

# Differential Response in Connecticut: A Promising Reform

## Background

Over the past 40 years, child protection services have expanded rapidly. This growth is primarily due to an increase in reports in response to poverty, disparate access to resources, socio-economic conditions, and insufficient information of vulnerable families and their children. The volume of reports, complexity of families situations, and the limited resources of child protective service systems to assist families have been and remain challenges to child welfare jurisdictions across the country. These factors coupled with the emergence of promising practices and approaches such as family-centered practice and strength based values have prompted a national movement for child welfare reform, specifically to support differentiated system responses to accepted reports of maltreatment.

During the 1960's both the Children's Bureau and the American Humane Association published guidelines for states to consider as they began to develop legislation that addressed community reporting when there were concerns about child safety. Subsequently, many states passed legislation that attempted to respond to this issue including the movement toward mandated reporting of abuse and neglect. For example in 1964, New Jersey passed the Physician's Reporting Law which required physicians to report suspicions of child abuse or neglect to county prosecutors who were required to investigate the case. After a decade of similar actions by most states, the passage of the Federal Child Abuse Prevention and Treatment Act in 1974 solidified these requirements and included clear provisions that states must have reporting laws in order to qualify for federal funding.

## Connecticut's Reporting Framework

The national movement resulting in the implementation of reporting requirements did not envision that reporting would increase over time to such a significant level. Consequently, states and child welfare agencies needed to develop criteria for making a preliminary *determination* of whether to respond to all such reports. In Connecticut, Chapter 319a (Child Welfare) and in particular Section 17a-101-101k of the Connecticut General Statutes (CGS) define the parameters for reporting, the criteria for a determination of abuse and neglect and requirements for investigations conducted on accepted reports by DCF.

The Department of Children and Families' **Child Protective Hotline** implements these statutory requirements and:

- Acts as the statewide centralized office for the receipt of all reports alleging that a child has been abused or neglected or is in danger of being abused.
- Gathers and records as much identifying and relevant information as possible about the allegations.
- Determines if an allegation meets legal sufficiency as a report of child abuse, neglect or in danger of abuse in accordance with CGS 46b-120.
- Determines *response time* within which an investigation must begin. There are three possible response time designations: same day, within 24 hours or within 72 hours.
- Dependent on the response time, initiates investigations when DCF *Area Offices* are closed.

In Connecticut, the criteria for **accepting a call as a child protective service report** are as follows:

- The alleged victim is under 18 years of age or is under 21 years of age and is an active DCF client.

- The child's injuries were alleged to be inflicted by a person responsible for the child's care or by a person given access to the child by a person responsible for the child's care.
- There is sufficient information to locate the child.
- The allegation meets the statutory definitions of *abuse, neglect* or *in danger of abuse*.

### Connecticut's Investigation Process

All investigations of accepted reports are conducted by DCF social work staff based upon a uniform protocol that is completed within 45 days of the Hotline's acceptance of the report. This is primarily a fact finding, forensic investigation to determine whether a child has been abused or neglected. Social workers attempt to gather and analyze information from multiple sources with a focus on immediate and continuing child safety and well being. This occurs through several in- home visits as well as by making several *collateral contacts*. Although in a limited fashion, investigation social workers also begin the process of identifying and attending to both immediate (crisis) and other treatment or service needs. Following completion of the field response, social work staff **completes the investigation and make a determination** regarding the following:

- Whether child abuse or neglect is *substantiated* or *not substantiated*.
- If substantiated, a determination if there is an identified person responsible for the child abuse or neglect.
- If the identified person poses a risk to the health, safety or well being of children and should be recommended for placement on the *Central Registry* as per CGS 17a-101k.
- And if the person is recommended for placement on the Central Registry, whether the Department may disclose that the person is on the Central Registry pending exhaustion of all administrative appeals.

### Connecticut's Numbers

The following summary represents the approximate number of reports made to the DCF Hot Line along with subsequent substantiations and case openings in an **average calendar year** in Connecticut.

Number of Reports Made to the DCF Hotline	44,000	
Number of Reports Accepted for Investigation	28,000	64%
Of Those Accepted for Investigation, Number With a Previous Investigation by DCF	22,400	80%
Number of Investigations Resulting in a Substantiation	7,280	26%
Number of Substantiated Cases that are Opened for DCF Ongoing Services	3,733	
Number of Un-Substantiated Cases that are Opened for DCF Ongoing Services	1,635	
Total Cases <b>Opened</b> for DCF Ongoing Services	5,368	<b>19%</b> of 28,000 Reports Accepted for Investigation
Total Cases <b>Closed</b> at the Investigation Stage	22,632	<b>81%</b> of 28,000 Reports Accepted for Investigation

## **The Limitations of a Traditional Child Welfare Investigation**

Connecticut's reporting framework and investigation process as described in the sections above is representative of the traditional child welfare response to reports of abuse and neglect adopted by states across the country. It has its strengths and place as there will always be a need for a prompt investigative response when information reported indicates children are not safe. And, there is considerable national dissatisfaction with this one size fits all practice especially when additional options, alternatives or pathways for working with families are under utilized or non-existent. The dissatisfaction can be characterized as both stylistic (how families are approached) and fundamental (the indisputable correlation between a report and risk) in nature. For example:

### **Families Do Not Feel Engaged**

While there are hard earned exceptions, communities and families often perceive child welfare services in an adversarial, authoritarian way. The implicit or explicit threat of the removal of children is powerful and can be a significant barrier to engaging families. It is not surprising that family members are reluctant to fully disclose and engage with an agency that is charged with finding fault with one of its members, that may permanently place them on a list maintained by the State of those that have harmed children, and that will potentially stigmatize the family by contacting others that know the family in the community.

### **Families May Not Be Viewed As Part of the Solution**

It has been clearly demonstrated that families are more willing to respond and are more invested in the result when seen and approached as part of the solution. A fundamental requirement in determining whether assistance is needed and the type of assistance that would best help each family is information from family members about its own strengths, needs, successes, hopes for the future of partners and children and its commitment to the overall well-being of all family members.

### **Missed Opportunities for an Early Assessment and Intervention**

As indicated, the investigation of a report primarily focuses on child safety and fact finding related to an incident and an alleged perpetrator. Most cases where there is no substantiation are closed out and are not referred for ongoing DCF or other community services even when screening tools utilized during the investigation point to a service need. This practice misses the opportunity for an earlier and more comprehensive assessment of the family that considers the interactive effects of mental health, substance abuse, trauma, domestic violence, cognitive limitations as well as other core living and care-giving needs. Left unattended to, these family member and caretaker issues are impacting the care of and safety of children and are ultimately translating into repeat reports to the Hotline.

### **The Compelling Case Regarding *Frequently Encountered Families* and Risk**

The literature clearly demonstrates that the principal risk factor for future child maltreatment is actually coming to the attention of a child welfare agency (a report to the Hotline) and is unrelated to the presence or absence of a prior substantiation. Since substantiation is predicated on meeting the burden of proof to support the determination, many families having come to the attention of DCF and known to be in need of services have their cases closed out at the end of the investigation because there is no substantiation. Therefore the argument that closing a case where there is identified need with no alternative option or pathway available may increase the likelihood of future harm to a child.

Connecticut data as indicated in the table above further illustrates and reinforces this point. During the average calendar year, eighty percent (80%) of the reports, accepted by the Hotline for investigation, are previously encountered or frequently encountered families.

## **A DIFFERENTIAL RESPONSE MODEL: WHAT IS IT? AND WHAT IS DIFFERENT ABOUT IT?**

Differential Response is an approach to ensuring child safety by expanding the ability of child welfare agencies to respond to reports of abuse and neglect. It focuses on a broader set of available responses for working with families at the first signs of difficulty, including innovative partnerships with community based organizations, both traditional and non-traditional, that can help support families who are in need. Also called "dual track", "multiple track" or "alternative response", this approach appreciates the variation in the nature of reports and therefore the value of responding differentially.

Nationally, Differential Response approaches have not focused on cases *screened out*, or not accepted, for a child protection investigation; rather, they have focused on responding differently to accepted reports of child maltreatment. With Differential Response, social workers and community members work with families to engage them in solutions and to provide focused services, so that there is the best possible opportunity to make needed improvements. **Core principles of a Differential Response** approach or practice include:

- Children are safer and families are stronger when communities work together.
- Identifying family issues and stepping in early leads to better results than waiting until a family is experiencing real crisis.
- Families can more successfully resolve issues when they are viewed as part of the solution and where they voluntarily engage in problem solving and the identification of services and supports needed.

To date, approximately 30 jurisdictions have adopted a differential response approach. Minnesota's initiatives represent some of the earliest work in this area and can be traced back to 1995. Links to specific differential response internet sites are included below.

### **Connecticut's Differential Response Model**

In 2006, the Department of Children and Families began developing a Differential Response System service delivery model. Connecticut's DRS model is a strength based, family centered approach to partnering with family supports to protect children and enhance parental capacity. This approach is predicated on partnerships and collaboration between families, the Department, and community providers. Following a mandatory safety assessment and determination that children in the home are safe, the intervention shifts from being agency to family driven. The Department and family partner to identify strengths, needs, formal and informal supports. Community specific service linkage is offered to address the family's identified needs which can be accessed at the family's discretion. Further, DRS families would be given access to an array of the Department's resources historically exclusive to active CPS cases including clinical assessment services and flex funding.

The Department's active engagement of community stakeholders, including families, community providers, and inter-jurisdictional child welfare agencies, has informed all levels of program development thus far. Inclusivity and inter-agency transparency, fostering community partnerships and creating a culture of collaboration is the central vision of Connecticut's DRS model. This philosophy of transparency and collaboration is a critical component to facilitating the paradigm shift necessary for successful integration into Connecticut's child welfare infrastructure.