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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.

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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 disproportionally 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).

DR Results in Caseworkers Being Better Able to Engage AR families. This statement gives the impression that family systems are necessarily engaged in the AR pathway, which may or may not be accurate. Parents and/or caregivers, along with their children, are part of the initial CPS intake and assessment process, but it is unclear whether the term *family engagement* has been inadvertently inserted for what is more accurately described as *parent engagement*. Independent of this statement's validity, the emerging questions are: what are the active ingredients to the AR caseworker-parent relationship that results in better engagement? Are there innovative participatory practices that accompany the AR pathway that caseworkers are using to engage parents/caregivers and perhaps the broader family system? If so, what is their nature, and under what conditions are they most successful? Again, which of these approaches could and should be tried by IR workers?

Dumbrill (2006) concluded from his qualitative study that the separation of casework and coercion is difficult if not unlikely, from a CPS client perspective, even in DR-organized CPS systems. In AR, child welfare agencies have adopted new engagement strategies and techniques, and the substantiation decision has been eliminated. Although many have hypothesized this to be one of the largest barriers to engagement, does this change alone overcome parents' initial reactions to being involuntarily involved in what is perceived as an intrusive government agency with significant power to impact family life?

The implementation of DR has illuminated the engagement construct as being critical to the CPS paradigm, but it has also begged the question of what engagement means. Is engagement most closely tied to notions of positive emotional responses, partnership, collaboration, or even compliance? Can the DR research be used to more fully explore concepts of engagement? Fuller, Paceley, Schreiber, and Jones (2015) note that CPS parents (both AR and IR) perceived that a positive and emotionally supportive relationship with their caseworker was most helpful to them. Merkel-Holguin, Hollinshead, Hahn, Casillas, and Fluke (2014), also in this issue, were able to isolate factors that influence parents' emotional responses to CPS. However, it is unclear whether these measures alone led to a greater proclivity to engage. It does seems valuable that parents had lower reports of worry if they received AR, had higher ratings on the casework scale, and experienced only one face-to-face contact (vs. two or more) with the caseworker. This of course assumes that only one contact was sufficient for assessment or intervention. Although this Special Section contributes some new knowledge to this complex proposition, unpacking the concept of engagement will require concerted efforts in the years to come.

DR-organized CPS systems result in more families receiving services, especially material or economic hardship services for AR families, who are deemed low-to-moderate risk. The hypothesis is that by serving and meeting the needs of low-to moderate-risk families through AR, children in these families are less likely to be maltreated, and accordingly these families are less likely to be re-reported to CPS in the future. There is an assumption that most families who are reported to CPS, whether they receive AR or IR, have some needs, which informal or formal services might address. Dependent on jurisdiction, this assumption may be interpreted as only AR families need to receive more services. What DR may have done, however, is shine the light on the dearth of services that caseworkers can access to meet CPS families' needs, independent of whether they are designated AR or IR.

With the implementation of DR, caseworkers have reported unearthing new community resources, understanding better how to access other government benefits, and helping parents navigate complex systems to gain needed resources. Such activities should benefit both AR and IR families (Murphy et al., 2012; Winokur et al., 2012). This was not originally identified as a purpose of DR, but if confirmed, it would seem to be worthy of study as a good result even if some other promises of DR are not confirmed. Cameron and Freymond (2015) the significance of accessible service delivery models on client willingness to ask for help, creation of constructive relationships, and access to services.

On the other hand, what is the evidence of any CPS agency providing an improved or disproportionate share of services and resources to low-to-moderate risk AR families at the expense of IR families? Alternatively, what is the evidence that caseworkers have increased the service pool that can be accessed for all CPS families? Separately, what services, if any, provided through IR or AR, are considered most helpful by parents? Will the helpfulness of those services result in behavior or attitudinal changes of the caregivers, and is such change enduring or transitory?

An examination of how much and to whom agency services are provided under a DR system, as compared to a "standard" approach, usually obscures the question of whether the same "services pie" is being divided differently, or whether a larger "services pie" is being obtained to implement DR. The fact that some agencies implementing DR received additional funding for AR families (e.g., Ohio Round 2 counties [Murphy et al., 2012; Winokur et al., 2012]) might allow an inference to be drawn that DR inherently yields more service dollars (i.e., a larger "services pie"). Additional funding to implement innovations rarely continues. Thus, depending on ongoing additional funding is a potentially damaging implication unless thoroughly justified, because it is also possible that a decrease in "founded cases of child maltreatment" will do more than affect the epidemiological analysis of child abuse and neglect trends. It ignores the possibility that once fewer cases are founded, legislatures will appropriate less money on the basis that there is always need for human services but limited revenues justify only services to address actual child maltreatment or to prove its prevention.

AR is Voluntary and Provides Families with More Control of Decisions About Their Lives. The idea that AR is voluntary is a misrepresentation of its implementation in most CPS systems in the United States, which may not be the case in other countries, such as Australia. Lonne, Brown, Wagner, and Gillespie (2015) describe the implementation of differential response in Australia, where early services are voluntarily provided to families, some with highly complex needs. Voluntariness means that families, without consequence, can elect to partake in whatever the agency is offering, from the initial and ongoing assessments to services. Because most families in the United States who receive AR are the subject of screened-in, accepted

child maltreatment reports, the child protection agency, at a minimum, must conduct some form of assessment for such factors as safety, risk, danger, harm, strengths, and protective factors. AR families cannot forego this initial assessment: a refusal results in the case being switched to IR. The next decision point where voluntariness is tested is at service provision. If CPS agencies believe a service is necessary to shore up children's safety or for some other reason, then families cannot decline its' receipt. Although structurally having a way to reassign cases or transfer them between the AR and IR pathways is intuitive and logical, does it also escalate the possibility of coercion that systems have over families under both models?

AR Reduces the Investigatory Nature of CPS and Reduces the Workload of the Judiciary. As Janczewski found and reported in this issue, U.S. counties implementing DR did in fact have lower investigation and substantiation rates, but higher substantiation rates among investigation cases. Using a different methodology, Harries, Thorpe, Cant, and Bilson (2015) also concluded that the number of child protection investigations in Australia could be substantially lessened without compromising the child welfare system's capacity to prevent harm. This leads us to ask: Does a two-pathway system create a self-fulfilling prophecy (i.e., IR cases are deemed more serious so they are investigated as more serious and AR workers view AR cases as less risky and so assess less intensely)?

The notion in DR-organized CPS systems is that the forensic response will be reserved for cases of sufficiently serious harm. In essence, this would allow for investigative caseworkers to apply specific skills to families who require significant precision and attention. This may also allow CPS caseworkers to more effectively partner with police and other community partners in conducting investigations. It might also translate into the courts seeing the same or lesser number of families, and allow the courts time to concentrate on the most serious, egregious cases of maltreatment. However, could the DR system also result in IR caseworkers' workloads being comparatively more strenuous, stressful, and trauma-inducing if the children and families with whom they exclusively work have more entrenched issues and more severe abuse and neglect histories without the *leaving effects* of working with healthier families?

DR Results in More Comprehensive Assessments of Families Coming to the Attention of CPS. This might be related to the assumption that caseworkers spend more time, albeit still a limited amount of time, with AR families than IR families. This might be true, but does not necessarily result in a fuller and more accurate portrait of what brought the family to the attention of CPS. A more in-depth exploration of how assessment and investigation processes change through the implementation of DR is warranted, including how the assessment processes vary for IR and AR families. If different assessment processes are used, do they result in sufficiently substantial information about children and families to match services to their needs? Waldfogel (2000) noted that in a DR paradigm, CPS systems would need to improve screening and assessment functions to better decipher risk levels so that those families deemed at higher risk for maltreatment are served through IR. Some CPS agencies implementing DR have created enhanced screening protocols and mechanisms in an effort to improve initial screening and pathway assignment decisions (Winokur, Ellis, Drury, & Rogers, 2014).

It was noted earlier in this Commentary that the information gathered by CPS hotlines and the criteria identified by state policies are assumed to be sufficient in assigning families to IR or AR. The work with DR should not obscure the difficulty created by the absence of a "science of triage" that would improve resource allocation irrespective of the CPS system employed. This leads to the obvious need for research to anchor CPS with a replicable, reliable, objective, and validated means of determining, for example, who gets AR or IR. Germane to this topic, Jones (2015) found that children of color (or non-White children) were less likely to be assigned to AR, when controlling for poverty and other risk factors.

In DR-CPS Systems, AR Families are As Safe or Safer Than IR Families. This headline stems from the Minnesota and Ohio random control studies (Loman and Siegel, 2004; Loman, 2010). Loman et al. found reductions in subsequent screened-in reports of child maltreatment for AR families, compared to AR-eligible families who received IR. Since that time, however, descriptive statistics from DR evaluations in New York (Ruppel, 2011), Colorado (Winokur et al., 2014), and Ohio (Murphy et al., 2012) show no difference in this indicator between AR and IR families. In Illinois, the reverse from the Minnesota and Ohio studies was found with AR families being more likely than IR families to have a screened-in re-referral. In this issue, two articles (Loman & Siegel, 2014; Winokur et al., 2014) tackle this statement, providing more sophisticated analyses for a challenging question.

Most CPS researchers probably accept that although re-referrals and re-reports are generally accepted indicators of child safety in CPS, they also are imprecise measures. Published evidence, with the exception of Illinois, shows that AR families are either less likely to be re-referred to CPS than are IR families or are re-referred at the same rates. This may imply that AR families are as safe as IR families given current information, again acknowledging that this was not found to be true in a very large state (Illinois). How can the next generation of research be structured to provide more convincing child safety data? Can research help us understand different outcomes to date, and what factors in the AR pathway, engagement techniques and services provided, might be contributing as mediators to these attaining these varied outcomes? Pending more sophisticated analyses, any headlines risk presenting premature conclusions and overgeneralizations.

DR Reduces the Number of Children in Foster Care. More recently, in 2012 and 2013, newspaper articles and technical reports have correlated implementing DR with decreasing the number of children in foster care. Longer-term analyses of the Minnesota and Ohio DR data sets have fueled this claim (Loman & Siegel, 2004; Loman & Siegel, 2013; Loman & Siegel, 2014). However, as noted by the QIC-DR (2014, p. 123), "the implementation of AR did not appear to impact—positively or negatively—the entry of children into foster care" in any of the later three sites studied. Such a result is also suggested by Winokur et al. (2014). Given that the lower entry rates into foster care were not replicated in the most recent studies, that most States reserve the AR pathway for what they initially classify as low to moderate risk cases, and that this population of AR children is predictably less likely than their IR counterparts to be placed outside the home, this

lower-out-of-home-placement outcome might not be tied to the implementation of DR. Perhaps the decrease in foster care admissions in the United States is the result of other child welfare policies, practices, and system changes occurring more globally. This would align with observations by Janczewski (2014), who found that although there were significant reductions in removal rates associated with DR implementation, the AR or IR pathway was not a variable in creating that reduction.

DR Reduces the Costs of Child Welfare Systems. It appears that, increasingly, DR is being described as a way to reduce or reallocate child welfare system costs, particularly as it is being implemented as a core component of a number of States' Title IV-E waiver demonstration projects. Previous evaluations of DR in Minnesota and Ohio, however, have shown that initially, AR actually costs more than IR. This finding likely correlates to two factors: caseworkers spent more time with AR families than IR families; and child welfare agencies leveraged more flexible dollars to meet AR family needs than those that were available for IR families. When AR and IR families are tracked over time, the converse occurs, with IR costing more than AR (Loman & Siegel, 2004; Loman & Siegel, 2013). This is likely because in the Minnesota and Ohio studies, there was a greater likelihood of IR families being re-reported to CPS and having children enter foster care than AR families. Two QIC-DR local evaluations also demonstrated that over-time IR cases cost more than AR cases (QIC-DR, 2014).

AR is An Evidence-Based Practice. AR has been deemed as a promising practice with a high level of interest for the child welfare field by the California Evidence-Based Clearinghouse for Child Welfare (2014) based on the research evidence reviewed (albeit incomplete). Neither AR nor IR are standard, manualized interventions or practices. The variability of what constitutes AR—at the level of a family, caseworker, or government at the local, state, and national level—makes this presently not feasible. The implementation of AR modifies the CPS system, which likely also impacts the delivery of IR. So the question that emerges is whether any system level policy modification can be viewed as evidence-based or whether this is reserved for specific interventions? Therefore, we believe that at best, DR can be classified as being an evidence-informed system change.

Summary

Although there are certainly limitations to each and every research and evaluation project in child welfare, as with other fields of study, understanding DR as a CPS reform has been fostered through many thoughtful and rigorous studies that have employed random control trial evaluation designs. For each assumption addressed in this commentary, we have raised a few questions. For all interested in CPS reform, other questions arise because child protection and child welfare professionals are trying to encourage more scientific ways of thinking as a means of engendering improvements:

1. Has the research on DR spotlighted the inadequacy of CPS interventions, either AR or IR? A high percentage of CPS responses are short-term. Is it reasonable to expect significant differences between AR and IR families and improvements in the CPS population, given that families often present with problems characterized as intractable but the intensity of the CPS response, coupled with limited service availability and accessibility, may not be sufficient to meet family needs?
2. Has the DR research, which has mainly focused on AR families, also highlighted the glaring absence of quality research in what is effective in producing positive outcomes for families that receive traditional child abuse and neglect investigations?
3. Does the implementation of DR move the CPS field ahead in terms of making better triage decisions, identifying especially those that require CPS involvement as compared to those who will benefit from but might not absolutely need intervention? Is 'triage' an *explicit* assumption of the DR innovation? Is it an *implicit* assumption of DR, however defined? If triage is not part of the research, does the ability of child protection to respond both differentially and also correctly to cases needing most, some, or no attention remain unknown? Until there is a reliable and valid way for determining for which families services are most urgently needed, are many reforms in CPS at risk of not producing the outcomes desired?
4. Are there other unintended consequences of either accepting or rejecting DR that might not have been considered?

Our current perspective is to state the obvious and point out that rarely are scientifically or "evidence-based" changes in practice achieved or discredited in a decade or two, much more a scant few years. Breathing deeply from time to time, and even pausing for reflection once in awhile, are useful habits for taking on long-range and difficult human endeavors.

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