



**CHILDREN AND FAMILY
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Differential Response: Sounds Great! But Does it Work?

Tamara Fuller, Ph.D.
Director, Children and Family Research Center
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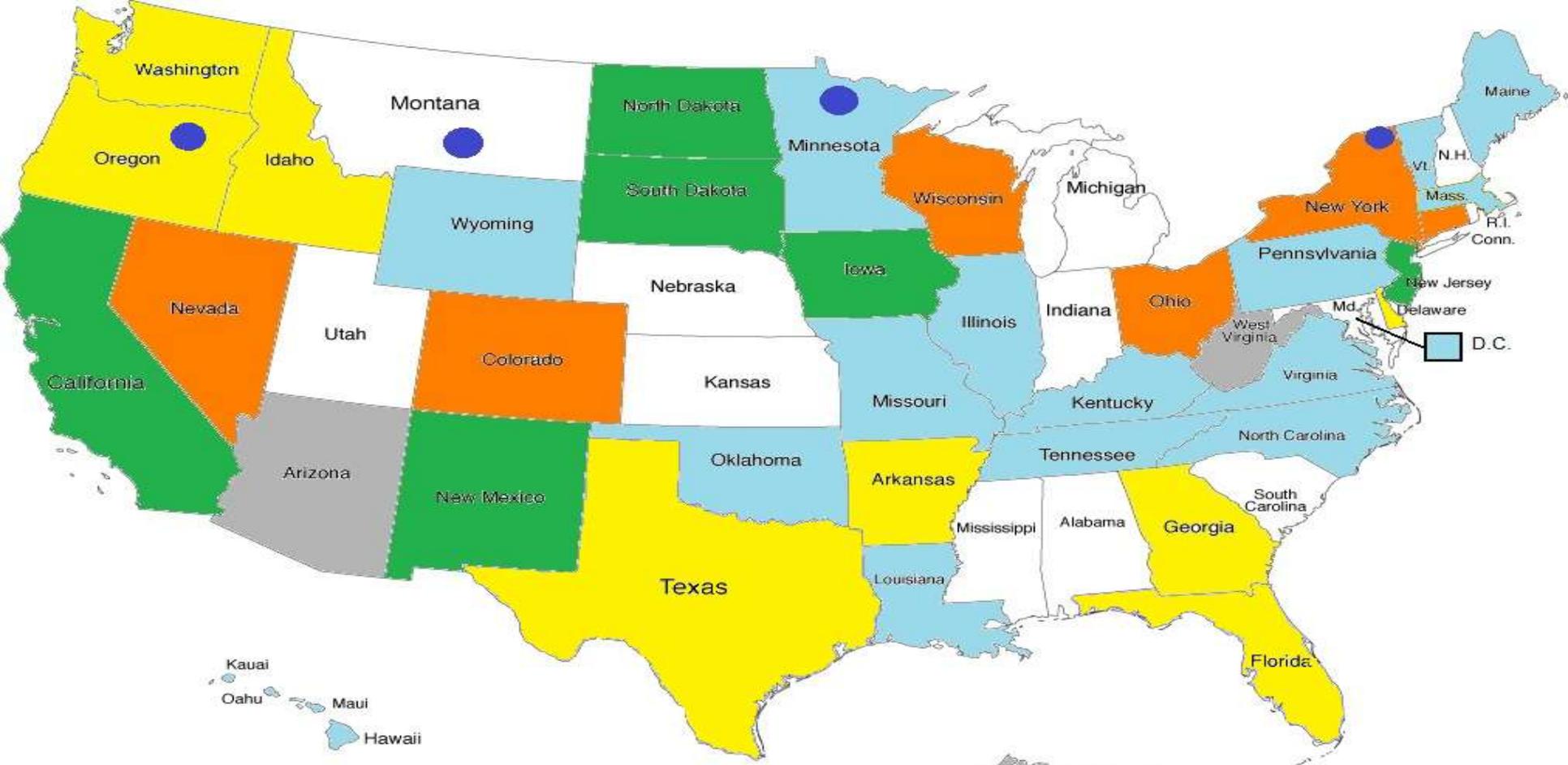
Acknowledgements

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Rapidly Changing Child Protection Landscape

- In 2006, the American Humane Association and the Child Welfare League of America conducted a national survey of differential response in child welfare
- Based on a set of well-defined criteria, 15 states had implemented DR initiatives and several others had implemented other innovative practices



- Statewide Implementation
- Regional/Local Pilot Site Implementation
- Discontinued DR
- Planning/Considering Implementation
- Tribal Planning and Implementation
- * Implemented Other Innovative Response Systems

*These states have implemented innovative responses to families that come to the attention of their child welfare system, but they do not meet the core criteria of differential response according to the QIC-DR.



The Philosophy of Differential Response

- In traditional CPS systems, most families are either screened out at the hotline, unsubstantiated following investigation, or substantiated and not offered services.
- Many of these “low risk” families eventually come back into contact with the child protection system.



What are the *intended* results?

- Short-term intended outcomes include the *engagement* of low-to-moderate risk families in *voluntary services*
- Long-term intended outcomes include the prevention of *maltreatment recurrence*, improved *child development*, and increased *family functioning*



Given the program philosophy and intended outcomes, what does the available evidence tell us about whether Differential Response “works”?

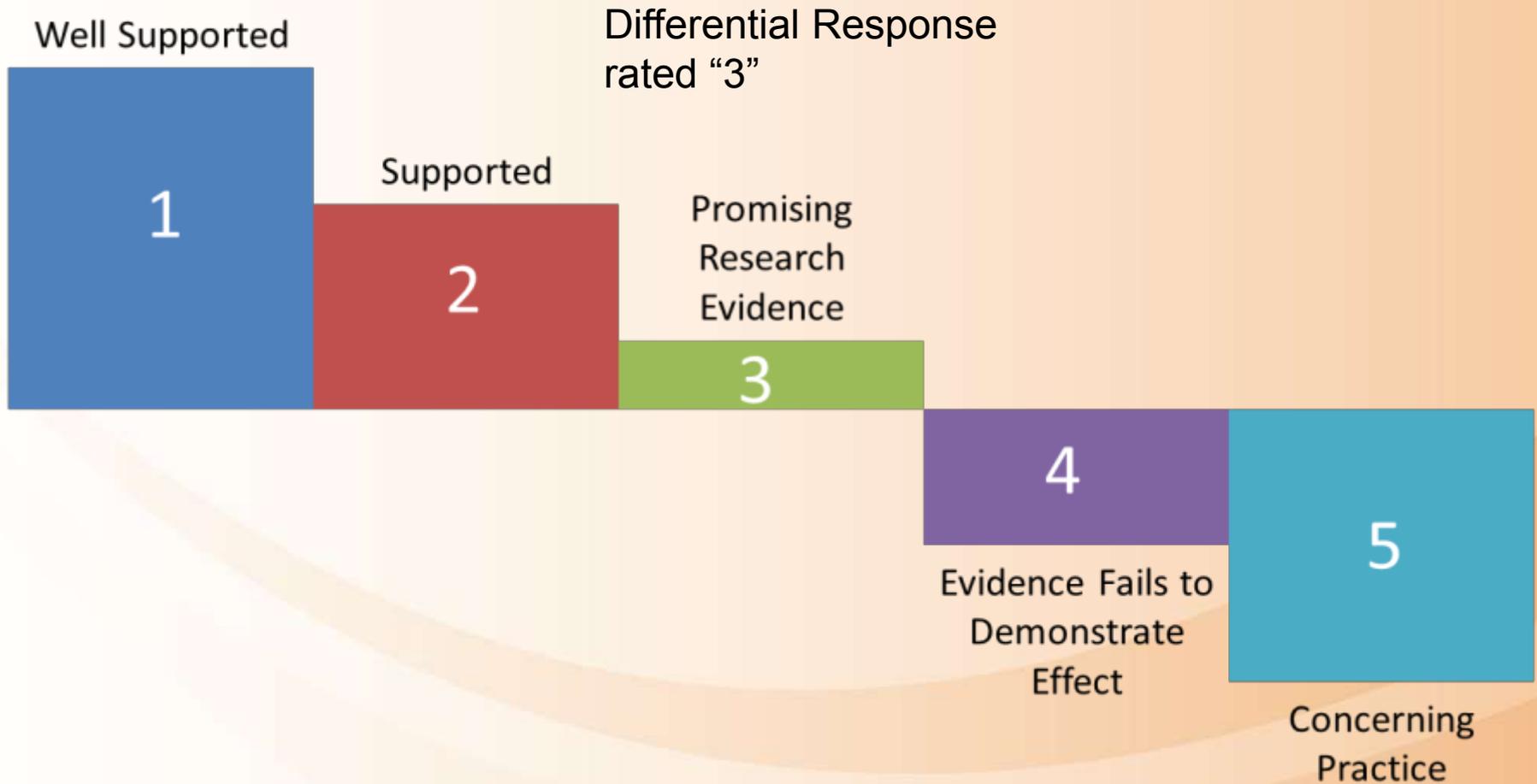


California Evidence-Based Clearinghouse for Child Welfare





California Evidence-Based Clearinghouse for Child Welfare



What can we learn from other DR evaluations?

There have been several evaluations that have examined both the implementation and impact of Differential Response:

- Completed RCTs in MN, OH, and NY (one county)
- Three additional RCTs underway in Illinois, Colorado, and Ohio
- Non-experimental evaluations have been completed in several other states



Family Engagement and Satisfaction

Strong evidence from multiple evaluations that compared to families that get a traditional investigation, those that receive DR services:

- Are more satisfied with the way workers treated them
- More often feel that the worker understood their needs
- More often feel that the worker listened to what they said
- More often felt involved in decision-making about their families
- Had more positive emotional responses to the first visit and fewer negative emotional responses
- Rated their overall experience with the agency more positively



Service Delivery

Strong evidence from multiple evaluations that families in a DR or family assessment pathway get more services than those that receive an investigation:

- More likely to get at least one service over and above casework
- Mean number of services received is higher
- When look at specific types of services received, much more likely to get assistance with food or clothing, help paying rent or utilities, appliances or home repairs, helping in looking for jobs, other financial help
- Families more likely to rate the services they received as “the kind of help they needed” and “enough to really help”



Repeat Maltreatment

The evidence regarding repeat maltreatment, usually defined as re-reports to CPS or substantiated re-reports, is equivocal:

- Several studies have found no differences between families that receive DR versus an investigation
- Others have found small, but significant differences in favor of DR
- No studies have found higher levels of repeat maltreatment among families served in DR



Family Functioning and Well-Being





But what about the costs?

	Initial Case	Follow-up Period	Total Costs
Minnesota			
DR	\$1,131.80	\$804.44	\$1,936.24
Investigation	\$593.45	\$1,537.68	\$2,131.13
Ohio			
DR	\$1,134	\$191	\$1,325
Investigation	\$831	\$402	\$1,233

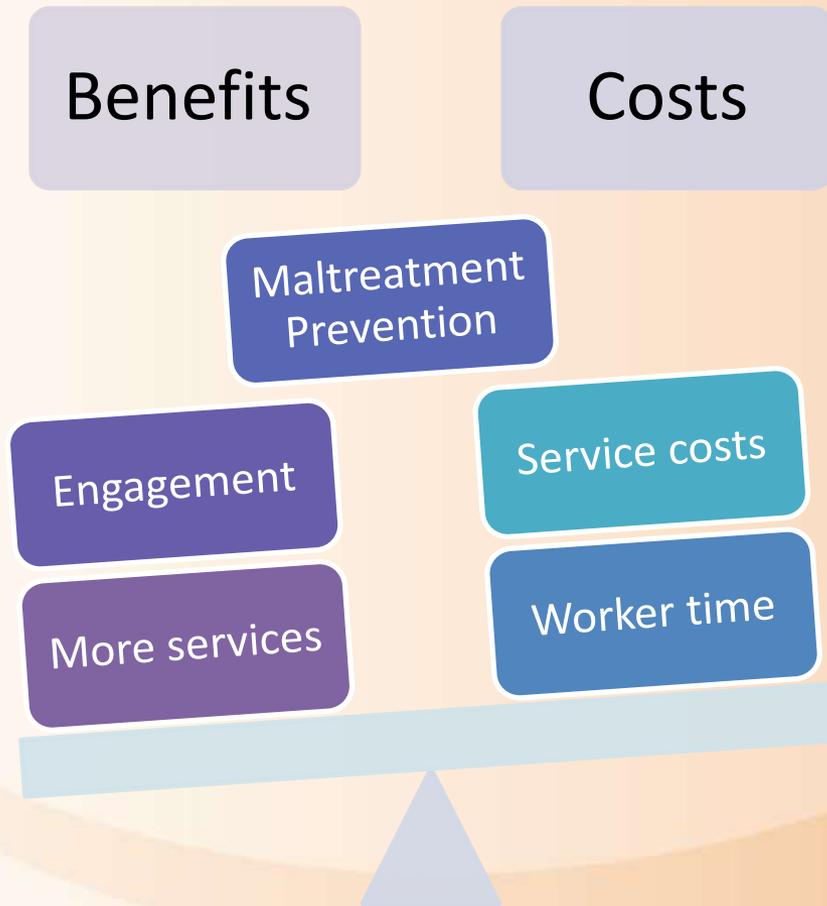


Criticisms of Differential Response

- There is no single model of practice called Differential Response that can be consistently defined and evaluated.
- Some criticism of the current evidence base as not very rigorous.
- We don't know much at all about *how* Differential Response works.



So, does DR work or not???





Contact Information

Tamara Fuller, Ph.D.

Director, Children and Family Research Center

t-fuller@illinois.edu



Thank You!

