



Effects of approach and services under differential response on long term child safety and welfare



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ABSTRACT

An outcome analysis was conducted based on an extended follow-up of the implementation of differential response program reforms in Child Protective Services offices in 10 counties in a Midwestern U.S. State. Random assignment was conducted of families that were first determined to be appropriate for family assessments. Experimental families ($n=2,382$) were each assigned to a non-forensic family assessment, and control families ($n=2,247$) each received a forensic investigation. Families were assigned continuously over a 15-month period and then tracked from 45 to 60 months from the date of assignment. Detailed information on services provided and family responses was obtained via two subsamples of experimental and control families. Measures of family engagement and service reception and utilization were utilized to determine instrumental outcomes introduced through family assessments. Improved family engagement and increased and broadened services were found to have occurred, and it was theorized that these changes mediated extended outcomes. Extended outcomes included reductions of rates of subsequent screened-in reports of child maltreatment, proportions of families that experienced child removals, and instances of new safety threats and problems in parenting. Differences in outcomes were found among the participating counties with 4 counties accounting for most outcome differences. The relationships between instrumental and extended outcomes were discussed with suggestions for further research.

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Introduction

There are two underlying questions that arise when differential response (DR) is considered, and these questions are asked whenever any substantive change is suggested in child protection: Are children any more or less safe? Does it make any real difference? These were the questions of concern to the state agency in the present circumstance, and uncertainty about them has delayed implementation in other states. Child advocates have expressed concern in regard to child safety if investigations are not conducted for every accepted maltreatment report. Nonetheless, based in part on promising preliminary studies, nearly half of the states in the United States have introduced some form of DR into their child protection systems. In such systems, accepted reports of child maltreatment are routed along at least two distinct pathways or tracks in which families receive either a forensic investigation (when imminent safety concerns are anticipated) or (when not) a less adversarial, more broad-based family assessment (FA) that is often referred to as the alternative response. In this article, FA always refers to an *alternative response* and never to a forensic investigation. Families offered FAs may be referenced as *FA families*.

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This article is an extended follow-up and a new analysis of outcomes of the Ohio DR pilot project that operated during 2008 and 2009 (Loman, Filonow, & Siegel, 2010). The study was a large-scale field experiment involving 4,538 families assigned randomly either to an experimental (alternative response/FA) or control (forensic investigation) condition. Outcomes were tracked over an average of 4.4 years.

Various changes in worker practice during FAs were put in place during the Ohio pilot based on a series of ideas underlying the DR concept. A primary assumption underlying DR is that the adversarial approach of traditional investigations seeking to validate or invalidate allegations of child maltreatment is unnecessary for all but the most extreme and criminal reports of child abuse and neglect, although reported allegations continue to be of concern and are discussed with the family. Child safety remains the paramount concern under DR, and safety assessments are conducted with each family. When problems are discovered, safety plans are developed, but there is no *formal* determination of perpetrators, victims, or responsibility—no *finding* of child abuse or neglect. The DR approach assumes that shifting from an accusatorial investigation to an assessment that considers not only the allegations of the report but also other needs and strengths of the family may have beneficial effects. This more positive and supportive approach also assumes that family members are treated as partners who have a voice in decisions that are made about them; that is, decisions should be made jointly by families and child welfare practitioners. An emphasis is placed on family group meetings rather than interviews of individual family members, although the latter is not proscribed. The assumption is that together these practices will lead to better relationships between child protection practitioners and families. This strategy is generally termed improved *family engagement*. Family engagement is a positive outcome in itself and a necessary condition for ongoing work with families.

Secondly, broader assessments are likely to uncover other needs of families that may have been missed in more narrowly focused investigations, and particularly in unsubstantiated investigations which often involve only a single encounter with the family. With DR, assistance may be provided to families who would have been passed over in traditional child protective services (CPS). There is an emphasis on meeting broader needs by providing worker-direct services to families, purchasing services from community sources, or when no child welfare funds are available, linking families to community providers. Changes in longer-term outcomes are predicated on changes in practice. The results of practice changes—engagement and services—are short-term but are considered to be *instrumental* in potentially engendering longer-term changes in the situation of families and in the relationships and interactions of caregivers with their children.

Despite the number of state child protection systems that now include some version of DR, the number of system-wide studies with any significant follow-up period—such as more than 6 months—is limited (see [National Quality Improvement Center on Differential Response in Child Protective Services \[QIC-DR\], 2011](#)). The result is limited information between what is being implemented in the field and what is known about its effects.

Four large-scale and multi-year field experiments of two-track, DR systems conducted by the authors of this article formed the context of the present study. These were studies of DR pilot projects in Missouri (Siegel & Loman, 1997), Minnesota (Loman & Siegel, 2004), Ohio (Loman et al., 2010), and Nevada (Siegel, Filonow, & Loman, 2010). The studies in Missouri and Nevada were quasi-experimental in design; the studies in Minnesota and Ohio utilized a randomized control design. The studies described similar changes in approach to families in FAs (the alternative response), including: child safety assessments as a part of each FA, the absence of forensic and adversarial elements, a broader assessment of family needs, increased linkage of families with community providers and informal resources, increased services to families, a broader variety of services, increased worker time with families, services to families that would not formerly have been served, and other changes (Loman et al., 2010, pp. 56–82; Loman & Siegel, 2004, pp. 60–83; Siegel et al., 2010, pp. 52–91; Siegel & Loman, 1997, pp. 107–126, 135–163).

There was evidence from these and other studies (e.g., Ruppel, Huang, & Haulenbeek, 2011) that families were more engaged, including greater satisfaction with workers, feelings that workers were more understanding, estimates of greater participation in their case, and greater cooperation of families. There was evidence that DR brought a greater emphasis on services that address poverty among CPS families (Loman & Siegel, 2012). The broadening of services and types of families assisted refers to the strategy described by Waldfogel (1998, pp. 137–138) as *narrowing plus* and by Conley (2007, p. 1456) as “broadening of child welfare services to create a system that truly promotes child well-being rather than intervenes only in desperate situations.”

The review of DR research conducted by the QIC-DR (2011) reported multiple findings of longer-term outcomes from 18 studies. In 14 of the studies, subsequent reports of child abuse and neglect among FA families were found to have been reduced, including the two field experiments with random assignment conducted by the authors of this paper. These two studies also discovered reduced rates of later out-of-home placements among experimental families. The only other study reviewed that used random assignment (Ruppel et al., 2011) did not find reductions in later reports of child maltreatment, although the follow-up period was limited to six months.

The DR pilot. In the present study, the introduction of DR took the form of a pilot project in 10 Ohio counties that began in July 2008—countywide in eight but restricted to select zip code areas in the two largest urban counties. In most of the local county offices, workers were specialized (i.e., some were DR workers who conducted FAs and others were investigators who conducted traditional investigations). DR workers received special training emphasizing methods of approaching FA families in a non-accusatory manner; how to conduct child safety and risk assessments while avoiding the designation of victims, perpetrators, and substantiated (or indicated) child maltreatment; methods of including families more fully in decision making; and ways to focus on broader family needs and strengths. In addition, during the pilot period a national

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