

Evaluations of Differential Response Models

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1. Do Evaluations of Differential Response Models exist?

Yes, it would appear that a number of Evaluations have taken place regarding the Differential Response Model. I've not attempted to locate all of them - as it would appear there are quite a few. Rather, I've attempted to locate some from the US (Minnesota in particular where the model had it's beginning - and which according to one article is supposed to be similar in geography to Ireland) as well as from Australia, New Zealand and the island of Ireland - I was able to find one from Northern Ireland, in which the HSE has had some involvement from the point of view of Evaluation.

I've attempted to summarise / synthesise the major points of each of these. Some of these (particularly the Final Minnesota evaluation) are lengthy documents - so I've given priority to focus on structure and findings - I've not attempted to capture every single detail from them.

2. How easy is it to evaluate Differential Response Models?

An article written in May/June of this year, (5) which sought to compare differential responses in child protective services in Canada, makes the point that "differential systems are quite varied making comparisons across studies difficult". Additionally, "few studies have compared families who have received support services (i.e. Differential Response) to those who have received 'business as usual' investigative services."

Many of the evaluations seem to hedge their findings with words such as "appear" or "suggest", which tends to reinforce the hesitancy suggested above.

A number of the evaluations need to be approached with care. Some of those carried out in Minnesota are explicit that they are biased in favour of the model - which means that the findings need to be treated with some care. Others such as in Foyle, Northern Ireland (3), and Canada (5) appear much more balanced. The evaluation from Foyle seems quite candid, as well as being closer to home as well, so is well worth taking into consideration.

3. What do Differential Response models seek to achieve?

With regard to Broad principles,

- Differential response is an attempt to move away from a focus on Child Protection and Risk Assessment, to Family Engagement and Collaboration. This does not mean that risk assessment is to cease, but is seen in the context of (i) Management and identification and (ii) within the context of a wider family support approach in which the *whole set of needs* of a child and his/her family are seen as their business.
- It is a shift from 'reactive' to 'proactive working.
- They acknowledge the need to work with a variety of partners (both state, semi state and voluntary) in providing services to children and families.
- They seek to be "needs led" and although the assessment of needs frameworks can differ from one programme to another, either in terms of how they are represented or

levels of need, essentially the principles are the same as those of the Hardiker model, that both we and Foyle Health and Social Services Trust have elected to use.

- “Needs led” can also mean prioritisation in order to meet need (i.e. in the case of Foyle, the programme operates on the core position that those children and families whose needs are greatest receive help as a priority - so level 3 and 4 needs as defined by Hardiker are identified as core priorities).
- They seek to put the needs of the child first
- They seek to promote / foster collaboration with children and their families, with the intention of keeping children united with their families, rather than being taken into care.
- They emphasise *Family Support* rather than *Child Protection*.
- They can involve a commitment to specialisation in service provision so that service staff specialise in different areas, within the overall task of meeting the care and welfare needs of children and families.
- They will utilise some model of “caseload weighting” to assess the level of need and estimated intervention required.

Specifically,

With regard to the way that Differential Response systems function, Marshall et al. in (5) *Comparing Differential Responses within Child Protection Services : a longitudinal examination* describes 7 elements/principles common / central to Differential Response programmes. These are;

1. There are two distinct responses to reported incidents that are screened and deemed appropriate for further attention;-
 - “Traditional” investigation services
 - Supportive programmes (i.e. Differential Response) / Referrals to outside agencies
2. Criteria for assignment to the different responses are based on risk, danger, and other aspects of cases. For cases to be directed to Differential Response, the child must not have experienced reported sexual abuse by a family member and must not be deemed to be in immediate risk.
3. Cases can be reassigned from one response approach to another if necessary, and the divergent responses must be indicated in specific statutes, protocols, or policies.
4. For Differential Response, screening for risk occurs at intake and criteria for different responses are included in the protocol for caseworkers who determine response assignment.
5. It is possible for families to refuse services when they are assigned to a non-investigation response.
6. In cases that are routed through a non-investigation response, there should be no formal determination about whether maltreatment has occurred.
7. Finally, the last core element of differential responses indicates that, to receive an alternate / differential response, caregivers must not be perpetrators and must not be listed in a central registry.

4. How easy is it to identify Differential Response Models?

Again, a somewhat mixed answer has to be given this question. It's probably easier to think of Differential Response as a "principle" that can be embodied within a number of different models / programmes.

For example, in Minnesota where the model had its origins, it's described as "*Alternative Response*". Within other areas of the United States, it can also be known as "*Dual Track*" and/or "*Multiple Track*".

Other labels can include "*Family Support*", "*New Beginnings*" and "*Family Assessment and Response*" etc.

5. Why opt for Differential Response?

Some of the arguments often advanced in favour of Differential Response programmes (based on a reading of the literature can be found below):-

- "Once child abuse was ruled out, families ceased to be of concern to the child protection services, even though in some cases, serious problems that were likely to impact on the children's welfare in the longer term remained." (Buckley 2002, p.175)
- "Research suggests that a strategic framework for service delivery should have the capacity to blend a mixture of formal (statutory and voluntary organisations) and informal supports (family, friends, neighbours, communities, churches and other local networks" (Tracy and Whitaker, 1990)
- "Underpinning this position is the reality that Foyle Trust faces an ongoing situation where demand for it's services exceeds available resources" (Foyle Health and Social Services Trust (2006) p.19
- They can be a vehicle for collaboration between senior management and staff in seeking to address need

6. What might one expect to see?

The article by Waldegrave and Coy from New Zealand, does not constitute an evaluation - It describes the policy rationale behind the intent to introduce a Differential Response Model. Interestingly, amendments needed to be made to existing child care legislation to enable the system to be introduced.

This article while not referring to the Hardiker levels of need refers to a "criticality matrix". I've not subjected it to a close study, but effectively this serves the same purpose as the latter.

The article is useful in that (partly in association with the section above at (5) it attempts to identify success outcomes / indicators for a Differential Response model programme. These are outlined on pp.45-46 of the article;

If the differential response model is implemented as intended, we might, for example, expect to see:

- *a decrease in the number of investigations and an increase in the number of child and family assessments*

- an increase in the involvement of CYF staff in engaging and providing services that respond to identified needs following child and family assessments
- the development of large-scale partnerships between CYF and NGO providers to provide services that respond to the identified needs of CYF clients.

CYF will evaluate the differential response model as it is implemented. As part of this, measures of success will need to be developed. These might include, for example, an expectation that over the longer term the Department might expect to see:

- a decrease in the number of renotifications (and in particular, those that concern neglect and low-level abuse) to CYF over time
- an improvement in the timeliness of response to clients in situations of neglect, low level abuse or facing other barriers to proper care (e.g. child behavioural issues)
- an increase in the level of (particularly voluntary) parent engagement and satisfaction with the process
- an increase in the number of families receiving community-based programmes that address their needs.

There is a need to 'differentiate' between all of the terminology used and to be aware that approaches/methods may vary between countries. Within the US, Differential Response is compared and contrasted against what is described as an "investigative approach". Is such a description/distinction applicable/accurate in an Irish context?

Schene (2005) p.5 lists the distinctions between the two approaches and I've reproduced her table below;

	Assessment	Investigation
Focus	To understand the underlying conditions and factors that could jeopardize the child's safety as well as areas of family functioning that need to be strengthened.	To understand what happened to the child in the incident being reported, who was responsible, and what steps need to be taken to ensure the child's safety.
Type of maltreatment	Generally targets low- to moderate-risk cases.	Under differential response, investigation is generally reserved for more serious reports that will likely involve court action and/or criminal charges. Without differential response, investigation is used for all reports.
Purpose	To <i>engage</i> parents, the extended family network and community partners, in a less adversarial approach, to recognize problems and participate in services and supports to address their needs.	To determine "findings" related to allegations in the report and identify "perpetrators" and "victims."
Substantiation	Reports of child abuse or neglect are not substantiated, and therefore perpetrators and victims are not identified.	A decision on <i>substantiation</i> of the allegations in the report is a key objective.
Central registry	Alleged perpetrators' names are not entered into a state's central registry.	Perpetrators' names, based on the findings, are entered into a state's central registry.

Services	Voluntary services offered. If parents do not participate, the case is either closed or switched to another type of response.	If a case is opened for services, a case plan is generally written and services are provided. Families can be ordered by the court to participate in services if CPS involves the court in the case.
Areas of commonality	All responses continue to include a focus on child safety, the promotion of permanency within the family whenever possible, the authority of CPS to make decisions on placement and court involvement, the value of community services, and the need to respond to changing family circumstances that challenge or promote child safety.	

On p.7 she lists some of the lessons that have been learned;

When implementing differential response, preparation is essential. Here are important lessons learned through various states' implementation.

- Systematic structures for selecting a path of response (assessment, investigation, or other) need to be delineated, and staff require training to make these decisions.
- Because differential response counters some traditional CPS practices, when moving from an exclusive investigatory focus, staff and supervisors need to be clear as to how safety and risks will be assessed, how to engage parents to identify their needs and participate in services, how to follow up on voluntary involvement, and when and how to take another path if necessary for child safety.
- Services must be available and accessible for all cases, but most significantly for the assessment/services path. CPS has to join with others to identify the needs and gaps in services if more families are going to access them in a timely manner.
- Community service providers must be sensitive to the protective issues present in families referred by CPS so that risks that may emerge can be rapidly addressed. This also requires a higher level of coordination between CPS and community agencies, especially when CPS may close the case after the referral is secured.

Collaboration or 'collaborative partnering between 'statutory' and 'non-statutory services' is also a fundamental component. Connolly (2005) cites Tomison and Stanley in describing "Best practice" ideas for collaborative partnering between statutory and non-statutory services - listed below

- If they are to be successful, integrated models of service need to be well resourced. Under-resourcing of services has the potential to exacerbate current problems and militates against family support models, contributing to secondary prevention.
- Agencies need to be clear about their goals and complementary interagency goals facilitated. Role conflict remains a significant barrier to successful collaboration.

- Roles and responsibilities need to be clearly articulated. Unclear or ambiguous roles and responsibilities, as determined by law and protocol, present significant barriers to successful collaboration.
- Trust between agencies is essential to the development of successful collaborations. These relationships do not occur naturally, but need to be systematically responded to and developed.

7. Features of evaluations

In nearly all of the evaluations used here (and read) children and families were divided into two groups. One group received “traditional” child protection services. The second group received interventions based on differential response.

Shusterman et al (2005) set out to compare the children in each of the six study states who were referred to alternative response systems with those referred to ‘traditional investigations’.

The key research questions were; (I’ve summarised the responses below to the questions)

1. What are the characteristics of children who received an alternative response?

“Children were compared on whether they received an alternative response or an investigation response based on demographics, and whether the child had been previously victimized” (pp34 – 35)

2. How are the circumstances of the reported maltreatment related to whether a child receives an alternative or investigation response?

“Children were compared on whether they received an alternative response or an investigation response, based on different circumstances of the reported maltreatment.” (p.35)

(BB – as in paragraph one above)

3. How do outcomes differ between children who receive an alternative response and children who receive an investigation response?

“Children who received an alternative response and those who received an investigation response were compared in terms of subsequent reports and dispositions within a fixed six-month follow-up period (for reports between January and June only).” (p.35)

Shusterman et al goes on to describe the way the data has been analysed (not included here).

When it comes to evaluating methodologies such as these, a great deal depends on the questions asked and on the purpose of the evaluation – is it neutral? – is it skewed towards identifying a particular trend.

Depending on how you interpret these questions, and some of the other literature I’ve looked at, from the perspective of a broad general overview, it would appear that it’s difficult to identify whether or not Differential Response programmes have had a substantive impact on the way that Child Care services are delivered (to ask if they have been improved is a separate question).

Shusterman et al makes the point that in 2005 "*no large-scale, multistate, data-based research has compared children who have received alternative response with children who have received investigations. Findings from this research show that in some ways these groups are quite similar.*" (p.36).

However, the use of Differential / Alternate Response does "appear" to have resulted "*in a decrease in the number of victims and nonvictims identified by states using alternative response.*" (p.36)

On p.41 she describes some of the implications from the comparative work she and her colleagues have undertaken. I've pulled out the main findings as a set of bullet points below

- These analyses of child, report, and maltreatment characteristics suggest that states are implementing their alternative response systems somewhat differently. These variations may reflect not only differences in policies, but also decision making processes for assessing cases for response assignment, system capacity, and organizational philosophy. (p.41)
- It appears that services of some kind are being provided to a greater proportion of families that receive an alternative response than families that receive an investigatory response. (p.41)
- However, inconsistencies were found among states, indicating that alternative response is not always superior. As in any system of intervention, the achievement of improvement in outcomes may be highly dependent on the fidelity of program implementation, rather than the mere presence of alternative response policy. Nevertheless, the presence of such a policy does not appear to generate additional risk of increased recurrence.
- Generally, the findings from this study are broadly consistent with those found in evaluations of individual states' alternative response systems and demonstrate that alternative response has been provided in situations in which the severity of problems is less extreme. Because the history of alternative response implementation is so short, and because in many states alternative response is still being brought to scale statewide, data from this study reflect the experience of states in an early stage of development

Loman et al (2005) who reports on the findings of the final programme evaluation in Minnesota, (originally completed by him and colleagues in November 2004) while summarising 'select' findings, tends to echo much of what Shusterman and colleagues report on within their article.

Loman et al concentrate on *process, impact and cost effectiveness components*. These are then examined further under *child safety, family engagement, recurrence of child abuse and neglect reports and later child removals, family outcomes, worker responses and programme costs*.

There appeared to be no evidence that Differential/Alternative Response resulted in greater declines in child safety among families. Rather, the percentage of experimental families (i.e. those receiving differential response) ended with safety improvements totaling 47.7% compared to 31.8% for control families.

Improvements for the experimental group were also noted in

- Co-operation of the primary caregiver
- Participation on the part of family members
- They also received more services and types of services.

One interesting finding was that more emphasis was placed on preventive services, but a maintenance of the traditional response for higher risk cases and families in crises was also required. (i.e. Early Warning System?)

As above, there is a finding that reports concerning any recurrence occurred less frequently among families receiving differential / alternate response. Loman can claim in his article that this was attributable to the new approach and increased services.

The approach also led to a reduction in later removal and placement of children.

Loman et al also focus on worker perspectives. Some of the main points here are;

- Positive attitudes toward Differential / Alternative Response grew stronger among workers as they gained experience with it (one might ask questions of the validity of such a finding?)
- A majority indicated that the non-judgmental, strength-based and empowering approach to families had a positive effect on their practice
- It allowed them to focus on the family as a whole and provide support and advocacy
- Contact between families and workers increased
- One in five workers using the new approach reported large increases in their workload and paperwork (at least initially).
- It increased the amount of time and effort expended by workers per family.

On costs, they report, that overall, these were lower associated with families with whom the new approach had been trialled - they may appear more expensive during the early period, but decrease during the later period.

Loman, along with Shusterman, while broadly supportive of the approach, also found that on a number of measures, there were findings of no difference in outcomes for both experimental and control families / groups. These were

- Overall child well being
- Aggressive and uncontrolled behaviour
- Behaviour and relationships in school
- Academic progress
- Caregiver reports of improvements or declines in their relationships with their children
- Methods of disciplining their children
- Ability to care for their children
- Home and living arrangements
- Emotional or financial support from friends and relatives.

Finally, as with the above, he goes onto say that the important differences described in this study have been statistically significant (i.e. a difference was observed) but modest in absolute size. So, therefore, the system did not undergo revolutionary change, but was nudged or moves slightly in a new direction.

These findings, even when compared with those of other more recent evaluations (such as Foyle, 2006) seem to suggest that while in specific or particular instances, there are positive attributes to be found within Differential Response programmes, overall, there is no overwhelming conclusive

evidence to demonstrate that the programmes result in substantially improved outcomes for children and families.

This is not necessarily a purely negative finding - although one can argue on the basis of (8) below that these are present - rather, it can be an indication that the not sufficient time has elapsed for an authoritative judgment yet to be made.

8. What's wrong with Differential Response?

- **Scarce Financial / Human Resources**

Where demand for services exceeds available resources / where there is a continuing context of resource constraint, it reserves to the statutory provider only those cases which require further investigation and assessment. Those which require less intensive support and intervention are given to community based non statutory services. What type of need governs this response?

- **What type of needs and level of need?**

Do Community based non statutory services (Voluntary Sector) have the resources and capacity to respond to these needs - particularly at level one and in need of early intervention?

If the needs of some level two cases are not addressed at an early stage, the potential is there for them to become level 3 cases.

Does everyone share the same distinction / understanding between levels?
How practical is it to apportion cases to various levels - would not a hybrid, innovative service intervention across need levels be more effective?

What is the real aim of a differential response programme? To be seen purely as a model / means of working with families? Or at a broader level, to be seen as part of a community development programme / model?

- **Consistency of Assessment?**

Schene (2005) p.6 seeks to address a number of concerns and issues. Some of these are reflected in points already made within this section. Additional concerns include;

"How will / do / prepared are community agencies to recognize and respond to safety concerns? Some experience indicates that many of the families diverted from CPS through differential response are not adequately assessed or served by the community, and children continue to be at risk."

"Policy issues are raised on several levels with the implementation of differential response. One key issue is how to ensure that a response is made to accepted reports, especially when the CPS system is not taking the lead. There are a host of issues related to national data. If we are not substantiating a majority of the cases in jurisdictions with differential response, does that really mean the children involved are not "victims," or do we have to change our vocabulary to better fit the vulnerability of these children? Current data definitions of recurrence depend on substantiation. These are significant issues for national data collection."

"Tracking all efforts to serve these families is also a challenge. When services are voluntary and provided in settings independent of public child welfare, are we able to

include them in our information systems? What about outcomes for the children and families appropriately identified to CPS but served outside of CPS? Sometimes, without an open CPS case, jurisdictions are unable to track services, outcomes, or continued risks.”

- **Collaboration between managers and staff**

While across most evaluations, there appeared to be support for Differential Response as a system. In at least one evaluation (Foyle) there was disappointment that collaboration which had been seen as effective in the planning and commencement of the programme appeared to wane as time went by.

- **Funding**

Given the limited resources available, will a Differential Response programme become a mechanism for targeting funding at children/families at levels 3 and 4 leaving preventive services for families at 1 and 2 starved of resources?

- **Training and Reflection**

One evaluation (Foyle) suggests the introduction of a reflective practice model of self appraisal for all members of staff.

It was also suggested that all staff should receive time management training - to help relieve dangers of burn out.

9. **Differential response and the Limerick Assessment of Need project**

Some of the articles consulted, did attempt to profile Differential / Alternative Response alongside models being practiced in other countries, such as the UK. In most cases, this was just a paragraph, and not something I have followed up in detail at this stage. However, there appeared to be uncertainty on how Differential Response compared and contrasted with UK based programmes and assessment frameworks such as the Common Assessment Framework.

I'm not personally suggesting that the Limerick Assessment of Need project and Differential Response are the same.

However, it could be argued that there are many similarities, i.e. both are

- Focussed on prevention rather than reaction
- Focus on the child and the child's family
- Seek to make collaboration a foundational component of their approach / methodology
- Seek to involve the community and voluntary sector much more than might heretofore have been the case

and more.

The resulting questions might be

- Do we agree with such an analysis?
- Is such an analysis superficial

- Is there a need to articulate the distinctiveness of the LANS programme and philosophy to
 - (a) make clear how it differs from
 - (b) what additional benefits it offers
 - (c) what it adds to

Differential response mechanisms/programmes.

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