



### What is Differential Response?

Historically, there has been one response by the public child welfare system to accepted reports of alleged maltreatment—a child protective services investigation. Given that the majority of families that come to the attention of child protection are not experiencing immediate child safety issues, there has been a developing trend for the past 15 years to respond to these families *differentially* in a manner that supports the families by providing resources and services rather than conducting investigations. This approach is accompanied by greater efforts to identify, build, and coordinate formal and non-formal services and supports to address the issues that brought families to the attention of child welfare services.

Child protective service systems that utilize a Differential Response (DR) approach have at least two pathways to serve families: an investigation pathway and a non-investigation pathway (sometimes called family assessment response or alternative response). The National Quality Improvement Center on Differential Response (QIC-DR) has identified several core elements which define the presence of a DR approach in child protective services:<sup>1</sup>

- Use of two or more discrete response pathways for cases that are screened-in and accepted;
- Establishment of discrete response pathways is formalized in statute, policy, or protocols;
- Initial pathway assignment depends on an array of factors (e.g., presence of imminent danger, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics such as type of alleged maltreatment and age of the alleged victim);

- Initial pathway assignment can change based on new information that alters risk level or safety concerns;
- Services are voluntary in a non-investigation pathway: (1) families can choose to receive the investigation response or (2) families can accept or refuse the offered services if there are no safety concerns;
- Families are served in a non-investigation pathway without a formal determination of child maltreatment; and
- Since no determination of maltreatment is made, no one is named as a perpetrator, and no names are entered into the central registry for those individuals who are served through a non-investigation pathway.

As of 2011, 19 states had implemented DR either statewide or on a pilot basis. Wide variations exist, however, in the number of formal pathways included in the child protective system; the procedures and criteria used to determine which maltreatment reports are eligible to receive the non-investigation (DR) pathway; the circumstances under which cases are re-assigned from a non-investigation pathway to a formal investigation (or vice versa); the type of workers (public or private agency) who provide services in the non-investigation pathway and the types of services they provide to families.

### What Does Differential Response Look Like in Illinois?

In Illinois, the differential response approach has been named *Pathways to Strengthening and Supporting Families (PSSF)*. There are two discrete pathways available in the PSSF approach: a traditional child protective services investigation and a voluntary, assessment and service-oriented pathway; colloquially known as “DR”.

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<sup>1</sup> National Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential response in child protective services: A literature review (version 2)*. Washington, DC: Author.



Under this new approach, calls made to the State Central Register (SCR, often referred to as “the hotline”) will be screened, as before, to determine if they meet the criteria for a child abuse or neglect report under Illinois statute.

At the same time, eligibility for the DR pathway is determined, as not all screened-in maltreatment reports are eligible. To be eligible for the DR pathway, accepted reports must meet all of the following criteria:

1. No prior family reports to the SCR; no prior *indicated* allegations of abuse and/or neglect; or prior indicated reports have been expunged;
2. Alleged perpetrators are parents (birth or adoptive), legal guardians, or responsible relatives; alleged victims are not currently in IDCFCS care or custody or wards of the court;
3. Protective custody is not needed or taken;
4. Allegations of maltreatment include, singly or in combination:
  - Inadequate Food
  - Inadequate Shelter
  - Inadequate Clothing
  - Environmental Neglect
  - Mental Injury
  - Medical Neglect
  - Inadequate Supervision unless the child is under the age of 8 or has the emotional/mental functioning of a child under the age of 8, and there was no adult present or able to be located or the adult was present but impaired and unable to supervise
  - Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare<sup>2</sup>

During the demonstration and evaluation period, DR-eligible reports will be randomly assigned to either a traditional child protective services investigation or DR assessment and services. Families assigned to the DR pathway will be served by a paired team consisting of one public agency (IDCFCS) Differential Response specialist and one private agency Strengthening and Supporting Families (SSF) caseworker employed by a community-based agency.

The process for DR assessment and service provision is as follows:

- The workers contact the family via telephone (if possible) to arrange an in-home assessment within 3 days of case assignment.
- The DR Specialist and SSF caseworker make the initial home visit together.
- During the initial visit, the DR Specialist assesses the safety of all children in the home, using the Child Endangerment Risk Assessment Protocol.
- If the child(ren) is determined to be unsafe, or if the level of risk is high, DR supervisors have the authority to reassign a family to the investigation pathway.
- If there are no immediate safety concerns, the DR Specialist hands over all future services to the SSF caseworker.
- The SSF caseworker completes a family needs and strengths assessment, usually during the first visit.
- The SSF caseworker provides the family with a wide array of services targeted to their specific concerns.
- The DR case may remain open for up to 90 days. After 90 days, 30 day service extensions for up to an additional 90 days may be granted based upon the family’s needs and the availability of funds.

Differential Response was implemented throughout the entire state of Illinois on November 1, 2010. From this date through June 30, 2011, over 1,000 new cases were assigned to the DR pathway.

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<sup>2</sup> This allegation was added to the list of DR-eligible allegation in July 2011



### How Will We Know if Differential Response Works in Illinois?

The program logic model for Differential Response assumes that eligible families served through the DR pathway will be more highly engaged in the assessment and service planning process and receive a wider variety of more appropriate matched services, which will lead to higher satisfaction with services, fewer repeat contacts with the child welfare system and less penetration into the system (e.g., child removal).

The DR evaluation in Illinois will test these assumptions and attempt to answer three critical questions:

1. **Child Safety:** Are children whose families are served in the DR pathway as **safe** as or safer than children whose families receive the investigation pathway?
2. **Pathway Differences:** How is the non-investigation pathway different from the investigation pathway in terms of **family engagement, casework practice, and services provided?**
3. **Program Costs:** What are the **cost** and funding implications to the child welfare agency of the implementation and maintenance of a DR approach?

The evaluation consists of a randomized control trial (RCT) with qualitative elaboration and pre-test/post-test comparisons of worker and agency contextual factors. The RCT will compare outcomes for children and families assigned to the treatment group (DR) and the control group (investigation) and will tell us if DR works. The process evaluation will describe the implementation process, document what DR looks like in Illinois and how DR practice differs from that in a traditional investigation – in other words, it will tell us how DR works. Highlights of the comprehensive evaluation include:

- Contextual factors of worker background, training, satisfaction, and attitudes toward child protection and differential response, organizational culture and climate, and service availability will be assessed prior to and following implementation.
- A process evaluation will thoroughly document the steps taken to implement DR throughout the state, including detailed documentation of all steering committee meetings and decisions, training development, model fidelity, identification of implementation barriers and resolutions, and case tracking and cost data.
- Outcome data will be collected through a mixed methods approach:
  - Administrative data will capture information on outcomes, including: initial safety determination and risk level; children taken into protective custody; children re-reported; children with substantiated reports; and children removed.
  - To supplement the administrative data, caseworkers will complete a data report at case closing that gathers information on time to first caseworker contact; number of total contacts and face-to-face contacts with family; case open and close dates (length of open case); date of first service; amount and type of services rendered or referred; adequacy of services offered to meet family needs; level of family engagement; rating of family outcomes, total time spent on each case; and reason for case closing.
  - Paper and pencil surveys will be completed by the families after case closure. These surveys will include assessment of the caretakers' engagement in the service process, the appropriateness of the services received, their perceptions of their caseworkers, their overall satisfaction with services, and perceptions of overall family well-being.
  - Focus groups and structured interviews will be held with caseworkers, supervisors, administrators, and community providers to assess their perceptions regarding the DR program, organizational rules, procedures, and culture; the role of leadership in the implementation process; perceived barriers to implementation and strategies used to overcome those barriers.



- Interviews will be conducted with families to obtain their perceptions about engagement and service provision.
- Naturalistic observation will be used to collect detailed information independent from caseworker and family perceptions about what occurs during caseworker-family interactions in both the investigation and non-investigation pathways, including: where the interactions occur, who is present during the interactions, who participates in the interactions, how decisions are made, specific skills used by caseworkers, which services are suggested, and whether family strengths are recognized.

Results of the DR evaluation will be made available on the Children and Family Research Center website. ([www.cfrc.illinois.edu](http://www.cfrc.illinois.edu))

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