

Differential Response in Child Protection: How Much Is Too Much?

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“Are my parents going to know what I tell you?”

Throughout my twenty years representing children in abuse and neglect court proceedings, this was the question I most often needed to answer before my young clients felt safe enough to tell me what was happening in their families. I quickly learned there was considerable pressure placed on these children by their parents to keep the family’s secrets.

In 2007, Vermont passed legislation mandating the implementation of differential response (DR) to screened-in, or accepted, reports of child abuse and neglect. By July 2009, Vermont’s differential response system had been implemented into practice. Differential response (DR) refers to a dual track system that allows public child protective service (CPS) agencies to respond to accepted reports of child abuse or neglect with either a traditional investigative response (TR) or an alternative response (AR). The AR track was designed to be a less authoritarian and less adversarial approach to families who had been identified as having a lower risk of future maltreatment. Alternative track programming promoted caseworker collaboration with family members to complete a comprehensive assessment of the family’s needs, risks, and strengths, rather than involving families in a traditional CPS investigation. Families in the alternative track would then participate in services voluntarily.

One of the provisions of Vermont’s DR legislation was as follows: When an accepted child maltreatment referral was assigned to the alternative response track, the legislation required that any interview with an alleged child victim “shall occur with the permission of the child’s parent, guardian, or custodian” (33 Vermont Statutes Annotated §4915a(a)(2)). When I questioned the wisdom of this policy—requiring the Department of Children and Families (DCF) to obtain permission from an alleged maltreating parent to interview their allegedly maltreated child—I was assured that if the parent refused to grant permission, DCF could always reassign the case back to the traditional, or investigation track. I pointed out that by then, parents would have had ample opportunity to pressure their children into recanting maltreatment allegations before DCF could conduct the interview. A DCF spokesperson subsequently told me that this was not an issue, because the DR research had demonstrated that children served in the AR track were “just as safe” as children in the investigation track.

I thought, Really? Were children just as safe, or had they

simply learned not to make further disclosures? Were my perceptions of parental pressure on children to recant skewed by the fact that I saw only the high-risk families that ended up in court? What did the research really say? I didn’t know the answer, and I didn’t have the knowledge or skills to assess the reliability or validity of the research studies addressing these questions. I hit the same wall each time I questioned a child welfare policy or practice. Which interventions had been proven effective? Which ones had not? And, how could I truly make a difference to children and their families if I didn’t know?

I subsequently left the direct practice of law and enrolled in a doctoral program in social policy at the Heller School at Brandeis University, and I used the educational research opportunities afforded to me to answer some of these pressing questions. I ultimately completed my doctoral dissertation on the topic of “Differential Response in Child Protection Services: A Comparison of Implementation and Child Safety Outcomes.” What follows is some of what I learned through my dissertation research.

Explaining Differential Response

Four basic premises underlie differential response: (1) families can be accurately assessed at intake and categorized according to their level of risk for future maltreatment; (2) families referred to an alternative track will be more likely to engage in services voluntarily than would families in the TR track, because of AR’s less “adversarial” and “accusatory” approach; (3) services needed by families would be available and accessible to them; and (4) services provided to families would be effective in remediating the underlying issues that led to maltreatment (Baird, Park, & Lohrbach, 2013; Bartholet, 2012; English, Wingard, Marshall, Orme, M., & Orme, A., 2000; Zielewski & Macomber, 2007; Zielewski, Macomber, Bess, & Murray, 2006).

Based on these assumptions, the logic model of DR might be pictured as diagrammed in Figure 1.

The results of Vermont’s initial implementation of DR appeared to support the second assumption in this logic model. At the time DR was adopted, Vermont made a clear commitment to serve families who would have received little or no assistance under prior DCF policies and programming because they would not have risen to the level of concern that would warrant CPS involvement. Implementing DR clearly had the intended effect of increasing the number

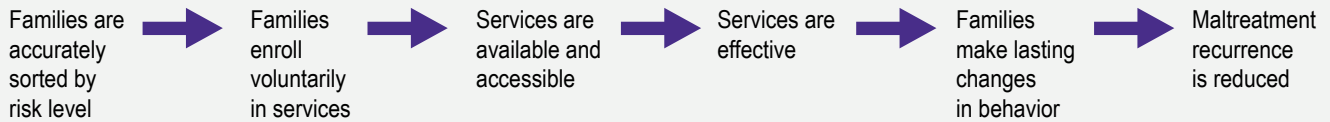


Figure 1. Logic Model for DR Programs

of lower-risk families who received services from CPS. The screen-in rate reportedly jumped from 19.0% in 2008 to 26.6% in 2010 (U.S. Department of Health and Human Services, 2011 and 2010), suggesting that many families who would have previously been screened out were screened in and received services as a result of DR implementation. An analysis of National Child Abuse and Neglect Data System (NCANDS) data for the same time period confirmed that the number of families who received services from the agency increased from 659 in 2008 to 920 in 2010.

Unfortunately, this increase in service provision did not result in better child safety outcomes, based on re-report rates for children served in the AR track compared with those served in the TR track. While in FFY 2011 there was no significant difference in the rate of re-reporting between the two tracks, in both 2010 and 2012, AR case re-report rates were higher than those on the TR track. In 2012, re-reports of families in a 12-month period showed 167 families (15%) assigned to the AR track had been re-reported, compared with 291 families (11%) served in the TR track (Vermont Department for Children and Families, 2012). Using NCANDS data and survival analysis, my research showed that children whose cases were assigned to AR in Vermont in FFY 2010 were about 30% more likely to be re-reported than those assigned to the TR track.

By definition, families referred to the AR track should be at lower risk. Therefore, we would expect families in AR to have a lower risk of recurrence than families assigned to the TR track. The fact that this was not true in Vermont suggests that families may not have been accurately categorized by risk level at the time of track assignment, or that some aspect of the AR track intervention (such as the expectation that parents would voluntarily engage in services) was having a negative effect on re-report rates. In other words, the first two assumptions of the logic model in Figure 1 may not be supported under Vermont's model of DR implementation.

Several studies of DR in other states have found that a surprisingly high percentage of families assigned to AR tracks were at high risk for maltreatment recurrence. Loman and Siegel, in their 2004 study of the use of the

Structured Decision Making (SDM) Family Risk Assessment tool for more than 15,000 families in Minnesota, found that 17.4% of families who were initially categorized as appropriate for the AR track were later assessed to be at high or intensive risk (Loman & Siegel, 2013, p. 555). In the evaluation of Virginia's DR program, researchers found that 18% of families on the AR track were at high risk, as measured by the risk assessment made at the completion of the family assessment (Commonwealth of Virginia, 2008, p. 14). Similarly in research in Washington State, English and colleagues (2000) found that despite having been classified as low risk, 20% or more of the neglect cases assigned to the alternative track had been preceded by intake reports that contained allegations indicating a "potentially serious disregard to the health and well-being of children"... "based on the child's primary caregiver failure to follow through with medical intervention for serious health issues" (p. 382). These authors also found that many of the intake reports of families assigned to AR alleging physical abuse contained information indicating "the potential for serious harm" based on parental acts such as blows to the head, shaking, choking or smothering a child (p. 387).

Despite these findings, as Loman and Siegel (2013) point out, only 2% to 6% of cases initially assigned to the AR track in DR states are ever reassigned to TR, with Illinois being an exception. English, Marshall, Brummel, and Orme (1999), studying re-referrals in Washington State, opined that the state's system of risk assessment "may not adequately address the issue of cumulative harm versus imminent risk" (p. 305) and also failed to assess for domestic violence, substance abuse, and maltreatment of the caregiver as a child, all of which are among the factors most highly associated with maltreatment risk.

In an evaluation of Wyoming's DR program, the Wyoming Legislative Service Office (2008) concluded that many track decisions were being made "hastily, without needed information." The report recommended that the time allotted for track assignment decisions be increased to a week from 24 hours to provide supervisors with "the results of the safety assessment, initial interviews, collateral contacts, and caseworker observations" to inform track

assignment decisions (pp. 2–3). The Wyoming Department of Family Services did not implement this recommendation.

Cameron and Freymond (2015) expressed similar concerns, stating,

There have always been some fairly intractable problems with the American conception of a differential approach to child welfare. It is difficult to construct a credible basis for dividing child welfare clientele into investigatory and assessment cohorts, based upon information gleaned from limited contact with children and parents, or no contact when decisions are made by CPS hotline staff based on partial information from the reporter. (p. 3)

At times, track assignment is based on a determination of a family's willingness to cooperate with the caseworker and to participate in services. The problem is that caregivers' expressed intentions to participate in services and their actual participation are often very different (McCurdy & Daro, 2001). Two Vermont CPS staff members described the challenge to me:

I just don't know that they [families] have the wherewithal once the social worker is out of the picture to really stay connected to a service provider... [When they don't stay connected, this may be because] the provider didn't connect, the provider didn't push it, or the parent is invested when we're there, but when we're not there, the motivation wanes. (Piper, 2013, p. 10)

Lip service.... Everybody has the opportunity to say "yes" to us and say, "Yah, I'll do it. I'll do it." But it's always things get in the way... [There are people that just want us out and agree to do something. Maybe they'll do it while we're involved and then it drops off once we're out. (Piper, 2013, p. 10)

A recent unpublished study by Darnell and Fluke (2014) suggests that as the percentage of cases assigned to the AR track increases, the number of high-risk cases on the AR track also increases. At some point, therefore, the percentage of re-reports in AR cases will exceed the number of re-reports on cases in the TR track.

My dissertation research compared re-report rates between AR and TR tracks in the thirteen states that had implemented DR statewide as of 2012, using data from the 2000–2012 National Child Abuse and Neglect Data System (NCANDS) Child Files. My research determined that in these thirteen states, anywhere from 2.21% (in Illinois) to 84.14% (in Wyoming) of screened-in child maltreatment referrals had been assigned to the AR track. Given that track assignments

are supposedly determined by risk level, and the AR track was designed to serve lower-risk families, it would be fair to expect AR cases to recidivate at significantly lower rates than cases assigned to TR.

However, the results of a survival analysis show that AR cases were re-reported at a lower rate than TR cases only when fewer than 33% of all accepted reports had been assigned to the AR track. In states that assigned more than 33% of accepted referrals to AR, these cases were often re-reported at significantly higher rates than cases assigned to the TR track. In five states in specific years (Kentucky in 2005 and 2006, Minnesota in 2004 and 2006–10, Wyoming in 2002–2008 and 2011–2012, Virginia in 2008, and Massachusetts in 2011), there was no significant difference. In Missouri, Tennessee, and North Carolina, AR cases were re-reported at higher rates than TR cases during every year for which those states reported AR dispositions to NCANDS. The data from Oklahoma reflect the overall trend among all the states. In Oklahoma, when the percentage of reports assigned to AR was less than 23%, the re-reporting rate was less than for TR. However, this trend reversed in 2009, as soon as the percentage of families assigned to AR jumped to 49.34%. Then, in 2012, when the percentage of families assigned to AR dropped back down to 23.35%, there was no significant difference in re-reporting of families served in the two tracks.

A caution is warranted when interpreting this data. A comparable re-report rate between AR and TR tracks does not indicate that children served in AR are "just as safe" as children served in TR. Based on the presumption that AR cases are, to begin with, lower risk than are investigation track cases, a similar re-report rate in both tracks is still highly problematic. Because the baseline for child maltreatment occurrences in low-risk families is very low, an appropriate re-report rate for families served in the AR track should be considerably lower than for TR.

Implications

The results of my research suggest that states should adopt methods of implementing DR that result in fewer than 33% of all screened in child maltreatment reports being assigned to the AR track. This recommendation is based upon the research finding that a cutoff of approximately 33% of families assigned to AR is necessary to maintain equivalent re-report rates between the two tracks. However, because AR cases are, by definition, lower risk than TR cases, an argument could be made that an even lower percentage of referrals to AR would better reflect a true "equivalence of child safety" between the two tracks.

There is one other caution: This recommendation has less to do with the mathematical percentage of referrals to AR than with the high probability that raising the rate of case assignment to AR above 33% will likely result in increasing

numbers of unidentified higher-risk families being assigned to the alternative track.

There are several ways states can improve the accuracy of track assignment decisions, thereby preventing the inaccurate assignment of higher risk families to the alternative track.

Timing of Track Assignment Decisions

In most DR programs, track assignment decisions are usually made within 24 hours of receipt of the referral. At such an early stage of the case process, intake workers typically have little information with which to assess a family's risk level, other than that provided by the referral source. States should delay track assignment until the intake caseworker has conducted a thorough review of CPS, court, and Department of Corrections (DOC) records. It may also be appropriate for workers to gather information from collateral contacts as well as from in-person interviews with alleged child victims and their families before making a track assignment. In short, there is emerging agreement that caseworkers need sufficient time to collect necessary information to complete a valid risk assessment before making track assignments (Minnesota Governor's Task Force on the Protection of Children, 2015; Casey Family Programs, 2014).

Criteria Used for Track Assignments

Policy makers in DR states should reconsider the criteria on which track assignments are based to ensure that higher-risk cases are not assigned to the AR track. It is most important that policies should require consideration of a family's prior history of CPS involvement when making track assignment decisions, since prior CPS involvement is the factor most highly associated with future maltreatment risk (English et al., 1999; Wulczyn, 2009). The Minnesota Governor's Task Force on the Protection of Children (2015) formalized this as a recommended reversal of policy because previously, caseworkers had been instructed not to consider prior allegations or previous involvement with CPS when making track decisions. Loman and Siegel (2012), in their 8–9-year follow-up of a DR study in Minnesota, found an absence of discernible positive effects from being served in AR among families who had prior CPS involvement, suggesting that

the short-term assistance that generally characterizes DR family assessments is most effective among families that are being seen for the first time, and might be targeted first to this group.... [C]hronic families are likely to need more assistance." (p. 1,665)

They go on to suggest that in such cases, "[m]ore [assistance] may be needed to address deeper and more intractable problems, such as mental illness, substance abuse, domestic

violence or children that are difficult to care for" (p. 1,666).

Use of Risk Assessment Instrument in Track Assignment

States should consider using validated risk assessment instruments during the decision-making process used for track assignment. Caregivers need to be assessed for possible substance abuse, mental illness, domestic violence, and other factors that have high predictive validity in estimating the likelihood of future maltreatment. These problems in families have been repeatedly shown to be more responsive to the traditional investigation response (TR) than to the AR track (Commonwealth of Virginia, 2008; Fuller, Nieto, & Zhang, 2013; Loman, Filonow, & Siegel, 2010; Loman & Siegel, 2004; Loman & Siegel, 2012).

Separate Child Interviews

Accurate information obtained from alleged child victims is essential for an accurate determination of risk. However, children may be heavily influenced by parental pressure not to disclose incidents of maltreatment. All states implementing DR should carefully examine policies encouraging the use of conjoint family interviews during initial fact-finding assessments of cases on the AR track. Such conjoint family interventions, when used instead of child-only interviews, are not appropriate when recent child maltreatment or current high risk, or both, are suspected. It is telling that the Minnesota Governor's Task Force on the Protection of Children (2015) recommended that "CPS interview the child individually first and prior to contact with the child's parents/legal guardians whenever possible" (p. 14).

Track Assignment Upon Re-reporting

When families originally served in the AR track are subsequently re-reported, these cases should not be reassigned to AR. If AR programming was not successful in ensuring children's safety, why would one use the same approach again when these families are re-referred? Yet my research showed that upon re-referral, cases originally served in AR tracks were reassigned to the AR track at twice the rate, on average, of families re-reported after having been served in TR. According to NCANDS data for the thirteen states in this study, on average, 25.17% of cases initially assigned to TR were assigned upon re-report to AR, while 49.04% of cases initially assigned to AR were reassigned upon re-report to AR. With the exception of Illinois, in all the states I examined, the percentage of AR cases reassigned to AR upon re-report exceeds the percentage of TR cases assigned to AR. This explains why the substantiated re-reporting rate is such a misleading measure of child safety when comparing AR and TR cases. In every state, cases served in AR are not substantiated. So given the above figures, overall substantiated re-reporting of cases is obviously going to decrease as the percentage of

cases initially assigned to the AR track increases. Clearly, this tells us nothing about the true relationship between AR utilization and child safety outcomes.

Conclusion

In 2003, the federal government recognized the goal of DR as serving families who might not otherwise receive any kind of intervention or assistance from state CPS agencies (Child Welfare Information Gateway, 2003; Hughes & Rycus, 2013). According to Waldfoegel (1998), under prior CPS screening criteria, approximately 20% of all referrals to CPS agencies would have been closed out upon completion of the investigation, with no services provided because allegations of abuse or neglect did not rise to the level to warrant CPS involvement. In its early stages, DR was designed to serve only this group of underserved, low-risk cases. My research has supported the contention that, in those states that assign a high percentage of accepted referrals to the AR track, the DR program has gone far beyond its original goal of serving this limited category of families.

What is the optimal level of AR utilization? Policy makers need to understand and consider the lessons learned from DR research. As Samuel Taylor Coleridge (1817) once said: “Every reform, however necessary, will, by weak minds, be carried to an excess that itself will need reforming.” The only way to stop this natural human tendency is through sound research and a rational, evidence-supported political environment.

Note: The data utilized in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, New York, and have been used with permission. Data from the study “Differential Response in Child Protection Services: A Comparison of Implementation and Child Safety Outcomes” were originally collected by Kathryn Piper (principal investigator, Marji Erickson Warfield, Heller School, Brandeis University). The collector of the original data, the funder, the Archive, Cornell University, and its agents or employees bear no responsibility for the analyses or interpretations presented here.

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