



ALTERNATIVE RESPONSE



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WHY IT MATTERS

Alternative response (AR), also called differential response (DR), dual or multitrack response, is a strategy employed to support families known to child welfare. AR uses comprehensive assessments to identify strengths and needs of families, resulting in an individualized response to that family. Services are provided to families whenever a need is identified. AR can be used whether or not child abuse or neglect has been substantiated in an investigation.

Research indicates that AR leads to improvements in family engagement and subsequent reductions of children entering into foster care.¹ Likewise, AR strategies can be effectively used to prevent re-entry into foster care post-reunification. AR is not just a response provided by child welfare agencies as its effectiveness relies on the participation of community

services in supporting families who have come to the attention of CPS due to an allegation, but are considered low-risk. One of the benefits is that child protection services can focus on the more serious

cases in which abuse and neglect have been confirmed. With AR, families are “stepped-up” to increased services and more frequent monitoring when there is a risk evident and “stepped-down” to less interventions as they

become more stable and the risk is reduced or no longer evident. In addition to the benefits to families, research indicates that AR leads to greater child welfare worker satisfaction and community cooperation.²

As of 2014, AR was being used in at least 20 statewide programs, and several county and tribal programs.³ Recently, the U.S. Department of Health and Human Services’ Office of Human Services Policy examined

AR is a strategy employed to support families known to child welfare that uses comprehensive assessments to identify their strengths and needs, resulting in an individualized response for that family.

the question of “whether use of AR leaves children less safe?” They focused on six States using AR to address this question.⁴ The analysis revealed that in three States (Kentucky, Oklahoma and Tennessee) higher rates of

AR were associated with lower rates of re-reports. In five States (Kentucky, Minnesota, Missouri, Oklahoma and Tennessee) higher use of AR were associated with lower re-reports with substantiation.

ADVOCATES IN ACTION

Alternative response recognizes that variations in the needs and strengths of families require different approaches.

ACTIONS

- **Learn if your jurisdiction uses an AR or DR model** for any of the stages of a child welfare investigation and/or case. As an advocate you may not often have the opportunity to be assigned to a case prior to substantiation, but you may be involved in helping reunified families avoid re-entry into care.
- **Learn about different types of community agency partnerships and services that are offered to families through AR** regardless of whether your jurisdiction employs AR/DR. You can research resources to learn how you might adapt services and supports for children and families you work with.
- **Ask about the safety and/or risk assessments the child welfare agency in your jurisdiction uses to identify strengths and need areas of families.** It will help you have a better sense of how families are evaluated. Ideally, they are being evaluated by not just their gap areas but their strengths as well. If the assessment is not measuring strengths, raise this issue with the team as it is very critical to the permanency outcomes of the children and youth you support.
- **Adapt the use of the steps that the Ohio model uses** (engaging, assessing, partnering, planning, intervening and evaluating) in your approach to working with families. See below for more information.
- **Upload critical services for the family from the onset of the case.** Don't wait for something “bad” to happen before requesting services. Anticipate what challenges child and family may be facing and what services will help alleviate the burden of these challenges. For example, if a parent is experiencing homelessness and this will hold up or prevent reunification, work with your supervisor and community partners to help the parent secure housing simultaneous to working on the case plan.

BRIGHT SPOT

DIFFERENTIAL RESPONSE SYSTEM OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Under Ohio's *Differential Response System*, reports of child abuse or neglect are assigned to one of two pathways, based on the nature of the report and pathway assignment criteria: alternative response or traditional response. Ohio's Department of Job and Family Services describes the components of Alternative Response (AR) as such:

- Applied when reports DO NOT allege serious or imminent harm
- No formal finding/substantiation of the allegation
- Facilitates safety-focused partnership with families
- Safety, Risk and Comprehensive Family Assessment completed

- Emphasis on "front-loading" needed services by providing services earlier and without requirement of a finding

The AR/DR model Ohio uses includes six steps. The first step is engaging the family to help them get ready to fully participate in the subsequent steps. Family members are often motivated by participating in AR because there is less formal involvement of the child welfare system and better chances that their children won't be removed from their homes to enter or re-enter foster care. The second phase is assessing the family's strengths and need areas followed by partnering with the family (step 3) to plan what services and interventions will be best suited to the family (step 4). Step five is implementation of the plan followed by evaluating whether the plan is working and making changes to the plan as needed (step 6).

A RIGOROUS, RANDOM CONTROL EVALUATION OF OHIO'S 18-MONTH PILOT OF THE ALTERNATIVE RESPONSE (AR) APPROACH SHOWED THAT:

- Child safety was uncompromised.
- There were fewer re-referrals to child protective services among families served with AR.
- Greater satisfaction with services was reported by both families and workers.
- Greater involvement in decision making and increased cooperation between workers and families was reported by both workers and families.
- There was increased family engagement in services.
- Evidence of enhanced collaboration between child welfare and community partners.
- Subsequent child removals were lower among AR families than the comparison control group of families receiving the Traditional Response, indicating potential for long-term cost savings.

To learn more: jfs.ohio.gov/ocf/DifferentialResponse.stm

SELECTED RESOURCES

Name	Description
<u>Child Welfare Information Gateway, <i>Differential Response to Reports of Child Abuse and Neglect</i></u> ⁵	<p>This issue brief provides a comprehensive overview of differential response, including implementation considerations, evaluation findings, and lessons learned.</p>
<u>Kempe Center, <i>Differential Response, One Size Does Not Fit All</i></u> ⁶	<p>The Kempe Center's <i>DR Initiative</i> provides a number of resources related to DR, including a link to the Casey Family Program's <i>DR Toolkit</i>, as well as a number of state, national, and international evaluations of DR programs.</p>
<u>Quality Improvement Center on Differential Response</u> ⁷	<p>The <i>Quality Improvement Center (QIC) – Differential Response</i> website includes evaluations from the three QIC-DR sites (Colorado, Illinois,⁷ and Ohio), as well as the QIC-DR cross-site evaluation.</p>

ENDNOTES

- 1 Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential response in child protective services: A literature review, version 2*. Washington DC: Children’s Bureau, US Department of Health and Human Services. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschoo/ departments/pediatrics/subs/can/DR/qicdr/ General%20Resources/QIC-DR_Lit_Review%20 version%20%202.pdf
- 2 Ibid.
- 3 Loman, L. A., & Siegel, G. L. (2015). Effects of approach and services under differential response on long term child safety and welfare. *Child Abuse & Neglect*, 39, 86–97.
- 4 States included: Kentucky, Minnesota, Missouri, North Carolina, Oklahoma and Tennessee.
- 5 https://www.childwelfare.gov/pubPDFs/differential_response.pdf
- 6 <http://www.ucdenver.edu/academics/colleges/medicalschoo/ departments/pediatrics/subs/can/DR/ Pages/DiffResp.aspx>
- 7 <http://www.ucdenver.edu/academics/colleges/medicalschoo/ departments/pediatrics/subs/can/ QIC-DR/Pages/QIC-DR.aspx>