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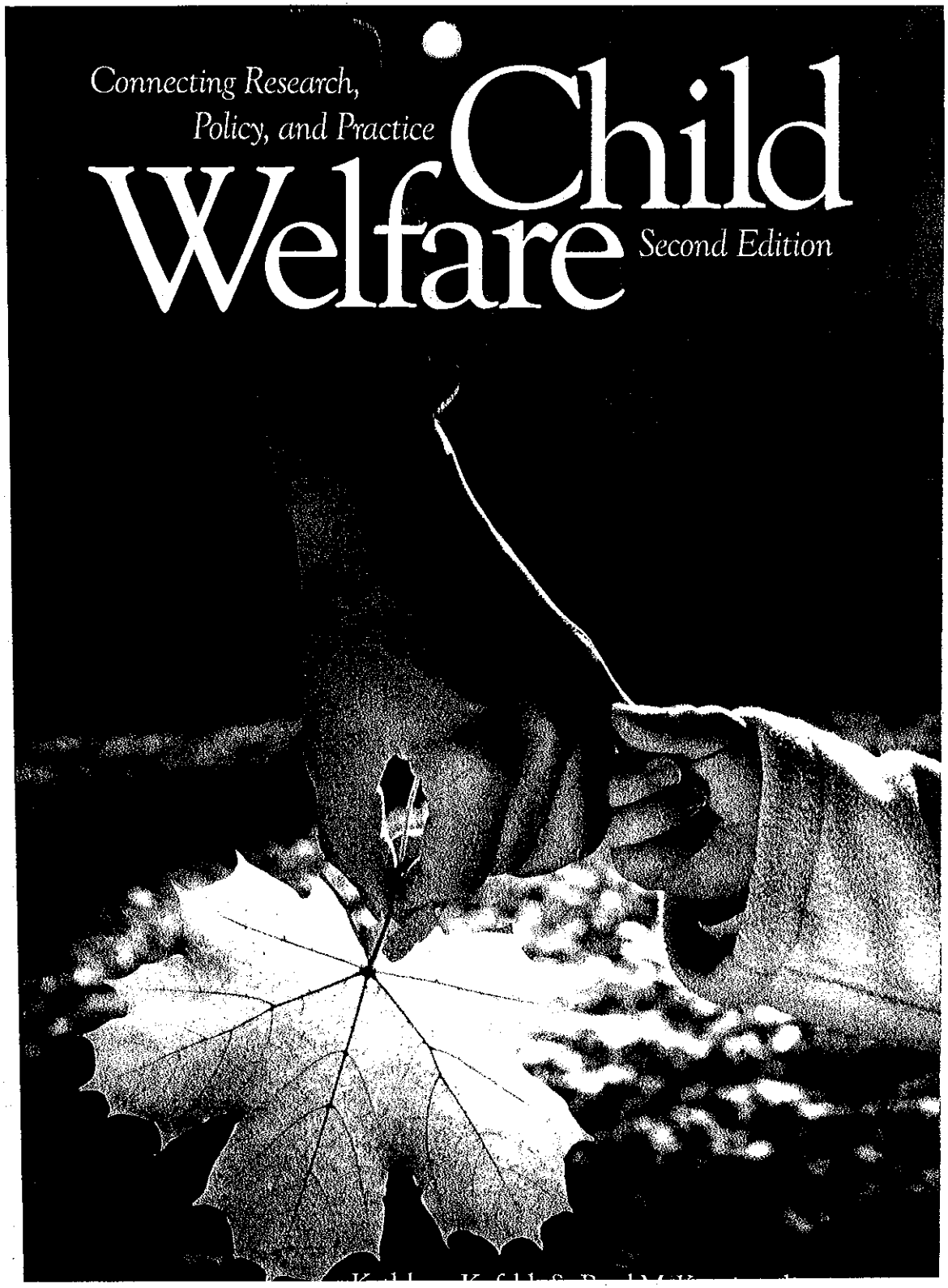

6

Differential Response in Child Welfare
A New Early Intervention Model?

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This chapter reviews the development of differential response systems in child welfare since the late 1990s, with particular attention to Australia, the United States, and Canada. It describes the nature and scope of differential response systems, reviews some of the findings from early efforts to evaluate results, and discusses implications for research, policy, and practice.

Over the past two decades child and family welfare systems in North America and other English-speaking countries have faced continuing challenges in responding to the needs of both children and families. Problems include significant growth in the number of referrals for child protection investigations, more children in care, related increases in costs, and growing concerns about the effectiveness of the current child protection model. With respect to increases in referrals for child maltreatment, in Australia both notifications of suspected child abuse and neglect and costs doubled between 1999 and 2005 (Australian Institute of Health and Welfare, 2005; Steering Committee for the Review of Commonwealth/State Service Provision, 2006). In Canada, the rate of investigated children increased by 78% between 1998 and 2003; excluding Quebec, the rate of substantiated maltreatment cases increased by 125% (Chapter 1). As indicated in Chapter 1, the rate of children in care increased by 58% over this five-year period. As to effectiveness, there are persistent concerns about the mixed outcomes for children in care, and whether or not children from families referred for services are being adequately protected from harm. For example, large numbers of children are referred for investigations, but only a minority receives ongoing services. Yet a significant number of children are re-referred

later. In the Australian state of Queensland in 2003–4, 15% of children where a finding of maltreatment was unsubstantiated and 25% of all children where maltreatment was substantiated were harmed again within 12 months (Australian Institute of Health and Welfare, 2006). Similar trends have been observed in the United States (Shusterman, Hollinshead, Fluke, & Yuan, 2005) and New Zealand (Waldegrave & Coy, 2005). In Canada, 52% of substantiated child maltreatment investigations in 2003 had been previously investigated (Chapter 1). Faced with increased referrals for service, and families with multiple, complex problems, child protection services have become more bureaucratic, standardized, and legalistic (Farrow, 1997).

These trends are consistent with some criticisms of the child protection system raised by Waldfogel (1998):

- *overinclusion* – some families are unnecessarily referred to child protection services;
- *capacity* – the number of families referred exceeds the system's capacity to respond appropriately;
  underinclusion – some families who should receive services do not;
- *service delivery* – some families are referred appropriately and receive services, but not necessarily the right types of services; and
- *service orientation* – the authoritative approach of child protection services is not appropriate for many families who are referred.

Defining Differential Response

Differential response (DR) systems, also labelled as "alternative response" (AR), allow for more than one service path or method of response to reports of child abuse and neglect (Child Welfare Information Gateway, 2008). Definitions and approaches vary significantly across jurisdictions, but two service pathways are normally established:

- an investigation track which assesses safety and risk to determine whether neglect or abuse is substantiated, and then whether placement and/or other types of intervention are required; and
- an assessment track or approach which focuses more deliberately on an assessment of family strengths and needs and the offer of voluntary family support services.

In general, the alternative response of assessment and family support services occurs in cases where risk is assessed as low or moderate. Although substantiation of child maltreatment may occur in some cases, the level of need is the primary criterion for opening a case. Normally, an AR response is not used when more serious allegations of maltreatment, such as sexual abuse or serious harm, are received (Child Welfare Information Gateway, 2008). Although it is more common for child welfare agencies to remain involved with AR cases, in some U.S. jurisdictions these services are provided solely by community agencies.

The intervention hypothesis in differential response is that both families who require investigation services and families who need more voluntary support-oriented services will benefit. Families not requiring investigation services will be referred quickly to an AR stream where more appropriate services may prevent repeated referrals, and investigation services will be more clearly targeted where necessary with related benefits for the children. DR services also encourage more collaborative engagements with other community service providers, particularly where families require support services that cannot be directly provided by the child welfare agency.

There is an argument that differential response is not really "new," and that it simply reflects good child welfare practice which incorporates interventions based on family-centred practice, increased use of community-based resources, and an earlier form of intervention for some families. This observation has some validity, and there are a number of examples in Canada of community-based early intervention responses (e.g., resource centres, prevention workers) that date back to the 1980s. However, these service initiatives tended to be agency-specific rather than system-wide reforms. The value of DR is its clearly defined alternative response track, including relevant assessment tools, service protocols, and staff with appropriate skills and training. The effort to incorporate this type of response as a broad reach program in child welfare also sets it apart from the more selective provision of voluntary, family-based services normally provided after an investigation has occurred.

Differential response systems are more developed in Australia and the United States (U.S.) than in Canada. In Australia, several states have initiated some form of alternative response to the one-size-fits-all investigation approach. DR systems in the U.S. were first developed in Florida and Missouri, and more than two dozen states have now implemented some form of differential response system (Child Welfare Information Gateway, 2008). A form of differential response has also been developed in New Zealand. In Canada, DR systems have been established or are in the process of being developed in several provinces, including Ontario, Alberta, Quebec, Manitoba, and British Columbia.

There are similarities between differential response and traditional child protection services. For example, both focus on the safety and well-being of

the child, promote permanency within the family wherever possible, and recognize the authority of the agency to make decisions about placement in out-of-home care when necessary. Differences include a clearly identified service track with less adversarial assessment responses, an increased focus on providing services to fit families' strengths, needs, and resources, greater emphasis on engaging parents and other family members in service planning and providing support, the offer of voluntary services, and the more extensive use of community resources in partnership with agency services (Child Welfare Information Gateway, 2008).

Implementing Differential Response

Implementation Processes

Assessing the most appropriate service track requires clearly identified procedures and standards as well as necessary tools for assessments. Assessment protocols include a safety assessment tool designed to assess immediate safety concerns at the intake stage, a short form actuarial risk assessment instrument, and a family needs and strengths assessment tool. A variety of child-outcome measures and supplementary tools (e.g., assessment for domestic violence issues) may also be used. The Structured Decision Making (SDM) model developed by the Children's Research Center (CRC, 2008) in Madison, Wisconsin, which incorporates specific safety, risk, and family assessment tools, is used in jurisdictions in Australia, the U.S. and Canada (e.g., Ontario and Manitoba). Typically, the appropriate service track is determined at the intake stage, although there are options to refer cases to different tracks later in the process. A formal finding of maltreatment is not required to trigger services from the assessment response (AR) track. In many jurisdictions, an assessment of future risk of maltreatment occurs for referrals to both tracks; however, the use of a formal risk assessment tool for AR referrals is not universal.

Initially DR systems reflected only two tracks; however, multiple tracks have evolved in some jurisdictions. For example, some states in the U.S. include a prevention track for cases with no clear allegation of abuse or neglect, but where identified risk factors suggest a need for service (Child Welfare Information Gateway, 2008), and a domestic violence service response system has been developed in Olmsted County, Minnesota (Sawyer & Lohrbach, 2005b). The enhancement of family and kinship involvement is a common focus in the AR service stream.

Relationships with community agencies, including service contracts, case management conferences, and referrals are a feature of traditional child protection activities. However, in DR, relationships with community agencies are expanded to include an increased emphasis on partnerships, more emphasis on communication, and a shared responsibility to ensure that community-based agencies have the necessary resources to provide enhanced family support services that cannot be provided by the child welfare agency on its own.

Staff training is critical. Most DR systems utilize different staff for each service track to facilitate the development of specialized skills for the respective functions within these service pathways. However, the overall service model in both tracks often emphasizes a family-centred approach to practice; thus training for both staff and supervisors is regarded as a key element for successful implementation (Sawyer, personal communication; Schene, 2001a).

DR systems include a special emphasis on evaluation and accountability (Schene, 2001a). Evaluation of different pilot models prior to a decision to revise and roll out a full-scale model has enabled important adjustments in service delivery. In addition, evaluation is important to monitor outcomes, especially whether child safety is affected by the use of a differential response system.

A Differential Response Model

One example of a differential response model is that developed in Olmsted County in Minnesota (Sawyer & Lohrbach, 2005a). All reports detailing community concerns about children are screened by experienced social workers, and if the presenting information meets a statutory threshold for intervention, the report is referred to a review, evaluate, and direct (RED) team, composed of representatives from service teams in the agency, for disposition. This team meets each morning to review and assign cases, and team membership rotates every six months. The screening process includes an assessment for child safety, and if child safety is a concern, an actuarial risk assessment will be completed. Later on, an assessment of family needs and strengths will be completed. An evaluation form for assessing child outcomes following service provision is also utilized. Reports of serious harm or imminent danger require an immediate response, but are then brought to the RED team for review. Concerns not accepted for assessment may be referred to community-based services. The RED team will determine whether agency intervention of some kind is required, and if so, assign the case to one of two pathways: the traditional investigation stream or the alternative response (AR) or assessment stream. Each year approximately 38% of accepted reports are assigned to the investigation stream and 62% are assigned to the AR stream.

A specific response stream has also been developed for cases where there is a presenting report of child exposure to domestic violence, and cases may be referred to this stream from either the traditional investigation or the AR stream. A tool for assessing family violence issues is used in helping to determine service-related responses in this stream.

Service teams in the agency are organized by function (e.g., intake, traditional child protection, alternative response, domestic violence). If the case is assigned to a family assessment worker, that worker will continue to provide service until termination. In the investigation stream, initial assessment and short-term service is provided by an intake worker, and if ongoing service is required, the case will be transferred to a worker in the child protection stream.

The agency's special emphasis on a service model designed to enhance family involvement and attention to staff training were identified by Sawyer (personal communication) as key elements in the success of the Olmsted County model. The focus on family-centred practice in the agency has not been restricted to the AR service stream in that significant efforts have been made to engage parents and kinship networks in cases referred to the investigation stream. The agency-wide use of a family-focused model of practice was associated with a decline in the number of children admitted to care and improved satisfaction with agency services by both family members and other community service providers. In this agency, the number of children served over a 12-year period of time tripled, and the number of children taken into care and the number of families contesting agency decisions concerning their children were reduced by 50%.

Sawyer and Lohrbach (2005b) also provide a summary of the work of the domestic violence response team, which includes staff from the child welfare agency and a local family service agency. The domestic violence service model is based on partnership not only between these two agencies, but also with other key stakeholders, including law enforcement and women's advocacy organizations. By sharing responsibility, the safety concerns of both child and adult victims (most often the mother) are addressed. In 2003 this team worked with 260 children exposed to intimate partner abuse, and only nine children were placed outside of the family home. Eight of these children were placed in care voluntarily, with no court involvement, and all of these children were reunited with family members after short periods of time in care. The remaining young person was placed in another resource due to young offender issues.

Results from Early Research on Differential Response

Early research on differential response systems has been primarily limited to descriptive studies, although some data has been compared across service pathways and with baseline information to permit some tentative observations about effects. One of the most comprehensive evaluations was completed in Minnesota, where multiple methods were employed, including analysis of cost data and an experimental design where outcomes for families assigned to the investigation and alternative response streams were reported over a follow-up time period (Loman & Siegel, 2004a).

Descriptive information on differential response systems in the U.S. is available from the *National Study of Child Protective Services Systems and Reform Efforts*, which included a nationally representative sample of 300 county child protective agencies (U.S. Department of Health and Human Services, 2003). Based on 2002 data, 64% of these agencies employed some form of AR practices, in addition to a traditional investigation response. Using this data set, Shusterman et al. (2005) completed a study of almost 14,000 reported children from six states where both alternative response and traditional investigation services were provided. There was significant variation among states in the proportion of reported children referred for alternative response services (between 20% and 71%). Cases involving sexual abuse, particularly to younger children, were not normally referred for AR. Reports involving older children were more likely to receive an alternative response, and cases involving prior victimization were more likely to be referred for an investigation response. Reports from non-professionals and school sources were more likely to be referred to the AR stream than reports from social workers, medical personnel, legal services, or criminal justice services. In-home services were provided more often to families in the AR stream. Over a six-month follow-up period, the rate of re-reporting did not vary significantly for families assigned to either response stream.

Child Safety and Rates of Re-Reporting

Child safety has been a focus of research, and this is generally assessed by comparing the rates of referrals for neglect or abuse during the early stage of service, in that a higher rate of referrals from AR families might indicate that child safety concerns were not being adequately considered at case assignment. In early research on the AR system in the state of Washington, English, Wingard, Marshall, Orme, and Orme (2000) found that the rates of re-referrals were similar for families who did and did not engage with AR services offered by the agency, and were highest for families where domestic violence was present.

Although it was concluded that child safety was not jeopardized in this AR system, the risk level and severity of some referrals to AR were inappropriately high.

Ortez, Shusterman, and Fluke (2008) conducted an analysis of children referred for neglect in the 2004 and 2005 data set of the *National Child Abuse and Neglect Data System* (NCANDS) because neglect cases are more likely to be re-reported. Based on their assessment of risk factors and the rates of reporting, it was concluded that children in the AR stream were kept as safe as children receiving traditional investigations. Although re-reporting rates were not significantly different between streams, these authors note that re-reporting in the AR stream may have a different meaning than those in the investigation track in that more of these referrals may have been voluntary, and more likely to reflect the willingness of families to re-engage with services in the face of new or recurring needs.

Other research has drawn similar conclusions about child safety, and single state studies have found that when compared with children in the investigation track, children in the AR track were somewhat less likely to experience a subsequent report (Shusterman et al., 2005; Virginia Department of Social Services, 2008).

In Western Australia, a differential response model with three pathways to service was established in 1995. In addition to investigation and assessment tracks, a third classification of *Child Concern Report* was introduced for referrals where there was no indication of maltreatment but concerns about a child's well-being that required further assessment. If further assessment identified a need for services, these were offered on a voluntary basis. Results reported by Parton and Mathews (2001) suggested that the new model reduced the number of child maltreatment allegations and improved services to those at higher risk.

It may be argued that lower re-referral rates among AR families is partly explained by the fact that most children in the alternative response track have already been identified as lower risk. However, there is some evidence that families with substantiated and unsubstantiated allegations of maltreatment experience similar rates of recurrence and contact with the child welfare system (Drake, Jonson-Reid, Way, & Chung, 2003; Wolock, Sherman, Feldman, & Metzger, 2001), and that if the same services were provided to families assigned to the investigation and alternative service tracks, this same pattern would hold. Support for differences in re-reporting rates as a result of AR services comes from the experimental study conducted in Minnesota, where families were randomly assigned to investigation and assessment tracks, and the assessment track cases

were still less likely to be reported (27% vs. 30%). In addition, child safety factors, as rated by workers, improved more for assessment track families (Loman & Siegel, 2005).

Family Engagement and Satisfaction

In a review of very early findings in Canada, Crain and Tonmyr (2007) reported an increase in services for families in the Outaouais region of Quebec under DR, increased use of community resources and lower use of child protection services following receipt of family enhancement services in Alberta, and some indications from families that they were treated better in a DR response system.

In the Minnesota study, families in the AR stream were seen more often (e.g., average number of meetings with assessment and investigated families were 5.4 and 2.9, respectively) (Loman & Siegel, 2005). In addition, 54% of families in the assessment track received services other than case management compared to 36% of families in the investigation track (Loman & Siegel, 2004a). The number of services received by families and the type of support services provided to families related to basic financial needs were greater in the assessment track; as well, counselling and therapeutic services were offered more frequently to these families. Similar findings were also reported in Missouri (Loman & Siegel, 2004b) and Virginia (Virginia Department of Social Services, 2008).

Families have reported satisfaction with differential response in several states (Child Welfare Information Gateway, 2008), and this was true for families in Minnesota. For example, 48% of AR families said they received the kind of service they needed compared to 33% of investigation track families one year after case closure. As well, 44% of AR track families said they received enough services to really help them compared to 27% of investigation track families. AR families were also more likely to report being treated fairly by workers, feeling connected to other community resources, and feeling hopeful and encouraged (Loman & Siegel, 2005).

Research indicates that AR families felt more involved in decision-making (Child Welfare Information Gateway, 2008); for example, in Minnesota 68% of families in the assessment track said they were involved "a great deal" in decisions about their families and children, and this was the case for only 45% of investigated families (Loman & Siegel, 2005). Family engagement is a key to success in family-centred practice, and in the Minnesota study workers rated the primary caregiver as unco-operative in less than 2% of assessment families compared to 44% of investigated families.

Placement Rates and Costs

The impact of services on placement rates in a DR system is difficult to determine because service models and evaluation methods vary significantly across jurisdictions. As earlier noted, Olmsted County reported a significant reduction in placement rates (Sawyer & Lohrbach, 2005a), and in the multiple agency experiential study conducted by Loman and Siegel (2004a) in Minnesota, follow-up placement rates were lower for children from the AR stream. What is important here is that the reduction in reoccurrence of maltreatment and placement rates was attributed to the new approach (Loman & Siegel, 2005). In Missouri, however, cases referred to the assessment track were slightly more likely to be placed during a five-year follow-up period (28% vs. 25%) (Loman & Siegel, 2004b). Further analysis in the Missouri study revealed that families more likely to experience out-of-home placements were those with no prior history of placement, and whose families were composed only of teenage children at the time of the original report.

Follow-up referrals for investigation and placement rates have cost implications, and a cost effectiveness study was included in the Minnesota study (Loman & Siegel, 2005). Consistent with findings related to increased services, costs were higher in the early period of providing alternative response services. However, in the follow-up period after service contact had ended, costs were much less for the experimental group (AR families) because these families had fewer re-reports during this time period and fewer children placed in care. Although the average overall costs for families in the experimental group were lower than the control group over the two time periods, a longer term follow-up study of costs was recommended.

Service Capacity

Staff have reported satisfaction with the service model in differential response in Minnesota (Loman & Siegel, 2005), Missouri (Loman & Siegel, 2004b), and North Carolina (Center for Child and Family Policy, 2006). At the same time, large caseloads can be an obstacle to effectiveness. In the evaluation of Missouri's program, it was concluded that the impact of differential response was mitigated by large caseloads and limited resources. Similar findings were reported in North Carolina, where it was recommended that caseloads be reduced or a team service model be adopted.

Ambivalent findings related to community engagement are also reported. In the Minnesota study, Loman and Siegel (2005) found greater use of community resources in a DR system, and this finding was replicated in Missouri (2004b). However, in another study conducted in Washington (Washington State Department of Social and Health Services, 2005), community agencies were not always able to make contact with families, or see them within the time frames anticipated by the child protection agency. These findings underscore the issue of agency and community capacity. If a key underlying problem is the number of child maltreatment allegations being referred, there must be enough capacity within the agency (e.g., staff, manageable caseloads, and skills) to provide both child protection services to those children at risk and family support services to the children and families in need. In addition, community service providers who are expected to work in partnership with the child welfare agency in this new enhanced service model must have enough resources to play their part. In the absence of these resources, the restructuring of services under DR may not achieve intended results.

Although many of the effects reported from differential response have been positive, many differences, including those in the Minnesota study, have been modest in size. As well, the Minnesota study found no significant differences in ratings of child well-being or parent–child relationships between the two groups one year after case closure (Loman & Siegel, 2005).

Discussion and Implications

Research on differential response systems, conducted primarily in the U.S., suggests changes are not revolutionary. However, evaluations have demonstrated that there are positive outcomes from intervening with families in a less adversarial way without any adverse effects on child safety. Benefits associated with this shift to a more family-friendly approach include more co-operative working relationships with families, an increase in the number of families served, a broader range of services based on the needs of families, and some evidence that future referrals for maltreatment and/or out-of-home placement may be reduced.

To what extent these results can be generalized to other jurisdictions, including Canada, is yet to be determined. Nevertheless, there are some lessons emerging from research findings that need to be considered. They include:

- the need for clear procedures and tools for assessing child safety, risk, and the underlying needs and conditions that affect the well-being of children and families;
- well-designed training for staff, supervisors, and administrators on how to engage with families and kinship networks in ways that focus on needs and strengths;

- the need for adequate resources within the agency, including reasonable workloads for staff, and access to appropriate community resources; and
- evaluation procedures to help guide service modifications, and assess child and family outcomes.

The importance of training is illustrated by the inconsistencies in screening, notably between sites, and the variations between the rates of families referred to the alternative response stream. For example, in Minnesota, referrals to the assessment track varied from 27% to 61% across 20 demonstration sites (Loman & Siegel, 2005). Given the generally positive effects of AR across all sites, these differences may indicate that many families are being unnecessarily restricted from accessing AR services.

The need for adequate infrastructure to support DR services cannot be underestimated, as several findings suggest that the full benefits of DR were not being realized because of the pressure of large caseloads (Child Welfare Information Gateway, 2008). How infrastructure needs, such as reasonable staff caseloads and other needed resources, are to be addressed, particularly as demonstration projects are rolled out across the system, is a significant challenge.

One of the more important aspects of DR is the increased focus on family engagement or involvement, and this is illustrated in practice examples from the Olmsted County experience (Lohrbach et al., 2005). A key element in this transition is a practice model which builds trust and a commitment to engagement among families. However, the family-focused approach to practice developed by this agency has not been limited to the AR stream. Family involvement strategies, including the use of family group conferences, case planning conferences, and rapid response case planning (i.e., engagement of key stakeholders, including relevant family members at the point of a crisis), are used across all agency programs in an attempt to capture the wisdom of parents and kinship networks in decision-making and intervention (Christenson, Curran, DeCook, Maloney, & Merkel-Holguin, 2008). Added value comes from the infusion of this way of working in all agency services, including the investigation track in DR systems. Although the goals and specific applications of family involvement strategies may vary based on the service pathway and characteristics of the case, the shift from a more professionally driven service model to family-centred processes can make a significant difference to the way child welfare services are perceived by families.

The title of this chapter invites consideration of the extent to which differential response models address early intervention and prevention goals in child and family welfare. The answer is not straightforward. Based on findings from Minnesota, Loman and Siegel (2005) conclude that the alternative response

system did shift services in the direction of secondary and tertiary prevention in some modest ways: the number of families receiving assistance increased, there was increased attention to low-risk families, and family support services directed toward basic, financially-related needs increased. The focus on the provision of basic needs, including attention to financial needs, was important to families, and the amounts spent on these services were not insignificant. At the same time, child welfare agencies are not primarily income support agencies, and do not have the capacity to fully address these needs. Enhanced resources for early intervention and prevention programs are required to enable a more comprehensive response to the needs of families and children.

Increased engagement with community-based agencies can enhance early intervention goals, and this is encouraged in DR. However, the needs of families that may be screened out, even under a DR system, as well as additional outreach to families who may be in need of services but have not yet been referred, will not be adequately addressed without increased attention to these partnerships. For example, approximately 60% of referrals in Minnesota were screened out in 2006 (the national U.S. rate was 38% in 2005) (Thompson, Siegel, & Loman, 2008, p. 23). In an effort to respond to the needs of these families, a parent support program was initiated in 2005, and several pilot project sites initially targeted families with at least one child less than five years old (the age criterion has now been changed to 10 years). A wide range of services have been provided under the program, including funded services from the program designed to support families and referrals to other community service providers. All services are voluntary, but a needs and strengths assessment is completed prior to service provision. Based on feedback from families, 88% received some type of funded services and 72% received referrals to various community resources. In addition, 50% of the families reported receiving some type of assistance directly from social workers, and 47% said they had become aware of resources in their communities that they had not known about before (Thompson et al., 2008).

Research data from families referred to investigation and assessment tracks in differential response systems indicate that family needs and profiles are quite similar across all groups, even if there is variation in immediate safety concerns and risk levels. This underscores the importance of early intervention and prevention programs, but also raises questions about how such services should be delivered and by whom. One approach is to integrate needs- and strengths-based assessment processes with family-centred practices across both investigation and AR service tracks, and to respond in a more comprehensive fashion to all families. To some extent this response was illustrated by the service model

in Olmsted County. Yuan (2005) outlines another approach in which the primary focus of maltreatment investigations is restricted to cases involving past or likely harm to the child, with all other cases routed to the needs-focused assessment track. This approach effectively narrows the definition of maltreatment in a way that seems to contrast sharply with recent trends which have broadened the concept of maltreatment (e.g., emotional maltreatment and exposure to incidents of domestic violence) in ways that have contributed to net-widening effects on referrals for investigation.

Three other issues that may affect policy and practice in DR require further study. First is the assumption that the assignment to specific service streams can be made at the intake stage (Yuan, 2005). Factors that influence assignment, such as whether all intake workers have the required skills or training, or whether there is adequate information to make a decision at this stage, require closer examination.

Second are the relatively modest differences between investigation and assessment track families in many DR programs in the U.S. Based on these data, outcomes and family satisfaction with assessment track services are better, yet there is still a significant proportion of families in both service tracks who are dissatisfied with services or did not receive the help they wanted. Although child safety must remain a primary objective under either response, it is important to assess whether service responses provided by child welfare agencies can be enhanced for these families, or whether these unmet needs reflect responses that must come from other government or community service providers.

Third is the question of the disproportionality (i.e., overrepresentation) of children in care. In the U.S. there is a disproportionate number of African-American children in care; in Canada, New Zealand, and Australia there are disproportionate numbers of Indigenous children in care (Chapter 20). There are a number of possible explanations for this pattern, but Richardson (2008) suggests that differential response could help to address some of the service gaps, including immediate financial needs that contribute to these differences. This potential has not yet been fully explored, but more attention to enhanced financial supports and other types of direct services where neglect is a precipitating cause of maltreatment might make a difference. In addition, disadvantaged communities and neighbourhoods often lack adequate community support services for families, and improved access to these types of resources may also help.

Differential response is not a replacement for other types of early intervention and prevention programs that must be available for children and families, but it has the potential to shift the focus of practice to a more family-centred

approach and provide more services to an increased number of families. As differential response systems are in a relatively early stage of development in Canada, research and evaluation efforts should initially focus on implementation issues, including a number of the policy and practice concerns raised in this chapter. In addition, outcomes must be carefully considered in helping to determine whether the new approach makes a difference to the well-being of children and families.