each experimental and control family in the Minnesota study. In each case the difference was statistically significant, with experimental families that received a family assessment more positive than control families that had received a traditional CPS investigation. These were summated into a single index of caregiver satisfaction. These questions were asked after the initial assessment/investigation (and service case) had been concluded. They represent an initial outcome difference.

Responses of Minnesota Caregivers Concerning their Experience with CPS after the Initial Research Case was Closed (415 Experimental and 213 Control Families)



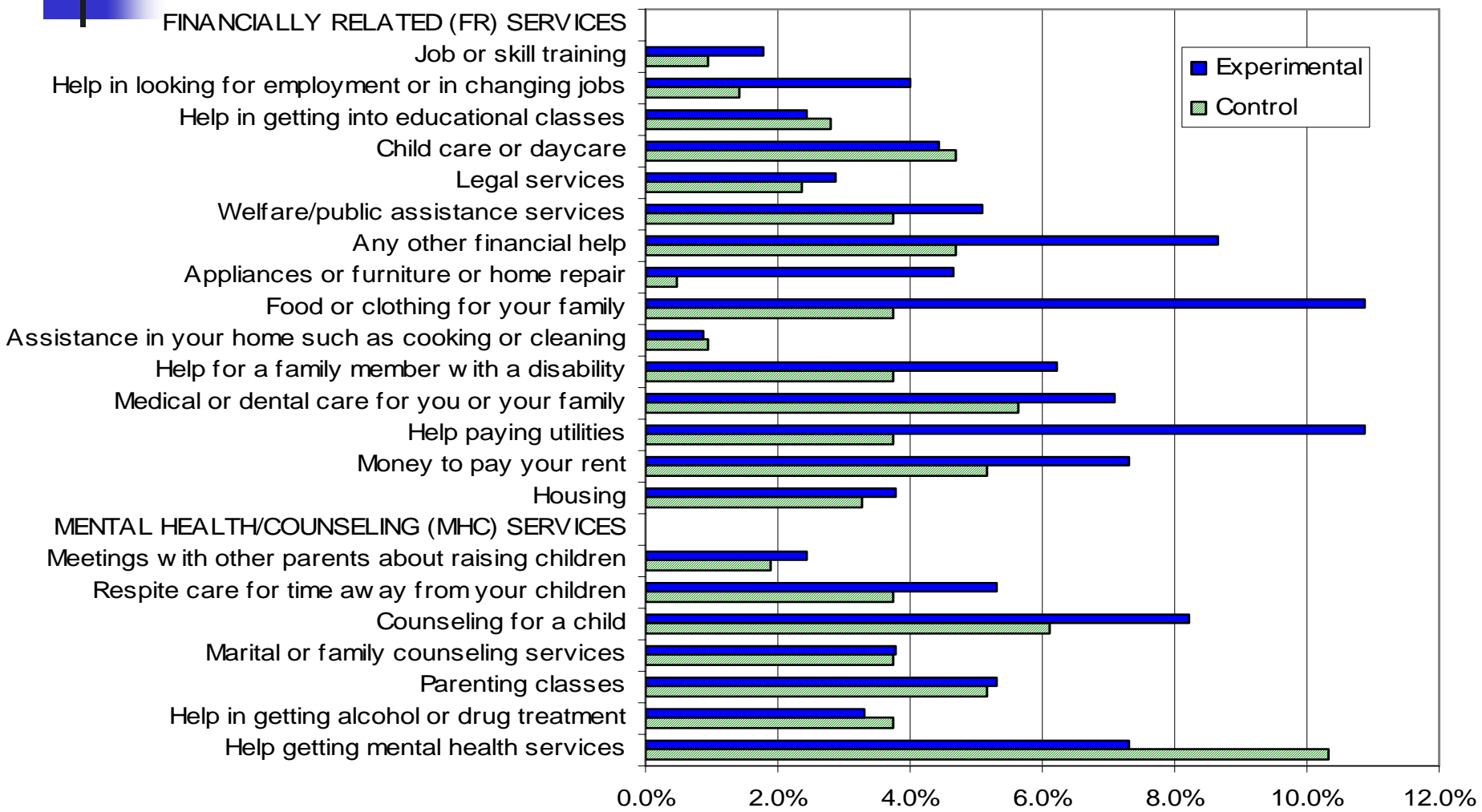
We were also able to distinguish families with the highest financial need—the poorest and least educated families in the experimental and control groups. What is not said in this slide is that we found that about half of the families that had had previous cases under CPS before the report that brought them into this study were in the high financial need group. Families with a previous history tended to be in the high financial needs group significantly and substantially more often. The last bullet argues that financial need is a risk factor, that is, it is positively associated with certain kinds of neglect. Poverty predicts chronic neglect.

Measure of Financial Need (Minnesota)

- Using Income and Education:
 - High Financial Needs was defined as an education level of high school or less and a 12-month income of less than \$15,000.
 - Lower Financial Needs was defined as either greater than high school education or income of more than \$15,000.
- Comparable proportions of families were in the high needs group: 25.8 percent of control families and 22.4 percent of experimental families (difference was not statistically significant, $p = .19$).
- Financial need (poverty) is a risk factor for child abuse and neglect, particularly for lack of food, inadequate clothing, health threatening hygiene, lack of medical care, unsafe or unhealthy shelter, and homelessness.

The findings illustrated in this chart show that when families are brought into the decision making process and workers are freed to offer a wide variety of responses to families, as was the case when family assessments were offered, financially related services are offered more often. We have found in surveys of families and workers over the years that families in contact with CPS are more likely to mention the kinds of needs associated with FR services. When their desires play a role in decision making these kinds of services increase. We were able to create summary measures of FR and mental health/counseling (MHC) using these data.

Services that Families Reported Receiving (Minnesota)



The FR and MHC services shown in the previous slide are combined to make two points here. Opening of formal service cases (called case management workgroups in Minnesota) does not insure that concrete services will be provided, but such services within service cases were more likely when family assessments were provided. Over half (51.6%) of families in the control group, which replicated traditional CPS, in service cases received no concrete services. This is compared to only 20.8% of families in the experimental group, which involved the new family assessment approach. The second point is that families also received services when no formal service case was opened. About a third of families in both groups with no formal service case opened received at least one of the services shown in the previous slide.

Any Service Received by Experimental and Control Families with and without Formal Service Cases

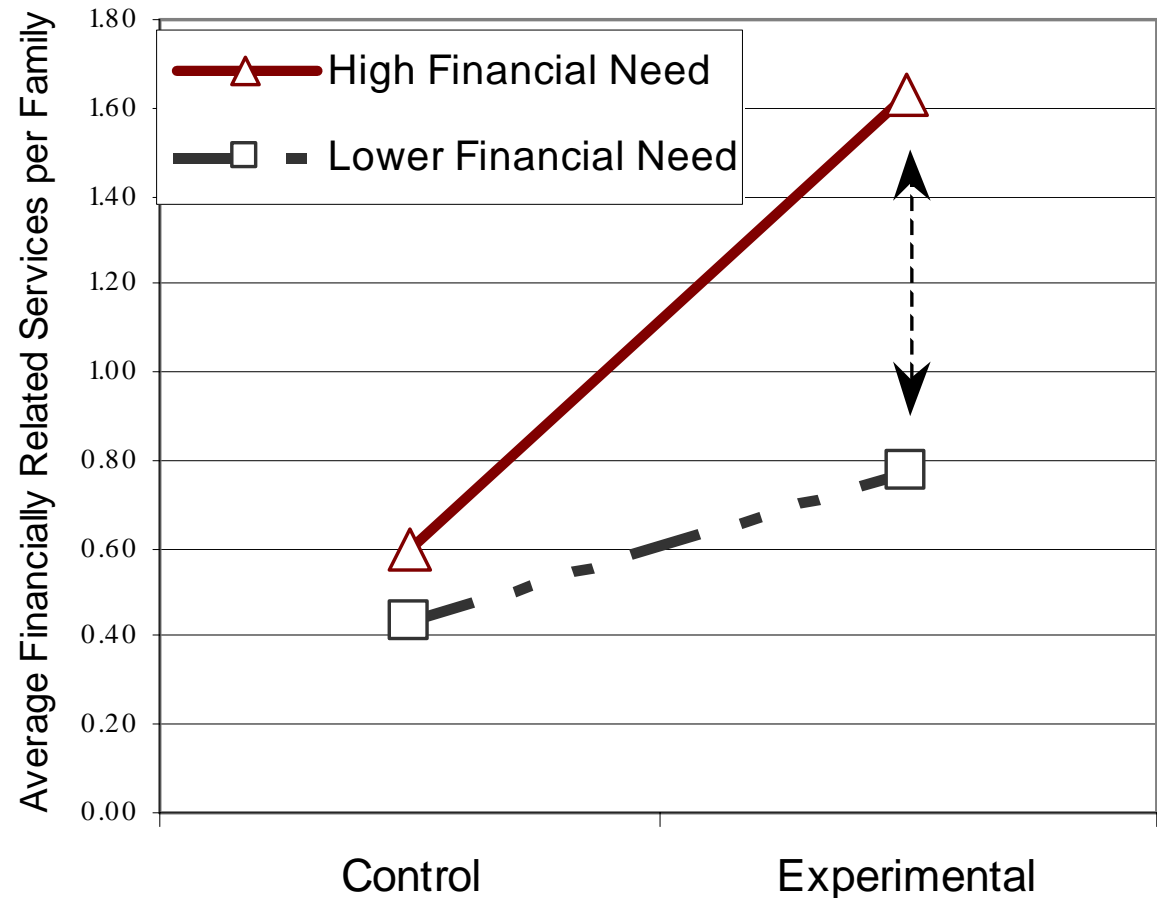
<i>Study Group</i>	<i>Level of Concrete Services</i>	<i>No Formal Service Case</i>	<i>Formal Service Case</i>
Control Families	<i>None</i>	67.0%	51.6%
	<i>1 or 2</i>	25.8%	38.7%
	<i>3 or more</i>	7.1%	9.7%
	Total	182	31
Experimental Families	<i>None</i>	66.6%	20.8%
	<i>1 or 2</i>	24.5%	47.7%
	<i>3 or more</i>	8.9%	31.5%
	Total	302	149

This was a factorial analysis of variance considering who received financially related services. The variables described in the three bullets in the box on the left were important overall (main effects). Perhaps not surprisingly, we found that families with high financial needs received more financially related services. However, the graph on the right (interaction effect) illustrates that this occurred almost exclusively among experimental families. **The conclusion: the DR approach led to more financially related services being offered (previous slide) and to significant increases of such services among the most financially needy families.** This is an important finding that we have reported before but is established with greater certainty through this analysis.

Determinants of which Families Received Financially Related Services

- High financial need families received more FR services
- Families for whom formal service cases were opened received more
- Families offered family assessments received more

Levels of Financially Related Services for Experimental/Control by Financial Need

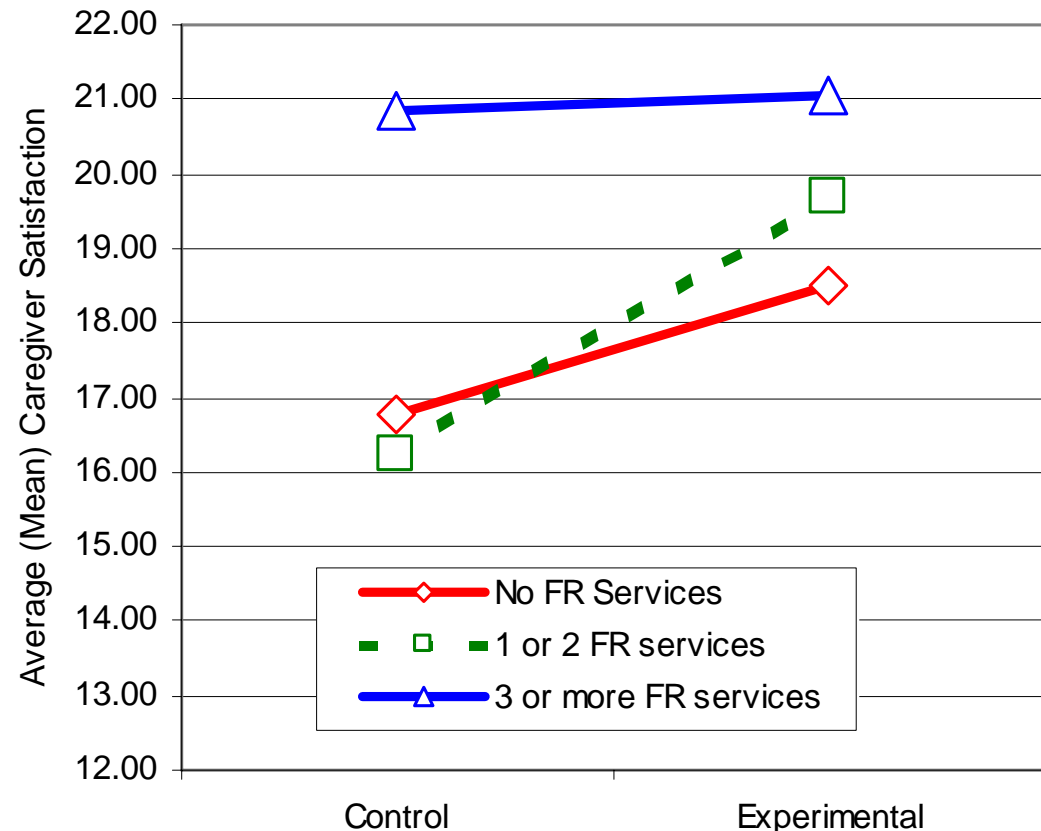


Caregiver satisfaction increased under the new approach. This analysis asks whether the increase in financially related services might have contributed to this. The answer is yes—in part. Families that received three or more such services were about equally satisfied whether they were approached through investigations (control) or family assessments (experimental). Families that received 1 or 2 such services, however, were more satisfied under the experimental group conditions (family assessment). And finally, satisfaction was also greater for families that received no services, which means that the family friendly approach alone led to greater satisfaction.

Determinants of Caregiver Satisfaction

- Caregivers of families offered family assessments were more satisfied overall.
- Caregivers that received financially related services were more satisfied.

Experimental and Control Differences, Financially Related Services and Caregiver Satisfaction



Finally, the variables discussed in the previous six slides were entered into a combined analysis, asking whether they may have been implicated in the relative reduction of later child abuse and neglect reports observed in the experimental group. In this case FR and MHC services were recombined, although the same results occur when only FR services are considered. Caregiver satisfaction immediately at the end of the initial case was the weakest predictor. Financial need was a predictor of increased reports, although the increase was less under the family assessment approach—a point not made in these bullets. The new approach led to reduced reports. **The very interesting finding was that the most powerful predictor of future report reduction through the use of family assessment was both the opening of a service case and the delivery of actual services.** This suggests that services are important but are most effective when offered in the context of ongoing contact with a service worker. The service workers in many of these cases were community agency workers (with public workers as case managers). In others they were public agency CPS workers. The important variable in making concrete services effective seems to have been ongoing contact and the important variable in making ongoing contact effective seems to have been the provision of concrete services.

Factors determining Subsequent Reductions in Reports of Child Abuse and Neglect

- Taking reduced report recurrence as a measure improvement...
 - Caregiver satisfaction was a weak direct predictor of **reduced** reports.
 - Financial Need was a strong direct predictor of **increased** reports.
 - The family assessment approach independently **reduced** future reports.
 - Formal Services cases with no services was not a statistically significant predictor of reduced future reports.
 - Concrete Services with no formal service case was not a statistically significant predictor of reduced future reports.
 - A combination of concrete services and formal service cases appeared to produce the most positive effects on families.

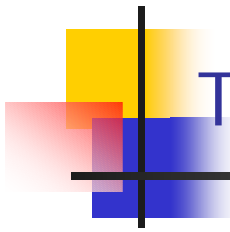
This analysis repeated earlier analyses with some variations. It shows that the differential response approach in Minnesota led to reductions in later removal and placement of children. This is another confirmation that DR has consequences for families that tend to be more frequently encountered. Frequently encountered (chronic) families tend to have children removed significantly more often. Reduction in removal and placement indicates that some of these families were assisted. The linkage between financial need, FR services and placement unfortunately could not be analyzed in this evaluation.



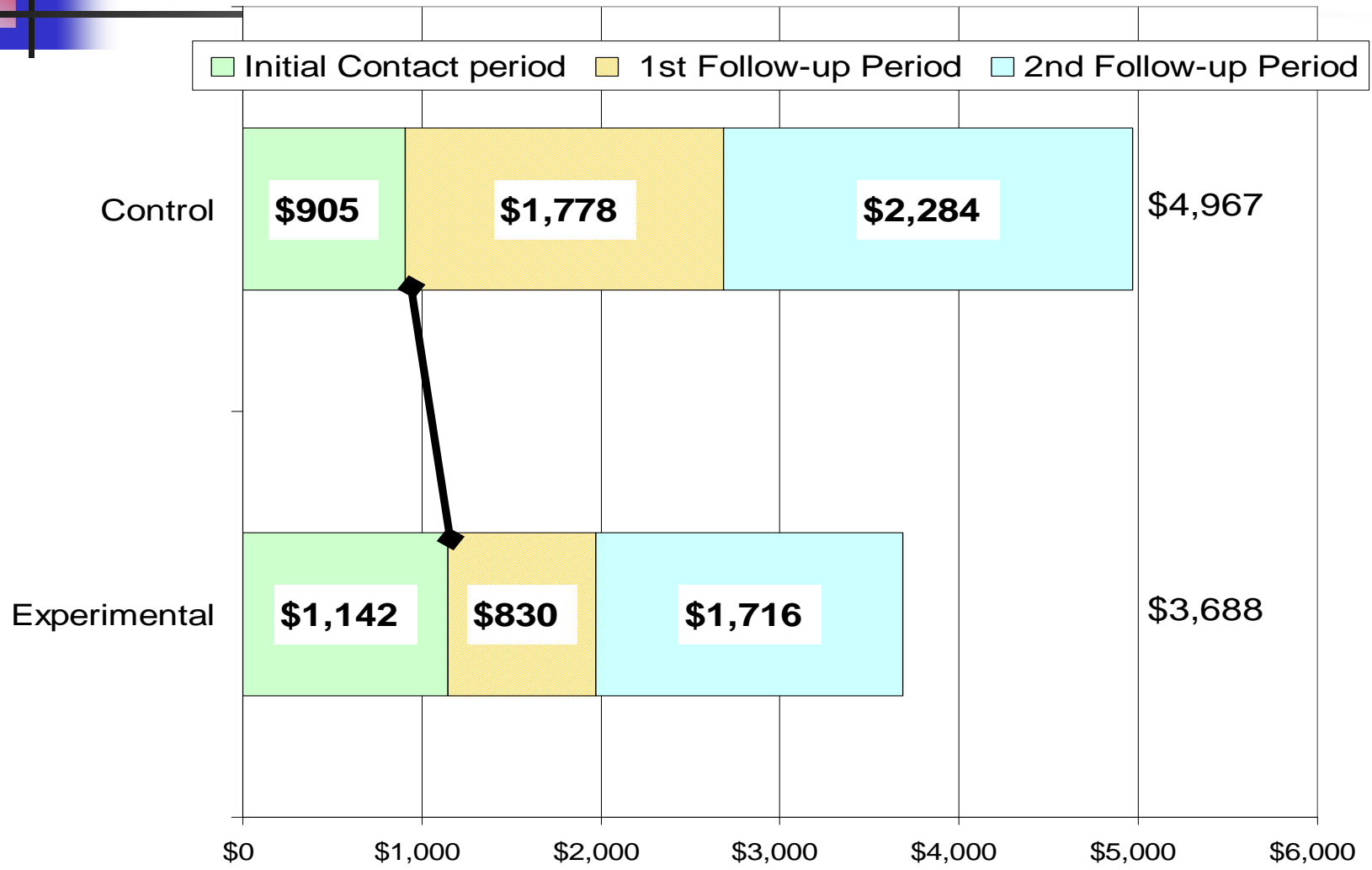
Factors determining Subsequent Reductions in Removals and Placement of Children

- The analysis of the 2004 evaluation was repeated for the longer period of follow-up (through 12/05):
 - As of December 2005, 18.7 percent of control families had at least one child removed and placed out of home compared to 16.9 percent of experimental families.
 - Controlling for previous placements of children (before the demonstration), experimental families with fewer family assessments had fewer children removed.
 - In addition, controlling from previous placements as well as the approach to families, families that had had formal service cases opened had fewer children removed.
 - (As noted, experimental families received significantly and substantially more services—especially financially related ones—than control families.)

This slide shows the final outcome of these changes. It costs more up front to offer family assessments and subsequent services (\$1,142) compared to investigations and subsequent services (\$905) but the additional monies (and by implication the additional services provided to families) are preventive. The reductions in later reports and later placements led to reduced costs over a follow-up period that averaged 3.6 years per family.



The Cost Analysis Extended through March 2006





Implications relating to Community Services

- The non-adversarial approach and subsequent family engagement has preventive effects. Increased services, particularly basic services, have preventive effects. This supports the introduction of DR generally.
- DR leads to increased demands for services, particularly basic financially-related services that CPS is unable to offer directly. Under DR, either CPS will have to return to its roots and become a full child and family welfare agency or the broader community must become involved.
- The former course would seem to require significant new funding for CPS. However, if the Minnesota cost findings are correct DR may be somewhat cost-efficient and cost-effective in the long-term.
- Integrated community involvement in child welfare is the more difficult course for DR but may be the only course available in most states.