



Editorial

Commentary: Taking a deep breath before reflecting on differential response



Having taken time to slow up and reflect, we ask: “Why should there be a special section on **Differential Response (DR)** at this time?” DR is neither completely accepted nor completely rejected by the field of child protection, although there have been strong positions staked out. At present, DR is debated primarily in a limited number of countries, but the implications of the current DR efforts are likely to be of interest to other countries seeking to reform their child protection efforts. Finally, reviewing DR at this time offers an illustration of “policy science in action” and the difficulties inherent in conducting valid research on child protection services systems.

DR as a change to the existing Child Protective Services (CPS) system in the United States was conceptualized and introduced into State legislation in Florida and Missouri in 1993 (Merkel-Holguin, Kaplan, & Kwak, 2006). As the concept has moved to other states and nations, the original concept behind DR, i.e., to formalize at least two pathways that CPS agencies use to respond to allegations of child maltreatment, has been maintained, with some significant implementation adaptations in other countries. The approach from the beginning involved maintaining an *Investigation Response (IR)* and adding a formal *Alternative Response (AR)*. The originators informally hypothesized that a DR-organized CPS system would allow the agency to respond to all cases in a more distinct and nuanced manner, based on such factors as the type of maltreatment, extent of harm, family characteristics, risk levels, and previous exposure to CPS.

There were explicit and implicit assumptions built into the innovation. These included (a) approaching a family with an *investigation* may not be the best way to build a working relationship with a family; (b) different kinds of cases are best served by different responses; and (c) it would be good to be able to offer needed services to families willing to accept them, setting aside the need to prove child maltreatment for cases that are deemed lower-risk. It remains to be seen to what extent these and other assumptions have been tested as part of DR-motivated innovations.

In 2008, the U.S. Children’s Bureau funded the Quality Improvement Center on Differential Response (QIC-DR) with the purpose of evaluating DR as actually applied, identifying best practices related to this reform, and understanding replication issues. The QIC-DR (2014, pp. 12–13) defined the two pathways as:

Alternative Response, sometimes also called the family assessment response (FAR), incorporates the following considerations:

- Establishment of AR pathway is formalized in statute, policy, or protocols;
- New information that alters risk level of safety concerns can cause the initial AR pathway assignment to change to IR;
- Families assigned to AR can choose to receive IR;
- AR families can accept or refuse the offered services *if there are no safety concerns*;
- AR families are assessed with no formal determination of child maltreatment (no substantiation decision); and
- Since no determination of maltreatment is made, no one is named as a perpetrator, and no names are entered into the central registry for those individuals who are served through the AR pathway.

The IR pathway requires a formal investigation that includes the assessment of the allegation of child maltreatment and culminates in a finding, such as substantiated, indicated, or not substantiated. An integral part of IR is the identification of perpetrators of maltreatment. The names of these people are generally included in a central state registry.

Implementation and Evaluation Efforts

To date, there have been a number of efforts to implement and/or evaluate DR (QIC-DR, 2014), both within the United States and internationally. What confounds the discussion of DR are the numerous and varying definitions of DR across U.S. states, Canadian provinces, and other countries. At best, the use of the term DR has become a complex proposition, with many assumptions that can be either explicit or implicit. CPS agencies and community partners implementing DR in different parts of the world have diverse and fluctuating policies, procedures, target populations, legislative frameworks, workforce structures, and criteria based on initial risk levels for assignment to AR or IR. Variability, on the other hand, also allows for CPS agencies to be more responsive to local contexts.

Since 2000, in the United States, there have been different attempts by various research firms and academic institutions to determine whether and to what extent a two-pathway CPS system is helpful, harmful, or has no effect, in several main areas: child safety, quantity, timing and type of services, parental engagement, and costs. In other words, what effect does AR have on these outcomes? The most rigorous research efforts publicized to date in the United States consist of 10 evaluations, of which seven employed a randomized control trial design, and three used quasi-experimental designs. These are supplemented by a fairly large number of evaluation efforts in Australia and Canada, some of which are reported in this volume. The methodologies employed, and the characteristics of the jurisdictions where the studies of DR implementation have occurred, necessarily should impact both results and interpretations of findings. Dispassionate observers will also recognize that the lack of consistent definitions is an obstacle to implementation, interpretation, and comparison.

By providing a point in time for reflection, this Special Section presents an opportunity to examine DR from several vantage points, to consider what further evaluation efforts might be most helpful, and to provide a touchstone to spur additional and more sophisticated inquiry into this CPS reform effort. Reviewing different aspects of the phenomenon of DR at this time is also an opportunity to highlight how attempts at child welfare reform seem to quickly attract strong positions, for and against programmatic and systematic change. This is happening well before the development of a critical mass of evidence from what are necessarily prolonged attempts to define and work through the nature and meaning of innovations.

DR is no different in this sense than other systemic reforms which have generated great fear of unintended negative consequences for vulnerable children. As with the timelines embedded in the Adoptions and Safe Families Act or the emphasis on maintaining children with families of origin implicit in campaigns to reduce the foster care population, safety-focused advocates fear that an otherwise laudable innovation will inadvertently place more children at risk of serious harm. On the other side of that debate, advocates prioritizing permanency and family integrity fear that any innovation failing to embrace those values disrupts natural family functioning and unnecessarily traumatizes children, often in ways that disproportionately impact already disadvantaged populations. It is rare for child welfare reforms to be quietly implemented and tested in highly reliable ways before policy conclusions for and against are solidified. There are still many unanswered questions and more open, reflective, fact-focused and carefully reasoned analyses are needed. With multiple definitions, widely varying local systems, and research that is still necessarily constrained by the need to carry out field tests in the “real world” of complex emotional and political agendas, much will always be needed to gain adequate understanding of the variables that correlate with increased or decreased child and family safety and well-being.

Separating Claims and Data from Both Pros and Cons

One challenge for evaluating DR dispassionately is to consider how the assumptions favoring or disfavoring DR have sometimes changed over the course of DR implementation. For example, as the number of public child welfare agencies implementing DR expands and evaluation results emerge, so do the reasons for implementing this CPS reform. As with many innovations in child welfare, headlines and proclamations may misinterpret, overly simplify, or inflate what is claimed as achieved or even possible and simultaneously might avoid nuance and qualification in the name of promise. One jurisdiction's promising research findings from implementing DR may become the expectation for the next community, even if the implementation structures and underlying cultures and conditions are significantly different.

As one example, it is possible to note a few of the many technical reports, manuals, and newspaper stories that highlight or even “headline” claims about DR. When such highlights are noted we try to provide the possible origins of the particular assumption or claim that is highlighted and point out the questions that we believe then become important for the child welfare field to answer in the years to come. Among these headlines are

DR Allows for More Functional Non-Adversarial Relationships Between CPS Workers and AR Families. Some questions have emerged from this statement: Do families experience IR as adversarial, and if so, then under what conditions, and to what extent does this affect case outcomes; and what are the ways caseworkers can engage with families to decrease emotions of hostility and/or resistance? On the AR pathway, do casework assessment practices always reflect strengths-based, solution-focused practices that are increasingly embedded into both child welfare responses? If consistently reflected in practice, do these assessments work to reduce animosity? If a state changes the language of its practices from *investigation* to *assessment* does that help change the culture of worker belief and parental perception? The literature has detailed the inherent tension between caseworkers' dual roles of helping and policing/investigating (Drews 1980; Dumbrill, 2006). Various research studies have captured clients' perspectives about their involvement (voluntary and involuntary) with CPS, with some of those emotions noted as fear, anger, and shame (Buckley, Carr, & Whelan, 2011; Dale, 2004; Diorio, 1992).

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