
**Lessons from the Beginning of Differential Response:
Why it Works and When it Doesn't**

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Even people who have never read Tolstoy's *Anna Karenina* are familiar with its first sentence: "All happy families are alike; each unhappy family is unhappy in its own way." It is this simple, disarming observation about unhappy families that is behind the differential response approach to child protection: Just as child maltreatment comes in many forms there should be flexibility in responding to it.

This paper is an inside out examination of the evaluations of the Institute of Applied Research of early differential response pilot projects that seeks to answer the question: What have we learned about differential response so far? This question is not limited to the research questions that framed our evaluation reports¹ but is broader and concerned more about programmatic significance than statistical significance. The early pilot projects were limited to subsets of counties. State human service systems are large, complex organizations; it is not surprising that what sometimes looks good in a limited demonstration has been less impressive when expanded full scale. It is important, therefore, to ask not just what outcomes were observed in early pilot projects, but what happened inside these projects that is useful to know for anyone considering the introduction or expansion of differential response as part of a wider retooling of their child protection system.

The most influential model of differential response has been the one that began life in Minnesota as a pilot project in 2000. However, when Minnesota designed its "alternative response" model it adapted an approach that had first been tried and tested in Missouri, where a two-track response to reports of child maltreatment had been born out of an old-fashioned Missouri compromise.

Origins: The Missouri Compromise

Missouri has always been a boarder state, split between those who say Missoureee and those who say Missouriahh, between urban and rural, between progressive and conservative people and politicians. Hard lines have long been drawn in the show-me state between political factions

¹ Available online at <http://www.iarstl.org>

with quite different views about the role of government and when and how government should intervene in the lives of individuals and families. In the 1990's these lines ran through the child protection system. There were those who thought government had no business mucking about in concerns that should be left to families; children were the responsibility of their parents, not the state. On the other side of the divide were those who thought government had an urgent responsibility to ensure the safety and well-being of children of irresponsible parents and was not intervening in family life enough.² Family-first people thought the state should error on the side of minimalism and family integrity and only become involved when children faced imminent, life-threatening danger. Child-first people thought the state should error on the side of maximum caution and child well-being and become involved whenever there was a question of possible risk to children. There were, however, areas of agreement between the two groups. Both thought the state should act aggressively whenever a parent committed a crime, including assault against their children. Neither thought the state should be placing the names of parents on a central registry that stigmatized them and, potentially, harmed them economically unless there was grave reason to do so.

A possible solution was found in an approach that was part of CPS reforms taking place in Florida. There, a dual-track response approach had been proposed and it made sense to key Missouri legislators and state agency administrators. While the Florida initiative would soon wither, the approach was test planted in Missouri in 1994 with the passage of Senate Bill 595 in the state legislature, and it took root. SB 595 authorized the state Department of Social Services to develop and assess a dual-response approach to child abuse and neglect in a two-year pilot project. The bill and the two-track system it authorized was a second Missouri Compromise. The differential response (or DR) movement, which has taken hold in a number of states and in several other countries, can trace its origins back to SB 595.³

Investigative Response. In the beginning there were only investigations. All reports of possible child maltreatment received the same evidence-driven investigative response from state child protection systems. Historically, the single-response, forensic investigation approach had a traceable start. In 1962 the Journal of the American Medical Association published a ground-changing paper, "The Battered Child Syndrome," which described the traumatic physical abuse of children that often went unrecognized by doctors and social workers. The article became a

² This difference mirrored the split reaction that first greeted the "The Battered Child Syndrome" when it appeared in the Journal of the American Medical Association in 1962 (Kempe et al. 181(1): 17-24).

³ Especially instrumental in the initial development of the two-track experiment in Missouri was Dick Matt with the Division of Family Services and key legislators bent on improving the state's child protection system. Other key people in the development and implementation of the pilot project include Fred Simmens, Anna Stone, and Joan Garrison with DFS, county CPS administrators such as Tena Thompson and Beverly Long, child advocates such as Ruth Ehresman and Sarah Barwinski, and Gary Stangler who was the Director of the Department of Social Services.

call to action that had an immediate and lasting impact on child protection.⁴ However, the article suggested that while the problem of child abuse was startling, it was not extensive. The problem was one of identifying perpetrators and protecting victims. The forensic model emerged from this in which child protection investigators, acting much like a domestic police unit, focused their attention on checking out allegations, gathering facts, and making findings.

But over time the number of reports grew, and a wider set of issues and threats to child welfare were reported. Reports of battered children continued but were outnumbered by a wide assortment of other threats to children: lack of supervision, medical neglect, educational neglect, unsafe homes, insufficient shelter, lack of basic needs. The definition of child maltreatment expanded. Caseloads grew. The increasing number of reports outstripped the capacity of the child protection system, which was overwhelmed with cases of families in crisis and with families who often kept reappearing on caseloads. In most instances, when allegations could not be substantiated, investigators walked away. When allegations were substantiated, but the safety of the child was not found at risk, the investigator still often walked away, perhaps following a warning or advice or providing the name of an agency where some help might be found.

By 1990 the national Advisory Board on Child Abuse and Neglect concluded that child maltreatment amounted to “a national emergency,” and that “the system the nation has devised to respond to child abuse and neglect is failing. It is not a question of acute failure of a single element of the system; there is chronic and critical multiple organ failure.”⁵ The Board concluded that the country was spending “billions of dollars on programs that deal with the results of the nation’s failure to prevent and treat child abuse and neglect.” Not only is child abuse and neglect wrong, the report emphasized, “but the nation’s lack of an effective response to it is also wrong. Neither can be tolerated.”⁶

It was within this national context that concerned Missouri legislators and child welfare professionals were working. There must be, they thought, a better way. Senate Bill 595 was an attempt to find a better way within the constraints of the social realities of state politics.

Family Assessments. SB 595 allowed a second type of CPS response to certain allegations. The alternative to an investigation was called a family assessment, and a family assessment was permitted when the report received did not allege criminal behavior or suggest a child was in imminent danger. Unlike an investigation, a family assessment did not focus on whether or not a

⁴ Leading within a few years to mandatory reporting systems in every state and the Child Abuse Prevention and Treatment Act of 1974. It is worth noting that Henry Kempe, the author of the AMA article received his second Nobel Prize nomination for his work on the battered child syndrome; the first was for his work developing a safer smallpox vaccine.

⁵ U.S. ABCAN, 1990, p. 2.

⁶ Ibid, p. 3.

report was true but whether the well-being of a child and family required some kind of assistance that could be provided. The response was not to be police-like in any way, but positive and supportive, identifying problem areas that needed to be addressed. The children's services worker was to seek to form a collaborative relationship with the family and build on its existing strengths. Services offered to families were voluntary and, whenever possible, provided through community resources. Importantly, child safety remained the foremost issue in family assessments as in investigations, and at any time the response track could be changed by the CPS worker from a family assessment to an investigation.

While a new approach to families was permitted in certain instances through SB 595—one that offered a helping hand rather than a “storm trooper,” as one conservative state legislator characterized CPS workers—part of the compromise was that the legislation appropriated not a single additional penny for services. So, while children's services workers were asked to reach out to families, to assess their needs across a broad array of areas, workers were given no additional financial resources to pay for services or needs they discovered. These were to be found, somehow, from pre-existing community resources. An important element in the new approach, therefore, involved the formation of a connection between CPS workers and other resources within communities able to provide specific assistance and services families needed.

The Test. The Missouri dual response pilot project began in July 1995 and ran through June 1997. The project was called different things while it was being piloted. It was called the Multiple Response Demonstration the first year and the Family Assessment and Response Demonstration the second year. Through most of the testing period, CPS workers in the state referred to it most of the time simply as 595. Frequently, the term two-track approach would be used, but this was seen as not quite politically correct, perhaps because it echoed recent controversies in public education, although two-track was simple and descriptive.

The initiating legislation permitted the dual response approach to be piloted in five locations around the state. But key state administrators and a number of county directors were keen to implement the system, and so through creative map drawing the pilot was eventually implemented in five county clusters across the state that included 15 counties and the city of St Louis.

Our job was to evaluate the implementation and effects of the new approach. There were many questions about family assessments, especially within the child advocacy community in Missouri. The questions were less about whether the new approach was an improvement than whether it could really protect children and keep them safe. The role of the evaluation was to address these concerns and to look more broadly into the impact of the approach. Would it improve the outcomes of CPS or make them worse? Would it have any effect on recurrence of

abuse or neglect? Would it keep children and families out of the rotating door of CPS? Would parents accept it and, importantly, would they cooperate with it given their participation was supposed to be essentially voluntary? Would workers accept it? The questions were many, and no one knew what the answers would be.

The research design employed was quasi-experimental. Results in pilot areas were to be compared to outcomes in a set of comparison counties. The comparison counties were selected carefully and as a set they were very similar demographically and in terms of their CPS caseloads to the pilot area. We also had state information system data on all CPS activity in the state going back two years before the start of the pilot, and we were able to compare data in pilot counties to comparison counties beginning two years before the start of the project through the two years the pilot would operate.

Signs of Trouble. There were early signs of trouble. During our first site visit to a county in the southwestern corner of the state, CPS workers were wearing black arm bands in protest of the project. The county administrator had agreed to participate in the pilot but he had not consulted his supervisors or workers, and they were not pleased. Their irritation ran deep, not just for being excluded from the decision to be involved but because of some of the changes in staff roles and organization. State administrators responsible for the design of the project had established a few firm rules about the program model and its implementation. One of the basic rules was that children's services workers would all become "generalists" so that they could retain a family on their caseloads no matter where the case led. This particular county had been organized around a "specialist" model, and all workers had very specific and limited roles. Some were investigators who made first contact with a family following a maltreatment report and passed the family along to a case manager if a service case was opened. A case manager might further pass the family along to a foster care or adoption worker if the case went to court and the prospect of removing the child arose. Now, for the sake of continuity, state administrators had decided that all pilot county workers were to become generalists who stayed with the family from start to finish, whatever might happen along the way. Some senior staff members who had become comfortable in their jobs were caught off-balance at having to learn new roles and deal with situations they had not had to deal with before. Others preferred to do what they did and did not want to change. They liked being the bad-cop investigator and didn't want to learn to be the good social worker.

A second sign of trouble was encountered that was found to one degree or another in most of the counties participating in the pilot. This had to do with the lack of funds for services. In a county in central Missouri, one especially baffled CPS director wondered how anyone could think the family assessment could be expected to have any effects without the addition of new service funds. "My staff has never been trained in community development," she explained; "I don't

know anything about community development, so I can't teach them. How can we be expected to find free resources for these families? That has never been our job. How can my staff tell people: we are here to help you but we have nothing to help you with?"

Yet a third sign of trouble was found in a three-county area where local CPS directors simply refused to follow state directives about how to conduct the first encounter in a family assessment response. These counties were chock-o-block with seasoned staff who did not take easily to change. The composer John Cage liked to quote Eric Satie who said, "Experience is paralysis." And this is what we found in these central Missouri counties. The state agency's policy was that the track assignment decision was to be based solely on the reported allegation. If the decision was that a family assessment response was appropriate, the first meeting with the family followed protocols that were established for family assessments—supportive, non-accusatory, broad in focus, family-centered. If there were child safety concerns, the worker could always change the response track to an investigation and an investigator would take over. However, this procedure was flipped on its head in these three counties. Investigators, in full interrogator mode, continued to make all initial contacts with families regardless of the screening decision about the appropriate response track. If they were satisfied there were no safety issues to be addressed they handed the family over to assessment workers who revisited the family, often beginning by undoing negative effects of the investigation.

In the first year of the project we, as evaluators, saw each of these problems as potentially damaging to the project, even ground altering. There were two major components of the evaluation, an examination of the effects (outcomes) of the new approach and a study of its implementation. The main reason for doing an implementation (or process) study of a new program is to see whether the new approach in question is being implemented as designed and intended. What we learned from early visits to these project areas was, maybe not. The goal of any study that looks at the effects or impact of a new program is to see what the new program caused to happen: What can be expected from this new intervention. If you are studying the effects of a new pill, you assume everyone in the treatment group took the pill. The assumption when you look at the effects of a new program is that the program was actually implemented as designed and intended.

The problem of the black armbands, the problem of worker attitudes and their acceptance of the new program, could have had catastrophic consequences for the affected county. But it didn't. There was an open sore for a time, and salt from previous management-staff disagreements didn't help, but the wound eventually scabbed over and mostly healed. The healing was aided by the replacement of the county director, which placated the discontented, who sought their pound of flesh, and helped resolve the matter.

The second and larger problem, the lack of new service funds, is part of a large conundrum at the core of differential response. Differential response seeks to provide assistance to families who rarely receive services in traditional CPS. The obvious question is: How can an already underfunded system that lurches from crisis to crisis, with a large percentage of its resources absorbed by a relatively small number of chronic and critical cases, suddenly begin to do more for other families? A new car can't run without gas any better than an old car.

In Missouri at the time, the thought was that the answer to this riddle could be found in another program recently implemented. This was the community partnership initiative through which collaboration was being promoted among a range of old and new local and state organizations, agencies and institutions. The thought was that the whole could become more than the sum of its parts and that it was possible to build integrated partnerships within local communities among unconnected groups that shared overlapping objectives. The facilitation of community partnerships had been funded by the state, and it was hoped that better use of existing spending within human services could offset the need for more spending. Community partnerships were not established just for child protection, but to create a better, more cohesive, and cost effective human service system generally that would benefit individual systems like child protection.

In the end, there was no doubt but that the dual response pilot could have benefitted greatly from new service dollars. However, the lack of service funds had the effect in a number of places of broadening how workers viewed the concept of services and many became creative in finding ways of addressing a family's problems, often in places that had been viewed as notoriously "resource poor."

The third early sign of trouble, disregarding the basic protocol for conducting family assessments, was another matter altogether. Throughout the entire two years of the evaluation, the three counties in this area were a concern. In a fundamental way, they had never fully implemented the family assessment model. It is hard to study the effects of a treatment when the treatment is not consistent with the model. We suspected that effects in these locations would be close to null and we were right. The question was, should they be excluded from the analysis? Would the effects of the program in other places be robust enough to overcome the lack of effects here?

Plums in the Pudding. At the same time, during the first year of the Missouri pilot project there were early positive signs that the new approach was working. Typically, assessment workers knew and could report to us more about the families they met with than did investigators. Following assessments, workers knew more about the problems and needs of families and their strengths and resources. Secondly, when services were provided they were generally provided more quickly to assessment families. There was less time spent by workers in evidence gathering

and building a case about the allegations that had been made. Assessment workers could and did start working with families immediately. Thirdly, families were responding much more positively to assessments than investigations. They more often saw assessments as beneficial and as making a difference for their families. They were reporting that they were playing a larger role in determining a plan of action to address issues that had surfaced, and they felt they were cooperating with assessment workers. Fourth, workers liked assessments more as they did more of them. They saw them as helpful and saw themselves as being more able to actually help make a difference in the families; they felt more effective and they reported families were more cooperative. And fifth, assessment workers were more likely than investigators to report that they had helped families obtain assistance from a larger number of community resources—neighborhood organizations, churches, extended family members, food pantries, etc. In all this, assessment workers were different from investigators and assessments were different from investigations.⁷

While each of these things was positive in itself, each also suggested something very basic was going on related to the main concern of child advocates going into the project, child safety. Workers who knew more about families were more likely to be able to help them: knowledge is a precondition for action, certainly for action that is more appropriate and might make a difference. The attitudinal and substantive responses of families and workers suggested the process was working and family issues were being resolved and problems addressed. And help that was needed was being provided more quickly. All these were indicators that assessments may well be better at safeguarding children and that children may actually be able to be made safer in assessments than investigations, at least in those situations in which the allegations did not indicate the child was already in actual imminent danger. One worker told us, “Assessment cases get more immediate attention and you would think investigations should because they involve more serious allegations. In investigations we’re not looking for deeper causes, other things that are wrong, and we don’t see them.”⁸

The proof, as they say, is in the pudding, and if it’s plum pudding, you want to find as many plums as possible. For the outcome study there was one plum we were most interested to find: a reduction in recurrence, that is, fewer children with new reports of maltreatment, fewer children and families returning to the child protection system. By the end of the first year of the project we began to see a small drop in the re-reporting of maltreatment. The margin between pilot and comparison families was not large but it was statistically significant. More families were

⁷ See Siegel, G.L. & Loman, L.A. (1996), “Family Assessment and Response Demonstration Impact Evaluation, Preliminary Findings at 10 Months.” See especially Part 4, “Preliminary Findings from the Study Sample: Case-Specific Survey Findings,” and Part 5, “Responses to the Family Survey.”

⁸ Siegel, G.L. & Loman, L.A. (1997). *Missouri Family Assessment and Response Demonstration: Final evaluation report*, p. 173. St. Louis: Institute of Applied Research. Retrieval at <http://www.iarstl.org/papers/MO FAR Final Report-for website.pdf>

receiving services through CPS and fewer were being reported for child abuse and neglect. Families preferred family assessments to investigations and workers were warming to the new approach that let them be social workers.⁹ As the project moved through its second year these early findings were sustained. Early positive trends held up despite early signs of trouble.

Findings. Pilot counties used family assessments for about 70 percent of all child maltreatment reports they received. Reports of sexual abuse and severe physical abuse continued to be investigated from the start. For those reports in which family assessments replaced investigations there was no evidence that the safety of children had been compromised. Safety issues were addressed in family assessments and, in a small percentage of instances when workers deemed it necessary, the response was switched to an investigation. Importantly, when safety issues were identified by workers they were addressed more quickly in family assessments than in investigations. And, unexpectedly, implementation of the two-track approach often improved investigations.¹⁰

By the end of the two-year study, the qualitative findings were quite strong: the response of families, CPS workers, child advocates, law enforcement and other community stakeholders was largely positive. Quantitative outcome results were positive but remained limited. And so the question remained: Given the consistent evidence that more families and workers found family assessments preferable and more beneficial than investigations, why were the outcome findings not stronger? The difference in the percentage of families with subsequent maltreatment reports was only about 3 percent. It may have been statistically significant, but was it programmatically significant? And could the effects of the new approach be expected to make a lasting difference.

In the final analysis, no counties were dropped from the examination of outcome effects. County-level analyses left little doubt that model fidelity issues in some regions and the lack of funds for services overall reduced the impact of the family assessment approach in the Missouri pilot. The short, two-year time frame for the pilot and evaluation was also thought to have contributed to the modest impact results. The introduction of the family assessment pilot was a major undertaking, requiring substantial staff training and reorganization and the introduction to a new set of tools and protocols. Family assessments required workers to think and act differently, and habits can be hard to break. Establishing new relationships with police departments, courts, schools and community assets is labor intensive and takes time; workers were given advice but no real training in how to go about it. Although workers were asked to do

⁹ See Siegel & Loman (1996). Part 3, "Selected Outcome Measures from the Client Data Systems," in Family Assessment and Response Demonstration Impact Evaluation, Preliminary Findings at 10 Months."

¹⁰ See Siegel and Loman (1997). Appendix D: Analysis of Arrests Stemming from CA/N Investigations at. And see Loman, L.A. (2005). Differential Response Improves Traditional Investigations: Criminal Arrests for Severe Physical and Sexual Abuse. Retrieval at <http://www.iarstl.org/papers/DiffRespAndInvestigations.pdf>

more, and to look at a wider set of problems and needs that often exist within CA/N families, they were not provided with additional funds or other resources to use in remediating what they found. They were asked to rely on untapped resources in the community. A large part of the 24-month pilot period was taken up in local offices with spring planting. In general, the community harvest was quicker to come in areas where collaboration between key institutions and agencies already existed.

The “voluntary” nature of family assessments was interpreted differently from county to county and there was an ongoing debate over what to do with families who would not cooperate. Some counties switched reports to investigations much more quickly than others. There were some assessment workers who never fully grasped the fundamental nature of the new approach or, in the case of some seasoned workers, never fully accepted it. The family assessment response provided a tempting excuse for some workers with caseloads already too large to make a quick decision to do little or nothing and to move on to the next report.

A number of important findings stand out from the Missouri evaluation.

1. A Wider Lens and Expanded View of Services. Workers in many places developed an expanded understanding of what services meant. Historically, core services involved a set of mostly therapeutic interventions provided through vendors—generally community agencies or independent therapists. Other assistance might be provided by some workers, but these were the icing and not the cake, and not all cakes were iced. Rural areas, where few vendors were situated, were generally accepted to be “resource poor,” and families often had to commute to neighboring counties to receive services. In all locations there was a temptation to prescribe interventions that were more likely to be available and accessible but not necessarily most needed. The wider lens of family assessments let in more light and gave workers a wider perspective on conditions and needs of families. And these were often not amendable through formal, funded services and assistance had to be sought from other places. Neither the condition nor the cure for many of the problems faced by these families existed within the world of traditional CPS. Problems that would not previously have been identified became known to workers and new sources of help had to be found, sources that did not require payment. Assistance was sought when possible within the natural support network of families—their extended families, neighbors, churches.

2. Poverty and Impact. Many of the families we saw on caseloads and learned about through surveys were poor and had problems that were often related to poverty, a lack of basic needs including food and clothing and adequate housing. Many cases classified as neglect looked like cases of straightforward poverty. Many had problems that caused other problems: alcohol or drug use that led to conflicts between parents and children or to children being unsupervised. A

lack of child care left children on their own before and after school. Many such problems could not be addressed by sending a parent to a therapist in the next county. With family assessments help was more often found closer to home, and it was provided about twice as fast as in reports that were investigated.

The impact analysis showed that families most helped were those who lived in poverty. Much of the measured improvement in maltreatment reporting came within the poorest families on county caseloads. There was an increase in the provision of basic services to these families because of the family assessment approach; many of these cases would have received little or no attention from workers in the traditional approach. Correspondingly, the reduction in new maltreatment reports came largely from this subset of families, families in which it would often be difficult to distinguish child neglect from straightforward poverty. Among other families, the impact of the pilot on subsequent maltreatment reports was negligible. But effectiveness among poverty families, families that often become chronic cases within the child protection system and absorb a disproportion of the system's time and resources, represents a practical achievement for the pilot.

3. Psychological Dynamics. Success among poverty families shows the practical side to family assessments, but there was also a psychological side. An important goal of the Missouri pilot was to introduce an approach that would take off the Jackboots and treat families with respect. Interviews with workers and surveys of families showed that families responded positively to expressions of compassion and concern from workers. Families strongly objected to being accused of wrongdoing at the start of their interactions with workers and felt a need for recourse when they perceived inequities. Assessments increased the level of cooperation of families and decreased their defensiveness. No one likes being pushed into a corner. When human beings are involved, a hand often produces a better result than a hammer, which we learned from a worker in a small, rural county who described a particularly poignant meeting she had with a family:

“The incident had originally been screened investigation, and the family initially was completely uncooperative, uncommunicative, and defensive. The bruises were not as severe as reported and there was less a pattern of abuse than we had been led to believe. The mother was more cooperative when she saw the bruises. The father didn't drink when the mother wasn't there. When I told them I thought the incident did not warrant an investigation and was being switched to a family assessment, and when this was explained, the family unfolded, opened-up. Their body language changed. And I learned more from them about what had happened and about their problems and needs. The family became involved in the course of action that followed. The mother came up with the solution that the children would go stay with a neighbor for a night or two. A [service] case was opened and we provided

anger management, and through supports they identified we were able to address important supervision problems. A relatively minor incident was helped from becoming a major one. With assessment this happens more and more often.”¹¹

4. Rolling Icebergs. In analyzing the recurring maltreatment reports on families as part of the Missouri evaluation, one fact stuck out: when there are multiple reports on families over time these reports tended to vary in type and nature. A particular reported allegation about a family was generally not predictive of what kind of allegation would be made in subsequent reports that might be received. Take, for example, reports in which one of the allegations was educational neglect. If the initial report (which brought the family into our study) involved educational neglect you might suspect that subsequent reports involving these families might also involve educational neglect. They did, but only 25 percent of the time. Subsequent reports on these families were more likely to involve other accusations and not include educational neglect 75 percent of the time. In fact, 81 percent of second and third reports that involved educational neglect concerned families whose initial report did not include this problem. This same pattern, or perhaps better lack of pattern, was found irrespective of the initial allegations contained in a maltreatment report, whether the report involved sexual abuse or physical abuse or lack of supervision or medical neglect.¹² This indicated that the particular allegations in the report were often just the tip of the iceberg, what was observed by the reporter, but that there were other issues hidden from view. As allegations were more often different from one report to the other, this brought to mind the image of a rolling iceberg that at different times exposed different tips or problems that would be observed and reported. This suggested that a response to a maltreatment report that focused nearly exclusively on the specific allegations contained in a single report was likely to miss much of what was most important within the family’s situation. From this vantage point, a child’s welfare, even safety, could be seen as better protected through a family assessment that uncovered deeper, hidden problems, than an investigation that might not.

The Minnesota Experiment

The results of the Missouri experiment did not go unnoticed. Even before the ink was dry on the final draft of our evaluation report Minnesota sent a delegation to St Louis in January 1998 to see for themselves. The visit was hosted by CPS administrators in St. Louis, and they and state administrators gave a presentation on the status of the pilot and their views on the two-track approach, and we from IAR were asked to summarize the findings of the evaluation. The

¹¹ Siegel, G.L. & Loman, L.A. (1997). *Missouri Family Assessment and Response Demonstration: Final evaluation report*, p. 195. St. Louis: Institute of Applied Research. Retrieved at <http://www.iarstl.org/papers/MO FAR Final Report-for website.pdf>

¹² See Siegel and Loman (1997), p. 214-215, and Table 5.3 on p. 93.

visiting Minnesota group included state legislators, state and county CPS administrators, community advocates, and a reporter and photographer from the St. Paul Pioneer Press who covered the meeting and printed a story about the Missouri program and Minnesota's interest in it.

Through the efforts of key state and county administrators and state legislators, legislation was passed in 1999 that permitted counties to implement alternative responses to reports of child maltreatment that did not allege substantial child endangerment. The state Department of Human Services was required to create guidelines for implementation. These guidelines were completed in 2000 and, with a major grant from the McKnight Foundation, and state and county funding, Minnesota set about conducting its own pilot project. Three people within the state-county child protection system were primarily responsible for getting the pilot off the ground, Erin Sullivan-Sutton of the state Department of Human Services, and Rob Sawyer and Patrick Coyne, directors of the human services agencies in Olmsted and Dakota counties respectively.

The Minnesota pilot project, which was called the Alternative Response Program,¹³ was not simply a borrowing from Missouri. Minnesota had been on its own search for a CPS model that did more than react to an immediate report of child maltreatment. They were seeking an approach that would have more lasting effects and would focus more broadly on the underlying problems and needs of families. They recognized that many of the families they saw had chronic financial difficulties and needed basic assistance.

In 1991 and 1994 the state had experimented with projects that tested the efficacy of providing services to families who were reported to child protection but who would not have typically received post investigative services. The results of the projects were positive and in 1996 the state agency established a waiver and grant project that encouraged counties to implement innovative child welfare programs.¹⁴ One county that did was Olmsted.

By 1996, Rob Sawyer in Olmsted County, was already familiar with preliminary results of the Missouri evaluation, and he liked what he saw. The county seat of Olmsted is in Rochester, the

¹³ The term Alternative Response was used in Washington State in 1997 to describe efforts to provide services to lower risk cases primarily through community agencies. For a brief description of this and other early efforts of states such as Michigan and Louisiana to develop multi-response systems see Schene, P. (2001) "Meeting Each Family's Needs: Using Differential Response in Reports of Child Abuse and Neglect." National Child Welfare Resource Center for Family-Centered Practice: Best Practice, Next Practice. Spring 2001.

¹⁴ Minnesota is one of 11 state-supervised, county-administered child welfare systems in the country. The state agency oversees all services funded by public dollars and establishes policies and rules for their expenditure. Individual counties have an elected board that oversees all county funding and services and are responsible for organizing and delivering social services. The state agency waiver and grant project gave counties a waiver of state policies and rules so they would be free to test new practices and provided a start-up grant.

home of the Mayo Clinic. The county is populated by professionals from many disciplines who are comfortable with research and prone to use it. Rob Sawyer was a good fit in Rochester. He kept his eye out for best practices and he implemented them on their merits and not whether they were in use in many other places. In marketing terms, Rob was an early implementer, and he was influential. In Minnesota other county directors looked to see what he was doing and took their cue from him. By the beginning of 1999 Olmsted County had established its own county-wide dual-response CPS system.

From our point of view as researchers, Minnesota was an exception to the Ogilvie rule. David Ogilvie was a spy for the British OSS in Washington during WWII. After the war he had a successful career as a marketing researcher for the Gallup Organization. Ogilvie used to say that research wasn't difficult; the tricky part was getting people to use it. Most people, he once said, used research the way a drunk uses a lamppost, more for support than illumination. As we got to know Minnesota in our evaluation of their differential response pilot, we found state and county agencies staffed with people suffering from acute and refreshing independence, rational, commonsensical, pragmatic, seeking not fearing new information.

Alternative Response. When the state agency established the alternative response, or AR, pilot project in 2000 it already had its own version of the model in Olmsted County, and Dakota was well on its way to developing its program. Money for the project had also become available, including a \$5 million grant from the McKnight Foundation. The McKnight Foundation, established through the fortune of one of the founders of the 3M Company, had provided the grant funds for the two earlier CPS experiments. Now, through the Foundation's largesse, coupled with state and county funding, there was new money to pay for services that CPS families typically did not receive, money that had not been available in Missouri.

Twenty counties participated in Minnesota's pilot project, including Olmsted and Dakota and, importantly, the two large metropolitan counties of the Twin Cities, Hennepin (Minneapolis) and Ramsey (St. Paul). The state agency dedicated two full-time staff to plan and coordinate the project and provide technical assistance to counties once the pilot was underway. These staff, David Thompson and Carol Johnson, recruited counties to participate in the project using an RFP process, a large dose of cajoling, and the prospect of new money for services. New programs don't automatically coalesce operationally around pieces of paper and don't run themselves. While this seems obvious it is not always put into practice, sometimes because a state lacks the financial resources to establish new management positions or because of statutory constraints inhibiting their creation or because of administrative short-sidedness. In this case, the establishment of these two state-level managers should be viewed as exemplary administrative practice, as important to the ultimate success of the project statewide as the design of the program model itself. Every child needs a parent, even a child prodigy.

The two DHS program managers coordinated the project, wrote protocols to be followed for family assessments, provided training and ongoing technical assistance to county staff throughout the pilot period, and conducted community forums around the state to inform key stakeholders of the state's project and plans. Counties received grants to serve the expanded number of families expected to be served and were directed to use 25 percent of their grant to address the basic needs of families, to provide, as some workers described it, "hard goods." A parent advisory group was established to provide the perspectives of families whose lives were impacted by CPS. A second advisory group was formed to meet with and advise project evaluators.

There were 20 counties that participated in the AR pilot project. Not all of them, however, participated fully in the evaluation. The state Department of Human Services that oversaw the project, and the McKnight Foundation and state legislature which funded it, wanted a full test of the impact of the new response tract, or pathway as Minnesota termed it. They wanted a classic experimental design in which incoming reports that were judged appropriate for the alternative pathway would be randomly selected for either the new family assessment pathway or the traditional investigative pathway. The two groups would be indistinguishable, then, in every respect except for the manner of the CPS intervention. And in this way, differences in outcomes, for good or ill, in child welfare and family welfare, could be attributed to differences in the intervention pathway they received.

But because the child protection system in Minnesota was a county run operation, the state agency could not simply demand counties do everything a certain way. The state had to gain the consent of counties and that meant making compromises. This had always been the case. State statutes require an investigation when any report alleged "substantial child endangerment" and the state agency provided procedural guidelines, but what was done and how it was done depended mostly on local office practice. Counties had only recently begun to upload their child protection data files to the statewide social services information system. One state-level staffer said: "We asked them to do it and hoped they would." There was no state-wide hotline. All reports of child maltreatment came into county offices and were screened by county workers. At the start of the evaluation it was impossible to check whether a family with a maltreatment report in one county had had a prior report in another county.

Six of the 20 counties that agreed to participate in the pilot could not be convinced to participate in the full experimental study with random selection of reports. Three of these counties were significant exclusions—Olmsted, Dakota and Carlton. In Olmsted, Rob Sawyer knew what he wanted to do and had started to do it. Having made the decision to implement a two-response system, he did not want to backtrack for his program, his staff or the families he worked with.

Investigations themselves, he would maintain, had never been proven to be effective. He did not want to require them for families when an assessment would have been appropriate, something that would have been necessitated by opting into the experimental design. Similarly, Patrick Coyne in Dakota County, having obtained legislative approval to introduce the new response pathway into this child protection system, wanted only to move forward and use family assessments whenever they were judged in the best interest of the child and family. For Carlton County, it was a matter of fairness, and the experimental design represented an ethical dilemma; the county could not agree to withhold what it was convinced was a better, more suitable service to certain randomly selected families for the sake of a test. And so, while 20 counties participated in the pilot and in certain aspects of the evaluation, only 14 were involved in the experimentally designed impact study with a randomly selected control group.

With the 14 all-in counties, however, the Minnesota pilot was both a fuller and better test of the effects of a two-response system than had been the case in Missouri. It was a better test because it involved an experimental design. In Missouri, comparison counties and historical data were used as the context within which results of the new family assessment approach were observed. In Minnesota, there would be randomly selected experimental and control families whose outcomes could be compared. It was a fuller test because there would be additional funds to pay for services, something not the case in Missouri. So both key elements of the model would be in place—the new approach to families and the availability of services not typically provided.

Random assignment of families began in February 2001 and continued for 22 months through December 2002. All families were tracked by the evaluators through uploads of administrative system data from the time they entered the child protection system through the end of data collection in 2004. Although the experimental design with random assignment was limited to 14 counties, program outcomes, costs, and implementation were examined in all 20 counties.

The AR Logic Model. Before going further, it may be useful to describe the basic elements of the logic model of Minnesota's AR program. Stripped to its essential parts, there are two basic elements. The first involves the manner in which families are approached. The second is an increase in the provision of assistance or services. Written as an equation, the model can be expressed very simply as:

$$a + b = c$$

where

(a) involves approaching a family from the start as a unit and in a respectful, supportive, friendly and non-forensic manner consistent with sound family-centered practice, focusing broadly on strengths and needs, and involving family members in decisions about what to do;

(b) involves providing services and assistance, often of a basic kind, that fit the needs and circumstances of the family, utilizing the family's strengths and natural support network and linking the family to community resources when these are available and helpful; and
(c) is the outcome, the results desired by the family and the public service system: reducing future risks to the child, enhancing child and family well-being, and strengthening of the family's ability to take care of itself.

The first two components of the logic model (a and b) involve the nature of the CPS practice. The third (c) is the product or consequence of this practice. The logic is: If you want to change outcomes you must first change practice; but you have to change practice in a particular way. The first component (a) is essentially interactive and participatory and involves the active and positive engagement of families by workers. Further, the first component (a) informs the second (b): it is only through what is learned (by both workers and family members) through the engagement process that appropriate and effective follow-up actions (again by both the family and the worker) can take place.¹⁵

For the most part, the AR approach does not involve the introduction of totally new practice elements, as anyone familiar with family-centered practice will recognize. Rather, AR is an attempt to operationalize family-centered practice in a manner that ensures it is done as fully and often as possible and begins at the very first contact with a family.

Implementation. As we began to visit pilot counties in Minnesota most staffs greeted us with a measure of enthusiasm for the new project. This was particularly the case in smaller counties and in places where new, young social workers had been hired to become AR workers. We frequently met with workers who welcomed the prospect of not needing to be investigators and being able to offer needy families real, concrete help. By the time of our first visits to Dakota and Olmsted, counties that had gotten an early jump on the program, workers had already accumulated stories of the benefits of the new approach. There was also a measure of confusion in a number of places as staffs were in the middle of organizing themselves, defining new roles, and experimenting with ways of approaching families positively.

Change in larger bureaucracies, with layers of administration and management, is always more challenging. Field staffs in the metro counties were organizationally more distant from the level of decision making that brought the counties into the project. Many of the workers who had been volunteered without their foreknowledge to participate in the AR pilot were seasoned CPS

¹⁵ See Siegel (2011), "The Differential Response Logic Model and Assessment of Model Fidelity" for a fuller discussion of the DR model as instituted in Minnesota. It can be retrieved at at <http://www.iarstl.org/papers/DRLogicModel.pdf>

veterans with considerable experience and knowledge and, at least among some, a world-weariness at seeing yet another attempt at system reform. In one of the counties a special unit was created to conduct family assessments. Our first meeting with the unit was dominated by two senior members of the group who openly disparaged AR with its family friendly approach and referred to it as “CPS-Lite.” They were convinced that change was possible in CPS case families only through pressure exerted from the outside by an investigator. It seemed apparent that the new approach would be given only lip service here, and we envisioned a repeat of what we had encountered in some Missouri counties where the new response tract would not be given a chance to work. However, sometime later in the year the county administrator responsible for the program, realizing the AR approach was unlikely to be implemented by these workers, replaced the unit. Over the course of the two years of pilot implementation, both metro counties made operational switches in their AR programs, sometimes relying on special units dedicated only to AR, sometimes involving all workers who made initial contact with families following maltreatment reports, sometimes switching back a third time.

There were both similarities and differences in the way the 20 counties organized their staffs to do AR.¹⁶ The most common approach involved worker continuity: the worker who did the initial assessment retained the case if it was opened for case management and/or ongoing services. Variations in this tended to happen in one of two ways. 1) In some of the counties family assessment social workers were dedicated only to family assessments, while in other counties these workers also did investigations. 2) In certain counties the original family assessment workers retained the case if placement occurred and if the track was changed to an investigation, while in other counties the case would be eventually shifted to another worker in these instances.

In the two large metro counties, extensive use was made of community agencies in the provision of services including case management. All counties utilized contracted service vendors in their communities to provide special therapeutic services and other assistance to families with specific needs. However, in most counties, county social workers acted as case managers and helped families in locating and arranging needed services on a case-by-case basis. The metropolitan counties involved community agencies at an earlier stage in the planning process and contracted with them to work directly with families without a county social worker as an ongoing intermediary.

Screening for AR. Criteria for determining whether an assessment or investigation was appropriate given the nature of an incoming, accepted report were provided to counties by DHS.

¹⁶ See Siegel, G.L. & Loman, L.A. (2002). Minnesota Alternative Response Demonstration Project After One Year, Interim Evaluation Report. Retrieved at <http://www.iarstl.org/papers/MNARreport1.pdf>

Nonetheless, pilot counties varied considerably in the percent of accepted reports they judged appropriate for the family assessment pathway. During the first 10 months of the pilot, this figure was 39 percent for all pilot counties combined, leaving 61 percent of accepted reports to be investigated. The percentage selected for assessments ranged from 22 percent in the state’s largest county to 62 percent in Olmsted County. When the large county, which accounted for 41 percent of all reports during this period, was excluded, the percentage screened appropriate for the alternative response rose to 50 percent. In this large metro county, all screening decisions were made by the intake unit. When we met with the head of the unit to ask why such a low percentage of reports were judged to be appropriate for the family assessment and referred to the state’s selection criteria, we were told it didn’t matter what the criteria were, they knew these families and knew when investigations were needed; which was most of the time. Over the course of the pilot period, the unit made few concessions to the state’s criteria and changed little how and how many reports they referred for a family assessment. Correspondingly, the other metro county selected nearly twice as many reports for the alternative pathway, 42 percent. Among the other counties there was also a great deal of variation, ranging from 27 percent to 62 percent.¹⁷

Site visit interviews made clear that differences in the percentage of reports screened for AR could not be explained simply on the basis of differences in the demographics and risk-level of local-area reports. More often they reflected differences in the level of trust local administrators and staffs had with AR, their concerns about child safety, and their notions of how and why CPS was effective. For example, counties varied in their approach to assigning families with a prior history with the agency. Some saw investigations as more effective with families with prior reports, who were often viewed as recalcitrant and uncooperative and requiring a response with potentially more serious consequences, even for reports that did not involve moderate to high risk to the child. On the other hand, other counties thought such families should be given a chance with AR—based on the idea that an approach different from one that had failed previously might have a better chance to work. An example of this from one county involved a “family with a very dirty house that had a number of priors on abuse.” The AR approach was used and “for the first time they are responding positively.” At the same time, workers in another county explained that they would be likely to assign families with “garbage houses” to a traditional intervention. Reports involving physical abuse were also screened differently from one county to another, especially when younger children were involved. Counties split on how the age of the child should affect their decision about pathways, some seeing investigations more appropriate in cases involving very young children because of their greater vulnerability, others believing assessments more appropriate because they were more likely to gain the family’s cooperation and result in the provision of services. While there will always be differences between counties in judgments made about cases, decentralized,

¹⁷ Ibid, p. 6-9.

county-based systems can be expected to have a greater opportunity over time to develop individualized cultures and practices.

Safety. Concerns that family assessments might make children less safe decreased over the course of the project as county staffs adjusted to the AR approach. One county administrator when asked about any safety concerns he might have with AR observed, “there is an illusion of safety in traditional child protection.” Echoing this, a social worker in different county noted during the first year of the study that “in traditional investigations, even taping the child, you have no assurance you’ll find out what’s going on.” In fact, a number of workers told us that taping was an intrusive act that often put a family on the defensive and was not likely to make people forthcoming. As the pilot progressed many workers came to believe that safety was better ensured through the AR approach since it was non-confrontational and involved adults in the analytic and decision making processes. One noted: “Children tend to be open even in front of parents. Parents say: ‘They don’t tell us that’.” Another social worker remarked: “Interviewing children with parents gives parents a chance to hear what their children say. Like: ‘I wish the fighting would stop.’”¹⁸

Services. Surveys of families and case reviews completed by workers from the first year of the pilot showed two important things: more alternative response families received services and the services they received were often of a practical kind. Most counties had previously restricted the provision of funded services to families in which the level of risk was measured to be either high or moderate.¹⁹ Historically, limited resources were not used in low risk family situations. However, with the expansion of the assessment process itself and the availability of new service dollars, this line in the sand was crossed. The alternative response brought increases in services to families in poverty, families who often had multiple and complicated needs and who were generally more willing to accept help than families with greater means.

Interviews with county staffs during site visits provided details on just how workers were using the new resources. One social worker said that while services provided after investigations tended to “focus on traditional services like therapeutic interventions, counseling, and parenting instruction, AR more often involves practical help and some fun stuff.” Asked what kinds of things they used the new funds for the worker said: “Rent, groceries, college tuition (to finish), day care, rat traps, transportation, even gift certificates at a Chinese Restaurant. Without the extra dollars we wouldn’t have offered these services.” Another said: “We are not using AR

¹⁸ Ibid, p. 11.

¹⁹ Minnesota counties used the Structured Decision Making Family Risk Assessment tool as part of all investigations. The SDM was marketed as an instrument for conducting reverse triage: identifying those cases in which the risk of subsequent child maltreatment was greatest so that limited service funds can be reserved for these instances. See Loman, L.A. & Siegel, G.L. (2004b). “An Evaluation of the Minnesota SDM Family Risk Assessment.” Retrieved at <http://www.iarstl.org/papers/FinalFRAReport.pdf>

money for formal services already provided to families, such as counseling. We've used it for camp, telephones, storage containers, car repairs—transportation is a huge problem in this county. We are using AR funds for things that families would not otherwise have received.”²⁰

Other workers and administrators told us that, in addition to traditional services, case management and referrals to other agencies, AR families were getting help with housing and utility bills, bus passes, school clothes, eye glasses, first month's rent deposits, dishes and cooking pans, beds and bed clothes. Each service provided came with its own story. The first month's rent deposit allowed a woman to leave an abusive situation. The Chinese dinner provided a family an opportunity to interact around a positive activity. The mother of this family was asked to make a presentation at a meeting of the county board in which the AR program was discussed and explained. The local newspaper covering the board meeting wrote a positive article in which this woman's presentation was highlighted and, according to the county administrator, the article generated positive community support for the AR approach. The woman told the board, “When I got the call (about the maltreatment report) I was afraid. Now I look at you as throwing a life line to our family.” She explained that she had had a serious drinking problem that she never faced until this incident and then only because she was not backed into a corner and accused but treated with a measure of understanding and support.

Asked whether AR could be done without additional funds being made available, child protection workers tended to say it would be worthwhile even without the funds. The flexibility provided to workers, the involvement of families, the examination of broader issues, the non-accusatory and non-policing approach were cited as important changes in practice allowed or facilitated by AR. Nonetheless, the additional funds were generally seen as making it more effective, more likely to produce desired outcomes and allowing practical assistance needed by families to help them deal with the problems they faced, problems which contributed to the level of stress in the households and often to the level of risk to the child.

Exemplary Program Elements. There were a number of features of the Minnesota alternative response pilot program that we considered exemplary. One of the interesting developments early in the project was a worker-sponsored initiative in which social workers from a number of pilot counties began meeting quarterly to discuss the new program and its policies and what was expected of them. These meetings were one-part group therapy and one-part problem solving as workers shared their uncertainties about how to approach families and conduct these “voluntary” assessments. It was a bottom-up development, at first permitted by county directors and then encouraged. The workers were asked would they mind if supervisors came to the meeting. The workers said yes they minded and no they couldn't come because sometimes “we talked about

²⁰ Siegel & Loman (2002), p.26-27.

the supervisors.” In the end, a compromise was struck and supervisors from different counties began to meet in a separate room for the first half of the meetings and then joined the workers for the second halves. The meetings are an example of the value of allowing ideas to bubble up from below, and the actions of these workers and their supervisors should serve as a model for any state implementing a new program.

There are several actions of counties that should be mentioned. These include the development of screening teams that came together daily to make decisions about how to proceed with particular maltreatment reports. These teams sometimes included staff from different CPS county units and sometimes representatives from outside agencies and organizations were involved in screening decisions. One county held weekly staffing in which representatives of the court and prosecutor’s office, advocacy groups, community-based service organization and the county CPS staff met and discussed particularly difficult and complicated cases, sometimes to get input on how to proceed and sometimes to develop a coordinated course of action.

As already described, the decision of the state agency to place two full-time program managers in charge of program coordination, training and technical assistance provided a value that cannot be overestimated. This proactive step ensured the program was well planned and effectively implemented. Counties had a place to go with questions, concerns and uncertainties, and the state agency had a feedback loop in place that allowed ongoing adjustments and improvements to be made in the program. Moreover, what was learned in the evaluation, and reported both formally in reports and informally in frequent conversations, was actively used, as Ogilvie hoped research should be, to provide illumination and a clearer understanding of what was going on and with what results. The success of the Minnesota program, one that the evaluators do not believe are easily replicable, offers an important lesson for any state considering differential response or, for that matter, any serious program reform: The momentum of any new program spun out like a dradle will eventually run down and stop without proper administrative oversight and accessible technical assistance and, given the rate of turnover in CPS, without an effective ongoing training program.

Program Expansion. The evaluation of the alternative response pilot project started in February 2001 and the final report was submitted in November 2004.²¹ However, Minnesota did not delay in taking the next step and in 2003 decided to take the dual response approach statewide. Interim findings provided in annual reports in 2002 and 2003 were consistent with results from the Missouri evaluation and confirmed findings from Minnesota’s earlier pilot projects. Importantly, our findings indicated that both elements of the AR model—increased services and positive family engagement—even when examined independently, were having positive effects and leading to improved outcomes for families and children. By the end of 2005 the new approach was

²¹ Loman, L.A. & Siegel, G.L. (2004). “Minnesota Alternative Response Evaluation, Final Report.” Retrieved at <http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>

implemented in each of the state's 87 counties. The term Alternative Response was replaced by Family Assessment Response, abbreviated FAR.

Lessons from Mississippi

Mississippi does not have a differential response program. But in the late 1990's, between the Missouri and Minnesota DR projects, we became involved in the evaluation of another demonstration from which related lessons can be drawn.

Mississippi is an extremely poor state and spends next to nothing on social services and child protection that it doesn't get from the federal government. In 1998 Mississippi applied to the federal Children's Bureau to participate in the national title IV-E child welfare demonstration program. The purpose of these demonstrations was to find ways to reduce the use of foster care. The number of children in foster care and foster care costs had been accelerating at ever increasing speed and concern about both was accelerating with them. Title IV-E of the Social Security Act is the source of the federal share of foster care costs. The funds are available only in instances in which families are below federal poverty guidelines and they can be used to cover the costs of foster care but for no other services. There has been a growing concern that there is a "perverse incentive" for states to remove poor children from their homes. The waiver program has been seeking to find, through various state demonstrations, ways of using IV-E funds that better serve the interests of children and their families and, perhaps, decelerate the use and costs of foster care.

The Mississippi waiver program started in 2001 and ran through 2004 and operated in six counties. The program permitted the state to use federal funds that would otherwise have been limited to pay the cost of foster care for any other services to children and their families that might either prevent the need to remove the child from his or her home or to reunify the family sooner if removal for foster care occurred. The state was given great flexibility in determining what services to provide other than foster care. It is this flexibility in determining what services are most appropriate in individual cases that makes this waiver program similar to the differential response family assessment. However, although the approach may be the same, the types of cases the two programs deal with are often quite different. The primary focus of differential response family assessments is on families at the less severe end of the maltreatment spectrum, where removal is less likely to occur. IV-E waiver programs involve cases in which the problems are so serious that splitting children from their families is considered necessary. As it turns out, however, the removal of children can sometimes be prevented if the problems can be addressed in some other way or the children can return home sooner if the problems that led to their removal can be addressed or addressed sooner. The two programs have the potential to be bookends for a child protection system, although in truth there would be or could be considerable

overlapping of the populations served. In any event, there were cost lessons in the Mississippi demonstration that we learned in our evaluation of the program that have implications for differential response programs.

The Mississippi demonstration allowed an experimental research design and cases were randomly assigned to experimental and control groups. For families in the experimental group, IV-E funds were allowed to be used for any services determined to achieve the program goals of reducing the use of foster care. IV-E funds for control families continued to be restricted to pay for foster care room and board and for related administrative costs. Other federal or state funds could and were used to provide a variety of other services to both groups, although in Mississippi there were few state funds appropriated for social services of any kind.

IV-E funds were used to buy a wide variety of services for waiver-group children and families. As these families were generally very poor, basic assistance was often needed and provided: food and clothing, bed clothes, home improvements, utility payments, hygiene and health related services, school supplies, child care and many other items. An analysis of program outcomes showed a number of key differences between the two groups of families. There was a significant drop in new reports of maltreatment involving waiver group children and was a longer gap between case closure and new reports. There were fewer removals of children from their homes among waiver children, and a greater percentage of those removed were reunified. And, the average amount of time spent in foster care was less for waiver children than control children.

All of these outcomes involved improvements in the well-being of children and the integrity of families. And all of these outcomes had long-term cost implications.

Ironically, the Mississippi waiver program was suspended due to cost concerns. Title IV-E child welfare demonstrations are approved for 60 months but the state stopped its program after 42. The federal waiver program allows states a good deal of flexibility and discretion in the operation of these demonstrations but requires them to be cost neutral. That means they cannot cost the federal government more than a state would otherwise receive for foster care payments. This is determined by comparing costs between the waiver group and the control group of families. And costs that are calculated include both direct and indirect costs, costs for services (including foster care room and board) and administrative costs (including staff time). In the Mississippi case, the direct costs for services was less for waiver group than the control group, but the administrative cost were calculated to be more. This was mainly due to two things. More front-end staff time was spent on waiver cases as the many needs of these families were being identified and addressed and not all the staff time involved in the licensing of foster caregivers was part of the calculation. And, secondly, the state agency was hamstrung by local judges who did not follow federal guidelines required to make a family eligible for IV-E reimbursement. So

that while the state ranked first in child poverty and first in the percent of families in poverty among the 50 states, it ranked 48th in the percent of foster care cases determined to be eligible for IV-E reimbursement. Despite this, it was likely that positive program outcomes would have compensated for administrative overruns had the demonstration been allowed to continue through its allowed full term. And also, despite all these local problems, the cost-benefits of positive program outcomes have implications for other flexible funding programs, like differential response.²²

Cautionary Findings: Missouri Follow-Up

In the original evaluation, Missouri families were tracked from 1995 through the end of 1997. In 2003 a study was undertaken that extended the follow-up period of each study family to a full five years.²³ This study confirmed some of the findings of the original evaluation but also raised some troubling issues. A central question for the original evaluation was whether families who received family assessments would come into contact with the child protection system more or less frequently in the future than comparison families. The examination of this question showed two things. Consistent with the original finding, there continued to be fewer child maltreatment reports on families who received family assessments compared with those who received investigations. The difference between the two groups was not large but was statistically significant. Importantly, however, the follow-up showed that factors underlying family risk of maltreatment were more important explainers of recurrence than changes brought about by the demonstration. Nonetheless, taking risk level into account, families that had received the family assessment response had fewer new hotline reports.

The follow-up also unearthed a dilemma produced by the Missouri model, which involved who was likely to receive services and who was not. When investigations were done, service cases were sometimes opened on families when reports were substantiated; for unsubstantiated reports services were never provided, other than limited referral information. For family assessments, service provision was unhinged from the issue of substantiation and made dependent on a family's needs. From the beginning, child advocates in Missouri worried that since family assessments were essentially voluntary, it would be relatively easy for CPS workers to walk away from many of these families without providing much assistance. And, in the original evaluation, this was found to occur with more or less frequency from one county to another. What was confirmed in the follow-up study was that families most at risk in this were those with

²² Siegel, G.L. & Loman, L.A. (2005). "State of Mississippi Title IV-E Child Welfare Waiver Demonstration Project Final Evaluation Report." Retrieved at <http://www.iarstl.org/papers/MSIVEFinalReport.pdf>.

²³ Loman, L.A. & Siegel, G.L. (2004). "Differential Response in Missouri after Five Years." Retrieved at <http://www.iarstl.org/papers/MODiffResp2004a.pdf>

more difficult needs who had received family assessments; because formal service cases were generally not opened in these cases, these families received little or no help beyond what the worker might find from unfunded local sources.

The dilemma for the Missouri approach was that, on the one hand, families whose reports would not have been substantiated were likely to receive more assistance through a family assessment than an investigation, but, on the other hand, some families whose reports were substantiated were more likely to receive more services through an investigation than a family assessment. One of the consequences of this was that more children in pilot families were removed from their homes and placed in foster care during the five-year follow-up period than was the case in comparison families. These cases primarily involved families with only teenage children who had never had a child removed at the time of the original hotline. It is clear these families had deeper and complex needs and that the initial family assessment response was too limited. And the cases point up two things. The family assessment approach must be thorough in its risk and safety assessment of children and not used as a procedure for dismissing a large number of reports with minimal intervention. And, secondly, the hope that the family assessment approach can get by without some infusion of funds to address the real and difficult problems of many of these families was too much to expect. It violates a core axiom of economics: there is no such thing as a free lunch.

This financial conundrum is complicated by another reality of the child protection system, that a large percentage of available funds is expended on a relatively small number of chronic cases, leaving only a small amount for the rest. In a calculation of costs done for the study it was determined that 9 percent of the cases during the five-year follow-up period consumed 42 percent of all CPS expenditures.²⁴

²⁴ When we were asked to conduct the evaluation of Missouri's two-track pilot project in 1996, we had had some previous experience studying child protective services in the state. In 1985, in what was our first study related to child protection, we conducted an evaluation of the Missouri CPS service system. In our report we concluded:

“Many of the families on the state's child protective service caseload have other, often basic, needs – for jobs, remedial education, health care, decent housing, and adequate food and clothing....If basic needs are not adequately addressed, the effectiveness of therapeutic intervention is placed in jeopardy.

“In general, placing emphasis on forms of preventive intervention...will reduce the overall need for and therefore costs of more expensive and probably less effective intervention services. Similarly, it is also cost effectiveness to place programmatic emphasis upon the treatment of cases involving the very youngest abused and neglected children in order to break the dysfunctional behavior cycle at the earliest age possible. Finally...any service cannot cost-effectiveness unless it is first effective....Cost-effective services begin with an accurate and solid assessment of child, parent and family needs, followed by quality case management by workers who are competent and not overwhelmed by an excessive number of cases, the marshalling of needed community resources and sources of support, and when required, referral to an appropriate service provider which has demonstrated effectiveness.” From Siegel, G.L. and Loman, A.L. (1985) “Families in Need: Assessment of Services for Abused and Neglected

Reconfirmation: Minnesota Follow-Up

A follow-up of Minnesota families from the alternative response pilot confirmed and, in some instances, strengthened the positive findings of the original study. The original evaluation was conducted between 2001 and 2004. The extended follow-up tracked families into 2006, for an average of 3.6 years. Child maltreatment recurrence continued to occur less frequently within experimental families, cost savings continued,²⁵ and workers' attitudes became more positive as they gained experience with the new approach.

Both the manner in which families were approached in family assessments and the provision of services to these families increased, independently, positive attitudes among families. When combined, the effects of the protocol and the provision of services strengthened these positive attitudes. The large majority of workers reported a positive or very positive attitude toward the family assessment approach. Most workers reported that it positively impacted their practice with families. Workers non-metro counties continued to be more positive than their counterparts in metro counties about family assessments, the effectiveness of the approach and its affect on child safety.

Families that received services, as a group, returned more often with recurring reports of child abuse and neglect. This is an indication that services were more often provided to higher risk families. However, recurrence among FAR families that received services was significantly less than among control families that received services. Regarding services, experimental families that received both a formal service case and concrete services had relatively fewer subsequent reports. This suggests that continuing contact with a CPS worker (within the family-friendly approach of family assessments) and actual services over a longer period of time produces the most positive effects. Importantly, subsequent removal and placement of children was reduced under the family assessment approach. This finding of the original 2004 evaluation was reconfirmed for the longer follow-up period.

Cost savings documented in the original evaluation continued during the extended tracking period. While costs for family assessments during the initial contact period were greater, follow-up costs were greater for control families, as were total costs.²⁶

Children." Prepared for the Missouri Division of Family Services. St. Louis: Institute of Applied Research. Pages 48-49 and 50.

²⁵ See Siegel, G.L. (2012). "Worth the Investment? Analysis of Costs in a Differential Response Program." To be published in an upcoming issue of *Protecting Children*.

²⁶ Siegel, G.L. & Loman, L.A. (2006). "Extended Follow-up Study of Minnesota's Family Assessment Response." Retrieved at <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

Families in Poverty. In analyses conducted since the completion of the extended analysis in 2006 the effects of FAR on families in poverty has been examined more closely. From the first year of the Missouri two-track demonstration through the Minnesota AR pilot project, the potential and actual benefits of family assessments for families living in poverty has been observed. In Missouri, child neglect and family poverty were found to be tightly entangled.²⁷ In recognition of this, a major effort in Minnesota from the beginning of the AR pilot in 2000 was to direct material services – food, clothing, utilities, housing, transportation, etc. – to the poorest and most financially distressed families. Analyses conducted for the initial (2004) and extended (2006) evaluations found positive impacts of these efforts in the lives of AR families and children. In more recent analysis (2012, but not yet available) conducted by Tony Loman of IAR, these benefits have been found to persist through up to nine years of follow-up.²⁸ The analysis suggests that research findings of some intervention programs that directing services to families with greatest needs and highest risks is sometimes counterproductive may be due in part to incomplete analytical strategies.

Lessons from Nevada

A differential response program was initiated in parts of Nevada in early 2007 and within three years had been extended to all but the most remote parts of the state. Among states implementing differential response, Nevada’s approach was unique in the way community organizations were involved. Maltreatment reports judged at CPS intake to be appropriate for a family assessment were referred immediately to the local Family Resource Center (FRC). FRCs were originally established by the state legislature in 1995 to work with state and county agencies to assist residents and families access support services they needed and qualified for. FRC service areas were drawn to coincide geographically with state and county child protection service areas.

When the operation of the state’s DR program was designed, FRCs were asked to play a central role in it, taking on assessment and case management functions that in other states have been handled primarily by state or county agencies. In practice, in any specific location the DR program involved the relationship between the local state or county office responsible for child welfare and the FRC responsible for the same geographic area. Staff at FRCs were contracted to provide the initial family assessment, which included a risk and safety assessment of the family’s children, for any subsequent case planning and service provision, and for entering case data on

²⁷ See Siegel & Loman (1996 & 1997). Also see Loman, L.A. (2006). “Families Frequently Encountered by Child Protective Services: A Report on Chronic Child Abuse and Neglect.” Retrieved at <http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf>

²⁸ Loman, L.A. & Siegel, G.L. (2012) “Effects of Anti-Poverty Services under the Differential Response Approach to Child Welfare.” Submitted for publication.

DR families into the state's child welfare information system. Following the initial assessment, any family that was judged inappropriate for the DR-family assessment track by the FRC was referred back to the county office for a formal investigation.

The Nevada model demonstrated the value of involving community agencies in assisting families in need of assistance who come to the attention of child protection services.

At the same time, Nevada statutes and policies disallowed a non-investigative response to many reports of child maltreatment. Family assessments were permitted only when reports were classified as lowest risk; they were not allowed, initially at least, if families had any prior report in the previous three years or had ever had a report judged higher risk; and they were not permitted for reports involving children under the age of six. The practical effect of these policies was to limit family assessments to a relatively small percentage of reports.

At the time the differential response program was begun, the child protection system in much of the state (the primary exception being Washoe County) had historically focused nearly exclusively on the immediate safety of children and less on providing services to families. Much CPS activity had revolved around cases in which children were made wards of the state and removed from home, at least temporarily. The conditions that gave rise to the removals, critics argued, were rarely addressed. The introduction of DR offered the prospect of increasing services to families. Ironically, however, this prospect primarily involved families in which the safety of children was less threatened and the family condition less problematic.

Thus, the differential response program in Nevada introduced a CPS component that was family-centered, broad in scope, and service focused. However, the DR model concentrated on reports with less severe allegations, those in which the safety of children was not immediately threatened but in which their well being was nonetheless jeopardized. Reports involving more severe allegations that continued to receive traditional investigations were more likely to be approached with a narrow focus on specific allegations. The underlying causes that had given rise to the problems within these families often received less attention (not much more than “knock and talk” as one CPS worker put it) than the problems of families with less severe reports who received a DR assessment. Ironically, as was learned, DR can introduce a process in which a broader scope of attention and a greater focus on services occur in response to reports of less severe maltreatment than is the case for reports of more severe maltreatment.²⁹

²⁹ Siegel, G.L., Filonow, C.S., & Loman, L.A. (2010). “Differential Response in Nevada, Final Evaluation Report.” Retrieved at <http://www.iarstl.org/papers/NevadaDRFinalReport.pdf>

Ohio DR Pilot Project

Through an initiative of the Ohio Supreme Court, the state implemented a differential response pilot project in 2008 and 2009. The project utilized the alternative response model of DR that had been developed in Minnesota, and ten counties participated in the pilot. The evaluation of the project involved a randomized experimental design. In all important respects findings from the evaluation mirrored those from the Minnesota and Missouri studies: child safety was not found to be compromised by the introduction of an alternative to investigations, family satisfaction and involvement was greater, more services were provided to families and a greater array of needs were addressed; and there was a reduction in subsequent maltreatment reports, although the follow-up period was considerably shorter than in Minnesota. As in the other studies, the reduction found in new reports of child abuse and neglect were modest (11.2 percent vs. 13.3 percent over a one-year period) but statistically significant.³⁰

Analysis conducted for the program evaluation appeared to indicate a geo-economic effect in the Ohio study findings. Positive outcomes appeared to be related to the provision of services, especially basic services, to families in poverty, suggesting effects were strongest in areas with higher incidence of poverty. This issue is being examined in a follow-up study.

One of the counties with a relatively high poverty rate was Franklin. The director of social services in the county knew that if the program were to be successful it would have to be properly implemented. This meant there would have to be a real buy-in from his supervisors and field workers. To gain the investment of his staff, he met with all of his supervisors as a group and told them about his plans to participate in the DR pilot. He told them about the Minnesota model and that he thought the DR approach deserved a chance to be tested in Ohio. He told them how the pilot would affect them and their units. And he told them that he would agree to include the county in the project only if each of them agreed that it was an idea worth trying and would go along with it willingly. They conferred and each agreed. Then, he told them, he wanted them each to meet with the workers in their units and put it them in the same way: the county would participate in the project only if there was complete consensus among all workers in all CPS units. It was a bold administrative strategy, but it gained the full investment and buy-in of the county staff, successful implementation of the DR program, and positive results.

³⁰ Loman, L.A., Filonow, C.S., Siegel, G.L. (2010). "Ohio Alternative Response Evaluation, Final Report." Retrieved at <http://www.iarstl.org/papers/OhioAREvaluation.pdf>

Conclusions

Safety and Prevention. The decision to refer a report to the investigative response may be seen as the safer course of action in situations where the actual threats to a child cannot be fully appreciated through allegations alone. The choice may be viewed as one between child safety (the province of CPS investigations) and preventive social work (the area for family assessments). This, however, is a false choice, a false dichotomy and a misreading of differential response. It may apply to the hotline situation in which the decision must be made to accept or reject an incoming report of child maltreatment, determining whether the report requires some formal system response or can be addressed in some other way, if it needs to be at all. But the safety versus prevention distinction is not a calculation meant to be made by a child protection system employing a differential response approach. The safety of children is not assumed or taken for granted in the family assessment pathway any more than in an investigation. Safety of children is always of paramount importance in a family assessment. However, the differential response assumes that the actual safety of children, in the present and in the future, often requires more attention than investigating specific accusations without addressing underlying conditions; a traditional investigation, particularly from the point of view of a child's future wellbeing and safety, can be an insufficient response. Differential response is not simply about approaching families in a more friendly, supportive manner, to gain the family's cooperation and participation. DR is also about rationality and system accountability: intervening in an effective way, for the sake of children now and for the sake of children tomorrow.

While family-centered practice, to some degree or another, has made its way into CPS, best practice is not always common practice in a crisis-driven program, and the focus of investigations in most instances remain relatively narrow. This is not to say that a good investigation, having substantiated a report, may not look at the range of factors that may have led to the incident: Was the excessive discipline caused by an ignorance of child development or the alcoholism of a parent or on-going domestic violence in the home? Knowledge of the cause can direct the case plan and remediating services. However, in the best of systems this occurs in a minority of cases where allegations are substantiated. Moreover, even in these the full extent of underlying problematic conditions is often not fully explored, much less addressed. When reports are not substantiated it is the rare child protection system that delves further. A fully implemented differential response system involves institutionalizing family-centered practice, transforming it from an ideal into required practice (and subject of training) done to the maximal extent possible by all workers.

Safety and Poverty. High levels of poverty, often of a chronic nature, complicate the work of CPS. Unless such underlying conditions are addressed the wellbeing of children will continue to

be threatened. Whatever particular threat is represented in a specific maltreatment report received by the child welfare agency and whatever immediate problems may exist and threaten the safety of children, unless underlying conditions that give rise to such threats are addressed or remediated at least minimally, even the temporary removal of children from these home environments can only put off problems that are likely to persist and which represent long-term threats to many children. Removing children from unsafe situations without addressing the situations themselves may be viewed as a short term solution but it often does not resolve threats to the wellbeing and safety of children in the longer term.

The Services Dilemma. Because families who receive family assessments historically have received few or no funded services, program administrators are faced with a dilemma. Regarding funded services, without new money, if someone gets more, someone else gets less. The natural question is: Why would you take service dollars away from the most critical cases in which child safety is a central issue and spend them on the less severe cases on your caseload? Prudence and caution are essential here. Although Missouri implemented its differential response without additional funding, this limited the impact of the program and, over time, eroded its effects. There is an important lesson from Minnesota that new investments in child protection are needed and warranted.

But, there is a case to be made that half a loaf is better than none, that there are advantages to implementing the manner in which families are approached even in policy environments in which no additional funding is possible. But even half a loaf may cost more. Workers conducting family assessments typically spend more time working with families and indirect costs may rise even if no additional direct costs are incurred. There is no reason to think investing in prevention should not have up-front costs. A stitch in time may save nine, but the first stitch has to be paid for. And not all repairs last forever. We should not dismiss too quickly the first rule of economics: There is no such thing as a free lunch.

The Policy Dilemma. Most states require investigations to be carried out, and disallow a family assessment alternative, in response to reports of child maltreatment that indicate the safety of a child is imminently threatened. Some state statutes are explicit that any maltreatment report involving a very young alleged victim is a safety concern that must be investigated. There is often an assumption that family assessments may not assure safety and a corresponding assumption that investigations do. Leaving aside the accuracy of these assumptions, they can lead to CPS practices that may have the opposite effect from what their generating policies and statutes intended—that is, that a broader scope of attention and a greater focus on services occur in response to reports of less severe maltreatment than is the case for reports of more severe maltreatment. This may result in less assistance being provided in situations in which more assistance is called for. The solution to this dilemma, especially when a report identifies a

potential victim as a very young child, may be to require some follow-up to the investigation. Logically, this would be a family assessment – always conducted after a report involving very young children is substantiated in an investigation, and always in other reports, whether substantiated or not, when any conditions are observed that suggest a child’s wellbeing is potentially threatened by factors included or not included in the report.

Worker Attitudes and Buy-In. A change in outcomes, as is envisioned when new programs are developed, is predicated on a change in practice. Unless practice changes there is no reason to expect outcomes to change.

In evaluating public services programs, it is not uncommon for researchers to be confronted with workers who describe a new initiative as the “same old” things wrapped up in new terminology. Not infrequently workers will insist that they have really been engaged in such activities before the demonstration came along. Even in new projects found to be effective, this reaction may be found, and it may be true. It is probable that some workers at least, informed by knowledge of best practice or committed to family-centered practice, have been attempting to do most of what a new initiative has focused on. New initiatives usually do not proceed from a belief that all or even most existing practice is bad. Rather, most new programs seek to build on good practice and extend it and, through various structural, training, funding, or practice adjustments, to facilitate its use by as many workers and offices as possible. However, to the extent that a new initiative is truly “new,” and represents some substantial departure from existing practice, the following axiom applies: It is unlikely that a new initiative is actually being implemented if workers insist they are essentially doing the same things they have always done, whatever that might be. When this occurs it is unlikely the experimental treatment is being applied, or that there is a difference between it and the control condition. Similarly, if workers see the new practice model as different, but do not agree with it or accept it, they may never try to implement it.

Policy Is What Workers Do. Ultimately policy is practice. Policies are always written down and dispersed to staff, including practice guidelines and protocols. There is written policy, policy in words, and there is practice, policy in action. In the end, it is what workers do when they meet families that matters. Every administrator knows his or her policies will only be as good as what his or her staff actually does. A good policy can be made better by dedicated workers, just as it can be sabotaged by workers who disagree with it or are irritated that they were never consulted before being told what to do. This point can best be made by two baseball stories.

The social psychologist Hadley Cantril liked to use the analogy of the three baseball umpires when he talked about perception. As Cantril put it, there is the umpire who will say: “I call ‘em as they is.” And then there is the umpire who says, “I call ‘em as I see ‘em.” But then there is the

umpire who says, “They ain’t nothing till I call ‘em.” The first umpire claims to be following the rule book as written. The second recognizes that the process of following the book involves interpretation and judgment. The third knows that, in actuality, the policy only comes to life, is enacted and applied, exists in any real sense, only when he makes the call.

Bob Uecker, a one-time utility catcher and baseball announcer used to tell the story of his first at bat in the major leagues. Jocko Conlan was behind the plate and he didn’t appreciate rookies questioning his calls. “So the first pitch comes in,” Uecker said, “and it was way off the plate, and Conlan says, ‘Strike One!’ So, I stepped out and I looked back and I said, ‘That wasn’t a strike.’ And Conlan doesn’t even look at me. He just says, ‘So’s the next one.’”

Uecker’s story brings to mind the incident of the black arm bands worn by county CPS workers at the beginning of the Missouri DR pilot. It is an argument for involving staff early on in decision making about new programs, as the Franklin County director did cleverly and effectively. It is also an argument for ongoing oversight to learn how policy is being enacted, and for coordination, to provide ongoing guidance; receiving feedback, providing feedback. And it is an argument for an ongoing training regimen, especially given the turnover often found in CPS field positions.

Rolling Icebergs. Experienced child welfare workers know that a particular report to a child abuse/neglect hotline is often only the tip of the iceberg. The report is only what an observer—a teacher, a doctor, a neighbor—happens to notice that leads to a hotline report being made. There are often other, and sometimes more serious things, hidden below the surface. Repeated reports on families over time, then, may best be understood as rolling icebergs, with different aspects of the family and its troubles revealing themselves and being observed. To some extent, what may be seen by an outsider at a particular time is a coincidence; many things that go on within a family are never noticed by anyone outside the family.

This argues for a process in which families are approached broadly and prospectively, along the lines prescribed in the family assessment model. In our evaluations we have found, in fact, that family assessment workers were more often able to provide an assessment of families they met with across a greater number of dimensions. They were able in more instances to provide a more comprehensive assessment of the families because they had learned more about them. Moreover, they were better able to articulate the service needs of families in their end-of-case assessments than workers who had conducted investigations.

The conclusion to draw from this is not that allegations are unimportant, but that any accusation or incident is part of a broader context or pattern or condition within a family. With an investigation’s often tight focus on a particular allegation, other important aspects of the family’s

life may never be discovered or, if hinted at, not pursued. By probing beneath the surface, however, other problems and issues that may have profound consequences on the lives of children may be discovered. Factors likely to lead to problems in the future can be identified, and only if identified can they be addressed and resolved before something else happens to a child, something that may have tragic consequences.

The Rolling iceberg nature of child maltreatment recurrence is one reason why family assessments are a rational response to maltreatment reports. There are other reasons that can be summarized:

DR Works Because....

1. DR is a way of institutionalizing family-centered practice, that is, of establishing a operational framework in which family-centered practice is done as often as possible.
2. A broader assessment of family problems and needs is more likely to uncover and guide remediation of conditions that negatively impact child well-being and are often not discovered in an investigation. Knowledge informs practice and is a precondition for knowing what to do. By learning more about families workers have a greater ability to help them.
3. More services that families need are provided to them and more families receive some assistance.
4. Families are treated in a manner that is consistent with how society expects parents to treat their own children. Everything we know about socialization is that a positive approach produces positive outcomes because it is more effective in developing an internal locus of control. Authoritarian, dogmatic, rule-driven, punishment dependent approaches are less effective; negative labeling tends to produce negative results.
5. Democratic decisions work better in producing better outcomes. People who are involved in decision making are more likely to act on decisions once made.
6. The family's natural support system is more likely to become involved, with practical and social psychological consequences that are more likely to have positive effects.
7. Assumptions about parents and families that those with maltreatment reports do not care about their children are rarely based on facts. Interventions based on false assumptions are less likely to be effective.
8. A majority of children who come to the attention of CPS do not face imminent safety threats from their parents. Many do, however, face the possibility of chronic unsafe conditions arising social, behavioral and economic causes that can be alleviated if not fully remediated.
9. CPS caseloads contain an overrepresentation of very poor families. These families are more likely to have greater needs and more likely to accept efforts to help them.
10. Services provided to families in poverty have been shown to yield both short and long-term improvements in child welfare. This can be attributed at least in part to the trim tab effect.

Trim Tab Effect. Buckminster Fuller liked the metaphor of the trim tab. Think of the Queen Mary, he said once. The whole ship goes by and then comes the rudder. And there's a tiny thing at the edge of the rudder called a trim tab. Just moving the little trim tab builds a low pressure that pulls the rudder around, and turning the rudder changes the ship's direction. 'So I said, call me Trim Tab.'

In the Introduction to our extended evaluation of the Minnesota Family Assessment Response pilot project we wrote:

“Human service systems are bureaucracies, often quite big ones, and like large oceangoing ships traveling at high speed through the water they have enormous mass and momentum, and great force is required to turn the rudder and change directions. Finding the spot to exert a relatively small amount of effort the trim tab can be turned, and with it the rudder and thus the ship, or, in our case, the service system. The metaphor also extends to the lives of distressed families. Clearly, a single positive intervention event will not be sufficient to see all families through the troubled waters of their lives; some will require much more. But we know now that it will provide a bridge over these waters for some families and that building the bridge is worth the cost.

It was our conclusion at the end of the original evaluation of the Minnesota pilot project that the results obtained were not easily replicable. They can be, but only if the necessary effort and intelligent design are applied. They will not evolve naturally through a process of chance and good fortune simply by renaming traditional programs and habitual practices. Other states and other agencies with an interest in this approach should take note. Missouri's pilot program was a cautionary tale. Minnesota converted it into a best practice model, but not a magic bullet.”³¹

This still seems to be a fair assessment: both the difficulty replicating what Minnesota has done and recognizing the trim tab potential of differential response.

What also seems to be true is the statement that “a single positive intervention event will not be sufficient to see all families through the troubled waters of their lives; some will require much more.”

The Problem of Poverty. Rather than saying that “some will require much more,” it may be more accurate to say that a majority of families in poverty and encountered by CPS will require more. The statistical impact found in the Missouri, Minnesota, Nevada, and Ohio DR programs was real, but they were modest. With its emphasis on services, especially basic services when

³¹ Siegel, G.L. & Loman, L.A. (2006). “Extended Follow-up Study of Minnesota's Family Assessment Response.” Retrieved at <http://www.iarstl.org/papers/FinalMNFARReport.pdf>

they are needed, it is likely the case that DR often works because so many families on CPS caseloads are poor. That DR doesn't have a greater impact on the lives of more of them is because so many are so poor.

From early in our study of Missouri's two-track CPS pilot project it became clear that many cases classified as neglect would be hard to distinguish from straightforward poverty. In a recent feature article in the St. Louis Post Dispatch (March 3, 2011), St. Louis Family Court Judge Jimmie Edwards observed that "too often in this country we confuse neglect from poverty" (p.A1). It is hard to disagree with his point.

It is beyond the capacity of CPS to eliminate or even substantially alleviate poverty in American society. As long as there is deep-end poverty there will be terrible cases of child neglect that are thrown up on the doorsteps of CPS. But the system must do what it can do. And DR should be able to make some difference in some cases in most places. The research evidence is positive that DR does make a difference for some families, at least until chronic conditions set in. And, as one Minnesota administrator has noted, "Isn't it better even if we only achieve the same results by treating people more humanely?"

Seeking ways to use CPS to improve child welfare Minnesota in 2005 began another initiative, the Parent Support Outreach Project.³² Through PSOP the state has sought to reach out to families who have reports of child maltreatment that do not rise to the statutory level requiring a system response. The program is a preventive effort designed in the hope that subsequent reports of child maltreatment might be reduced or averted by assisting families in advance to deal with stressful life situations that often underlie child maltreatment. The program has placed special attention on families with very young children, so that intervention can begin before conditions become chronic. The program has had a measure of success and has been made a part of the broader child protection system in the state. As in the case of FAR, families in poverty are those who are both more likely to accept assistance offered and to be helped by the assistance they receive.

Classic assessments of child protection in the United States describe a system able to provide services only to the most severely abused and neglected children.³³ Given the limited public resources made available, this "is certainly understandable," Sheila Kamerman and Alfred Kahn have written, "but it is not a sufficient societal response to the needs of children." They

³² Loman, L.A., Shannon-Filonow, C., Sapokaite, L., & Siegel, G.L. (2009). "Minnesota Parent Support Outreach Program Evaluation, Final Report. Retrieved at <http://www.iarstl.org/papers/PSOPFinalReport.pdf>

³³ See, for example, Lindsey, Duncan (1994), *The Welfare of Children*, New York: Oxford University Press; and Kamerman, S. B., and Kahn, A.J. (1990), Social services for children, youth and families in the United States. Special Issue of *Children and Youth Services Review* 12:1-184.

continue: “If (less critically maltreated) children are not identified and helped, their problems will become acute. We must not intervene coercively with families where there is no statutory mandate to do so. Neither, however, should we overlook people truly in need of services.”³⁴

Differential response is a programmatic response to the problem Kamerman and Kahn describe. It is an attempt to attend to cases at the less critical end of the maltreatment spectrum in a non-coercive way, providing services when needed where services have infrequently been provided before, in the hope the problems will not become more acute. But it is unlikely that the family assessment approach, or any other, will be able to, as the adage goes, “knit a silk purse from a sow’s ear.” Concern for child welfare will require ongoing attention to the level of investment in child welfare programs. At some point we have to realize that child welfare cannot be done on the cheap. In the meantime we rely on differential response to produce some trim tab effect.

System Reform is Never Done. Developing and implementing a reform in a service system is a process; there are goals but there is no final product. The following statement, made in a paper describing the DR logic model, remains true: “Implementing a new human services model is not like taking a trip in a car with the child in the back seat asking: Are we there yet? Program managers will always want to maintain forward momentum in improving the service system. Differential response itself is not an end point, but a pathway for improving the child protection system. The path may have a direction but it has no end point with a sign reading: You have arrived; you can stop now.”³⁵

³⁴ Kamerman, S. B., and Kahn, A.J. (1990), If CPS is Driving Child Welfare—Where Do We Go from Here? *Public Welfare*, Winter: 1990.

³⁵ Siegel (2011), p. 15.