



# Differential Response: A Primer for Child Welfare Professionals

Recognizing that a one-size-fits-all approach does not serve children and families well, many agencies have implemented differential response (DR), a system reform that establishes multiple pathways to respond to child maltreatment reports. DR routes families with a screened-in report of child maltreatment through a traditional investigation pathway or an alternative assessment response pathway, depending on other State policies and program requirements. Rather than initiating an investigation every time a family has a screened-in report, DR practice seeks to assess a family's needs and connect them with services that will help them keep their children safe. By linking families with services that will strengthen their ability to safely care for their children, DR can reduce the number of children entering foster care and decrease future involvement with the child welfare system.

This factsheet provides child welfare professionals with an overview of DR and considerations for practice.

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## OVERVIEW

DR—also called alternative response, family assessment response, multiple response, or dual track—is a way of structuring child protective services (CPS) to allow for more flexibility in how it responds to low- and moderate-risk cases and better meet the needs of families. In DR systems, screened-in reports are assigned to one of two (or more) tracks based on factors such as the type and severity of the maltreatment, the number and sources of previous reports, and the willingness of a family to participate in services. While definitions and approaches vary by jurisdiction, DR responses typically fall into the following two categories:

- **Investigation response (IR)** (also called the traditional response or high-risk assessment). These responses involve gathering forensic evidence and making a formal determination (substantiation decision) of whether child maltreatment has occurred or if the child is at risk of abuse or neglect. In CPS systems with DR, IR is generally used for reports of maltreatment that occurs in institutions, the most severe types of maltreatment (e.g., serious physical harm, sexual abuse), and those that may involve the legal or judicial systems.
- **Alternative response (AR)** (also called an assessment response or family assessment response).<sup>1</sup> These responses—usually applied in low- and moderate-risk cases—typically do not require a formal determination or substantiation of child abuse or neglect or the entry of names into a central registry.

Both pathways share underlying principles and goals, including a focus on child safety, permanency, and well-being, and include child safety and/or risk assessments. The pathway assignment for a family could change based on new information, such as potential criminal behavior or imminent danger of maltreatment.

When jurisdictions adopt a DR approach, caseworkers strive to develop a supportive—rather than adversarial—relationship with families and broadly assess a family's situation so they can work with its members to better identify and meet their underlying needs. This broad assessment typically occurs without a formal determination or substantiation of child maltreatment, which is different from the traditional CPS approach. DR's nonadversarial approach allows caseworkers to initiate a therapeutic alliance that seeks to support families and make them feel comfortable and be more open about their needs. The AR pathway involves parents in identifying their individual needs, which can help create the motivation for change. Taking such an approach—rather than automatically investigating all reports—can help to encourage family engagement with services and lead to better outcomes for children and families. For example, a study of DR in six States found that higher rates of AR were associated with fewer rereports, including fewer substantiated rereports, indicating the approach was effective in addressing family needs (Fluke et al., 2016).

<sup>1</sup> The term "alternative response" can have two meanings: (1) as a synonym for DR that refers to a broader child welfare approach or (2) as the name of one of the dual pathways within the DR approach. Except where otherwise specified, in this publication "alternative response" or "AR" refers to the second meaning.

## Differential Response Laws and Policies

Although the 2010 reauthorization of the Child Abuse Prevention and Treatment Act ([P.L. 111-320](#), Sect. 106) required State plans to describe laws, policies, or programs reflecting DR in screening and assessments, it did not include a formal definition of DR, leaving States and localities to interpret and tailor it to their local needs. For more information, see [Making and Screening Reports of Child Abuse and Neglect](#) by Child Welfare Information Gateway.

## APPROACHES TO IMPLEMENTING DIFFERENTIAL RESPONSE

DR in one jurisdiction may look very different from DR in another. The following are [examples of variations](#) that may occur:

- **Number of response pathways.** While DR initially involved only two tracks (IR and AR), some States have created a response pathway for screened-out reports that relies on community-based organizations to provide families with outreach and service connections. These supports are designed to help families in need overcome challenges to their health and well-being.

- **Criteria for assigning pathways.** States use different criteria for assigning pathways, including immediate safety concerns, risks, the nature and type of the maltreatment, prior reports of abuse or neglect, the victim's age and relationship to the alleged perpetrator, reports of domestic violence and/or substance use, and other factors.
- **Person who makes the pathway decision.** The selection of a response track is typically made immediately after a report is accepted and screened in. Depending on the jurisdiction, it may be made by a hotline operator, a caseworker, or a supervisor. Some jurisdictions rely on a group process for making the pathway decision.
- **Assessment process and timeframe.** This varies across jurisdictions depending upon local CPS policies and procedures.
- **Ongoing child welfare involvement and service provision.** After the initial CPS assessment is completed, child welfare agencies decide whether to close the case or keep it open for further involvement. Depending on that decision, families that are designated for the AR pathway may receive services provided by the child welfare agency, community-based organizations, other government agencies, or other external contracted service providers.
- **Funding for services.** In some States, jurisdictions may obtain supplemental funding from a variety of sources to provide services, including Federal, State, and local governments and foundations.

As agencies implement DR or consider incorporating it into their practice, they should review how they will address the following factors identified in a [2012 report](#):

- **Stakeholder buy-in.** Endorsement from key stakeholders can facilitate implementation and sustainability of DR approaches.
- **Peer-to-peer learning.** Contact with State and local agencies that have DR experience has helped other agencies avoid mistakes and adopt promising strategies. Jurisdictions have benefited from shadowing opportunities and peer-to-peer networks to learn valuable lessons.
- **Training and staff development opportunities.** Evaluations point to the need for training all staff (both IR and AR workers) to promote a shared understanding of DR. They also indicate the importance of coaching and development activities for supervisors, who play an important role in supporting new practices.
- **Impact on workload.** Administrators need to assess what impact DR will have on workload and caseload management. They will also need to be sensitive to perceived inequities in the workloads of workers on different DR tracks and the staff responses to them (e.g., resentment, pushback).
- **Support for the entire child protection structure and not just new pathways.** It is important to create the right messaging about DR—that both the IR and AR pathways are critical functions of the agency.
- **Service capability and community relationships.** DR has spurred discussions on which families involved with child welfare are provided with services when there are limited resources available. Successful implementation of DR requires child welfare agencies to have access to community services and understand government programs that support families. Evaluations have shown that child welfare agencies find it helpful to work with community partners to identify and secure services from public and private agencies and to help them develop additional services as needed.
- **Using evaluations to inform practice.** Agencies should evaluate their DR practices to shape ongoing development.

## DIFFERENTIAL RESPONSE IN THE FIELD

[Title IV-E child welfare waiver demonstration projects](#) allowed States to test innovative strategies in child welfare service delivery and financing. Waiver projects in three States—Arkansas, Nebraska, and Washington—implemented DR as part of their strategies. The table below provides key evaluation findings from each project.

| Arkansas Department of Human Services, Division of Children and Family Services<br>(Hornby Zeller Associates, 2019)  | Nebraska Department of Health and Human Services, Division of Children and Family Services<br>(Center on Children, Families, and the Law, 2019)   | Washington Department of Children, Youth, and Families<br>(TriWest, 2019)   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Families receiving AR were significantly less likely than comparison group families to have a subsequent CPS case opened within 3, 6, and 12 months following AR.</li> <li>Children in the AR group were significantly less likely than those in the comparison group to be removed from their homes.</li> <li>There was an average cost savings of \$150 per family in the AR group compared to the comparison group.</li> </ul> | <ul style="list-style-type: none"> <li>Individuals in the AR group experienced significantly fewer subsequent out-of-home placements than those involved in a traditional response.</li> <li>Caseworkers indicated AR families had significantly greater improvement related to education, transportation and material needs compared to traditional response families.</li> <li>AR families followed through on accepting support services to a greater degree than traditional response families, including greater use of mental health, material needs, and transportation services.</li> </ul> <p>For additional information, see the <a href="#">final evaluation report</a>.</p> | <ul style="list-style-type: none"> <li>Families in the AR track were less likely to experience removals than families in the comparison group.</li> <li>The costs for serving AR families was higher than for the comparison group families for the first 6 months after intake due to needed family support services, but AR expenditures were considerably lower after 12 months and beyond.</li> </ul> <p>For additional information, see the <a href="#">final evaluation report</a>.</p> |



## Differential Response Practice Resources

The following resources from the field can help child welfare workers, supervisors, and administrators as they implement or develop DR approaches:

- [\*Ohio Differential Response: Caseworker Self-Assessment and Field Tools\*](#) (Ohio)
- [\*Ohio Differential Response: Coaching and Supervision Tools\*](#) (Ohio)
- [\*Differential Response Family Engagement Toolkit\*](#) (Oregon)
- [\*Alternative Response Resource Guide\*](#) (Texas)

## CONCLUSION

With its flexibility and multiple pathways, DR can help keep families together by providing the services needed for them to have a safe and stable home life. By actively engaging families as partners and securing community-based services to help them achieve their goals, DR practice has the potential to identify new service partners, increase family participation in services, and reallocate resources to meet the emerging needs of children and families. As agencies establish or strengthen their own DR approaches, they can turn to the lessons learned from previous research and practice to guide them.

## REFERENCES

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Department of Health and Human Services,  
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U.S. Department of Health and Human Services  
Administration for Children and Families  
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