



Ten Years of Multiple Response: Lessons learned about implementing a differential response system

Joel Rosch PhD
Senior Research Scholar
Center For Child and Family Policy
Duke University
jbrrosch@duke.edu
919-613-9291

Bridging the gap between research and public policy

North Carolina's Multiple Response System (MRS)

MRS has seven elements including:

1. A strength-based, structured, intake process
2. A *differential response* to reports of abuse, neglect or dependency
3. Coordination with law enforcement
4. A re-design of in-home services
5. The use of child and family team meetings for service plans
6. Implementation of shared parenting meetings in child placement cases
7. Collaboration with **Work First** for financial, employment and other community services

Paradox

Most evaluations of MRS are positive

safety

timeliness of response

timeliness of service

coordination of services

client satisfaction

worker satisfaction

cost effectiveness

Yet many key stakeholders are dissatisfied, some are horrified

Key Issues

1. What do we really want from a child protective system?

Fewer reports of child abuse, neglect or dependency

An increase in child well being

Fewer children coming into the child welfare system

Fewer child abuse deaths

Zero deaths among children who known to social services

More assistance to needy families

Fewer dollars spent by the child welfare system

Which of these can or will be impacted by differential response?

What Illinois needs for differential response to be successful

First the obvious

To be successful differential response (like any program) needs both a realistic implementation plan and an evaluation system that yields systematic information that can, and is, used to create a continuous improvement process.

To be successful differential response will require a different set of skills, knowledge and abilities among front line and supervisory staff. This probably means a major change in organizational culture.

The less obvious and harder

You need to clearly articulate to the media and to key stakeholders including judges, child advocates and other organized groups interested in child protection what you expect differential response to accomplish.

Understand that real change in practice is co-produced

You will not be successful unless school officials, police officers, medical professionals and other agency partners have a clear understanding of how multiple response is different than the status quo.

You will need to convince parents that protective services workers are not child snatchers and that you really can help families promote the well being of their children.

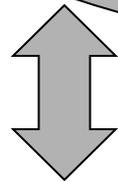
Real change in practice is hard

High visibility top down decisions by political elites and agency leaders are of course necessary for real change to occur – but they are not sufficient. Real change in practice will take more than top down changes in laws, funding levels, practice models, screening tools, eligibility rules, etc.

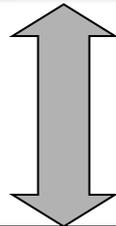
Real change is co-produced with both agency partners and in your clients. You will need both:

1. a change in the norms of a variety of street level professionals across multiple agencies, not just in your agencies.
2. active collaboration with families, and new societal expectations about what you do

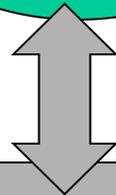
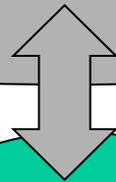
**Laws, funding, best practice models,
screening tools, eligibility rules, etc.**



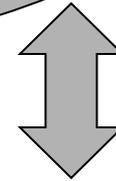
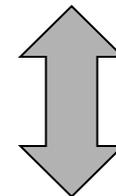
**Professional Norms:
other agencies**



**Real
Change in
Practice**



**Professional Norms:
social workers**



Families/Citizens/ Clients/Consumers