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Signed Consent Form
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Abstract

This report analyzes differential response as a state policy solution to address the intersection of poverty and neglect though a literature review, a review of qualitative and quantitative data, and interviews with key stakeholders. Differential response provides an alternative system to the typical investigation-focused child protective services system. It provides preventative mechanisms to alleviate broader environmental risk factors that could potentially lead to child neglect. The policy and practices of the states Minnesota, Tennessee, and Pennsylvania, are in different stages of implementing the differential response system and provide a foundation for a comparative analysis. The findings function to provide recommendations that can be generalized to other states considering utilizing differential response. Differential response system has the potential to positively impact impoverished children and families and to prevent cases of child neglect if the following conditions are followed: child safety remains the priority; acknowledge the role of poverty; be aware of stakeholders’ opinions; use existing differential response systems as models; balance consistency and flexibility in family plans; focus on extensive caseworker training; establish strong a community network of service providers; maintain caseworker satisfaction to improve system quality; empower families; ensure evaluation is ongoing and begins immediately upon implementation.
Executive Summary

Families and children living in poverty have a greater risk of experiencing child maltreatment. Research shows a disproportional number of child neglect cases among children and families living in poverty.

Child neglect is the most prevalent form of child maltreatment, accounting for more than half of maltreatment cases. Differential response, intended to be a preventative mechanism, provides an alternative system for less severe reports of child neglect that do not require formal investigation. This system provides children and families with direct services, which can alleviate stressors due to environmental factors affected by poverty.

This report analyzes differential response as a state policy solution to address the intersection of poverty and neglect though a literature review, a review of qualitative and quantitative data, and interviews. The policy and practices of Minnesota, Tennessee, and Pennsylvania are in different stages of implementing differential response, and provide a foundation for a comparative analysis. The findings function to provide recommendations that can be generalized to other states considering utilizing differential response.

Differential response has the potential to positively impact impoverished children and families and to prevent cases of child neglect. The degree of this impact is contingent on the following recommendations for states implementing differential response systems:

1) Ensure child safety
2) Acknowledge the role of poverty
3) Be aware of stakeholders’ opinions
4) Use existing differential response systems as models
5) Balance consistency and flexibility throughout the system
6) Focus on extensive caseworker training
7) Establish strong a community network of service providers
8) Maintain caseworker satisfaction to improve system quality
9) Empower families
10) Ensure evaluation is ongoing and begins immediately upon implementation
Methodology

The methodology used to create this report utilized both quantitative and qualitative data collection. The process began with a literature review of relevant research regarding poverty, neglect, and the intersection between the two phenomena, as well as other information regarding the child welfare system. Significant federal court decisions were also reviewed in order to provide an understanding of the legal context within which the child welfare system operates. Available data was gathered regarding the numbers of children experiencing poverty and neglect.

After conducting this initial research, each of the authors traveled to one of the three states in order to interview stakeholders involved with differential response systems. Additional interviews were conducted by phone. Twenty-five people in Minnesota were interviewed in person, by phone, or by email. Interviews in Minnesota included nine child protective services county supervisors, three Minnesota Division of Child Safety and Permanency staff members, three service provider supervisors, three Family Assessment Response caseworkers, two Parent Support Outreach Program (PSOP) caseworkers, one Minnesota Division of Economic Stability director, one Minnesota Division of Economic Stability supervisor, one child protective services county director, one service provider case manager, and one parent. Interviews in Tennessee included two caseworkers, two Department of Children’s Services staff members, one legislative advocate, and one child protection advocate. Sources in Pennsylvania included caseworkers, one administrator, two directors in Allegheny County child welfare system, three child advocates and one legislative advocate. Information from interviews was recorded in written notes, and used to create state profiles of Minnesota, Tennessee, and Pennsylvania.

Finally, a policy analysis of each state was performed by identifying the strengths and weaknesses related to each state policy. From this information, we suggest findings that can be generalized for recommendations, which may be useful for other states looking to create or improve a differential response policy to address the intersection between poverty and neglect.
Section I.

National Overview
Introduction

Families in poverty have an increased need for social welfare support and services in order to provide adequate care for their children.¹ If families are unable to provide adequate care, they may be accused of neglect. Research shows children in families who receive public aid are over-represented in child welfare systems, and “establishes a strong connection between family income and involvement with the child welfare system.”²

This research and policy analysis will examine innovative policies and practices with the potential to provide preventative services to children and families in need and make recommendations to states’ child welfare systems. This research will specifically focus on differential response and poverty exemptions because of their potential for direct positive impact on families with the greatest need for services. Differential response provides an alternative system to the typical investigation-focused child protective services system. It provides preventative mechanisms to alleviate broader environmental risk factors that could potentially lead to child neglect. A poverty

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exemption refers to a specific statute in legislation stating inadequate childcare "in spite of availability" or due to “environmental factors” related to poverty does not qualify as neglect. 3

Differential response and poverty exemptions have the potential to address the intersection between poverty and neglect. 4 This report will examine the national context in which these function, analyze three states implementing these practices, and provide recommendations for states seeking to address the relationship between poverty and neglect.

Policy history

In the United States, child protective services (CPS) are primarily funded by federal dollars, supplemented by states and localities. 5 For this reason, shifting federal legislation over the past 30 years has greatly influenced state practices and therefore the lives of families. The passing of the Adoption and Safe Families Act (ASFA) in 1997 has largely shaped practices in the past decade, as it states the child’s health and safety must be the “paramount concern” of states, rather than the

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4 Official federal poverty thresholds are annually defined by the United States Census Bureau. The 2006 poverty threshold for a four person family is $20,444. See <http://www.census.gov/hhes/www/poverty/threshld/thresh05.html>; The Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.” See <http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta03/sec_l_111.htm>.
preservation of the original family. By earmarking more money for foster care and adoption, ASFA encourages termination of parental rights instead of focusing on prevention.

The intentions of the Adoption and Child Welfare Act of 1980 (ACWA) and the Family Preservation and Support Program of 1993 (FPSP) were diluted by ASFA. Through ACWA, the federal government sought to balance the family investigation and court involvement focuses of the Child Abuse Prevention and Treatment Act of 1974 (CAPTA). Federal funding through ACWA required states to provide preventative services for families at-risk for child abuse and neglect while making “reasonable efforts” to reunite families. The 1993 adoption of FPSP supplemented ACWA by providing matching funds for efforts combining permanency and preservation efforts. Legislation is particularly important as it determines the funding that guides practice within the child welfare system.

**Parental & Children Rights**

The Supreme Court cases *Meyer v. Nebraska* and *Stanley v. Illinois* establish parenting as a protected liberty while *Stanley, Santosky v. Kramer* and *Lassiter v. Department of Social Services* confirm parental interest in raising children. The child’s interest in being cared for by biological parents is established by the Supreme Court cases *Santosky v. Kramer* and *Parham v. J.R.* Further, the Supreme Court case *M.L.B. v. S.L.J* identifies parenting as a unique right that should not be subject to interference. The government’s interest in prevention and elimination of child neglect is established in the Supreme Court decision *Reno v. ACLU.* Despite the status of parenting as a liberty, the implementation of CAPTA and ASFA in addition to misapplication of the 14th

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8 Erickson 81.
9 Appell 121.
10 Bullock 1029.
11 Appell 105.
12 Bullock 1029.
Amendment’s Due Process Clause have caused an emphasis on children’s rights resulting in increased termination of parental rights.¹³

The rights of parents and the role of CPS to protect children may conflict. Supreme Court case *DeShaney v. Winnebago* addresses the role of social services and illustrates the definition of neglect directly influences the actions of the caseworkers. Despite past substantiated reports of neglect and abuse, and a final life-threatening and life-traumatizing abusive incident by the father, the Supreme Court ruled the Department of Social Services was not liable because of their compliance with the state regulations and definitions of maltreatment. In this way, legislation and legal definitions have a direct impact on the safety of children. Measures beyond formal definitions, such as prevention, are essential for ensuring child safety.

Termination of parental rights requires “clear and convincing evidence” of child neglect, as established in *Santosky*.¹⁴ This evidence is often easily established against accused parents, particularly those in poverty, since CAPTA only provides states with basic neglect guidelines. The result is broad and variable state definitions of neglect that often emphasize the parent’s ability to purchase material items for their children.¹⁵

Child welfare agencies use funding from CAPTA to investigate reports of child neglect. Substantiated cases are brought to court to determine if the child should be temporarily removed from their home. This initial trial stage, the adjudication hearing, often only requires a lower standard of evidence, known as a fair preponderance of evidence, which may result in separation of parent and child for months or years.¹⁶ This initial finding can lead to termination of parental rights as the parent must make changes within a year or lose his or her child.

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¹³ Bullock 1027.
¹⁴ Bullock 1031.
¹⁵ Bullock 1033.
¹⁶ Bullock 1033-1034.
*Lassiter* does not guarantee legal representation for parents involved in child maltreatment cases.\(^{17}\) With the extremely high cost of legal representation, low-income parents are disadvantaged since no federal mandate or incentive requires states to provide counsel.\(^{18}\) When parents are provided with counsel, it is frequently inadequate, as child neglect cases are often only given five minutes of court time.\(^{19}\) State child welfare systems receive CAPTA funding if legal counsel is provided for children involved in maltreatment cases.\(^{20}\) This federal funding imbalance greatly affects parents who cannot afford counsel by them at a severe disadvantage when state or county policy does not provide representation for all maltreatment cases. State recognition of the power struggles and deficiencies present within the child welfare legal system must stimulate policy creation where the legal system is a last resort, but addressing family problems is a first priority.\(^{21}\)

**Definitions and Laws of Child Neglect**

The federal definition of neglect, established by CAPTA, provides a minimum for state definitions of child abuse and neglect. States independently draft their child maltreatment statutes, construct a working definition of neglect, and implement their policy and practices to best serve their population. Consequently, the general laws, policy, and practices differ between states. These differences lead to debates regarding which definition, and resulting practices, is most effective. Similarly, it is informative to explore how state practices differ because of these definitions:

\(^{17}\) Bullock 1038; Huntington 645.  
\(^{18}\) Bullock 1037.  
\(^{19}\) Huntington 659.  
\(^{20}\) Huntington 648.  
\(^{21}\) Huntington 672.
• Are disadvantaged families subjected to unfair standards of child safety they are simply unable to meet, given their financial circumstances?

• Are state definitions of neglect so broad they encompass risks that occur virtually by default to children raised in poverty?

• Are the definitions so narrow that a child remains in a potentially harmful environment without qualifying for needed services?

• Does the variation between state definitions prevent comparison between state statistics on child neglect?

Child Welfare Framework

The Adoption and Safe Families Act (ASFA) shifted the intent of child welfare policy by refocusing the efforts on child safety rather than family preservation. States must make “reasonable efforts” to preserve and reunify families while ensuring the child is provided with a safe and healthy environment. Though ASFA allows some flexibility for state policy and practice to act in the best interest of the child, the majority of states have focused resources on the formal investigation of maltreatment, rather than on differential response approaches that might prevent child neglect.

Acting in the best interest of the child should always be the top priority, but this is difficult when child welfare workers do not have the necessary time and resources to handle each case to their full capabilities. Heavy caseloads and lack of resources may result in caseworkers closing cases
or providing less than adequate investigation. In order to manage all referred cases sufficiently, including those substantiated and those that do not easily fall within the legal definition, many systems rely on the work of private agencies.

Across the United States, public and private agencies, non-profit advocacy organizations, direct service providers, and numerous other organizations operate with the mission of providing services to children and families in need. From in-home visiting to food stamps, the range of services offered and the degree to which programs impact families varies greatly across the population. When families in low socioeconomic situations do not receive support services, the economic challenges they face can lead to harmful environments for children, and potentially cases of child maltreatment. Under this premise, there has been a shift towards preventative programs in the child welfare system rather than focusing only on rehabilitative treatment. The overarching mission of the innovative policy, generally termed differential response but also known as dual-track or alternative response, is to provide additional services and resources to families in order to create safe and healthy environments for children before they are at risk of harm. Programs are successful when they are able to identify families in need before severe intervention is required by the state.

Figure 4. U.S. CHILDREN MORE LIKELY TO BE POOR THAN ADULTS, 2005

![Bar chart showing population in poverty and children in poverty across different states.]

Source: The Annie E. Casey Foundation, KIDS COUNT

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Differential Response Systems

According to a 2004 report by the Department of Health and Human Services, child protection services (CPS) across the United States collectively field approximately 60,000 referrals of child abuse and neglect each week.\textsuperscript{24} The degree to which individual state departments are able to adequately respond to these calls depends on the state’s own resources and workload capacities. State departments are overwhelmed by the services required by children and families. As a response to this growing need, some state departments have collaborated with private organizations to create a differential response system as an alternative approach for lower risk cases. A case is directed to this differential response system when there is not an immediate risk to the child. The system allows families to receive needed services without formally entering the child welfare system or having a case of substantiated neglect. Currently 15 states are implementing forms of differential response.\textsuperscript{25}

A move towards a preventative approach calls for a working and communicative relationship between children and their families and CPS caseworkers. Differential response creates a shift in the power paradigm from working against families to working with them. As a voluntary system, it encourages collaboration between caseworkers and the family, in order to best meet the family’s needs.

Funding/Benefit-Analysis

Programs providing preventative services can play a substantial role in promoting family preservation, providing safe and healthy environments for children, and subsequently preventing cases of child neglect. In addition to helping keep children safe, well-designed and implemented

programs have the added benefit of preserving state and community resources. Evaluations of such programs show their potential cost-effectiveness.\textsuperscript{26} If families receive preventative services before a crisis situation occurs, child welfare resources required, including time and money, will be reduced. Research shows substantial savings for the government when high-risk families receive preventative and early-treatment services, rather than postponing the availability of services until families officially enter the child welfare system. A study conducted on the differential response system in Missouri (called Alternative Response) notes, “while the initial cost of differential response in services provided and worker time was greater than in traditional CPS interventions, it was less costly and more cost effective in the longer term.”\textsuperscript{27}

Similarly, a state-level analysis of Michigan’s child maltreatment prevention programs shows economic efficiency.\textsuperscript{28} The analysis found the cost of providing in-home services to all first-time parents, 43 million annually, was far less-substantial then the 823 million spent annually on child abuse cases, yielding a 19 to 1 cost advantage to prevention.\textsuperscript{29} The study concludes while cases of substantiated abuse cannot be eliminated by preventative measures, funding supporting prevention can be cost effective if the results reduce the number of abuse cases even slightly. Similarly, a study commissioned by the Colorado Children's Trust Fund estimated responding to child maltreatment costs Colorado $402 million annually, whereas home visitation services for high-risk families would cost Colorado just $24 million annually.\textsuperscript{30}

Dr. David Olds, founder of one of the pioneer in-home visiting programs, the Nursing Home Visitation Program, conducted a cost-benefit analysis on the prevention program for young

\textsuperscript{29} Caldwell.
mothers. In the program, visits begin before the birth of a child and continue until the child is two years old. After birth, a nurse visits the family and focuses on helping the mother “improve her health-related behaviors, her care of her children, her planning of subsequent pregnancies, and participation in the work force.” Evaluations establish the program as cost-effective. The government spent $3,313 less on families who participated in the program since pre-birth than on those in the comparison groups who did not participate in the program.

Healthy Families America is a voluntary home visiting program aimed at preventing child abuse and neglect by providing support and education to first-time mothers under 21. Healthy Families is a nation-wide prevention program, funded by both individual foundations and, in some states, government agencies. Though Healthy Families services vary by state and by site, they generally include home visits, center-based groups, and referral services for the mother and her family. It is one of many programs operating under the ideology that providing early services and an enriched environment for young children can give families the tools they need to prevent child maltreatment.

The target group for Healthy Families is young mothers, the majority of whom are economically disadvantaged. Similarly, the majority of child maltreatment prevention services are geared towards families living in poverty.

Poverty

Explanations for the origin and prevalence of poverty in the United States vary greatly. Theories typically attribute poverty to either individual choices and personal weaknesses or to social structures. Explanations blaming poverty on the individual suggest low socioeconomic status

31 Olds.
32 Olds.
33 Healthy Families, 15 March 2007 <http://www.healthyfamilies.com/?gclid=COGsuKPo0YsCFQq9VAdVyluGg>.
reflects a lack of education, work ethic, and morality and overcoming these weaknesses would lead to better paying jobs and a more principled society. Cultural and racial differences are often cited as obstacles for low-income individuals who are unwilling to adopt mainstream cultural conventions that would allow them to find jobs or build a social network. Further, those in poverty are often perceived as incapable of managing their own lives or becoming politically involved.

Figure 5. MALTREATED CHILDREN BY RACE IN U.S., MINNESOTA, AND TENNESSEE, 2004

*Pennsylvania is not permitted to retain information pertaining to the race and ethnicity of the subjects of a child abuse report in its statewide central register.

35 Jennings 17-19.
36 Jennings 18.
37 Jennings 31.
Another category of definitions suggests social structures cause poverty. Under this explanation, even if those in poverty acquire education and skills, they may still be unable to find gainful employment, especially with the changing global economy. By equating work ethic with higher income, the reality of low paying jobs is ignored. Public assistance is viewed as a punishing system, which maintains poverty and the centralization of power with the dominant majority. A number of authors believe racism, discrimination, and segregation within the private and public sectors cause poverty.

Poverty has been linked to cases of maltreatment, particularly neglect. National incidence studies cite poverty as a strong indicator of substantiated cases of neglect, and “families who are or have been on welfare make up a large share of families coming to the attention of the child welfare system.” Though low-income status alone does not determine child neglect, socio-environmental factors, such as financial difficulty and poverty, appear to affect the correlation between poverty and

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38 Jennings 18.
39 Jennings 24-25.
40 Jennings 20-21.
43 Carter & Myers; Pelton.
child neglect. Other stressors such as substance abuse and unstable housing are also factors that have a large impact on cases of child neglect.

The relationship between the experiences of families living in poverty and child neglect is extremely intricate and complex. Poverty is confounded by other environmental factors, including difficulty with housing, employment, and high levels of stress. Families’ experiences are complicated by continuous stresses including single-parenthood, substance abuse, and mental illness. Children in poverty are more likely to be reported to child welfare agencies, and poverty is a common thread linking many families in the system.

Differential response has the potential to address the intersection of poverty and neglect, in addition to the many confounding environmental factors, by providing services that address families’ differing needs.

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44 Carter & Myers.
45 “Neglect has been conceptually and empirically tied to social isolation, parenting deficits, chemical dependency and residential transience,” Drake & Pandey.
46 Bullock 1024.
Section II.

Model States
Minnesota, Tennessee, and Pennsylvania were selected for this study because of their innovative differential response systems that utilize community resources. Minnesota’s program, in its seventh year, provides an excellent example of a system that has been evaluated and is now considering how to improve further. In contrast, Tennessee is in the process of implementing their newly designed differential response program and provides a useful case study of the process of designing and implementing differential response. Pennsylvania is one of few states with both differential response and an explicit poverty exemption, and a useful example of different county practices and experiences.

All states are primarily rural with some moderately sized cities. The varying longevities of the programs, geographic locations, and difference in rates of child poverty provide the opportunity for interesting between-state comparisons as well as generalization of recommendations.
Minnesota Profile

Demographics

Although Minnesota has one of the lowest poverty rates in the United States, over one million children in the state are more likely to live in poverty than the rest of the state’s population.\(^47\) Twelve percent of children live in families in poverty though only nine percent of the total population lives in poverty. The likelihood of living in poverty increases for the very young of Minnesota with 14 percent of children under five and six years old experiencing poverty. Though only five percent of children live in extreme poverty, beneath 50 percent of the poverty line, one in five children lives below 150 percent of the poverty line, in low-income families, but may not qualify for sufficient public assistance. In addition, a child in a single parent home is six times more likely to live in poverty than a child with married parents.\(^48\)

In 2004, over 70 percent of all maltreated children in Minnesota experienced neglect, compared to 55 percent of all maltreated U.S. children. A total of 8,637 children in the state experienced maltreatment. Like the rest of the nation, maltreated children in Minnesota are predominantly of color. Although only six percent of all Minnesota children are African-American, they comprise nearly a quarter of the state’s maltreated children. Similarly, American Indian children represent over six percent of all maltreated children, though they make up less than two percent of the state’s children. Hispanic children are also over represented, as nearly nine percent of maltreated children are Hispanic, compared to only five percent of the state’s child population.\(^49\)

Definitions

The high rate of neglect nationally and in Minnesota raises questions regarding state definitions and reactions to this type of maltreatment. Minnesota law defines neglect as:

“…failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so…”

The definition does not describe the affect of limited resources on parenting abilities in detail. The inclusion of ‘reasonably able to do so’ subtly suggests the state’s acknowledgement of income’s role in parenting, but does not clearly distinguish between parents who choose not to provide necessary care and parents who are unable to provide necessary care. The definition fails to acknowledge financial ability, social networks, and job skills of parents greatly affect children, and therefore child protective service’s (CPS) involvement with a family.

Recommended Minnesota Child Maltreatment Screening Guidelines will be issued in the summer of 2007 to encourage county consistencies in child maltreatment screening practices. A draft of these guidelines states:

“At times, conditions of poverty create circumstances in which a child may be neglected due to the parent(s) lack of financial resources. Under these circumstances, counties work to assist the parent(s) in correcting the conditions of neglect and to meet the protective needs of their child, but do not define their behavior as neglectful. Quite often the role of poverty is not understood at the time a report is made, and is established later during the assessment or investigation phase. When it is determined that reports of neglect are based solely on conditions due to poverty, a finding of maltreatment should not be made.”

County administrators, caseworkers, and families believe this distinction will be invaluable if it is put into practice. Minnesota Department of Human Services (DHS) administrators believe “the clarification of ‘reasonably able to do so’ was an acknowledgement that neglect related to poverty is

50 Minnesota statute 626.556, subd.2(f)(1) 20 March 2007 <http://www.leg.state.mn.us/leg/statutes.asp>.
53 Merrick Community Center Programs Director Mary Nestingen, Ramsey County CPS Intake Manager Kim White & FAR parent, personal interviews, St Paul MN, 29 March 2007; Dakota County Social Services Supervisor Stacy Devitt & 3 Dakota county FAR Caseworkers, personal interviews, Apple Valley MN, 28 March 2007.
a systemic issue and not solely the responsibility of the parent.” Neglect related to poverty is discussed during caseworker training and will be included in a forthcoming curriculum for mandated reporter training.54

**Family Assessment Response (FAR): A New Approach**

A renewed commitment to work respectfully with families in coordinating access to basic needs and services necessary for sustained family welfare has fueled child welfare reform in Minnesota. During the 1990’s, Minnesota’s DHS administrators and caseworkers as well as other community members recognized the punitive and reactive nature of CPS. A fact finding, expert driven process tended to alienate, not engage, families accused of child maltreatment.55 Reporting of child maltreatment, especially neglect, was increasing in the state and there was a desire to create more effective methods to prevent neglect caused by poverty, among other issues.56

By the mid 1990’s, positive outcomes in two Minnesota county pilots providing preventative and early intervention services for families at risk of child maltreatment established the potential to improve child safety practices while partnering with families in less confrontational ways.57 Dialogue on system reform increased as Minnesota’s DHS collected community feedback on the current system, along with information on other state’s reform efforts to reduce neglect reports.58 The state began to recognize families in poverty accused of neglect were more appropriately assisted by

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54 Terry Besaw, personal email, 16 April 2007.
56 Minnesota recognizing the disproportionate number of families of color in CPS and limited focus on prevention, see Johnson et al 56; High level of chemical abuse and domestic violence leading to child neglect in Minnesota, see National Child Welfare Resource Center for Family-Centered Practice, Best Practice/Next Practice, 2.1 (Spring 2001): 13-14.
57 States consulted included: Washington, Florida, Missouri, see Johnson et al 57.
58 Johnson et al; Thompson et al interviews.
services characteristic of a differential response model. Subsequently, DHS funded counties in the state-supervised, county administered system to develop innovative child welfare practices.  

As one of the funding recipients, Olmsted County began using differential response in 1997. After legislators and community members learned about positive outcomes of Missouri’s differential response system, Minnesota legislation in 1999 authorized a larger differential response pilot program, initiated and implemented by DHS.  

Minnesota’s differential response, Family Assessment Response (FAR), was first implemented in 20 pilot counties in 2000 with grants from the McKnight Foundation, and became statewide by the end of 2005. In 2006, 54.3 percent of all county CPS reports receive FAR.

County caseworkers screen reports of child maltreatment using structured decision-making tools to determine if FAR or a traditional investigation is appropriate. If no imminent danger or egregious harm is suspected, Minnesota’s 2005 legislation recommends caseworkers use FAR. Cases can be transferred from an investigation to FAR or vice-versa. A caseworker may handle both investigations and FAR or a caseworker may specialize in one of the tracks, depending on the county. Unlike a traditional investigation, FAR does not require any substantiation of child maltreatment. According to Minnesota law, FAR seeks to determine family strengths, necessary services to assure child safety, and risk for subsequent maltreatment.

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59 DHS funded 10 counties to create innovative CPS programs, see Johnson et al 57; Thompson et al interviews.
64 Minnesota statute 626.556, subd.1.
65 Minnesota statute 626.556, subd.2.
Minnesota’s screening moves a report into Family Assessment Response (FAR) or a traditional investigation.

The Intentions of FAR

By connecting families to both concrete financial or material assistance, such as rent money or clothing, and other more traditional CPS services, such as psychological counseling or parenting classes, FAR seeks to prevent family crisis. Services accessed through FAR are intended to increase the likelihood that all families can provide food, clothing, shelter, health, medical or other care to their child, including those the legislation identifies as not “reasonably able to do so.” FAR seeks to meet the convergence of neglect’s risk factors, including poverty. According to Olmsted County’s Director of Child and Family Services administrator and former caseworker Rob Sawyer:
Under [FAR] a social worker can engage families in an assessment process that may identify barriers to effective parenting that are influenced by poverty. The focus of the work may be tied to working in partnership to keep children safe and enhance their well-being while dealing with the challenges of being poor. The focus is not on "you neglected your child" but rather on how can we work with the realities you face and insure the safety and well-being of your child.\(^{66}\)

Less scrutiny of poor families by CPS may be possible when families receive FAR services that satisfy their needs.

The approach of FAR emphasizes inclusion and equity of all participants to avoid the expert driven approach of the past, which did not solicit the input of the family. Instead, families have an opportunity to explain their unique challenges, which allows caseworkers to avoid making assumptions about the reported situation. Appointments, not drop-in visits, are scheduled with families.\(^{67}\)

Unlike traditional investigations where family members are often separated when sharing accounts of the child safety issue, a family assessment brings together the whole family unit for the initial meeting, if not all subsequent meetings. Using the Family Unity Model, participation of boyfriends or neighbors who play a role in the assessment family’s life is highly valued.\(^{68}\) Caseworkers facilitate meetings, but emphasize the initiative of the individuals present in order to determine the strengths and weaknesses of the family. The caseworker encourages the family to generate solutions to any problems they may be having, not only the reported problem, acknowledging language in the legislation suggesting family members

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\(^{66}\) Rob Sawyer, personal email, 4 April 2007.

\(^{67}\) Minnesota Department of Human Services Social Service Program Consultant Brenda Lockwood, personal interviews, St Paul MN, 28-29 March 2007; Nestingen et al, personal interviews.

\(^{68}\) Johnson et al 55.
“have the capacity and desire to keep children safe and protected.” Families voluntarily participate in the service plan developed during meetings.

**Evaluation Outcomes**

The Institute of Applied Research in St. Louis, Missouri completed an evaluation in 2004 of 14 of the 20 pilot counties by tracking 2,860 FAR and 1,305 traditional investigation families. An extended follow up of FAR, completed in 2006, tracked 2,732 FAR families and 1,299 traditional investigation families for an additional 21 months, to determine if positive outcomes were maintained over time. Families were followed for an average of 3.6 years.

The evaluators surveyed the incomes of all evaluation participants, assuming poverty was a risk factor for child neglect. Approximately 22 percent of the FAR families lived in poverty and 26 percent of the traditional investigation families lived in poverty. Many other families in the evaluation earned low or very low incomes. The evaluation confirmed a significant representation of families in poverty, therefore it is possible to examine if and how the FAR approach is able to engage these families while maintaining child safety.

Families in FAR received more financial services and mental and health counseling through CPS workers than families who experienced a traditional investigation (See figure 8). General financial aid received doubled, and both provision of food or clothing and help paying utilities almost tripled for FAR families.

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69 Johnson et al 56; Lockwood, personal interviews; Thompson & Besaw, personal interviews.
70 Poverty threshold was held at $15,000, see Institute 2006: 33.
71 Institute 2006: 33.
72 Institute 2006: 7.
73 Institute 2006: 34-35.
FAR families with formal cases received more services through caseworkers or by caseworker referral to other community providers. Overall, 79 percent of FAR families received one or more services compared to less than half of traditional investigation families.\(^\text{74}\)

An analysis on recurrence of child safety reports for FAR and traditional investigation families concluded:

- Controlling for financial need, only the FAR approach led to fewer later reports.
- Lower financial need was a significant predictor of fewer new reports.\(^\text{75}\)

\(^\text{74}\) Institute 2004: 34-36.
The reduction in child neglect recurrences for FAR families may be a result of family engagement by caseworkers. Caseworkers were surveyed and interviewed about families’ responses to FAR:

- 62 percent of caseworkers reported families to be more cooperative.

- Sixty-three percent of caseworkers reported families to be more involved in planning.

- Sixty-nine percent of caseworkers reported families to be more satisfied with CPS services.

- Seventy-three percent of caseworkers reported families viewing CPS as supportive.\(^{76}\)

As seen in Figure 10 approximately 91 percent of FAR families reported being very or generally satisfied compared to 84 percent of traditional investigation families. Only two and a half percent of FAR families were very dissatisfied whereas seven percent of traditional investigation families were very dissatisfied. Across all pilot counties, FAR families were more likely to be generally satisfied, more likely to report satisfaction with the services they were offered or received, and with how these services

\(^{75}\) Institute 2006: 41.

\(^{76}\) Institute 2006: 58-59.
helped them.\textsuperscript{77}

Since FAR seeks to empower parents to improve family struggles themselves, parents and the family network are engaged in problem identification and solution making. Family involvement in decision-making is hoped to improve the skills of families in order to be more self-sufficient in the future. As seen in Figure 11, 45 percent of traditional investigation families reported a great deal of participation in decision-making, while 68 percent of FAR families participated a great deal in identifying family solutions. Only 8 percent of FAR families reported no involvement. Traditional investigation families were just as likely to report no involvement as they were to report involvement in decision-making.\textsuperscript{78}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure11}
\caption{LEVEL OF INVOLVEMENT IN DECISION MAKING AS REPORTED BY FAMILIES}
\end{figure}

The fiscal bottom line often drives policy implementation and sustainability. State and county governments face many challenges in balancing budgets while providing satisfactory public services. Child protective services have become a victim of this scrutiny, with large sums of money available only for the highest risk cases. More money is needed up front for FAR, but traditional investigations were determined to cost more in the long run. The averaged initial FAR contact, including service and staff costs, required $1,142 while the initial averaged traditional investigation contact cost $905. The second follow-up period for a traditional

\textsuperscript{77} Institute 2004: 32-33.
\textsuperscript{78} Institute 2004: 33-34.
investigation, however, cost $2,284 while FAR cost $1,716 for this same period.\textsuperscript{79} Overall, traditional investigation cost $4,967 while FAR cost $3,688, a reduction of 35 percent (see figure 12).

Although services provided by FAR initially cost more, future costs of removal and placement will be decreased. With FAR implemented, Minnesota’s Olmsted county is spending the same amount on removal and placement in 2006 as it did 10 years ago; placement services are not as in demand with FAR’s approach and services in place.\textsuperscript{80}

Minnesota’s FAR approach contributed to a slight reduction in future removal and placement of children. Of the traditional investigation families, 18.7 percent had at least one child removed and placed out of the home. Only 16.9 percent of FAR families experienced this later removal.\textsuperscript{81} When past out-of-home placements are controlled for, FAR families had half the number of out-of-home placements as traditional investigation families.

\textit{Moving Forward}

To explore the impact of a third CPS track, 38 counties are participating in the Parent Support Outreach Program (PSOP) pilot. Families screened out of CPS voluntarily participate in the program. Families who are still considered high risk for child maltreatment are contacted,\textsuperscript{79 Institute 2006: 72-73.\textsuperscript{80 Institute 2006: 43; Anthony Loman & Gary Siegel, “Alternative Response in Minnesota: Findings of the Program Evaluation,” }\textit{Protecting Children} 20.2 (2005): 86; Rob Sawyer, personal interview, Rochester MN, 28 March 2007.\textsuperscript{81 Institute 2006: 43.}
especially those with children under five years old. Department of Human Services discovered
26,000 families were not offered FAR or traditional investigation in 2004, but between 15 and 45
percent of those families were re-reported. The pilot program will supplement other established
county support programs. The PSOP pilot, also funded by a grant from the McKnight
Foundation, ends in December of 2008. An evaluation by the Institute of Applied Research,
expected in Spring of 2009, will determine if PSOP should be implemented statewide. Reception of
the PSOP pilot by administrators, caseworkers, and families has been positive.

The Minnesota FAR approach is creative, flexible, and promising for both adults and
children, especially those in poverty. Minnesota administrators and caseworkers believe FAR cases
involving families in poverty are handled more appropriately and effectively than they would be in a
traditional investigation. Further, administrators and caseworkers believe FAR aids in decreasing
family involvement with the court system. Trust can be build between families and DHS by
focusing on providing parents with the services needed in order to adequately care for their child.

83 Thompson & Besaw, phone & personal interviews; Nestingen et al, personal interviews; Devitt, personal interview.
84 Thompson & Besaw, phone & personal interviews; Nestingen et al, personal interviews; Devitt & Caseworkers, personal interviews.
Tennessee Profile

Demographics

Tennessee recently began the process of implementing a differential response program. The new approach has the potential to address the relationship between poverty and neglect by providing poor families with services before their experience escalates to become a case of neglect.

Like the rest of the nation, a disproportionate number of Tennessee’s children live in poverty (see figure 2). While 16 percent of the total state population experiences poverty, 21 percent of children live in families classified as below the national poverty line. Young children experience an even higher likelihood of living in poverty, with nearly a quarter of five and six year olds living in poor families. One in 10 children experiences extreme poverty, living beneath 50 percent of the poverty line, and one in three children lives below 150 percent of the poverty line, in a family disqualified from receiving the majority of government assistance, yet still struggling to make ends meet. Additionally, children in single parent families are four times more likely than their peers in married families to live in poverty. The high proportion of children in Tennessee experiencing poverty makes the state an excellent context in which to examine the intersection of poverty and neglect.

In 2003, over 60 percent of all maltreated children experienced neglect. In 2004, prior to implementation of Tennessee’s differential response system, 14,840 children in the state experienced maltreatment. Nearly one in every 50 children in the state experienced substantiated abuse or neglect in 2004, with the majority of those children qualifying as neglected.

With high rates of child poverty and neglect, it is likely that the two phenomena are correlated, and even possible that there is a causal relationship. It is difficult to prove this empirically, as the data is unavailable. An examination of the legislative process used to revise the

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child welfare system to include differential response, Multi-Level Response System (MRS), the implementation of MRS, and the current functioning of MRS can identify potential locations for the intersect of poverty and neglect in Tennessee’s system.

Neither the distribution of child victims nor the distribution of children in poverty accurately reflects the racial distribution of Tennessee’s population. Though nearly 80 percent of Tennessee’s population is White, just 65 percent of indicated cases of maltreatment occur within this population. 87

Definitions

The Tennessee Code explicitly defines child neglect in Title 37 Chapter 1. The definition states neglected child means a child:

- Who is under unlawful or improper care, supervision, custody, or restraint by any person, corporation, agency, association, institution, society, or other organization, or who is unlawfully kept out of school.
- Whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional, or hospital care for the child.
- Who, because of lack of proper supervision, is found in any public place the existence of which is in violation of the law.
- Who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of the child or others. 88

The definition does not distinguish between intentional neglect and the experience of families in poverty. The definition fails to provide any reference to financial circumstances that may prevent

88 Tennessee Code Title 37, Chapter 1.
parents from providing ‘proper supervision’ or that results in ‘improper care.’ This omission could potentially result in the child welfare system labeling families in poverty as intentionally neglectful, when they are merely victims of financial strife. Thus, Tennessee’s definition of a neglected child encompasses the experiences of many poor children whose parents are unable to provide for the child due to financial constraints, which allows them to be unnecessarily labeled as neglectful.

**Multi-Level Response System (MRS)**

In 2006, Tennessee began implementing a form of differential response, Multi-Level Response System (MRS), that could potentially meet the needs of poor families without labeling them as intentionally neglectful. There are three tracks within MRS. The traditional *Investigative Track* remains to address the most high-risk cases, and all reports of sexual abuse, severe physical abuse, and prenatal and drug exposed infants. The *Assessment and Assistance Track* is appropriate for families with lower levels of risk who would benefit from professional caseworker attention and connection to resources but who do not require traditional investigation. While acceptance of services is voluntary, families who refuse recommended services are informed their decision may affect the outcome of any future interactions with The Department of Children’s Services (DCS). In MRS, assessment cases can be transferred over to the Investigation Track if high risk is discovered during the assessment process. Caseworkers specialize in either the Investigative Track or the Assessment and Assistance Track, depending on their skill set. In addition, the state is progressing towards creating an *Information and Referral Track* for service referral to families who do not require assessment or investigation.

Multi-Level Response System has the potential to address the intersect between poverty and neglect if families who are unable to provide adequately for their children due to financial strife are correctly identified as low-risk, and provided with services on the Assessment Track. If families in poverty are identified for assessment services early, the classic investigation of neglect will be
unnecessary. Thus, families will be provided with the services they require without experiencing the stigmatizing labeling that occurs with being investigated as a neglectful parent.

The History of the Establishment of MRS

Individuals within the legislature, including representatives on the Select Committee of Children and Youth, and the committee’s Executive Director began researching differential response systems in 1997, motivated by a curiosity regarding other states’ innovations and a desire to improve Tennessee’s child welfare system. The process began by gathering information from the National Conference on State Legislatures and Community Partnerships for Preventing Child Abuse, examining other states’ initiatives, and soliciting relevant information from communities within Tennessee.89

The timing was right to begin the legislative process in 2003, when the Select Committee on Children and Youth’s chair and members were especially enthusiastic about the potential of differential response in their state, as was the newly appointed Commissioner of the DCS, Viola Miller. In June of 2004, the Child Protective Services Reform Work Group was assembled to address issues with the child abuse and neglect investigation process, family support and treatment services, and legal problems regarding prosecuting perpetrators of abuse and neglect. The work group included a diverse collection of individuals with interests in children’s welfare including DCS staff, legislators, medical and legal professionals, and child advocates from non-profits and other professions.90

While there is little doubt the work group had the best intentions to change the system in a way that would benefit all children and their families, the intersection between poverty and neglect was not one of the primary questions they sought to address, and therefore may not have been adequately included in the discussion. The members of the work group were professionals who

90 Perry.
sought to speak for all families, which includes families in poverty by default; low-income families were not directly included in the discussion. While professional child advocates may have the best intentions of speaking on behalf of all families, families in poverty are best suited to describe their needs and wants from the state’s child welfare system.

The group first met June 30th through July 1st of 2004 to discuss reforming the Child Protective Services (CPS) division of DCS, the potential of differential response, and other states’ experiences with multi-track systems. The work group met regularly thereafter and became highly invested in producing a piece of legislation that would provide services to help parents maximize their parenting abilities while allowing CPS to focus on investigating the most severe cases of child maltreatment. They believed if a parent is willing to ask for help, the state ought to provide the necessary support. They shared a commitment to the vision of strengthening the Investigative Track and designing a system that allowed it to focus on fewer cases, supplemented by the Assessment and Assistance Track, which they hoped would identify the underlying issues.

The work group created the Assessment and Assistance Track with the expectation that the DCS would engage resources from private agencies. The commitment of the work group is evident by the fact that many members continue to be involved in the implementation process.

The work group’s intent of providing to any parent willing to ask has the potential to be effective for financially limited families prepared to seek help. There is potential, however, that families in poverty who are unable or unwilling to request help will remain overlooked by MRS if caseworkers do not explicitly consider their needs.

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91 Senator Larry Trail, memo to invited CPS Reform Group members, 3 June 2004.
93 Perry.
94 Beneke.
A Drafting Committee was established during the two-day meeting, and met three more times before presenting its proposed legislation to other members of a legislative sub-committee on November 9th, 2004. The legislation was adopted by the sub-committee, and filed as HB447/SB1773. The legislation speaks directly to the intent of the work group in section 3-a, where it states:

The purpose of this part are to safeguard and enhance the welfare of children and to preserve family life by preventing harm and sexual abuse to children and by strengthening the ability of families to parent their children effectively through a multi-level response system using available community-based public and private services. It is intended that the department perform its function under this part pursuant to the belief that families can change the circumstances associated with the level of risk to a child when they are provided with intensive and comprehensive services tailored to their strengths and needs. The department’s fundamental assumptions shall be that most children are better off with their own families than in substitute care and that separation has detrimental effects on both parents and children. Whenever possible, preservation of the family should serve as the framework for services, but in any case, the best interests of the child shall be paramount.  

Though the legislation emphasizes keeping families together is preferential to separation, MRS is not defined as a family preservation system. Instead, the focus remains on ‘the belief that families can change the circumstances associated with the level of risk to a child when they are provided with intensive and comprehensive services tailored to their strengths and needs.’ The focus on family empowerment is balanced by the objective of the program, which “is to reduce the incidence of children who are subjected to maltreatment.” The legislation also states ‘the best interests of the child shall be paramount,’ which focuses MRS on preventing maltreatment by improving parenting ability and allowing families to affect their own level of risk by facilitating connections to resources. In this way, the MRS legislation effectively balances the need to empower families by providing necessary services in order to keep families together with a focus on protecting children’s safety and preventing maltreatment.

95 Tennessee Code Chapter 391, Section 3a.
96 Tennessee Code Chapter 391, Section 3b.
Legislation

The legislation leaves the Investigative Track unchanged from the traditional CPS investigation and focuses on the new tracks. The Assessment Track begins with written and oral explanation to the parental figure of the purpose and procedure of the process. Caseworkers gather information from the family and from other sources, and are required to have two face-to-face contacts with the family per month and to use this information to identify the family’s service needs. The written assessment must be completed in 45 days, though 15-day extensions are available with written justification. Following the assessment, the caseworker consults with the family and offers appropriate services through public and private, including faith-based, community resources. Though the service referrals are voluntary, if the family does not pursue alternate appropriate services to address its own needs, the department will advise the parents that their failure to accept services may affect future interactions with CPS.97

Legislation describes the Referral Track as providing referrals to community-based public or private services without assessment or investigation. Families may choose to decline services and have their case closed immediately, unless CPS determines the case needs to be investigated or assessed. Like the Assessment Track provision, families who decline services on the Referral Track will also be informed that their decision may be considered in the evaluation of any future reports.

The legislation also directs the implementation process by establishing a pilot program and a rollout of implementation that mandates MRS be statewide within five years. Periodic reports are required during the implementation period, and annually thereafter.

The legislation calls for central intake, the center that receives all reports of abuse and neglect, to use a screening instrument to determine the tracking of each call to the Investigation or Assessment Tracks, or referral to services without assessment or investigation. Intake may also

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determine that none of the above action is necessary. Caseworkers are able to re-track cases if they
determine it to be appropriate.

Training is required prior to implementation in any region, and must include information on
cultural diversity within the community. Training must be provided to all departmental personnel,
including case managers, and also offered to community-based service providers, attorneys,
prosecutors, guardians ad litem, judges and law enforcement. By including training in the legislation,
the work group acknowledged the importance of shifting workforce culture from a solely
investigative mindset to a focus on family support, prevention, and resource provision in
order to truly achieve the legislative intent.

Legislation calls for independent local advisory boards to be convened in each county
where MRS is implemented, comprised of appropriate community members from families, local public agencies, schools, health care services,
juvenile court, and other community-based resources. The local advisory boards are charged with
recommending methods for bringing the department, families, and community-based resources
together. The board must also collaborate with the department to identify and develop local
resources for children and families. The work group intended that the local advisories provide
feedback regarding families’ needs in their communities. 98

The legislation includes specific requirements regarding law enforcement and prosecution.
The statute requires CPS to provide law enforcement and District Attorneys written notice if they
expect the case may later require prosecution. In addition, the District Attorney General must use a
standardized check-off form to make a written report of any decision not to prosecute a case that
typically would undergo prosecution.

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98 Beneke; Perry.
The legislation ends by ensuring families’ confidentiality, while clarifying nothing in the statue will prevent the sharing of information with law enforcement and the District Attorney’s office as necessary during legal investigation. The work group would have liked to mandate the reduction of District Attorneys’ caseloads in order to improve their ability to prosecute those who maltreat children, though this was determined not to be feasible.

Unlike Minnesota’s differential response system, which has included a robust, independent evaluation from the start, Tennessee was unable to begin MRS evaluation at the onset of implementation. While the original piece of legislation called for an external evaluation from the start of implementation, that section received a fiscal note and was predicted to cost $500,000. Later, the commissioner of DCS suggested in a memo that the departmental budget could fund the evaluation, however the fiscal note could not be undone. The evaluation language and its fiscal note were the only cause of contention in the legislation. For that reason, the call for evaluation was removed from the legislation, and the Commissioner committed to evaluating in good faith without a definitive timeline. Though an evaluation plan is in the works, it has yet to begin.

The MRS legislation includes a number of details intended to guide implementation, including a rollout timeline, training guidelines, and the basic track procedures. Nonetheless, statewide implementation remains a daunting, complicated process.

**Multi-Level Response System in Practice**

Currently, 30 of 95 counties in Tennessee have begun implementing the Multi-Level Response System; the system is projected to be statewide by October 2008, nearly two years earlier.

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99 Perry.

100 Department of Children’s Services Commissioner Viola P. Miller, memo to Chairman of the Senate Finance Ways and Means Committee Senator Douglas Henry, Chairman of the House Finance Ways and Means Committee Representative Craige Fitzhugh, & Director of the Fiscal Review Committee James White, 10 May 2005, see Senate Bill 1773/House Bill 447.

101 Perry; Miller.

than required by the legislation.\textsuperscript{103} According to individuals at many levels of CPS, the response to MRS has been primarily enthusiastic and positive, and some believe the child welfare workforce has generated much of this enthusiasm.\textsuperscript{104}

Administration in the Office of Child Safety, charged with track design and the first two years of implementation, suggests during the process of developing the tracks within MRS prior to implementation, approximately 80 percent of time was devoted to designing the Assessment Track, 10 to 15 percent to the Investigative Track, and only 5 to 10 percent to the Information and Referral Track. As suggested by the legislation, the Investigative Track required little time because it did not change substantially. Instead, it was strengthened by the additional tracks that will allow more serious cases to receive more attention.\textsuperscript{105}

The Assessment Track receives approximately 70 percent of cases and, prior to MRS, these cases would have been investigated then dropped, and children and families in need of services may have effectively fallen through the cracks. Designing the Assessment track was an entirely new endeavor for the state, and therefore required substantial time and effort. Differential response programs in North Carolina and Minnesota were used as models. It is notable that the design of this track is not framed by a family preservation philosophy. Instead, it is intended to be a less adversarial process to allow the Investigative Track to focus on the most serious cases.\textsuperscript{106} The Investigative Track receives all drug-related cases, and caseworkers in Dyer County, where MRS first began implementation, estimate three out of four cases received are drug–related.\textsuperscript{107} Any case can be re-tracked or dropped if the risk-level is reevaluated by the caseworker and supervisor involved.

\textsuperscript{103} Commissioner Viola P. Miller, Tennessee Commission on Children and Youth Committee Meeting, 22 February 2007.
\textsuperscript{104} Perry; Waddell; Dyer County Caseworkers, personal interview, Nashville TN, 19 March 2007.
\textsuperscript{105} Beneke; Caseworkers; Perry; Waddell.
\textsuperscript{106} Waddell.
\textsuperscript{107} Caseworkers.
The community resources families in this track are referred to are generally not contracted, however contracts do exist with intensive in-home services providers.108

The Referral Track received the least design time, perhaps because it requires fewer resources as it is intended to be a one-time referral rather than a continuous relationship between a family and a caseworker. Also, the focus on the Assessment and Investigation Tracks allowed child safety to remain the primary priority.109

A number of challenges have delayed design and implementation of the Referral Track. The Referral Track will rely most on each region’s local advisory board and resource specialist, an individual charged with identifying and cultivating resources, and connecting families to these services. The delay also relates to the potential for overlap with Tennessee’s United Way sponsored 2-1-1 Helpline, which functions to link people with community services. In addition, while other states’ differential response programs were used as models for the first two MRS tracks, the Referral Track is unique to Tennessee, which complicates the process of writing procedures.110 Currently, local advisory boards in areas that have already begun implementation are in the process of identifying services needs and establishing resources, which is the first step to implementing the Referral Track.111

Since central intake functions to screen cases statewide, it has not yet transitions to the MRS model. When a call comes into central intake from a region that has implemented MRS, it is sent to the local area team leader, who then examines the referral and determines which track is appropriate. Once MRS is statewide, central intake will be responsible for determining case tracking using a standardized screening instrument, as stated in the legislation.

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108 Waddell.
109 Waddell.
110 While two other states, Wyoming and Hawaii, have a third track, none function the same way as TN’s Referral Track, see Merkel-Holguin, Kaplan & Kwak.
111 Waddell.
Implementation areas had some freedom in designing their local programs within the guidelines provided by the legislation, which an administrator and caseworkers suggest has allowed counties and regions to feel ownership of the MRS system.\textsuperscript{112} Implementation began in April 2006, and additional counties begin implementation almost monthly (See implementation timeline chart, page 47).

Counties experiences are being utilized by DCS in the process of writing the official MRS policy guidelines.\textsuperscript{113} It is important to note that all counties implemented thus far are primarily rural, and the urban counties are still preparing for implementation.

Utilizing the experience of the first sites to introduce MRS as new regions begin appears to have been one of the strengths of the implementation process thus far.\textsuperscript{114} Caseworkers note implementation areas are able to collaborate and use each other as resources, which has resulted in increased communication between regions.\textsuperscript{115}

The feeling of ownership of MRS can result in localities becoming over protective, and avoiding allowing other individuals, including those from the central DCS, from becoming involved. For example, in March 2007, a region began implementing MRS before receiving training from the central DCS office, and avoided contact with those in charge of implementation. As a result, their initial undirected implementation will have to be undone, before MRS is implemented properly.\textsuperscript{116} The central DCS office must balance between trusting its’ workforce and also providing consistent policies.

Prior to MRS implementation, any family preservation services required by DCS were contracted out to other agencies within the local communities. Some administration and caseworkers believe this allowed DCS to focus only on the investigation process, and resulted in an

\textsuperscript{112} Caseworkers; Waddell.
\textsuperscript{113} Waddell.
\textsuperscript{114} Waddell.
\textsuperscript{115} Caseworkers.
\textsuperscript{116} Waddell.
organizational mindset focused solely on investigation, substantiation, and indication of abuse and neglect. When this changed, approximately 750 family preservation agencies’ employees were absorbed into DCS. For employees who have always worked with DCS and now work the Assessment Track, they have had to transition from providing face-to-face investigation with the intent of substantiating allegations to a focus on monitoring and providing direct services.

The result of this transition has been that, in practice, caseworkers tend to err on the side of investigation because of the organizational mindset of the DCS. The department’s focus is protecting children, therefore, cases that border between requiring investigation or assessment tend to be put onto the Investigation Track. Further, caseworkers suggest the culture within CPS is not only investigation focused, but caseworkers also care greatly for the families they serve. Due to the system’s history of indicating less severe cases while contracting out family preservation services, caseworkers working on the Assessment Track may find it difficult not to indicate less serious cases. This culture is particularly important when considering borderline cases, in that the caseworker may act more proactively and assign a borderline family to the Investigation Track. In this way, the safety of the child remains the focus of MRS due to the history and culture of DCS.

While the benefit of erring on the side of investigation is that children’s safety remains the primary focus, it is possible that in some cases, families in poverty whose risk level boarders between moderate and high will be investigated unnecessarily. The role of poverty may be particularly important when families boarder between requiring investigation and assessment. For these cases, financial ability to provide for the child ought to function as the tipping point, so families in poverty are put on the Assessment Track.

117 Caseworkers; Waddell.
118 Waddell.
119 Caseworkers; Waddell.
120 Caseworkers; Waddell.
121 Caseworkers.
122 Caseworkers; Waddell.
According to individuals involved in the legislation-making process, the majority of caseworkers were originally trained as helping professionals, and MRS allows them to return to their training and to do a job that is helping-focused rather than accusatory, resulting in higher job satisfaction.\textsuperscript{123} The drawback, however, is when caseworkers work very closely with families, they become highly invested, and want to extend their time working with them. They must strive towards empowering families without becoming an enabling factor by staying involved too long. One caseworker suggests a standardized instrument to measure when a family is ready to discontinue involvement in the Assessment Track would prevent MRS from enabling negative behaviors.\textsuperscript{124}

Caseworkers’ insights into the causes of neglect in rural areas of Tennessee are particularly telling, considering the high rate of drug-related cases received. Caseworkers suggest poverty encourages drug use either as a coping mechanism or as a means for financial gain, and this drug use leads to many cases of child neglect.\textsuperscript{125}

Rural areas also struggle with a lack of effective resources to which families on the Assessment Track can be referred. One caseworker expressed, “We know what we need, but it doesn’t exist [here].” For this reason, caseworkers and their supervisors say they often end up filling the role of service providers when the necessary service is unavailable, though they are not trained or qualified to provide these services. For example, a caseworker may act as a single mother’s therapist, though that is not the caseworker’s intended role. For this reason, rural resource-poor communities require more highly trained caseworkers than areas with a higher concentration of resources, according to caseworkers in these areas.\textsuperscript{126}

Allowing caseworkers to work only with the Investigative or Assessment Track allows them to develop expertise in one area or another. Investigation requires a very different skill set than

\textsuperscript{123} Perry; Waddell.  
\textsuperscript{124} Caseworkers.  
\textsuperscript{125} Caseworkers.  
\textsuperscript{126} Caseworkers.
assessment, and specialization in one track allows employees to perform a job that best suits their abilities.\textsuperscript{127} The high worker moral, discussed by advocates and caseworkers alike, is partially due to the ability to specialize in either assessment or investigation, based on their skills and preferences, which allows them to be more successful.\textsuperscript{128} While employees at all levels appear to be more satisfied with MRS,\textsuperscript{129} it does provide some challenges for management, according to a Regional Supervisor. The Assessment Track requires more monitoring and therefore more involvement from supervisors in the form of case conferences and documentation. The number of family contacts required by the legislation requires additional planning and organization by caseworkers and their supervisors in order to not fall behind.

The enthusiasm from the workforce has diffused into the community, where MRS is helping DCS change its image from that of an accusing investigator to a resource for families.\textsuperscript{130}

In regions where MRS is functioning, local advisory boards are identifying what resources available, what additional services the area requires, and how to acquire them.\textsuperscript{131}

Though the legislation addresses the importance of sharing information with law enforcement when it is likely that the case may require prosecution, it is difficult to determine when

\begin{flushright}
\textbf{In regions where MRS is functioning, local advisory boards are identifying what resources available, what additional services the area requires, and how to acquire them.}
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\textsuperscript{127} Caseworkers; Waddell.
\textsuperscript{128} Caseworkers; Waddell.
\textsuperscript{129} Caseworkers; Perry; Waddell.
\textsuperscript{130} Waddell.
\textsuperscript{131} Caseworkers; Waddell.
\end{flushright}
this involvement is necessary. Caseworkers struggle to balance families’ need for confidentiality during the assessment and investigation process when there is a possibility that legal intervention may be required.  

With the assistance of Middle Tennessee State University, DCS has designed a quasi-experimental evaluation of MRS. The evaluation will focus on ten demonstration areas, including the first four implementation sites, in order for the greatest amount of data to be available. The sample will be geographically diverse, including twenty-two counties within five of the twelve regions. The evaluation will include both process and outcome evaluations. The process evaluation will assess how well MRS has been implemented and the amount to which it meets its goals.

Funding for MRS comes entirely from the within DCS budget. Though differential response typically requires more funding to provide services up front, at this point no additional funding has been required as the state sees their differential response system as a new way to approach families, rather than a change in service provision.

Tennessee lacks sufficient services for children and families, evidenced by their disillusioning ranking of 47th out of the 50 states, according to KIDS COUNT. Child advocates stress the importance of strengthening childcare and public health services in order to improve children’s outcomes. Quality childcare is a high priority in the state, as they move towards providing publicly funded universal pre-kindergarten for all four-year-olds, with low-income children receiving first priority. Quality childcare functions to educate parents while keeping a watchful eye on children’s safety, according to a child advocate. Despite the importance of early education, only

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132 Beneke.
134 Waddell.
135 Shalonda Cawthorn, phone interview, 16 April 2007.
137 Perry; Waddell.
138 Perry.
half the state’s three to five-year-olds were enrolled in early education in 2005, and only five states had a lower percentage of enrolled children in that age group.\footnote{The Annie E. Casey Foundation, “KIDS COUNT State-Level Data Online,” 6 April 2007 <http://www.kidscount.org/sld/profile_results.jsp?r=44&d=1&c=5&p=5&x=176&y=14>.} In addition, mothers on TennCare, the state’s Medicare program, receive a phone call following their child’s birth, in order to check in and ask if she needs services. While this is in no way sufficient to prevent neglect, it is an important first step towards linking mothers with resources and relationships. Child advocates suggest the state requires expansion of prevention services in order to effectively supplement MRS.\footnote{Beneke; Perry; Waddell.}

A wide variety of child advocates, including those involved in DCS, caseworkers, legislative work, and external agencies, suggest intervening earlier could prevent many of the neglect cases that come to MRS.\footnote{Beneke; Caseworkers; Perry; Waddell.} Services framed as helping parents achieve their potential and structured around relationships, such as Nurse Home Visiting programs, ought to be improved.\footnote{Perry.} In fact, legislation has been introduced to implement a Nurse Home Visiting Program for first time low-income mothers.\footnote{Lois Debarry & Diane Black, Senate Bill 2040/House Bill 1892, 16 April 2007 <http://www.legislature.state.tn.us/bills/currentga/BILL/HB1892.pdf>.} Providing services targeted towards addressing families’ financial needs may also be effective.\footnote{Loman, powerpoint presentation.}

The extent to which MRS is accomplishing its goals will be unclear until the evaluation is complete. The evaluation does not directly question the relationship between poverty and neglect. Whether or not poverty predicts neglect will only be clear if those involved in the evaluation ask the appropriate questions.

Additionally, it is unclear whether MRS will address challenges in prosecuting those who maltreat children. There has been a disconnect between the child welfare workforce and the District Attorney’s office responsible for prosecuting those who are accountable for child abuse and
District Attorneys often do not receive sufficient training on prosecuting abusers, and navigating the delicate circumstances surrounding these cases. It is also necessary for caseworkers to involve the District Attorney in a timely fashion to allow substantial evidence to be collected for prosecution. In this way, caseworkers are forced to decide early in the process precisely which cases require prosecution.

Another challenge will be integrating MRS with other service systems including the 2-1-1 Resource Hotline and other regional family assistance programs. In general, caseworkers suggest MRS is functioning well on the ground, though they express some frustration with the central DCS office surrounding administrative challenges.

The larger caseload on the Assessment Track may require investigative workers to work on that track, though that is not their specialization, expertise, or preference. As a result, investigation teams are destroyed, and talented caseworkers are removed from the investigation process.

Looking forward, it is essential the Investigative Track’s ability to ensure child safety is not sacrificed for the sake of assessment.

As MRS becomes a unified statewide system, differences between counties and regions will need to be addressed. Counties and regions vary drastically in wealth, resource availability, and prevalence of drug use. Specifically, methamphetamine is a significant problem in some areas of rural Tennessee, and those regions will need to adapt MRS to address the problem without diverging from the state policies.

Anecdotal evidence suggests MRS is effective; according to caseworkers, both families and caseworkers are more satisfied now with the system than they have been in the past. Involvement of child advocates from the work group who designed the legislation and throughout

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145 Beneke; Perry.
146 Perry.
147 Beneke; Perry; Waddell.
148 Caseworkers.
149 Beneke.
150 Caseworkers; Waddell.
implementation also appears to have contributed to the program’s success. Despite the positive anecdotal evidence, the upcoming evaluation will elucidate the effectiveness of Tennessee’s MRS.

The evaluation will be completed by DCS, and some child advocates question whether an internal evaluation will be able to be unbiased. It is also unfortunate that the evaluation has not been a part of the implementation from the onset, as intended by the legislative workgroup. The evaluation will also examine whether MRS effectively addresses the entanglement of poverty and neglect. Though caseworkers suggest the connection between poverty and neglect is at least partially mediated by drug use, the evaluation must further explore this relationship.

By implementing MRS, Tennessee is taking a significant step towards improving children’s well-being, and could potentially also succeed in addressing the needs of families in poverty in order to prevent unnecessary cases of neglect.

<table>
<thead>
<tr>
<th>Implementation initiated</th>
<th>Region</th>
<th>Current Status</th>
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<tbody>
<tr>
<td>March 26th, 2006</td>
<td>Northwest</td>
<td>Region wide</td>
</tr>
<tr>
<td>April 1st, 2006</td>
<td>Southeast</td>
<td>Region wide</td>
</tr>
<tr>
<td>May, 2006</td>
<td>Upper Cumberland</td>
<td>Anticipated region wide May 2007</td>
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<tr>
<td>October, 2006</td>
<td>Hamilton</td>
<td></td>
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<tr>
<td>November, 2006</td>
<td>East</td>
<td>Anticipated region wide September 2007</td>
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<td>March 1st, 2007</td>
<td>Knox</td>
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<td>South Central</td>
<td>Initiated region wide</td>
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<td>April 16th, 2006</td>
<td>Northeast</td>
<td>Hawkins and Hancock initiated</td>
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<td></td>
<td>Southwest</td>
<td>Hardin and McNairy initiated</td>
</tr>
<tr>
<td>June 1st, 2007</td>
<td>Mid Cumberland</td>
<td>Will begin in Robertson and Cheatham</td>
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<tr>
<td>July 1st, 2007</td>
<td>Shelby</td>
<td></td>
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<tr>
<td>July 15th, 2007</td>
<td>Davidson</td>
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</tr>
</tbody>
</table>

151 Beneke; Perry.
Pennsylvania Profile

Demographics

Unlike Minnesota, Tennessee, and other states that have moved more recently towards differential response systems, Pennsylvania has been using this approach for the past thirty years. Pennsylvania’s rate of children living in poverty increased over the past several years, rising from 15 percent in 2001 to 17 percent in 2005. Compared to other state percentages of children under the poverty line across the United States, Pennsylvania falls in the mid range, at 28th. Correspondingly, Pennsylvania’s data on families living in poverty is very similar to that of the United State’s average. Both Pennsylvania and the national data affirms 20 percent of young children under the age of five and six live in poverty, eight percent live in extreme poverty, and 33 percent of children in single-parent homes live in poverty. Pennsylvania is an exemplary statistical representation of national poverty, making it an ideal state in which to examine the experience of the population affected by poverty as it relates to other issues like neglect.

The state falls below the country average regarding the number of substantiated cases of child neglect in Pennsylvania, due to its unusual and narrow definition of neglect. Of every 1,000 children in the state, 8.4 children were referred to Child Protection Services (CPS) as abused or neglected and, of that 8.4, only 1.6 experienced substantiated abuse or neglect. Theses statistics directly address how the definition of neglect affects data on substantiated neglect and the policy and practice of CPS. The majority of reports to Pennsylvania’s CPS system do not fall within the definition thus are referred to the General Protection Services (GPS), which can be considered as lower risk track in the differential response system.

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155 See page 49
Definitions

The Child Protective Services Law (CPSL), enacted in November 1975, states Pennsylvania’s definition of child neglect. Pennsylvania’s definition is distinct from Tennessee and Minnesota in two ways:

1. The definition is specific and narrow; and

2. Entails a poverty exemption, explicitly stating environmental factors do not constitute neglect.

The statistics in Figure 1, Substantiated Types of Child Abuse in U.S, exemplify how the definition of neglect affects the number of cases substantiated in the Pennsylvania. The number of substantiated of neglect cases, at 2 percent, is extremely low compared to the national average of 55 percent. Pennsylvania defines Child neglect as:

- A recent act, failure to act or series of the acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child.

- Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child’s life or development or impairs the child’s functioning.

- If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of seriously held religious beliefs of the child’s parents, guardian or person responsible for the child’s welfare, which beliefs are consistent with those of a bona fide religion, the child will not be deemed to be physically or mentally abused.

- A child will not be deemed to be physically or mentally abused based on injuries that result solely from environmental factors that are beyond the control of the parent or person.
responsible for the child’s welfare, such as inadequate housing, furnishings, income, clothing and medical care.\textsuperscript{157}

The last bullet, the poverty exemption stature, clearly indicates caretakers will not be held responsible for “environmental factors” beyond their control, “such as inadequate housing, furnishings, income, clothing and medical care.”\textsuperscript{158} Pennsylvania is one of few states with a statute such as this written into the state legislation. Whether or not the policy has a direct affect in practice on cases of child maltreatment is investigated in following sections.

The same legislation that defines child neglect, CPSL, also establishes the statewide Child Abuse Hotline and the Central Registry with the explicit purpose of "[encouraging] more complete reporting of suspected child abuse and [establishing] in each county a Child Protective Service (CPS) capable of investigating such reports swiftly and competently."\textsuperscript{159} To better serve children and families, the reports that do not fall within the state’s narrow definition of neglect are referred to Pennsylvania’s differential response, General Protection Services.

\textit{General Protection Services (GPS)}

The General Protection Services (GPS) system functions to effectively follow-up cases falling under CPS jurisdiction, but not posing serious harm or risk to a child; for example, cases related to poverty or religious issues, as outlined in Pennsylvania’s definition of neglect.\textsuperscript{160} Pennsylvania’s policy clearly indicates substantiated cases are generally incidents of physical harm or abuse. Cases of child maltreatment that do not fall into this category, the 70 percent that involve non-serious injury or neglect, are directed to GPS under the Child Protection Services Law (CPSL). Maltreatment cases that fall into this category are typically cases of “inadequate shelter, truancy,

\textsuperscript{157} Pennsylvania statute Chapter 63; see also <http://pacode.com/>.
\textsuperscript{158} Pennsylvania statute Chapter 63.
\textsuperscript{159} Pennsylvania statute Chapter 63.
inappropriate discipline, hygiene issues, abandonment or other problems that threaten a child’s opportunity for healthy growth and development.”

In addition to stating definitions, CPSL was established with the purpose of encouraging “more complete reporting of suspected child abuse and to establish in each county a Child Protective Service capable of investigating such reports swiftly and competently.” Since passage in 1975, and following 14 amendments, the law has addressed the need for rehabilitative services for children and their families, and for family preservation when appropriate. The legislation provides a foundation for practice and emphasizes preventative measures through direct services, aiding families before the occurrence of substantiated neglect. This is especially pertinent as the legislation directly sites environmental factors do not constitute neglect. Thus, there is potential to assist the population without environmental resources, families in poverty.

Pennsylvania’s GPS system utilizes established partnerships with independent community organizations. Many partnerships are formed with contracts. The goal of GPS is to work together with families living in high-risk conditions to find the best services, including counseling, education, child care and other services in order to diminish risk and provide a safe and healthy environment for the children. Cases referred to GPS are on one of two tracks, depending on the likelihood of harm or risk to the child:

- If the risk is deemed to be high, GPS opens the case, conducts an investigation and constructs “a family service plan under general protective services and a family service plan that identifies goals and services for the family is developed.”

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162 Pennsylvania Department of Public Welfare, Child Abuse Neglect, “What is Child Abuse?”
163 Additions included involving law enforcement agencies when responding to child abuse, protecting the integrity of family life wherever appropriate, mandated counties to establish a program of protective services with procedures to assess risk of harm to a child and to respond adequately to meet the needs of the family and child. Agencies were mandated to prioritize their response and services to children most at risk, see Department of Human Services, “DHS History,” 10 March 2007 <http://dhs.phila.gov/intranet/pgintranhome_pub.nsf/Content/DHS+History> and Pennsylvania Act 136 of 1982 & Act 151 of 1994.
• If the risk is deemed to be low, no formal investigation or assessment will occur, and GPS will refer the family to a direct-service organizations in the community for assistance.\textsuperscript{164}

Pennsylvania’s GPS is essential to the safety of children since the definition of child neglect is so narrow. Many cases of children and families in need of services due to poverty would not fall under the jurisdiction of the definition of neglect, therefore efficient and effective GPS practices are crucial.

Pennsylvania’s policies are county-administered and state-supervised. Child welfare services are organized, managed, and delivered by the 67 individual counties. The state regulations serve as the minimum required in county policies. The differences between counties’ administrations and policies can largely influence the effectiveness of the system. For example, the two largest cities in Pennsylvania, Philadelphia and Pittsburgh, operate under the direction of two different counties and, consequently, have vastly different outcomes.

Examining the cities of Philadelphia, in Philadelphia County, and Pittsburgh, in Allegheny County, exemplifies how counties operate differently under the same state policy and consequently achieve different levels of success.

\textit{Philadelphia}

Philadelphia County, populated primarily by Pennsylvania’s largest city, Philadelphia, has a population of 1,463,281. In 2005, Child Protections Services (CPS) documented 1,168 new cases. General Protection Service (GPS) received more than three times as many cases, 3,940, that year. The 2003 U.S. Census data shows 28.5 percent of Philadelphia’s children are living in poverty.\textsuperscript{165} Philadelphia’s Children and Youth Division, which operates within the Department of Human Services, responds to reports of child abuse and neglect and provides support to nearly 20,000

\textsuperscript{164} Pennsylvania Department of Public Welfare, Child Abuse Neglect, “General Protection Services.”
children and families annually. Response time varies based on the severity of the report; some reports warrant a response within 24 hours or if the report falls within GPS statute, an assessment within 60 calendar days is appropriate.\textsuperscript{166}

General Protection Services (GPS) in Philadelphia provides families with several options for plans of service. One plan, Intensive Family Preservation, provides short-term (12 weeks), voluntary, intensive (up to 20 hours per week) in-home services. The family program is designed during a cooperative meeting between the family and GPS workers. In Philadelphia, there are 13 direct service programs provided by 11 community agencies that have a formal contract with DHS. Even with an extensive support system, the county’s practices not been affective within the community.

The system’s mission is to provide children and families with necessary support, regardless of the severity of the report. In recent years, however, it has become apparent that children and families in the system have not been receiving the services needed to provide a safe and healthy environment to the children. In 2003, a three-year-old girl, Porchia Bennett, was found dead. Her body showed the evidence of serious physical abuse and neglect; she had been whipped, pummeled, and starved. Three days prior, a call was made to Philadelphia’s DHS reporting Porchia and her three siblings were being beaten. The department’s failure to act following the call has led to extreme scrutiny on Philadelphia’s CPS.\textsuperscript{167} In this situation, the caseworker stated that he was unable to visit the family due to a locked gate surrounding their home. This case, in addition to others, raised questions regarding the most effective CPS policies and practices. The child welfare administers of Philadelphia recognized implementation practice needs to improve and an investigation and evaluation of the system commenced.

\textsuperscript{166} General Protection Services, Child Abuse Neglect.
Philadelphia’s Mayor, John Street, appointed a panel consisting of eleven child welfare specialists from across the state, including the Executive Director of the Support Center for Child Advocates based in Philadelphia and the Director of the Allegheny County Department of Human Services. From the start, the panel’s mission has been to investigate the current practices with the purpose of recommending reforms. The panel’s tasks include:

- Clearly defining the roles of DHS and provider social work staff
- Planning for permanence
- Kinship Care/Subsidized Permanent Legal Custody
- Adoption acceleration
- Court practice reforms
- Caseload specialization
- Referral process reform
- Pennsylvania Child Welfare Information System (PACWIS) 168

The panel is also investigating current CPS cases to ensure they have been handled properly. According to a leading Philadelphia child advocate, the city also aims to strengthen the general support system for children families that simply require direct services. 169

Through the general support system, Philadelphia intends to assist families who do not fall under CPS jurisdiction for a formal investigation or qualify for GPS assessment. The system refers families to direct service agencies in the community, which are able to provide families with services they need. These families do not formally enter into the child welfare system

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169 Paul DiLorenzo, phone interview, 23 March 2007.
on this track as they would in either a CPS investigation or a GPS assessment. Cases that fall into this category do not pose a serious threat to the children in the home. Strengthening this service aims to provide children and families in unsatisfactory conditions, including impoverished families, with needed services without opening a file in the system. The poverty exemption states environmental factors affected by poverty are insufficient to determine a case of neglect. Strengthening the general support system is consistent with this framework.

Caseworkers in DHS are aware poverty does not constitute neglect in the legislation, yet it is a common trend in many cases. A Philadelphia DHS investigative social worker stated she and her colleagues must remind themselves constantly, repeating the mantra “poverty is not a crime.” Despite acknowledgement in legislation and effort by caseworkers, environmental factors due to poverty are a common thread in many families referred, investigated, and assessed in the child welfare system.

The events in Philadelphia show that though specific legislation has outlined the need for preventative services for the past thirty years, there is a persistent need for evaluation in order to aid children and families effectively. The appointed advisory panel is identifying problems and steps have recently been taken to address the service delivery gap for children and families.

Allegheny

Allegheny County, which includes the city of Pittsburgh, receives praise for the innovative and pro-active practices of their child welfare system. In 2002, CNN's NewsNight with Aaron Brown featured Allegheny County as an exemplary system in a feature examining how child welfare systems can improve to better serve children and families. Following Philadelphia, Allegheny County has the second largest child welfare agency in Pennsylvania, serving a population of 1,235,841. The


Office of Children, Youth and Families (CYF), an integrated department within Allegheny County’s Department of Human Services (DHS), receives all matters related to protecting children, including abuse and neglect. In 2006 the department responded to 7,236 calls regarding potentially abusive or neglectful situations for children. Research found Allegheny County’s prevention practices resulted “in a decline in the rate at which families and children enter the child welfare system.”\textsuperscript{172}

Similar to the County of Philadelphia, the Allegheny County child welfare system has several operational tracks. The office of Children, Youth and Families (CYF) responds to calls or referrals with either a formal investigation, an in-home assessment by General Protection Services (GPS), or referral to a community service agency. In Allegheny County alone, every report of maltreatment involving a child under six years old requires a formal investigation. This policy change occurred in 2001 when an experienced caseworker screened out a call and subsequent actions lead to the child’s death. Children under six years old are now considered a “high-risk” population, and formal action by CYF is therefore essential to their safety.\textsuperscript{173}

Allegheny County’s DHS operates under the philosophy that their practices should keep children safe through preventative and family preservation services. If it is decided that a child should be removed from the home, CYF makes a substantial effort to place him or her with relatives and to place all siblings together. The Director of Allegheny County’s DHS suggests all workers in the system should follow the ideology that it is not an “us (DHS) v. them (families)” system.\textsuperscript{174} With the purpose of empowering families, Allegheny County requires caseworkers present parents with a “Parent’s Rights Handbook” at the onset of investigation and assessment. The handbook provides families with the information they need in order for DHS and the family to

\begin{flushleft}
\textsuperscript{173} Director of Allegheny County DHS Marc Cherna, phone interview, 20 March 2007.
\textsuperscript{174} Cherna.
\end{flushleft}
work as a team, and informs them of their rights, their children’s rights, and the procedures of the system.\textsuperscript{175}

The Director of DHS suggests the county’s strong checks and balance system is one factor for a successful program.\textsuperscript{176} Caseworkers do not have the sole authority to remove a child from their home without a CPS consultation. Once a caseworker has conducted a home visit, they present their findings to a panel and discuss the preceding actions, an analysis of current services provided, and the safety of the child. The panel then determines the plan of action based on the best interest of the child and family.

Use of the panel is intended to promote the use of preventative services in order to strengthen the family and reduce the daily stressors, including those caused by poverty, in order to prevent child maltreatment. Many families who benefit from these programs live in poverty.

In order to best serve children and families GPS is driven by the relationships between DHS and community agencies. Currently, DHS has established a community network of 151 direct service agencies.\textsuperscript{177} Some of these contracts are long-term relationships, including the placement agencies assisting in placing children in foster care.\textsuperscript{178} The focus of DHS is to determine what services will best serve the families of Allegheny County and make a referral to a private agency if DHS does not offer that service.

The state Title IV-E provides funding child welfare programs, and supports this community network. Allegheny County is proactively seeking foundation and federal grants for specific

\textit{GPS is driven by the relationship between DHS & community agencies.}

\textsuperscript{176} Cherna.
\textsuperscript{177} For fiscal year 2005-2006.
\textsuperscript{178} Cherna.
projects. There is still a lack of funding for resources, despite the 193 funding sources utilized by the locality. Specifically, there is not enough funding to conduct formal evaluations of the system.\footnote{Cherna.}

The Allegheny County DHS has not used evaluations to communicate the successes and failures, but the system has created a unique Community Relations Department to relay many of these important messages. The department is charged with establishing and maintaining relationships with the community through media, education, outreach, and involvement with local universities. For example, there is collaboration with MBA students from the Carnegie Mellon Hynes School revolving around DHS projects. With this department, Allegheny County notes the importance of strong communication with the general public. In order for preventative services to be most effective, it is important to make the information available to families who have a report filed, as well as to the general public. Services available for children and families in need are heavily advertised in libraries, community agencies, and other organizations where the information will reach the general population. In addition, Allegheny County has collaborated with United Way to create the website www.HumanServices.net with the mission of providing one easily navigated location for families to find resources in the area.

Maintaining a strong communicative relationship with the public and using innovative technology to inform the public are two successes in Allegheny County. These strengths are clearly not shared in Philadelphia. The varying practices between the states two largest cities evidence the drastic disparities in implementation of statewide regulations and policies. The state of Pennsylvania illustrates how one system can function so differently depending on county administration and the daily operations of CPS and GPS workers.

The narrow definition of neglect and the need for an effective GPS system are consistent statewide. In addition, the poverty exemption does not appear to have a substantial effect in daily practices in the child welfare system, though a formal evaluation is necessary to truly investigate.
The need for evaluation and subsequent recommendations to change and update the thirty-year-old system would greatly strengthen the child welfare system in Pennsylvania.
Section III.

Outcomes
Findings

An analysis of differential response systems in Minnesota, Tennessee, and Pennsylvania results in a number of conclusions regarding policy, implementation, family empowerment, and evaluation. The differential response system, if implemented properly, has the potential to positively impact families in poverty. The following findings may be helpful to states considering creating a differential response system that addresses the environmental factors faced by families in poverty.

Policy

- A poverty exemption explicitly stated in the state’s legal code has the potential to disentangle poverty and neglect, but without specific training or practice to support it, the statute is ineffective. We found this to be true in Pennsylvania, the only state examined here with a poverty exemption.

- Legislation, policy, and practice are directly influenced by the voices of stakeholders involved in the processes. Work groups in Minnesota and Tennessee drove the legislative process and Philadelphia’s advisory panel influences the current reform. Tennessee’s statewide and local advisory boards, staffed by community members, provide the public a voice and allow the community to become a resource for itself.

Implementation

- Poverty plays an important role in differential response systems because the services provided directly address the needs of low-income families. Minnesota’s evaluation suggests 60 percent of families in their lower risk track were below the average income among all families on both tracks.\(^{180}\) In addition, caseworkers in Tennessee acknowledge the connection between poverty and neglect, and suggest substance abuse may be a mediating factor.

\(^{180}\) Loman & Siegel 85.
Lack of public funding, at both the federal and state levels, necessitates collaboration between private and public entities. Private funding during the initial implementation of differential response pilot sites allowed Minnesota to focus on the quality of the system and its future sustainability.\(^{181}\)

It is beneficial for a state beginning to implement differential response to use a successful state’s framework as a model. Learning from established programs helps states and regions avoid repeating the mistakes of others and allows states to benefit from others’ experience. Within Tennessee, regions that have already begun implementing differential response share their experiences with areas just beginning the process. Similarly, Minnesota has shared its differential response system model with other interested states, including Tennessee.

The support and relationships between the child welfare system and community organizations is an essential component of the differential response system because many services for children and families in the system are provided by private organizations. Multi-layered relationships with the community are an important asset to differential response systems because of the reliance on community partnerships. Relationships may vary in formality.\(^{182}\)

Availability of community resources will affect the implementation of the differential response system. Rural and urban counties differ greatly in resource availability and in the services children and families require.

External support systems can supplement the services provided by differential response. All three states have information hubs for services external to differential response.\(^{183}\)

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\(^{181}\) The McKnight Foundation funded the Minnesota differential response pilot, see Johnson et al 55-56, also <http://www.mcknight.org/>.

\(^{182}\) Pennsylvania has formal contracts with their service providers, DiLorenzo and Marc Turner.

• Flexibility of the differential response system allows families with differing needs to be served appropriately, and protects child safety. Minnesota and Tennessee allow cases to transfer between tracks at any time in the process, and Pennsylvania allows family plans to be revised, as necessary.

• Though caseworker training including discussions of poverty is an important facet to implementation, training alone is insufficient to impact practice. Discussions of poverty are currently included in caseworker training, yet families in poverty are consistently involved with child welfare. An individual in Pennsylvania’s child welfare system also questions if training is sufficient to address the relationship between poverty and neglect within the current social context.¹⁸⁴

• High internal motivation of child welfare employees is an important asset in all states particularly considering the high caseloads and stressful work environment. Workforce enthusiasm has been one of the driving factors towards implementation in Tennessee.

**Family Empowerment**

• Empowering families is essential for the success of differential response systems. Minnesota uses the family unity model; caseworkers facilitate the meetings but encourage the family to derive their own goals and process.¹⁸⁵ Legislation in Tennessee explicitly addresses the importance of empowering families to change their own risk status (see page

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¹⁸⁴ Marcia Sturdivant, personal interview, Pittsburgh PA, 4 April 2007.
¹⁸⁵ Johnson et al 55.
Pennsylvania provides families with a handbook detailing the differential response process and individuals’ rights (see page 56).

- It is essential for caseworkers establish to a respectful and trusting relationship with families in order to encourage them to utilize the external services offered since services may be voluntary.

- Differential response families report receiving more services that families under traditional investigation, particularly financially related services.\(^{186}\)

- Ensuring child safety is a priority in all three states, as they strive to balance family empowerment with prevention of maltreatment. Minnesota relies on structured decision-making tools during assessment, while the history of Tennessee’s department results in a preference for investigation if a case is borderline between high and low risk (see page 49). Pennsylvania requires reports on children under six to be investigated (see page 64).\(^{187}\)

**Evaluation**

- Formal evaluation is important to ensure effectiveness and efficiency.\(^{188}\)

- Lack of transparency of data and information prevents researchers and the public from accessing information. Data is not readily available and when it is, it is tightly controlled. This prevents unsolicited external evaluation and is a barrier to public participation, communication, and feedback.

\(^{186}\) Extended Follow-up Study of Minnesota’s Family Assessment Response: Final Report Dec 2006: 34-35

\(^{187}\) Johnson et al 55; Thompson, Besaw & Lockwood, phone interview; Thompson, Besaw & Lockwood, personal interviews; Olmsted County Child and Family Services Administrator & Supervisors, personal interviews; see <http://www.county.allegheny.pa.us/>.

\(^{188}\) Lack of evaluation in Philadelphia has prevented changes to the PA system. Formal evaluation in Minnesota has revealed the effectiveness of differential response and helped guide the system’s future. See individual state sections for more detail.
Limitations

The authors found a strong correlation between the number of families in poverty and those in the child welfare system, despite limitations. Data and evaluation directly addressing the correlation between socioeconomic status was unavailable in Tennessee and Pennsylvania. Additional time would have allowed this discussion to include more information regarding the experiences of children and families in poverty within differential response systems.

---

189 See Pelton 131-181: “A long literature establishes a strong connection between family income and involvement with the child welfare system.”
## Recommendations

Based on these findings, states considering implementing differential response may benefit from the following recommendations:

### Policy

- *Include explicit poverty exemption* in both the legal code and in the child welfare agency’s policy that must influence practice.
- *Form a work group* during the legislative process with interested groups and individuals, and ensure families at all income levels are included.
- *Provide statewide policy* regarding preventative differential response program that is sufficiently flexible to account for different regional needs while providing consistency.

### Implementation

- *Address county differences while maintaining state-wide model,* in system design.
- *Share information* between state regions and from states with established and evaluated systems such as Minnesota.
- *Use standardized instruments* whenever possible, for example in determining when family no longer requires caseworker assistance.
- *Training* should address the intersection between poverty and neglect, acknowledge regional differences, and be available to other related professionals. Tailor caseworker training to what they will be doing based on services available in their areas. Provide training for other related professionals, including the District Attorney regarding the needs of families in poverty and neglected children.
- *Empower families* by including invested parties in all decision-making and meetings, and providing relevant information, including their rights, in an easily understood format.
• **Ensure child safety** by carefully identifying which families require investigation due to higher-risk status and which families will benefit most from differential response when report is initially made. Also, allow families to be transferred between tracks when necessary, and allow for service plan revision. Always ensure sufficient follow up by a caseworker or the child welfare department.

• **Address role of community**, including the media, by creating a community relations position within the child welfare system and by creating local advisory boards to encourage public support of the system and to elicit community feedback.

• **Maintain caseworker satisfaction to ensure families receive quality case management.** Set specific and realistic guidelines for caseloads to prevent caseworker overload and to ensure high quality work. Raise awareness of differing expertise required by caseworkers on investigation and differential response cases. Consider the value of specialization on one track based on workforce skill and availability.

• **Encourage creation and expansion of support services external to differential response.** Maintain a network of services available by region to prevent gaps and overlaps. External support systems provide additional prevention and supplement services provided through differential response.

• **Create local advisory boards** in order to utilize community-members as assets. Boards should be responsible for ensuring local needs are met by providing a community voice within the differential response system, acting as liaison between the system and the community, and suggesting reform.

<table>
<thead>
<tr>
<th>PRIORITIES FOR DIFFERENTIAL RESPONSE</th>
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<tbody>
<tr>
<td>• Child Safety</td>
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<tr>
<td>• Role of Poverty</td>
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<tr>
<td>• Include all perspectives</td>
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<td>• Use existing systems as models</td>
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<td>• Balance consistency &amp; flexibility</td>
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<td>• Effective training</td>
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<td>• Strong community partnerships</td>
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<tr>
<td>• Caseworker satisfaction</td>
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<td>• Empower families</td>
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</tbody>
</table>
• Acknowledge differing quality and quantity of services in different regions and counties, particularly disparities between urban and rural areas. Share effective resources between and among communities as possible.

• Establish formal relationships with service providers. Consider the utility of formal contracts in order to ensure consistency.

Evaluation

• Ensure evaluation is ongoing and begins immediately upon implementation. Evaluation should be a component of the initial legislation, program design, and funding stream.

• Evaluation should be conducted by an external system to ensure an unbiased report.

• Findings from evaluations should be utilized for system reform that directly affects policy and practice.

• All data should be collected consistently by the child welfare system and available to the public to ensure transparency. Data should include information on racial and income-based disparities in service provision as well as information regarding quantity and quality of services, and families experiences.
Future Research

Future research ought to continue to explore and explain the interaction between poverty and neglect. The relationship of substance abuse and mental illness to poverty and neglect ought to be analyzed, as should the role of race. Racial and income disparities at all levels of the child welfare system should be addressed. The specific role of poverty, and the mechanisms that relate it to neglect ought to be addressed in future research as, Deputy Director of Allegheny County states, “poverty is a precursor to other social conditions.” The role of gender, and experienced based on sex ought to be explored considering “Child welfare is a women’s system.”

In addition, a longitudinal study following families involved in differential response systems could reveal the effects of differential response, and the outcomes for families involved. Such a study might also determine which populations are most likely to accept services, and why.

Time limitations prevented this study from sufficiently gathering the experiences of the families who experience differential response, particularly those in poverty. Future research ought to document the voices of these families.

\footnote{Sturdivant.}
\footnote{Sturdivant.}
Works Consulted


Re: IRB Study # 0702034
Title: Poverty and Child Neglect: Exclusive Punishment for the Poor
PI: Meghan Welch
Co-Investigator(s): Louisa Sullivan, Talia Gursky
IRB Review Date: 3/6/2007

March 21, 2007

Dear Meghan,

The Institutional Review Board (IRB) has reviewed the requested revisions to the above referenced study.

This protocol now meets the requirements set forth by the IRB and is hereby approved. Approval is valid for a period of one year from the original IRB Review Date and expires on 3/5/2008.

Enclosed you will find stamped study materials that show the date through which these materials are valid. Only these stamped materials may be utilized for conducting your study.

Investigators are required to submit continuing review applications prior to the expiration date. Any changes to the protocol or study materials must be submitted to the Office of the IRB for approval by completing the Request for Modification Form. In addition, all adverse reactions and study completion must be reported to the Office of the IRB in a timely manner.

Please review the attached copy of Investigator’s Responsibilities and be advised that according to federal regulations a protocol may be audited at any time.

If you have any questions, please contact the Office of the Institutional Review Board at (617) 627-3417.

Sincerely,

Yvonne Wakeford, Ph.D.
IRB Administrator

Office of the Vice Provost
20 Professors Row
Medford, MA 02155
617-627-3417
Fax: 617-627-3673
TUFTS UNIVERSITY INSTITUTIONAL REVIEW BOARD
SOCIAL, BEHAVIORAL AND EDUCATIONAL RESEARCH
MEDFORD CAMPUS

INVESTIGATOR RESPONSIBILITIES

Investigators who are conducting research using human participants have the following responsibilities:

- To protect the rights and welfare of all human subjects.
- To ensure that each potential participant understands the nature of the research.
- To ensure that the correct procedures are followed to gain informed consent from each person prior to participation.
- To provide each participant with a copy of the IRB approved consent document unless waived by the IRB.
- To ensure that all researchers and research assistants have completed the required CITI training.
- To conduct all research according the Institutional Review Board (IRB) approved protocol.
- To not initiate any changes to the protocol without IRB review and approval, unless it is necessary to eliminate an immediate hazard.
- To submit to the IRB for continuing review on an annual basis, or notify the IRB when a study has been completed.
- To promptly report any unanticipated problems to the IRB.
- To retain all data and signed consent documents for at least 3 years beyond the completion of the research.

Please refer to the website for additional information:

http://www.tufts.edu/central/research/IRB/main.htm

If you require any assistance please come to the SBER IRB office that is located at 20 Professors Row, Medford or call 1 (617) 627-3417.
Social, Behavioral & Educational Research IRB
INFORMED CONSENT FORM

Title of the Research Study:
Protocol Number:

Principal Investigator:
Meghan Welch

Co-investigators:
Louisa Sullivan

Talia Gursky

Emergency Contact:

You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate. The research team is going to talk with you about the study and give you this consent document to read. You do not have to make a decision now; you can take the consent document home and share it with others.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

APPROVED
MAR 06 2007
Tufts SBER IRB

EXPIRES
MAR 05 2008
Tufts SBER IRB
Introduction

Investigators: Meghan Welch, Louisa Sullivan, Talia Gursky
Masters Candidates, Urban Policy and Planning, Tufts University

Faculty Advisor: Molly Mead

No funding is provided for this study.

Purpose of the Study

The purpose of the study is to learn more about

The relationship between poverty and child neglect

Participant Information

You are being asked to join this study because you have direct experience with child neglect policy. The study will take place over a period of 2 months. One participation session is required.

You will be one of 75 people in the study.

Participants are asked for 20-40 minutes of their time.

Location

You will be asked to come to , located at
on at pm or am.

Study Procedures

- You will be asked a series of questions about your experience with child neglect, child welfare caseworkers and the foster care system.

- You will determine if you prefer for these questions to be posed within a group setting or on an individual basis.
Social, Behavioral & Educational Research IRB

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• You will determine if professionals such as case workers or administrators are present during your interview.

• Meghan Welch, Louisa Sullivan or Talia Gursky will be asking the interview questions.

• Examples of interview questions:
  - What relationship existed between you and your caseworker?
  - Did you work with different caseworkers and how did they differ?
  - How can the child welfare system be improved?
  - Do you think your income effected how you were treated by the child welfare department?

Risks

Sadness or anger may result after participating in this study.

Risks will be minimized by allowing participants to set limitations on information disclosed and by allowing participants to leave the study at any time.

Benefits

Participants may help change or improve child welfare policy.

Alternatives

You may choose to join the study or you may choose not to join the study. Your participation is voluntary. You can stop participation at any time without any negative consequences. You do not have to answer any questions that you do not want to.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.
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You may always choose to not participate in the study as an alternative to participation.

Payments

• There are no costs associated with participating in this study.

Compensation

• There is no compensation for participating in this study.

Completion and Withdrawal

The study is expected to end after all participants have completed all study related procedures and all the information has been collected. The study may be stopped without your consent for the following reasons:

○ The Principal Investigator feels it is best for your safety and/or health. You will be informed of the reasons why your participation have ceased.
○ You have not followed the study instructions
○ The Principal Investigator, the Sponsor, or the Office of the Vice Provost at Tufts University can stop the study anytime

You have the right to drop out of the research study anytime during the study. You have the right to request that any or all of your information collected to date be withdrawn. There is no penalty or loss of benefits if you do so.

If you no longer wish to be in the research study, please contact Meghan Welch, at 202-320-5062 and take the following steps:

• State your name and your request to end participation in this study.

Privacy and Confidentiality

The research team will make every effort to keep all the information you tell us during the study strictly confidential, as required by law. The Institutional Review Board (IRB) at Tufts University is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information. Any documents you sign, where you can be identified by name will be kept in a locked drawer in a faculty member's office. These documents will be kept confidential. All the documents will be kept for a minimum of 3 years.
INFORMED CONSENT FORM

Injury Statement

In the unlikely event you become injured and/or feel upset and emotional discomfort while participating in the study you may contact the Principal Investigator or the emergency contact name on the first page of this form.

Rights and Welfare

If you have questions about your rights and welfare as a volunteer in the research study please contact Yvonne Wakeford, the IRB Administrator at (617) 627-3417 and/or the Principal Investigator named on the first page of this document.

If you have questions about the research study please contact the Principal Investigator named on the first page of this document or any of the other persons identified.

When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Signature of Participant

Date

Print Name of Participant

Signature of Person Obtaining Consent

Date

Print Name of Person Obtaining Consent

Position

I agree to be audiotaped during the course of this study

Signature of Participant

Date

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MAR 06 2007
Tufts SBER IRB

EXPIRES
MAR 05 2008
Tufts SBER IRB
Social, Behavioral & Educational Research IRB

DEBRIEFING FORM

Poverty and Neglect Study

Thank you for participating in this study!

Purpose of the Study

- To understand the relationship between poverty and neglect

Contact information

- If you have any questions about this study, please contact:
  
  [Redacted]

  OR

  [Redacted]

Final Report

If you would like to receive a report of this study (or a summary of the findings) when it is completed, please contact Meghan Welch as referenced above.

Concerns

If you have concerns about this study or your rights as a participant of this experiment, you are encouraged to contact the IRB Administrator, Yvonne Wakeford, at (617) 627-3147

You may request to have your information or any part of your responses withdrawn from the study. You may do so at this time or at a later date by contacting Meghan Welch as referenced above.

Further Reading

To read more about the topic of this study, read:


INTERVIEW QUESTIONS FOR PROPOSED "POVERTY & NEGLECT" STUDY

1) If you designed the child welfare system, how would it be different?
   • What would the state provide and what would your responsibilities be in return?

2) Have you benefited from the child welfare system at all?
   • Did you come into contact with any beneficial public programs?

3) Have you experienced any change(s) in the system?

4) How did relationships with case workers differ?

5) What different approaches were employed by caseworkers?

6) What interaction did you have with those who created the laws that affect you?

7) How long was the process from point of entry into system until services provided or child taken?

8) In your opinion, would having a higher income have prevented the situation that led to DCS involvement?
9) In your opinion, do you think race or culture played a role in how you were assessed by the system?

10) Did you hire legal representation or were you appointed legal representation?

11) How would you describe a neglectful parent?

12) How stable has your housing or job been over the years?

13) Have you relied on public assistance in the past?

14) Do you believe your income impacts the public’s view of your parenting abilities?

15) What methods work to strengthen families?
Casey Family Services [CFS]

Poverty and Child Neglect: Exclusive Punishment for the Poor?

A. The Project: Background

Many Americans have clear opinions about what constitutes child neglect. Yet this clarity is lost when one reviews the widely varying federal and state definitions of neglect. Even those most familiar with the problem at the practice level - social workers, doctors, teachers and others mandated by law to report neglect - disagree as to what it is (Delaronde, 1999). This leads to tremendous disparity in how individual child welfare systems answer tough questions related to a family's economic condition. For example, should a child be removed from his or her family because of poor housing? What about inadequate food or clothing? What about inadequate supervision while a parent works?

What seems to be an academic discussion becomes frighteningly real for thousands of poor families each year, particularly those headed by single women. For example, in the state of Connecticut, the assistant commissioner of the Department of Children and Families recently estimated that thirty percent or more of children in state foster care could exit the system if adequate housing were available for their poverty-stricken families. Jerome Miller, the former child welfare commissioner in the District of Columbia, made a similar claim. To make matters worse, children of color are disproportionately affected. These children have been removed from their families at higher rates system wide, are particularly affected by neglect removals related to poverty (Roberts 2003, Appell 2004) and receive less economic aid from child welfare systems than other families (Rodenberg 2004).

For families, neglect is the most frequent entry point into the child welfare system. In a survey of 25 states, 62% of all reported child welfare cases involved neglect (Sedlak & Broadhurst, 1996). Moreover, charges of neglect separate the poorest of the poor from their children. Despite the fact that studies consistently find no elevated rates of neglect or abuse among poor families compared to financially stable families, poor families are more likely to be involved with the child welfare system. And while many would argue that physical abuse is the more heinous crime against children, one review of the literature found significantly higher rates of foster care placement for neglect than for physical abuse (Thoma, 2005).
The alarming trends that these statistics describe raise pointed questions of law, policy and practice. Are official definitions of neglect so broad that they encompass risks that occur virtually by default to children raised in poverty? Are poor parents and their children subject to unfair standards of child safety, standards that they simply are unable to meet, given their financial circumstances? Do the legal and child protection systems have different—and lower—standards and assistance for low-income families than for financially stable ones? Do these systems view low-income families as “less worthy of preservation” (Appell 2004)? Do sharply higher rates of neglect cases among the poorest Americans grow out of child welfare systems that are “inappropriately involved in the surveillance of families who receive public assistance” (Besharov 2000)?

The extent that race, class and gender determine which children need “rescue” is stark and alarming. What are states doing to address an overarching goal of child welfare to ensure fair, equitable and culturally appropriate services to parents and their children?

B. The Project: Specific Objectives

This proposal seeks a guided policy analysis of the complex relationship between poverty and neglect by examining the interconnections between the following components:

(1) National and State Data: What Do We Know? The Tufts UEP Field Projects team will gather and analyze data from national and state agencies and from the policy literature on the relationship between race, class and gender, and the families of children who are placed into foster care.

Among the social-economic indicators that identify and determine which families are more likely to face scrutiny by state child protective agencies and which families are more likely to have children who are removed from the home and placed into foster care, what impact do the following external factors have on the correlation between poverty and neglect?

- Lack of adequate family strengthening, family support and preventive services to help parents keep their children safely at home;
- Degree of involvement with and reliance upon public agencies; and
- Lack of adequate legal representation.

(2) Qualitative Research: Stakeholder Views. Based on interviews with a variety of child welfare and legal stakeholders—including adults formerly in foster care (i.e., alumni), parents, relatives, judges, attorneys that represent youth...
or parents in dependency court proceedings, and child welfare case workers employed by private or child welfare public state agencies – The Tufts UEP team will perform a qualitative analysis of philosophical and legal views about whether the public policies of state child welfare agencies target, segregate and punish children and their parents because of their socio-economic status.

(3) Lessons Learned: Identifying Innovative Policies. The Tufts team will research and analyze state legislation enacted to establish a “poverty exemption” to bar the use of poverty and its characteristics as criteria when identifying neglect, thus shielding families from unnecessary involvement with state child welfare agencies. This analysis should focus on:

- The spirit and intent of the legislation;
- How well the legislation has accomplished its stated goals; and
- A comparison between a state that has a poverty exemption with a state that is using an alternative approach – specifically, with the differential response strategy now being legislatively implemented in Minnesota and Missouri.

(4) Identify Public Policy Directions. Viewing the study through the lens of racial equity, the team will be asked to recommend key policies for how state child welfare systems should address the blurred line between poverty and neglect.

C. Organizational Support

CFS will provide the students who select this topic with a wide variety of resources, including contacts with parents and youth formerly involved with state child welfare systems, with foster and adoptive parents and with division-level social work staff. CFS also will provide the UEP team with travel, lodging and other incidental costs likely to be incurred in their policy research and analysis.

D. About Casey Family Services

Casey Family Services is a fully licensed and accredited nonprofit child welfare agency with eight divisions that operate at 17 sites in Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island and Vermont. Established in 1976 by United Parcel Service founder Jim Casey, Casey Family Services today promotes lifelong family connections for all children and youth in foster care, including older youth. CFS programs include treatment care and services supporting youth who are making the transition to adulthood, as well as numerous family-based programs focusing on family support, family
reunification, family preservation, post-adoption care and the needs of teen parents. We also host family resource centers in four states. CFS is the direct services arm of the Annie E. Casey Foundation.

Contacts:

Sania Metzger, J.D.
Director of Policy
smetzger@caseyfamilyservices.org

Leah Glasheen, MSW
Information Specialist
Iglasheen@caseyfamilyservices.org

Casey Family Services
127 Church Street
New Haven, CT  06510
Tel.: 203/401-6930
FAX: 203/401-6901
web (CFS): www.caseyfamilyservices.org
web (Annie E. Casey Foundation): www.aecf.org
MEMORANDUM OF UNDERSTANDING
BETWEEN
TUFTS UNIVERSITY FIELD PROJECTS TEAM NO. 3
AND
CASEY FAMILY SERVICES

I. Introduction

Project (i.e., team) number: 3
Project title: Poverty and Child Neglect: Exclusive Punishment for the Poor?

This Memorandum of Understanding (the “MOU”) summarizes the scope of work, work product(s) and deliverables, timeline, work processes and methods, and lines of authority, supervision and communication relating to the Field Project identified above (the “Project”), as agreed to between (i) the candidates for the Master of Arts degree enrolled during the spring 2006 semester in the Field Projects and Planning course (UEP-255) (the “Course”) offered by the Tufts University Department of Urban and Environmental Policy and Planning (UEP) who are identified in Paragraph II(1) below (the “Field Projects Team”); (ii) Casey Family Services, further identified in Paragraph II(2) below (the “Client”); and (iii) a Tufts faculty member directly involved in teaching the Course during the spring 2006 semester.

II. Specific Provisions

(1) The Field Projects Team working on the Project consists of the following individuals:

1. Talia Gursky  
   email address: 
2. Louisa Sullivan  
   email address: 
3. Meghan Welch  
   email address: 

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The Client's contact information is as follows:

Key contact/supervisor: Sania Metzger
Email address: [redacted]
Telephone number: [redacted]
FAX number: [redacted]
Client name: Casey Family Services
Address: 127 Church Street, New Haven, CT 06510
Web site: www.caseyfamilyservices.org

The goal/goals of the Project is/are:
1) Produce a document that provides in-depth research on the intersection between poverty and child neglect and adds to the existing research in the field.
2) Ensure perspectives of stakeholders are included throughout the process.
3) Analyze the relevant existing policies in three states, and federal legislation.
4) Based on quantitative and qualitative research and analysis, make recommendations for future policy.
5) Produce recommendations for future research regarding the relationship between poverty and neglect.
6) Based on recommendations, create practical tools for advocacy organizations and policymakers.

The work processes and methods by which the Field Projects Team intends to achieve this goal/these goals is/are:
1) Qualitative and quantitative research, including focus groups and interviews with stakeholders as well as experts in the field to ensure pertinent perspectives are included.
2) Analyze relevant policies on national and state level, using available indicators.

The Project work products and deliverables are:
1) Executive Summary
2) Final Report
3) Advocacy tools geared towards policymakers.

The anticipated Project timeline is:
January 31st: Initial outline submitted to client

Tufts Field Projects MOU spring 2006
February 6th: MOU signed and submitted
February 27th: Secondary outline submitted
March 13th: Draft of state profiles completed and submitted
April 6th: Draft of Final Report Due
May 4th: Final Report Due

Also, we hope to complete a focus group as soon as it can be arranged, ideally completed by mid-February. We intend to meet in person after the secondary outline is completed, during the first week of March, and again when the document draft is completed, during the first week of April, and once more later that month before the final report is completed. We also intend to have weekly conference calls to ensure all individuals involved are up-to-date on the progress of the project.

(7) The lines of authority, supervision and communication between the Client and the Field Project Team are:
Sania Metzger is the primary supervisor and contact person at Casey Family Services. Leah Glasheen, Information Specialist, is also an important resource. Debbie Outlaw, Executive Administrative Assistant, is our contact for administrative functions such as reimbursement.

(8) The understanding with regard to payment/reimbursement by the client to the Field Projects Team of any Project-related expenses is:

Casey Family Services will reimburse all travel expenses related to this project as long as an Expense Report and a Form-W-9 are completed. Mileage will be reimbursed at the rate of .485/mile.
III. Additional Representations and Understandings

A. The Field Projects Team is undertaking the Course and the Project for academic credit and therefore compensation (other than reimbursement of Project-related expenses) may not be provided to team members.

B. Because the Course and the Project itself are part of a larger academic context, it is understood that the final work product and deliverables of the Project (the "Work Product") – either in whole or in part – may and most likely will be shared with others inside and beyond the Tufts community. This may include, without limitation, the distribution of the Work Product to other students, faculty and staff, release to community groups or public agencies, general publication, and posting on the Web. Tufts University and the Field Project Team may seek and secure grant funds or similar payment to defray the cost of any such distribution or publication. It is expected that any issues involving Client confidentiality or proprietary information that arise in connection with a Project will be narrow ones that can be resolved by discussion among the Client, the Field Projects Team and a Tufts instructor directly responsible for the Course (or his or her designee).

C. It is understood that this Project may require the approval (either through full review or by exemption) of the Tufts University Institutional Review Board (IRB). This process is not expected to interfere with timely completion of the project.
IV. Signatures

Sania Metzger

For Casey Family Services
By: Sania Metzger
Date: February 5, 2007

Talia Gursky

Representative of the Field Projects Team
By: Talia Gursky
Date:

Molly Mead

Tufts UEP Faculty Representative
By: Molly Mead
Date:
Tufts University
Institutional Review Board
Protocol Cover Sheet attachment for “Poverty and Neglect: Exclusive Punishment for the Poor?”

Co-investigator

Talia Gursky
Urban Policy and Planning
Title of the Research Study:
Protocol Number:

Principal Investigator:

Co-investigators:

Talia Gursky

Emergency Contact:

You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if you decide to participate. The research team is going to talk with you about the study and give you this consent document to read. You do not have to make a decision now, you can take the consent document home and share it with others.

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Social, Behavioral & Educational Research IRB

INFORMED CONSENT FORM

Introduction

Investigators: Meghan Welch, Louisa Sullivan, Talia Gursky
Masters Candidates, Urban Policy and Planning, Tufts University

Faculty Advisor: Molly Mead

No funding is provided for this study.

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Study Procedures

• You will be asked a series of questions about your experience with child neglect, child welfare caseworkers and the foster care system.

• You will determine if you prefer for these questions to be posed within a group setting or on an individual basis.

APPROVED
MAR 06 2007
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EXPIRES
MAR 05 2008
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You will determine if professionals such as case workers or administrators are present during your interview.

Meghan Welch, Louisa Sullivan or Talia Gursky will be asking the interview questions.

Examples of interview questions:
- What relationship existed between you and your caseworker?
- Did you work with different caseworkers and how did they differ?
- How can the child welfare system be improved?
- Do you think your income effected how you were treated by the child welfare department?

Risks

Sadness or anger may result after participating in this study.

Risks will be minimized by allowing participants to set limitations on information disclosed and by allowing participants to leave the study at any time.

Benefits

Participants may help change or improve child welfare policy.

Alternatives

You may choose to join the study or you may choose not to join the study. Your participation is voluntary. You can stop participation at any time without any negative consequences. You do not have to answer any questions that you do not want to.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.
INFORMED CONSENT FORM

You may always choose to not participate in the study as an alternative to participation.

Payments

- There are no costs associated with participating in this study.

Compensation

- There is no compensation for participating in this study.

Completion and Withdrawal

The study is expected to end after all participants have completed all study related procedures and all the information has been collected. The study may be stopped without your consent for the following reasons:

- The Principal Investigator feels it is best for your safety and/or health. You will be informed of the reasons why your participation have ceased.
- You have not followed the study instructions
- The Principal Investigator, the Sponsor, or the Office of the Vice Provost at Tufts University can stop the study anytime

You have the right to drop out of the research study anytime during the study. You have the right to request that any or all of your information collected to date be withdrawn. There is no penalty or loss of benefits if you do so.

If you no longer wish to be in the research study, please contact Meghan Welch, at 202-320-5062 and take the following steps:

- State your name and your request to end participation in this study.

Privacy and Confidentiality

The research team will make every effort to keep all the information you tell us during the study strictly confidential, as required by law. The Institutional Review Board (IRB) at Tufts University is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information. Any documents you sign, where you can be identified by name will be kept in a locked drawer in a faculty member's office. These documents will be kept confidential. All the documents will be kept for a minimum of 3 years.
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Injury Statement

In the unlikely event you become injured and/or feel upset and emotional discomfort while participating in the study you may contact the Principal Investigator or the emergency contact name on the first page of this form.

Rights and Welfare

If you have questions about your rights and welfare as a volunteer in the research study please contact Yvonne Wakeford, the IRB Administrator at (617) 627-3417 and/or the Principal Investigator named on the first page of this document.

If you have questions about the research study please contact the Principal Investigator named on the first page of this document or any of the other persons identified.

When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Jen L. Hunt 3-30-07
Signature of Participant Date

Jenesia Thornton
Print Name of Participant

Signature of Person Obtaining Consent 3/30/07
MEGHAN WELCH
Date

Print Name of Person Obtaining Consent
Position

I agree to be audiotaped during the course of this study

Signature of Participant Date

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