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# **Best Practice** *Next Practice*

## **Family-Centered Child Welfare**

### **Meeting Each Family's Needs**

#### **Using Differential Response in Reports of Child Abuse and Neglect**

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*Differential response in child welfare allows for more than one approach to reports of child abuse and neglect. The story that follows illustrates the benefits of this approach.*

Darrin, age 4, and Corrinne, age 3, attend a child care center while their mother, Shawna, age 22, works at a dry cleaning business. One afternoon the teacher in the center noticed bruises on Darrin's buttocks. She reported this to the center's social worker, Lisa. Lisa contacted the hotline of the Missouri Division of Family Services (DFS), the CPS agency. This call was the fifth report to DFS on this family; the fourth was just a few months ago concerning unsanitary conditions and continual violence in the home. The father of these children, Doug, age 25, has a history of gang involvement, incarceration, and domestic violence. Doug and Shawna were evicted from their apartment due to frequent calls to the police about their constant fighting. When Shawna separated from Doug and moved to public housing, the case was closed. But Shawna had fears that her children could be taken away from her.

Based on the hotline information, DFS placed the case in the "family assessment" track. That evening Diane, the caseworker, met with Shawna and her children at their apartment to ensure that the children were safe and to offer them emergency services

Diane and Shawna discussed how Darrin became bruised. Shawna readily admitted "whipping" him for misbehaving and showed Diane his bruises. Shawna openly discussed with Diane her difficult living conditions and problems including the lack of money, transportation, and support from relatives who were no longer willing to help her. During their discussion, Doug arrived. He was defensive and refused to answer questions. He was tired of the "police" telling him what to do and wanted people out of his personal business. He stormed out of the apartment.

Diane offered Shawna and her children emergency shelter and family preservation services to avoid out-of-home placement for the children. Shawna accepted. She also agreed to meet the next day at the nearby Family Resource Center.

After this first meeting Diane became convinced that the case belonged in the family assessment track. There was no immediate threat to the safety of the children nor any criminal violation, and Shawna showed a cooperative attitude by accepting services that would stabilize the family. Before the dual-track approach was instituted, Shawna would have been

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"Schools and police departments are beginning to see us as part of a team, rather than this being (the child welfare agency's) responsibility."

investigated, most likely by a child protective investigator from a specialized unit. The investigation would have taken valuable time during which Shawna and Diane were able to build a relationship and to address strengths and needs specific to her family. A typical investigation would have missed this opportunity for supportive problem solving and could have led to unnecessary placement for the children, an inappropriate level of intervention, and inclusion of Shawna's name in the centralized child abuse registry. Using this dual-track approach, Diane and Shawna can work creatively and effectively on long-term solutions to Shawna's parenting difficulties.

Lisa and Diane met Shawna at the Resource Center the next day. Doug was there too, encouraged by the positive approach Shawna had told him about. They explored with them what supports they had, what had worked for the family in the past, and what they felt they needed now. Shawna was worried about the unsafe, unsanitary living conditions in public housing, and also indicated the need for respite care. Lisa explained the various programs available to the family. Shawna was especially interested in the Mother-to-Mother mentoring program offered through a local church that provides support, parenting skills, and friendship. Doug was quiet and withdrawn, but as he listened, he indicated that he wanted to parent his children. A neighborhood acquaintance of his helped out at the Resource Center, and Doug agreed to talk to him about getting involved in a fatherhood program. The atmosphere at the Resource Center was friendly and comfortable. No one accused or threatened them. The Resource Center staff would also help Shawna move from the shelter to per-

manent housing. Both Doug and Shawna were surprised to find out about so many other resources in their neighborhood that could help them.

Shawna left the meeting feeling that maybe this time things could change and her children would be safe with her. For once Doug did not feel defeated by the attitude of DFS workers.

What Shawna and Doug experienced was a system that responded to their needs. Not all cases were investigated; not all substantiated maltreatment would result in parents' names being entered into a central registry. Many cases, like theirs, need family services to help them be better parents, rather than the adversarial nature of an investigation. The Missouri child welfare agency is using a new approach: differential response.

### **What is differential response?**

Differential response allows for more than one method of initial response to reports of child abuse or neglect. Called "dual track," "multiple track," or "alternative response," this approach recognizes the variation in the nature of reports and that one approach does not meet the needs of every case. Without expanding the existing state definitions of abuse or neglect, the use of differential response allows agencies to provide services to some cases without a formal determination of abuse or neglect.

Although differential response varies from state to state in its implementation, usually there are at least two categories of response to reports of child abuse and neglect. The first category includes reports that are immediately recognized as presenting serious safety issues for children and/or potential criminal charges against the

"I have become a lot more knowledgeable about what is available in the community and use a lot of non-vendor resources."

alleged perpetrator. When “tracks” are used, these reports go on the “investigation track.” The second category includes situations in which there are needs that, if addressed, could stabilize the family and enable the parents to better care for their children. These reports go on the “assessment track.” When and how that happens varies across jurisdictions, but this distinction characterizes differential response.

Normally, in differential response, cases on the assessment track are not “substantiated” and the name of the “alleged perpetrator” is not entered into the state central registry of child abuse and neglect. In fact, substantiation as the gateway to services is greatly diminished in systems of differential response. Instead, the level of need stands as the criteria for opening the case, rather than a clear “founding” or “substantiation” of the abuse or neglect. If the case is on the “assessment” track and the family is unwilling to participate in services, however, they cannot be forced to do so. Of course, shifting the case to another track and using the power of the court to order the family to participate in services is possible, but is not often done.

Most of the states that have gone in this direction have modified their statutes because it represents a major change in the laws governing the response to child abuse and neglect.

### **Time for change: shortcomings of an exclusive investigative approach**

Dissatisfaction with child protective services (CPS) has grown during the past decade. The public scrutinizes both failures to protect a child as well as actions that appear to be overzealous intervention in a

family. Seldom do we read articles lauding the efforts of a frontline caseworker to protect a vulnerable child. Rarely does the child protective services program get the public support of other agencies and service programs in the community.

Every state has legal mandates to investigate all legitimate reports of child abuse and neglect, but these can rarely be met. Existing resources require some of those reports, however legitimate, to be screened out without further assessment. Staff base these judgment calls on perceived risk, but often the person making the report feels frustrated.

When a caseworker “screens in” a report, an “investigation” begins; the parent or caregiver usually perceives this as accusatory and adversarial. The caseworker focuses on determining whether the abuse or neglect occurred and on identifying the person who is responsible. If this person is a parent or caretaker, the matter falls to child protective services. If the situation warrants opening the case—again, resources and policies result in the majority not being opened for ongoing services—actions to remove the child from the home are initiated, or in-home services to address the family problems identified are provided. In fact, fewer than 20 percent of the children are removed, even temporarily. When the case is opened for services, often the actual rate of service provision is low. Moreover, it is rare that the key criteria for closing the case is the achievement of clear outcomes in terms of changed behavior on the part of the parents. Although immediate safety issues are normally resolved before the case is closed, the underlying causes are not. It is

### **References for this issue**

- English, Diana J., Tom Wingard, David Marshall, Matt Orme, and Anna Orme. *Alternative Responses to Child Protective Services: Emerging Issues and Concerns*. Office of Children's Administration Research, DSHS, Olympia, Washington (undated report).
- Institute of Applied Research. *Missouri Child Protection Services Family Assessment and Response Demonstration Impact Evaluation: Digest of Findings and Conclusions*. St. Louis, Missouri, January 1998.
- Minnesota Department of Human Services, *Guidelines on Alternative Response*. Bulletin #00-68-4. April 4, 2000.
- Virginia Department of Social Services. *Final Report on the Multiple Response System for Child Protective Services*. December 10, 1999.

not uncommon to have subsequent reports on the same case.

Many reporters and parents have been frustrated with the response of CPS. They see the response as a disruptive investigation, often leading to little in the way of services unless the situation is so severe the child had to be removed from the home. It is not surprising that many policymakers, mandated reporters, caseworkers, and families have been critical of this system. The child welfare community has been open to approaches that can be more immediately helpful to families and promise more lasting change.

Multiple track, dual track, or alternative response—whatever name we give this approach—is tailored to each family's needs. The response depends on what is reported, the level of severity, the willingness of parents to accept help, and the connections that the family has or could form with community supports and services. There must be some way to differentiate among what is reported and adjust the response to these factors.

### Why choose differential response?

There are several specific reasons for moving *away* from a single investigative approach:

- ◆ If we treat all reports in the same way, we miss some clear need for immediate action to protect the safety of children in the most severe cases.
- ◆ If we use an investigative approach for all cases, we also miss early opportunities to engage some families in services that could enable them to better parent their children.
- ◆ If we approach all families in an “adversarial” way, vital information about the strengths of the family, the supports they have among their extended family and community, and their motivation to change could be overlooked in the effort to find out whether the abuse occurred and who is responsible.

There are also reasons for moving *toward* differential response:

- ◆ We can better serve many of the families reported to CPS in ways that focus more on help and less on the “legal” and “child removal” dimensions currently associated with CPS. Authoritative, involuntary intervention should be reserved to protect children when their parents are unwilling or unable to make efforts to change their behavior or situation.
- ◆ To truly protect children and strengthen families, community partnerships between public and private resources, as well as formal and informal supports, are needed. Formal services consist of structured professional interventions such as family therapy, a specialized assessment, or

health care. Informal services tap into families' support networks and use family members or others to help address areas of needed support; for example, assistance getting kids to school on time, transportation to a doctor, or child care to fit an unusual work schedule. For such partnerships to develop, working relationships are needed among CPS and the community to support, assist, and even encourage new behaviors among some of the parents identified as abusing and neglecting their children.

### Variations in approach

States have moved toward differential response in different ways. One immediate distinction is *how many* options or “tracks” for reports of abuse and neglect will be used. Initially, only two were considered—assessment or investigation—but some states saw the value of multiple tracks, using as many as five alternative directions.

Another broad difference has been *when* a report is “tracked.” One method is to track a case as soon as the report is “accepted.” The assessment or investigation response could begin immediately and the process of response would be distinct depending on the track. Some states choose to go through the initial assessment/investigation in a somewhat standard manner and, based on what is found, determine which track

## Contrast of Traditional and Differential Responses To Reports of Child Abuse and Neglect

to pursue. Another variation is to have the initial response to the report handled by a community agency. For example, the public health system might immediately get the report for assessment if it is clear that the situation involves a need for substance abuse evaluation and treatment.

### Assumptions and requirements

Although there are important variations in differential response systems, at a general level there are some shared assumptions on which differential response is built:

- ◆ It will be clear from the initial facts presented which track is appropriate for most cases. All systems allow for moving cases from one track to another, if necessary, but most likely the case remains in the track initially selected. Therefore, careful, accurate assessment at the point of initial intake is required.
- ◆ Placing a case in the assessment or service track rather than the investigation track will not increase the danger or risk to a child. This assumes assessment-track cases receive immediate, active intervention; they are not to be considered "low priority" cases. All cases are to receive immediate, active intervention because all meet the state requirement for some level of intervention. They just can be better served in a different way.

Traditional	Differential
Report made to hotline or agency designated to receive reports	Same
Screen report — Decide if report meets statutory standard for abuse or neglect; decide if emergency response is required	Same Determine type of response needed for this report
Assign report to investigator in child protective services	Assign report to CPS for either investigation or assessment, or assign to local community agency for assessment with or without CPS involvement
Determine if abuse or neglect can be founded or substantiated	Same if case on investigation track If on assessment track, or another non-investigatory track—determine if the family is in need of services, what would be helpful, and engage family in process to accept services
If founded/substantiated, enter name of alleged perpetrator in state's central registry according to state procedures	Same for investigative track; no central registry information for other tracks
Conduct an assessment to determine case plan	Make necessary referrals to arrange for services. Formal case plans not always prepared.
Involve court to order services or to determine need for out-of-home placement	Involve court if child has to be placed outside home; placement is voluntary or case changes track
Provide necessary services	Provide necessary services
Evaluate progress and change case plan as needed	Evaluate progress and change approach as needed
Close case	Close case

- ◆ The community has sufficient and appropriate services available, including those available through the local public human services system, to be used in a timely way by families tracked toward services. Service providers must be sensitive to the protective issues present in families who have been referred by CPS. Furthermore, communication is necessary between community service providers and CPS so that risks that may emerge can be rapidly addressed. In short, services normally required for these families must be available.
- ◆ Well-articulated systems of coordination and integration between CPS and the network of service providers is essential.
- ◆ Families are more likely to be cooperative and motivated to voluntarily participate in services when they are approached in a less adversarial, investigative mode. Frontline staff in CPS and other agencies must be trained and their skills developed in *assessing* and *engaging* families. Staff must be familiar with the service resources in the community. The patterns of access and the ease of access to services loom larger in importance in systems of differential response.
- ◆ Only cases of greater severity, with uncooperative caregivers, and continued high risk of mal-

treatment need to be entered in the state *central registry*, a database used by CPS, police, and employers to identify perpetrators of abuse. It is assumed that there is no reason to identify a perpetrator, "substantiate" the maltreatment, and register the case when this profile does not fit. Because some remain skeptical about this assumption, careful evaluation or documentation of outcomes for the various tracks may be required.

- ◆ Situations that pose the greatest risk to the safety of the children will be apparent, and an appropriate response will be forthcoming. Developing and tracking individualized responses to these cases is a logical requirement.
- ◆ Over time, community responsibility for the protection of children from abuse and neglect will increase using differential response. Both formal and informal resources can play a stronger role in the lives of vulnerable children and their families. Work must be done to develop needed services; engage more voluntary, informal resources; and help CPS systems relate to those resources more consistently.

Although not always a state requirement, differential response can benefit from a systematic

evaluation in the first years of implementation as well as some ongoing monitoring or self-evaluation to identify areas that need "course-correction."

### Anticipated benefits

The benefits anticipated from differential response follow from the assumptions and requirements:

- ◆ The system of response will be better suited to the variety of conditions present in families involved in abuse and neglect.
- ◆ The most serious cases will be readily apparent and immediate action will be facilitated.
- ◆ Parents will be more motivated to change the behaviors that put their children at continued risk of abuse or neglect.
- ◆ More children will be protected over time by engaging more parents in the process of making sustainable changes.
- ◆ More services and supports will be available to vulnerable children and their families, and they will work together more effectively.
- ◆ The public responsibility for protecting children will be broadened; more people will see this responsibility as going beyond CPS and law enforcement.
- ◆ The rate of subsequent, repeat reports to CPS will go down.

## Examples of Differential Response in Several States

*More than a dozen states are implementing systems of differential response. The efforts in Washington, Florida, Missouri, Michigan, Louisiana, South Carolina, Virginia, and Minnesota illustrate some of the emerging patterns in differential response. (The following profiles were written by Patricia Schene based on materials provided to her by each state.)*

### Washington State's Alternative Response System

Well before the term "differential response" was coined, Washington State diverted low- and moderate-risk reports to the community. During the 1980s, the Department of Social and Health Services (DSHS) began using risk assessment, rather than substantiation, as the key criteria for handling reports of child abuse and neglect. The system of "alternative response" for lower-risk cases was not initially required or funded by DSHS, nor were these cases opened to Child Protective Services (CPS).

Several rigorous studies of the alternative response system for the lower-risk cases documented, as did others later, that lower-risk cases were less likely to be re-reported. Over time, however, concerns about the adequacy of community-based interventions in these cases emerged. Data pointed to the challenges community-based agencies had in engaging families involved in abuse and neglect cases. Higher risks of re-referral were documented in low- and moderate-risk cases in which domestic violence and prior histories of chronic problems existed.

A related development was the Legislature's establishment of the Family Policy Council and Community Public Health and Safety Networks in 1992. These community-based, volunteer boards gave communities more autonomy and resources to serve children and families. The Family Policy Council funded 53 networks in 1994; all of the local boards had 10-year plans by 1996. They also signed outcomes-based contracts in 1997 with the Family Policy Council. In turn, the networks de-

veloped outcome-based contracts with their local service providers.

In 1997, the alternative response system was both required and funded by the Legislature for the first time. Three different models provided service delivery for low- to moderate-risk cases through public health agencies and community support services. Each model received funding, managed cases, and referred the families to community services as well as provided services directly. The managing agencies established links with both formal and informal community resources. The services for the low- to moderate-risk cases were voluntary and family-centered. Two years later, the Alternative Response System was formally implemented and funded statewide.

The Alternative Response System cases are, as in most systems of differential response, those that meet the criteria for abuse and neglect, but are at lower risk. The program is not directed at families, not reported to CPS, and is not meant to broaden the definitions of abuse and neglect.

Although these lower-risk cases are not opened to CPS, it can remain involved to monitor, help provide services, and respond when needed.

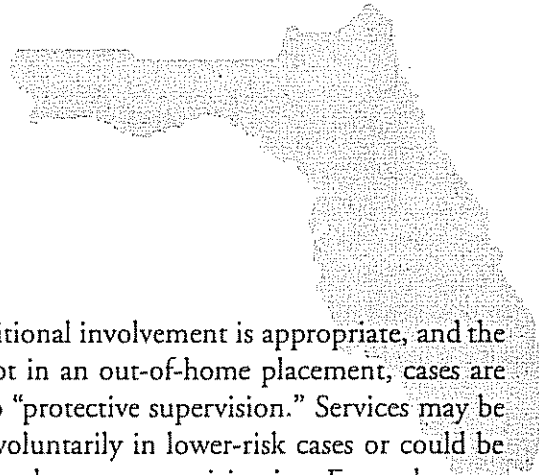
When establishing the more formal system for Alternative Response, the Legislature required that the newly funded system be evaluated against three outcomes: (1) fewer re-referrals to CPS, (2) better family cohesiveness, and (3) improved health and safety of children. That evaluation is underway.

## Florida's Family Services Response System

In 1993, the Florida Legislature passed the Family Services Response System, which introduced assessment as an alternative to investigation and encouraged community-based planning for child protection. Less serious forms of abuse and neglect were referred to the assessment track and names were not entered into the central registry. Each region of Florida developed its own approach to involving community resources in cases, especially in response to those on the "assessment track."

Additional legislation in 1995 altered the two-track approach by giving law enforcement agencies greater responsibility for investigations. Law enforcement agencies were required to assume *the lead* in conducting investigations of aggravated child abuse or sexual abuse. The Florida Department of Children and Family Services would immediately transmit reports to the police for action, with CPS informed mainly to assess child safety and provide services. This legislation also eliminated the use of the central registry in employment screening.

The Department uses a category of frontline staff called "protective investigators" to determine what has happened and to decide on a course of action. This has resulted in an important change by placing more emphasis on involving parents in the initial risk assessment of the child and by getting family input into the problems and the solutions. Most cases are closed after investigation and assessment, but families can receive services during that period. If the family's problems have been stabilized through services initiated at the time of investigation/assessment, or if the abuse or neglect is not serious, families are neither required to use community services nor are they assured them. The Department does not normally continue to monitor or assist these families.



If additional involvement is appropriate, and the child is not in an out-of-home placement, cases are referred to "protective supervision." Services may be provided voluntarily in lower-risk cases or could be court-ordered to ensure participation. Even when ongoing court supervision is indicated, CPS may close the case.

A major change has been the greater involvement of local communities to plan for their response to families in need of services to better protect their children. The Health and Human Service boards in every district received extensive public input and generated strong support for less adversarial and more family-centered approaches to abuse and neglect.

Since Florida has consistently involved CPS in the initial "protective investigations" for both the serious and less serious cases, it became less appropriate to keep a "dual-track" model and more relevant to move toward a "family service response" to all cases. Appropriate resources would be brought in depending on what was found. Because law enforcement was more involved in the investigation of child maltreatment cases that could result in criminal charges, the role of CPS in the remainder of the cases seemed to be less productively driven by a dual-track approach and more amenable to a differential "family service response" system.

"I love the assessment approach. Going into homes with a family-friendly approach, we are received differently."



## Missouri's Dual-Track Approach

The Missouri State Legislature passed SB 595 in 1994 that required the Department of Social Services to test a new, more flexible response to reports of child abuse and neglect. In pilot areas, hotline reports were screened into two categories: investigation and family assessment.

Certain kinds of incidents were legally defined as requiring an investigation because of their relative severity and potential to involve criminal violations. All sexual maltreatment cases were placed on the investigation track. Others, perceived to be less severe, could be screened for family assessment and kept out of the central registry. Before CPS caseworkers saw the child or family, the track was determined. Following the first meeting between the worker and the family, workers could change the track based on variations between the reporter's description and what they found. Few cases changed tracks.

The family assessment track was nonaccusatory and supportive, offering needed services to families as soon as possible without the stigma or delay of the investigative process. The family was involved in a collaborative response to problems and needs. During the pilot, about 71 percent of the reports were screened for family assessment and 29 percent for investigation.

An important element in the assessment track involved establishing stronger ties to resources within the community to assist children and families. It was assumed to be "cost-neutral," and no additional funds were made available within CPS to address the problems that were identified.

The legislation called for pilot sites to demonstrate the dual-track approach accompanied by a rigorous independent evaluation. The evaluation looked at the period prior to the implementation compared to the demonstration period and also compared the pilot counties with counties not testing the dual-track approach. A major finding of the evaluation was that the safety of children (defined as immediate threats to children that could result in physical or psychological damage

to the child) was not compromised; in fact, safety was improved in some circumstances. The findings (1998) included:

- ◆ Hotline reports declined.
- ◆ Reported incidents in which some action was taken increased.
- ◆ Children were made safer sooner.
- ◆ Recidivism decreased.
- ◆ Rates of removal of children from their homes neither increased nor decreased.
- ◆ Children spent less time in placement.
- ◆ Needed services were delivered more quickly.
- ◆ Community resources were better utilized.
- ◆ Families were more satisfied and felt more involved in decision-making.
- ◆ Workers and community representatives preferred the family assessment approach.
- ◆ The demonstration's impact was mitigated by large caseloads and limited resources.

Although the results of the evaluation favored the family assessment approach over the traditional approach to child protection, the effects were relatively modest. To achieve greater impact, the evaluators recommended increasing and accelerating community development activities and additional resources, as well as reducing worker caseloads.

With the generally positive results from the evaluation, the Legislature made the dual-track approach available statewide.

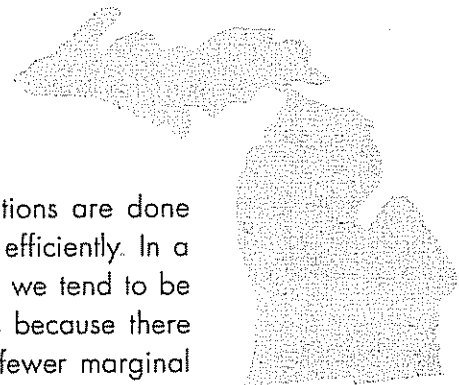
## Michigan's Five-Category System

Since July 1999, Michigan has implemented a five-category disposition system for child abuse and neglect cases, ranging from court involvement to voluntary community services. These disposition categories determine what happens after the investigation/assessment.

- ◆ *Court petition is required*—preponderance of evidence of child abuse and neglect is shown. This category usually involves criminal child abuse, need for removal, or a family who did not voluntarily participate in services.
- ◆ *Child protection services are required*—preponderance of evidence and a high risk of future harm is shown. CPS must open a protective services case, provide services, and list the perpetrator in the central registry.
- ◆ *Community services are needed*—preponderance of evidence of child abuse/neglect and low- or moderate-risk of future harm to the child is indicated. The agency must assist the family in receiving community-based services; if the family does not voluntarily participate, the agency may reclassify the case in one of the above two categories. The person who harmed the child is not listed in the central registry unless he/she is a nonhousehold member who causes serious harm to the child.
- ◆ *Community services recommended*—Some evidence of child maltreatment exists. The agency must assist the family in voluntarily participating in community-based services.
- ◆ *Services are not needed*—No clear indication of abuse or neglect exists. This category is also used when CPS is unable to locate the family or when the Family Court declines to order the family's cooperation, and the family will not voluntarily cooperate with CPS.

Two of these categories *require* the public child welfare agency—the Family Independence Agency (FIA)—to refer families to community services. These services could be mandatory or voluntary. Some are provided by FIA Preventive Services, some by other formal agencies, and some by informal resources. FIA continues to investigate all reports; the choice of disposition categories follows the agency investigation.

Michigan has also set up Multi-Purpose Collaborative Bodies (MPCBs) for system reform in communities across the state. These bodies include a wide variety of service providers and community members. Several state initiatives in human services require the use of MPCBs for implementation. In FY 1998, \$7 million was appropriated for the MPCBs that have to involve the broad spectrum of stakeholders and a community plan to qualify for the funds. At-risk families in unsubstantiated or low-risk cases referred by CPS are given priority. The MPCBs collect quarterly evaluation data on *outcomes* such as: families receiving services from multiple systems, use of a single assessment tool across agencies, a decrease in the number of families re-referred, and client outcomes such as increase in school attendance, a decrease in drug use, and an increase in levels of parental employment.



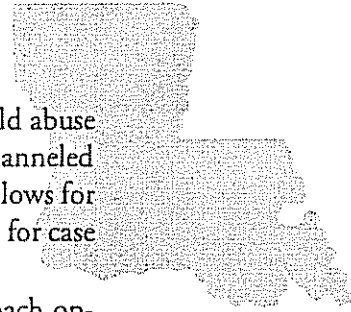
"Investigations are done more efficiently. In a typical case, we tend to be involved less because there are fewer marginal cases." —investigative worker

## Louisiana's Dual-Track Approach

The Louisiana Legislature passed a dual-track approach to reports of child abuse and neglect in 1995. At intake, intermediate- and high-risk reports are channeled to the investigative track, and low-risk reports are assessed. Assessment allows for voluntary family interviews to plan for community services. The criteria for case acceptance and the definitions of abuse and neglect remained the same.

The legislation was amended in 1999 to make the dual-track approach optional, allowing each county to decide whether to implement it.

Louisiana began with two pilot sites for the dual-track process. In the first pilot, one of the local public child welfare agency's units specializes in the assessments. In the second, a private agency—Kingsley House, a settlement house in New Orleans—works with the low-risk assessment referrals. They link families to a wide variety of community resources and are able to work with them for up to 60 days. Both of these pilots are underway and are being evaluated. The decision to expand the dual-track approach will be made after the evaluation is complete.



## South Carolina's Assessment-Track Pilot

The South Carolina Legislature passed a Joint Resolution in 1998 to establish a two-year pilot of the "assessment track" for less serious child abuse and neglect cases in three counties. The three pilot sites for implementation represent distinct settings—Spartanburg, Pickens County, and Charleston. The Legislation required the Department of Social Services (DSS) to submit a preliminary independent evaluation within 15 months of implementation and a final evaluation within 27 months. The University of South Carolina is evaluating the pilot. If the results are favorable, the program most likely will be used statewide.

The assessment track involves high levels of collaboration between the DSS and the community. Training for DSS, law enforcement, and the court in the pilot counties is required.

Based on experience, most cases will be on the assessment track with the exception of those cases with "willful or reckless behavior by the child's caretaker."

Multidisciplinary involvement is anticipated from the outset in developing the plan with and for the family. The plans involve formal and informal resources.

DSS conducts the assessments and facilitates services. They may refer to a mediator or have a family group conference on the plan for intervention. Parents and providers must agree. Cases are expected to remain open for six months; the court must authorize cases staying open for more than one year.

DSS helps to identify needs, develop plans, access community resources, and evaluate progress. For these assessment-track cases, normally DSS will not make a "finding" of abuse or neglect, nor will there be a central registry entry. Rather, DSS determines whether the safety of the child is threatened by abuse or neglect.

## Virginia's Multiple Response System

The Virginia General Assembly authorized a test of a multiple response child protective services system in five local departments from March 1997 to December 1999.

Using three tracks, the Multiple Response System (MRS) provided differential response to reports of child abuse and neglect. The "investigation response track" continued the traditional process for reports involving a serious safety issue. Only on the investigation track were alleged perpetrators on founded reports placed on the central registry.

On the "assessment response track," a family assessment identifies family strengths and service needs for valid CPS reports when there is no immediate concern for child safety. Local agencies offered services "when needed"; no disposition was made and no names were entered into the central registry.

A third track, the "referral response track," was used for reports that did not meet the definition of abuse and neglect but was used when the welfare of a child was at issue and assistance from the local department or other community agencies might be helpful to the family.

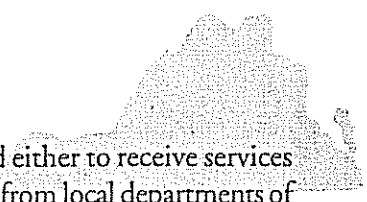
Each pilot agency received an annual \$10,000 grant to enhance the MRS in its community. Agencies committed substantial portions of this award to providing families with additional services.

During the pilot, 73 percent of all valid reports from July 1997 to March 1999 were placed in the assessment response track. The most frequent types of reports in this track were inadequate supervision; physical abuse/bruises; and inadequate food, clothing, shelter, or hygiene.

Twenty-seven percent of valid reports were placed in the investigation response track. Sexual abuse was the most frequent type of report followed by inadequate supervision and physical abuse/bruises.

A comparison of a baseline period (July 1994–February 1997) with the MRS pilot period indicated that during MRS more families were found to need services. The percent of cases in which the record documented service needs increased from 54 percent in the baseline period to 75 percent during the MRS pilot. The proportion of families actually receiving services during an investigation or assessment increased slightly from 34 percent during the baseline to 39 percent under MRS. The most frequent services provided were counseling/therapy, medical care, diagnostic and evaluation services, and child care.

The workers documented the families' responses to the service recommendations made at the end of the investigation or assessment. Approximately one-third of the families accepted all the service recommendations and



planned either to receive services directly from local departments of social services staff or have services purchased for them. Another third said they would obtain the recommended services on their own. Twenty percent rejected all service recommendations and the remaining 16 percent accepted some and rejected others.

Data on the referral response track were analyzed for the period from July 1998 through March 1999. The most frequent reason for these calls were custody, visitation, or other issues arising out of divorce or separation, potential abuse or neglect, and requests for child welfare information. Agency responses to this track varied with different criteria for accepting calls as well as varying levels of local agency involvement with these families.

Three groups provided their opinions about the Multiple Response System: parents in families who were the subject of a CPS report, CPS staff in the pilot agencies, and mandated reporters in the five pilot communities. Too few responses were received from parents to be analyzed. CPS workers expressed very positive views of MRS. Seventy-six percent believed that families felt less threatened by the presence of a CPS worker when using MRS; 70 percent believed families were more willing to discuss their problems; and 87 percent believed families were

more satisfied overall with their contact with CPS. Furthermore, 65 percent of CPS workers believed that MRS had improved child safety. Overall, 68 percent preferred MRS to the single response, investigation only system. Mandated reporters strongly supported MRS; 65 percent believed MRS had increased child safety; 30 percent believed it had no impact, and 6 percent believed it had decreased child safety.

The Department's evaluation of the MRS pilot led to some specific recommendations if the program expanded to other areas of the state:

- ◆ Drop the Referral Response track due to the increase in resources needed to serve a population not currently mandated to be served by CPS.
- ◆ Encourage training of both frontline staff and administrators to communicate the changes to other agencies and the community.
- ◆ Develop public information campaigns to increase community awareness.
- ◆ Encourage local agencies to develop community partnerships to help this initiative move forward.
- ◆ Increase funding for local agencies to support training and program evaluation, as well as obtain small grants to assist with local implementation.

The agencies' experience in the pilot was based on volunteers from existing staff who supported this shift in response. Staff focused on the need to train as well as track implementation if differential response was to be widely used in other agencies and communities. They also recommended phasing in its use and refining policies and practices as experiences and evaluations accumulate.

"Child Protective Services workers believed that families felt less threatened by the presence of a CPS worker under multiple response system and that families were more willing to discuss their problems."



## Minnesota

Minnesota is just beginning to use a system of differential response. The state recognized that much of the recent increase in reporting came from child neglect due to chronic poverty, chemical abuse, and domestic violence. The traditional CPS response was often seen as "more prescriptive and legalistic than necessary or appropriate" for these situations. In 1997, the Minnesota Legislature funded pilot programs to intervene early to prevent child maltreatment or to respond in non-traditional ways to such reports. These projects showed promise in the areas of prevention and early intervention.

Two years later the legislature authorized counties to establish programs of "alternative response" to reports of child maltreatment. "The desired outcome is a child protection system that uses its authority and resources more selectively while it engages families and communities in efforts to keep children safe and nurtured" (*Minnesota Department of Human Services DHS Guidelines on Alternative Response*; Bulletin #00-68-4, April 4, 2000, p.4). The statute defined alternative response as a *voluntary* program on the part of the family. It referred to a family assessment (risks and service needs) by the local welfare agency and their arrangements for appropriate services.

The local agency determines whether to use alternative response or to conduct a traditional investigation. Some reports, however, require an investigation: "substantial child endangerment" involving murder, manslaughter, assault, sexual abuse, abandonment, egregious harm, and neglect that substantially endangers the child's physical or mental health, including failure to thrive.

As in other states, the statute makes clear that by establishing alternative response they are not broadening the authority to intervene, assess, or investigate a family beyond what was already established by the definitions of abuse and neglect.

The legislation also allowed for a case to move from alternative response to investigation, and vice versa, if the situation warranted.

When a case using alternative response is closed, the statute requires the local welfare agency to document the outcome including a description of the services and the reduction of risks to the child. This documentation is kept for at least four years.

The state commissioner of human services was required to develop guidelines, forms, and training to assist counties implementing alternative response. The state provides forms that help assess safety, risks, and family needs and strengths and incorporates those in a structured decision-making model.

The Minnesota Department of Human Services issued guidelines in April 2000 to assist counties in the implementation of alternative response. These address the target population for alternative response, distinguishing features of investigation and alternative response, definitions of substantial child endangerment, and the use of "strength-based interventions." Specific guidelines for screening reports, making assessments, planning services, and terminating services were included along with available assistance from the state to the counties on implementation and staff training.

Strength-based interventions, family-directed case management, family group decision-making, mediation,

community conferencing, mutual support interventions, and brief family therapy are emphasized as well.

Minnesota chose an initial intense involvement and formal evaluation of the implementation of alternative response in 14 representative counties. This initial implementation received funding from the McKnight Foundation granted to the Department of Human Services' Division of Family and Children's Services. Funds also came from State Child Welfare funds, Title IVE and Title IVB-2 funds, and a requirement for a county match.

Counties submitted proposals to the state in June 2000 indicating their plans for alternative response and their willingness to provide data for evaluation. Implementation was underway in the fall of 2000. The McKnight Foundation also authorized funding for a four-year evaluation of the project. The independent evaluators were chosen in the summer of 2000 and began collecting information in early 2001. The three primary outcome areas are: *child safety, reduced out-of-home placement, and family functioning*. Four other important outcomes will be addressed in the evaluation as well: *use of strength-based practices, stakeholder satisfaction, the skills of staff in engaging families, and shared responsibility with communities for alternative response cases*. Minnesota DHS also established an Evaluation Advisory Committee of state and national expertise to guide the evaluation and assist the Department during the four years.

Counties agreed to apply alternative response to at least 25 percent of their screened-in child maltreatment reports and 40 percent of this group must subsequently receive services as indicated by the assessments. Staff had to commit to an initial five-day training and participation throughout the course of the project.

By early 2001, participating counties were selected, training had been completed, outside evaluators were in place, and implementation was underway.

## Making Differential Response Work: Lessons Learned

Patricia Schene, Ph.D., *Consultant in Children and Family Services*

*"The Family Assessment demonstration was a catalyst for a number of initiatives within pilot areas involving new relationships with other community institutions, agencies, and organizations... Schools were a primary target of these initiatives. Deliberate, sometimes extensive, steps were taken in each pilot site to establish stronger working ties with area school districts. Some child welfare workers were assigned to special school districts. In three of these counties, all or nearly all workers were assigned to geographic areas defined by school districts. In each of the other three, a single worker was assigned to one of the largest school districts in the county. Some schools let workers use office space in school buildings on a daily to weekly basis. The new school-agency relationship was seen as heading off cases of educational neglect before reports were made and facilitating quicker, more preventive, and better-informed intervention in other types of cases. In the City of St. Louis, all pilot workers were outstationed at a school that served the zip code areas involved in the demonstration. The school was the focal point of a number of other interagency collaborations and provided office space to professionals from other agencies and programs."*

— *Missouri Child Protection Services Family Assessment and Response Demonstration Impact Evaluation, Digest of Findings and Conclusions*, January 1998.

Implementing a differential response strategy to respond to child abuse and neglect reports involves a range of changes in *policy* and in *practice*. Examining what is required to support the new practices and learning from the pilot sites' experiences can help states as they design or implement this practice.

The following are some of the lessons learned by pilot states:

### **Ensuring the safety and protection of children**

The safety of children should always be of paramount concern to the state child welfare system. To ensure safety, the priority of any differential response strategy is to provide services to substantiated cases of abuse and neglect. For differential response to work effectively, states have to ensure the availability of services that will meet the needs of parents and children in cases in which abuse and neglect has not been screened out.

Policy decisions need to *ensure that the safety of children will always be a priority*. This is particularly important for cases that are on the assessment/services track in which intervention is voluntary, not mandated, and the oversight of changing family circumstances may not be the clear responsibility of one agency.

### **Assessing the most appropriate track**

To determine the types of cases that belong on the various tracks, a new process, as well as necessary tools for family-centered assessment, become very important. Relying solely on tracking services through a list of allegations is too simplistic. Decisions have to be based on a combination of complex factors such as the severity of the maltreatment, the motivation on the part of the family to voluntarily participate in services to better parent their children, and the availability of supports and services. Comprehensive family assessments

*"In the beginning, a lot of mandated reporters and juvenile officers and schools were extremely upset that we weren't investigating everything. Some are still unhappy, but now communications lines are more open."*

✓ all of these are done during an investigation where case will transfer to ongoing.

"The worker taught me how to deal with my son a lot better than doctors and the counselor had. She gave me parenting skills I use, and taught me and my son how to communicate better."

are important not only to initially determine the appropriate response track, but for the majority of cases placed on the assessment track. Understanding the circumstances surrounding children's care, the supports and resources parents use, and the motivation and capacity to change is crucial to generating a service plan.

The implementation of differential response requires a changed practice with cases that remain in the traditional "investigation" track. These cases are probably more serious, the safety of the children more threatened, and the likelihood of removal greater. Workers need training and supervisors' support in making good service and protection decisions that might lessen the need for removal. Permanency for the child needs to be explored from the outset. Parents need to be engaged as much as possible in becoming a force for the better protection of their children.

Program staff should evaluate policies involved in the determination of appropriate tracks. They should discuss the advantages of conducting the initial investigation/assessment before determining the appropriate track and making the initial decisions at intake based on what is reported. Relevant discussions include the possibility of other agencies in the community making certain decisions and deciding which cases need to be entered in the central registry.

### Changing the track and/or type of services

There are instances in which it is necessary to transfer a case to a different track to receive more aggressive intervention. States must establish clear policies that describe

what happens when a case on the assessment track is re-reported. The circumstances and appropriate intervention for such cases with multiple reports need to be specified. This is particularly relevant for *chronic neglect cases*—not commonly seen as warranting removal or court ordered services—in which there is no evidence of improvement within a completely voluntary service plan. Chronic cases with multiple reports require special attention in differential response. As in traditional child protection response, differential response begins with a specific report of child maltreatment. This system of response to a current situation or "incident" tends to downplay the importance of a *pattern* of chronic maltreatment that may cause cumulative harm to children. Careful decision-making about practice in these cases, accountability of parents, and the voluntary nature of services need to be made that address the chronicity. Also, policies and practices need to be changed so that permanency issues are addressed early and comprehensively in all cases initially placed on the assessment track. Although children are not as likely to be removed from their homes, the continual presence of risk could eventually lead to that outcome.

Other factors that may require the transfer of cases to different tracks include when risks to children persist, when parents do not participate in services, if the promised family support is not forthcoming, or when new decisions must be made to ensure the child's safety.

### Enhancing family and kinship involvement

Policies and practices need to be changed to engage extended family and kinship sys-

"I like the family assessment approach. It's less intrusive. I want to help provide services and rectify problems. And we get a better response from families, especially those with prior experience with DFS."

tems in a better way. Engaging families is crucial to effective outcomes in the assessment track because participation in services is usually voluntary. If parents can be engaged to share their concerns, their strengths, and their particular ways of addressing problems, staff can better target services to their needs and build parental motivation to participate in services.

Workers must have appropriate training and relationship skills to decide when and how family and kin should be engaged, what decision points on the case will they be included, and how their involvement is nurtured and supported by the caseworker.

### **Working with community agencies in a different way**

As mentioned in the previous issue of *Best Practice/Next Practice* (Vol. 1, No. 2), working with the broader human service system at the community level is critical. All CPS systems have working relationships with other human service agencies; referrals are made regularly; and service contracts are purchased or interagency memoranda of understanding are made. For differential response strategies to be effective, the state child welfare agency has to develop the legislation, facilitate implementation, and refine its practices to collaborate and coordinate its services with other stakeholders in the child protection system. Increasing and diversifying contacts between CPS and other agencies and formal and informal resources in local communities present states with a wide range of policy issues. For example, administrators will need to discuss how contacts and relationships might change, to prepare others for the changes, to develop relation-

ships and resources, and to communicate more effectively to ensure the acceptance and effectiveness of differential response. In addition, policies will have to be changed to be able to allocate additional resources for services to families in the assessment track.

Policies and practices need to reach out to key stakeholders such as elected officials; the administrators, supervisors, and frontline workers in the public child welfare department; law enforcement, attorneys, and officers of the court; mandated reporters; the major providers of human services to children and families; and organized advocacy groups for children and parents. Special changes will be required to involve extended family and kinship systems as well as informal supports from faith communities, local resources, or concerned neighbors.

To bring broader systems of natural support to bear on the protection of children is a different, challenging, and time-consuming task that requires careful planning and the allocation of resources. Identifying, supporting, and nurturing these nonformal support systems is essential. At present, no one agency has this responsibility.

Furthermore, differential response often changes these relationships. Agencies outside of child welfare take on new responsibilities with the families referred for services; there are more opportunities and expectations for working in partnership to assess the safety of children, the progress of parents, and in making decisions on ongoing involvement. To do this takes dialogue, cross training or shadowing across frontline staff, and creating opportunities to continually address needed "course-corrections" in implementation.

"An important finding of the impact evaluation was that the simple frequency of repeated child abuse and neglect hotline reports in pilot counties declined relative to comparison counties; that is, recidivism was reduced."

"Community involvement has increased with the demonstration. Resource people in communities are contacting us more and blaming us less."

Staff need to learn more about the available services and supports in their community and how to access them. In some agencies, one staff member specializes in identifying and building service resources and facilitating communications. Other agencies expect each frontline worker to do that on their own. However this is done, it requires a higher level of investment in differential response.

### **Training administrators, supervisors and frontline staff**

Training staff at all levels in ways to support family-centered practice is an indispensable requirement for the success of differential response.

Furthermore, because some staff may not be suited to work in these new ways, some states have found it useful to select staff who “volunteer” or are natural advocates for family-centered practice to work with families on the assessment/services track. These staff have been asked to train and disseminate promising practices and ideas to other colleagues who may not be as excited or as knowledgeable. It is important to remember that the supervisor’s role is critical in providing clinical supervision, supporting caseworker decisions, and reducing frontline staff turnover. For this reason, administrators have to assess workloads and allocate the necessary resources to make these effective.

### **Evaluating and making mid-course corrections**

Many states have decided to “pilot test” differential response in several representative areas before going statewide. They have learned a lot through this process, and it

has been invaluable for going to scale. In addition, objective, rigorous evaluation of differential response at the earlier stages of implementation is a strong factor in knowing how to adjust practice and in assuring that the key outcomes of child protection are effectively addressed. To determine the effectiveness of the strategies implemented, states will have to discuss how, and by whom, evaluation data will be collected and used. Evaluation that leads to course corrections is a valuable component of implementation.

In addition to learning some of the lessons from early implementation, other considerations help move the practice forward. Provide forums for specific discussions among those with hands-on experience in implementing or evaluating differential response and those beginning this approach. It is helpful to have opportunities to explore initial concerns, identify specific practices and policies used in varying settings, and make contacts across jurisdictions for ongoing consultation and support. Discussions among jurisdictions that are further along in implementation are also useful to identify common challenges experienced—political as well as programmatic—and to learn how these were resolved. An honest exchange and sharing of research methods and evaluations is needed. Lastly, identify and delineate the expertise of a core group of people experienced in the development, implementation, refinement, or evaluation of differential response to help us move ahead. The National Child Welfare Resource Center for Family-Centered Practice is one such resource. This core group could be available for consultation and technical assistance to other jurisdictions.

“...The training made me more family friendly. I choose better words and am more aware of body language. Before I focused more on the family’s reaction, a key to what’s going on, but the training made me more aware of my own actions and reactions ”

## Conclusions

On balance, implementing differential response has been a positive development in child protective services. Evaluations show that families, caseworkers, and administrators are supportive of this approach.

Some in the legal system and others worry that the safety of children cannot be adequately addressed without identifying perpetrators, founding cases, and entering names in central registries. While some evaluations indicate that child safety is not minimized by differential assessment, these concerns need to be continually addressed as they arise.

Advocates for children and families are concerned about the availability and accessibility of the services that will support parenting and protect children. Workers need to oversee the necessary changes in families where abuse and neglect has been present. This does not necessarily have to be done by CPS, but are there other agencies or community resources set up to take on this responsibility?

Differential response supports key aspects of child protection practice and standards. Conducting a comprehensive assessment of family strengths as well as problems is an essential component of the assessment/services track in which most of the cases are placed. Engaging families receives greater emphasis under differential response, and is more readily done since the family is not "under investigation." The consequences of the engagement are seen as leading to appropriate services.

Family-centered practice is enhanced by differential response. Many families want to do a better job of parenting their children but often need support and services. Engagement and assessment are built upon what families say they need, what their perspective is on their problems, and the methods they have to successfully addressing them. Moreover, involving extended family, kin, and community supports identified by the families themselves is usually a foundation of the intervention plan.

Differential response rests on the fact that not all families reported to child protective services, or even all families involved in abuse and neglect of their children, have the same response to their behavior, nor do they need the same thing to change. Also, the majority of valid reports involve situations that need attention and services, but do not need court-ordered interventions. These cases can, in fact, benefit from a different approach. For cases in the assessment track, services can be in place quickly. Therefore, families are more motivated to use services and supports to improve their parenting than in other approaches.

Although growing rapidly, differential response is still in its early stages and has been changing and developing. The importance of continually evaluating this practice against shared outcomes related to the safety and permanency of children, and improved family functioning grows with the dissemination of differential response.

"She (the worker) didn't make me feel uncomfortable and didn't try to judge me; she really cared." —parent

"Investigations are done more efficiently; in a typical case we tend to be involved less time now, because there are fewer marginal cases, like dirty houses." —social worker

*Marginal quotations used in this article were taken from Missouri Child Protection Services Family Assessment and Response Demonstration Impact Evaluation Digest of Findings and Conclusions, by the Institute of Applied Research, January 1998.*

## Resources—Building a Five-Foot Bookshelf

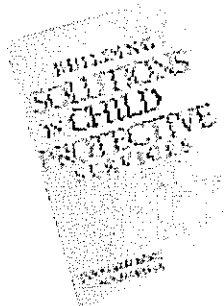
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Berg, Insoo Kim and Susan Kelly. *Building Solutions in Child Protective Services*. New York: W.W. Norton and Co., 2000. 328 pp., ISBN 0-393-70310-X.




*Building Solutions in Child Protective Services* brings together the work of two of the most dynamic and effective family-centered services advocates in the country today: Insoo Kim Berg and Susan Kelly. Insoo Kim Berg is the pioneer of the solution-focused approach to working with families in public child welfare. Her work has been critical to taking the concept of family “empowerment” from rhetoric to reality. She has done this in part by toppling the professional hierarchy that allowed therapists and professionals to exercise control over families in their role as “experts” on family problems. Instead, within the solution-focused paradigm, family service practitioners become “consultants” or “assistants” to the family. They work with a family, as equals, on what a family does right and how to do what

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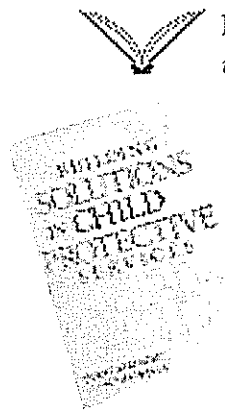
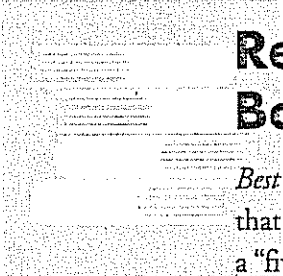
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a quarter of these substantiated reports do not receive services subsequent to the investigation. About one in ten will result in foster care placement. CPS and child welfare staff are charged with protecting children from harm, but that task is often out of their control; protecting children must involve many people across a community. Because of these circumstances, all of CPS's actions need to be focused on enhancing relationships among community members.

Given the sober realities of child welfare practice, we need to build on the opportunities that do exist to improve practice and outcomes for families. Berg and Kelly take on this task and provide us with a guide for a new way of thinking about CPS. They document a "solution build-

ing" paradigm that allows workers to intervene and investigate in a way that makes a family better off for having been involved with the system. When CPS assessment and investigation is the foundational child welfare service, this is important. Berg and Kelly show us how to focus on a client family's vision of a positive future, identify what the family can and has done to work toward that future, and help craft a strategy to move towards that vision. They attend to the primary concern of safety, while remaining both respectful of families and empowering about their futures.

It is difficult to succinctly summarize this book other than to encourage you to read, discuss, and apply it. Be ready for a challenging and important journey.

Minuchin, Patricia, Jorge Colapinto, and Salvador Minuchin, *Working with Families of the Poor*. New York: Guilford, 1998. 254 pp. ISBN 1-57230-373-5.



During the past 30 years, the demands facing the nation's poor have increased not only in scale but also in scope. As a result, human service systems play roles for which they were never designed. Under the pressures of both inadequate capacity and a traditional way of doing things, these agencies are harshly criticized for not adequately protecting vulnerable children or responding to families. *Working with the Families of the Poor* challenges us to change the way we work with families by presenting a way of thinking and working and specific tools



to provide more effective and integrated human services.

Underprivileged families are chronically stressed by serious problems that cut across many dimensions of family life. More than one family member may be considered at risk, and two or more generations of a family may need assistance from a variety of public and private agencies. Battered by internal and external pressures and navigating a multiplicity of agencies that define and categorize them in terms of their deficits or the financing source, these families become overloaded

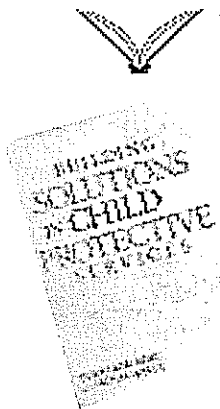
"Services for poor families are widely available and almost always well intentioned, but they are frequently flawed as well."

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"Families of the poor don't write their own stories. Once they enter the institutional network and a case history is opened, society does the editing."

and unstable. Recurrent crises and chronic distress carry over from year to year and from one generation to the next.

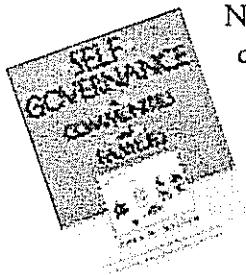
Drawing upon their many years of clinical experience, the authors offer a conceptual base and practice guidelines for strengthening highly vulnerable families—for supporting their best efforts to manage their stress-laden lives and overcome the odds of high-risk situations. Based on ecological and systemic theories, they advocate for a strength-based approach that sees families as facing many past and ongoing challenges that often are beyond their control and not of their own making. Crises situations are often embedded in problems in the bureaucracy, community, and the larger society.

Using case histories and examples of practical interventions, *Working with Families of the Poor* describes how child welfare, mental health, residential treatment centers, and foster care agencies often categorize individuals according to present symptoms. The authors show how little attention is given to the person or the family as a whole, as well as the social context. The Minuchins and Colapinto make the point that often agencies that avow the importance of the family actually, in practice, only meet with

the individual—or at best, hold interviews with a mother or primary caregiver. With heavy caseloads and complicated family situations, workers may doubt whether there is any way to help at all. When workers lack training in effective family-systems work, a failure may reinforce beliefs that multiproblem families are beyond repair and not worth an investment.

The authors inspire us all to see each family as a web of relationships and to identify the patterns that connect various members, their problems, and possible solutions. In addition, they challenge social service systems to create coordinated and unified services to lessen families' confusion. Too often the needs and problems and families are divided into separate, rigid categories that fail to address interrelated problems and solutions.

*Working with Families of the Poor* is an invaluable tool to provide a broad, comprehensive approach that views family members and needs as interrelated, requiring coordinated and integrated services, and a pooling of resources. It helps us view services holistically, tailored to each family's challenges, and provided in the context of each family's community, ethnic, and religious affiliations.



Nelson, Gary M.. *Self Governance in Communities and Families*. San Francisco: Berrett Koehler Publishers, 2000. 330 pp. ISBN 1-5757-50868.

This book is about the struggle for community renewal across the country. Community is one of the watch words of our era. Part memory, part nostalgia, and part hope, we have come to the conclusion that "community," as a fabric of reciprocal re-

lationships creating bonds of friendship and civic responsibility, is our best and most hopeful resource for solving the social problems we face. This turn to community has become necessary because, presumably, our basic institutions responsible for promoting the social welfare and well-be-

ing of the people of this country have lost their ability to work well in our service. This belief leads to calls for a “revitalization movement” to make basic social institutions, from schools to social services to law enforcement, responsive and effective again through direct action of concerned community members.

Nelson, a faculty member at the Jordan Institute for Families, sees this revitalization in a growing movement towards “community self governance.” By engaging people in communities in a process of reflection and dialogue, communities can begin to move towards genuine transformation. The principles behind this process are familiar to participants and witnesses to social service reform in recent years. They include:

- ◆ Decentralized power: communities need to control their own destinies
- ◆ Responsible citizenship: rights are coupled with responsibilities in renewed communities
- ◆ Broad-based decision-making: full representation of the community is indispensable
- ◆ Coordinated and multifaceted programs: programs are driven by real needs and real results
- ◆ Open and quality information systems: good data and full access feed freedom and responsibility

Nelson applies these principles in the “how to” section of this book. He presents a process of “self governance dialogues” needed to achieve community renewal. Self gov-

ernance dialogues are events that take place over a couple of days time. They involve gathering representatives from all segments of the community to create a community revitalization agenda. The process involves several steps: 1) personal exchanges to build a feeling of partnership, 2) mapping exercises to analyze where “the system” goes wrong in its efforts to serve people, 3) deciding on outcomes the community will pursue, 4) mapping the new system from those outcomes, and 5) making commitments to pursue identified changes with other participants. These steps, according to Nelson, lay the foundation for community and family renewal.

This is an interesting book, hopeful and well-intentioned. It does, however, seem to suggest that the transformative power of open communication is completely in the control of the good intentions of well-meaning activists. Pursuing the tough changes needed within entrenched institutions may not be quite so straight forward. There are always powerful interests in maintaining the status quo. We may want more hardheaded approaches to change than self-governance dialogues. Still *Self Governance in Communities and Families* is a starting point, and a useful one. It “takes the temperature” of the many ways in which we are trying to build a new kind of more responsive, effective, and accountable service system. And it emphasizes that this involves a great shift in the way we work and how we think.



# National Child Welfare Resource Center for Family-Centered Practice

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