

Differential Response Outcomes Literature Review

Kaitlyn Ender, M.S.W. and Dana Hollinshead, Ph.D., M.P.A.

September 2024

REVIEW PROCESS

This literature review examines outcomes related to differential response (DR), which is an established child welfare system reform that offers an alternative pathway from traditional Child Protective Services (CPS) investigations for low and moderate-risk reports. Outcome measures for DR are often compared directly with investigative response (IR), which is the traditional pathway for investigating a CPS report.

This summary is based on a review of findings from 54 differential response studies conducted between 2000 and early 2023. Five of the studies reviewed were national and the rest were conducted in 25 unique states or jurisdictions. We identified outcomes examined, reviewed results, and identified themes concerning (1) re-reports; (2) safety/risk assessments; (3) substantiated re-reports; (4) opened for in-home services; (5) service use; (6) caseworker perceptions; (7) caregiver perceptions/family engagement; (8) child and family well-being; (9) placements in out-of-home care; (10) pathway change; and (11) racial disparities. Twenty-two studies were omitted from review as they did not address the outcomes of interest,¹ and one was excluded due to methodological weaknesses. The findings from the remaining 31 studies deemed pertinent are organized according to the outcomes.² Of these 31 studies, research methods included randomized control trial (n = 7) and propensity score matching (n = 1); most (75%, n = 24) were quantitative (n = 20) or mixed methods (n = 3) studies. Appendix A lists studies deemed eligible for our review. Appendix B lists those that were excluded.

This review organizes findings from 31 pertinent studies into 11 different outcome areas.

FINDINGS

1. Re-reports

Because jurisdictions vary on the evidentiary requirements for substantiating a report, research often examines re-reporting by itself as an indicator of ongoing concerns. Most studies that examined re-

¹ Studies not included examined outcomes that were not in the scope of this review, with many related to the general implementation and evaluation of DR systems in various states and jurisdictions. One study was omitted due to methodological weaknesses.

² Outcomes were only counted once where studies used the same samples.

reporting (n = 13) found that DR families were less or equally likely to be re-reported for child maltreatment compared to IR families (English et al., 2000; Loman & Siegel, 2004, 2012b; Ortiz et al., 2008; Siegel et al., 2010; Lawrence et al., 2011; Ruppel et al., 2011; Maguire-Jack & Bowers, 2014; Navarro et al., 2018; Piper, 2017; University of Nebraska-Lincoln, 2019; Fluke et al., 2019; Shipe et al., 2022). While one study detected higher rates of re-reports for child maltreatment (Fuller et al., 2013), in that study Fuller and colleagues found the families that switched response pathways from DR to IR and those that withdrew from DR services after initially accepting them were associated with higher re-reports than families assigned to investigative responses. Families who completed DR services had lower risk of re-reports than either DR switchers or withdrawers but were still at significantly higher risk of re-reports than investigated families. The risk of re-report among families that refused DR services was not significantly different than that of investigated families.

Of studies that examined re-reporting, most found DR families less or equally likely to be re-reported for child maltreatment compared to IR families.

One study detected county-level re-reporting variations, noting DR families that were associated with higher re-investigation odds resided in counties where, on average, alleged child victims were older, concentrations of BIPOC/Latinx cases were higher, rates of prior investigations were higher, or where there was a higher concentration of families rated as medium to high risk (Shipe et al., 2022).

Jurisdictions' degree of use of DR and their screening policies may also matter. A study by Piper (2017) examining DR use and outcomes in 13 states where DR was implemented statewide found that states assigning more than a third of child maltreatment reports to DR were associated with higher re-reporting rates compared to those jurisdictions that assigned fewer than a third of child maltreatment reports to DR. Piper noted that system-level factors, including report screening practices and screen-in rates, vary considerably across states and that low threshold screen-in policies may drive some of these differences.

2. Substantiated Re-reports

Two studies found lower rates of substantiated re-reports among families who received an DR (Loman & Siegel, 2004, 2005) while two other studies found that rates of substantiated re-reports for children receiving IR and DR were no different from each other (Shusterman et al., 2005; Conley & Duerr Berrick, 2010). When comparing states that have or have not implemented DR, two studies found that DR states had significantly fewer substantiated re-reports (Hollinshead et al., 2012; Johnson-Motoyama et al., 2023). Another study compared differences among counties and found statistically significant reductions in substantiations and reassessments in counties piloting DR compared to matched control counties over time (Lawrence et al., 2011). Janczewski et al. (2015), found that compared to non-DR counties, those implementing DR had significantly lower investigation and substantiation rates within county populations but higher substantiation rates among investigated cases.

3. Safety/Risk Assessments

Of the studies examining safety outcomes, all (n=11) found that over time, safety and risk assessments indicated DR-served children were safer or no less safe compared with those who were investigated (Loman & Siegel 2004, 2005; Center for Child and Family Policy, 2009; Lawrence et al., 2011; Winokur et al., 2015; IAR Associates, 2015, 2016; University of Nebraska, 2019; TriWest Group, 2019).

Studies have consistently found children served with DR are as safe or safer than those who are investigated.

4. Opened for In-Home Services

One study found that more in-home services were provided more often to children and families on the DR track (Shusterman et al., 2005).

5. Service Use

Several (n = 6) of the studies reviewed found that families receiving an DR are more likely to receive services than investigative response families (Loman & Siegel, 2005, 2006; Fuller et al., 2013, National Quality Improvement Center on Differential Response in CPS [QIC-DR], 2014; Hollinshead et al., 2017; University of Nebraska-Lincoln, 2019). Numerous studies (n = 5) also found that DR families received a greater number and variety of services compared to investigative response families (Loman & Siegel, 2005; Lawrence et al., 2011; Fuller et al., 2013; Hollinshead et al., 2017; University of Nebraska-Lincoln, 2019). Research indicated that traditional counseling and therapeutic services were offered more frequently to DR families (Loman & Siegel, 2005; Loman et al., 2010; Hollinshead et al., 2017). Four studies found that DR caseworkers were more likely than IR caseworkers to refer families to non-traditional service providers such as neighborhood organizations, community action groups, and self-help groups (Loman & Siegel, 2005; Loman et al., 2010; Ruppel et al., 2011; Hollinshead et al., 2017). Loman and Siegel (2012a) reported significant increases in anti-poverty services to low socioeconomic status-DR families compared to other families served by the system. There is also evidence to support that DR families were more satisfied with services received compared to families receiving an investigation (Loman & Siegel, 2005; Loman et al., 2010; University of Nebraska, 2019). The research included in this review indicates that needed services were delivered more quickly to DR families (Loman & Siegel, 2004), contact between families and workers increased with DR (Loman & Siegel, 2005), and DR families report receiving the help they needed significantly more frequently compared to IR families (University of Nebraska-Lincoln, 2019). QIC-DR (2014) found that in Illinois, a higher percentage of DR families, compared to IR families, received services within 2 weeks. This finding is likely related to the distinct model used in Illinois, since in that state there was an explicit handover to a service provider under DR. IAR Associates (2016) found evidence that family assessments (their term for differential response) positively impacted assistance to families, while another study by IAR Associates (2015) showed no significant difference between DR and IR families in worker reports of actual services provided by counties or other organizations within jurisdictions.

6. Caseworker Perceptions

Studies (n = 8) have repeatedly reported positive outcomes related to caseworker perceptions of DR, family engagement in DR, and efficacy of DR (IAR Associates, 2015; Loman & Siegel, 2004, 2005, 2006; Loman et al., 2010; QIC-DR, 2014; Ruppel et al., 2011; TriWest Group, 2019).

Caseworker Perceptions of DR

Two studies found staff tended to agree with the DR approach or had a very positive attitude towards DR (Loman & Siegel, 2006; TriWest Group, 2019), while another found that most county administrators and DR coordinators were positively disposed towards the programmatic development of DR (IAR Associates, 2015).

Studies have repeatedly reported positive outcomes related to caseworker perceptions of DR.

Caseworker Perceptions of Family Engagement

Looking at caseworker perception of family engagement, one study found that workers felt that DR families reacted more positively to assistance than IR families (Loman et al., 2010). Loman and Siegel (2005) found that workers were more likely to report that parents receiving an investigative response were hostile throughout the case compared with DR parents. Another study found that DR families were rated as more cooperative compared to IR families (IAR Associates, 2015). QIC-DR (2014) found that caseworkers perceived a decrease in negative engagement attributes of IR parents at case closure in all three sites studied (Colorado, Illinois, and Ohio), while for DR parents they perceived a decrease of negative engagement attributes in two of the sites (Colorado and Ohio).

Caseworker Perceptions of Efficacy of DR

In one study, caseworkers felt they were better able to intervene effectively with DR families compared to IR families (Loman et al., 2010); another found that caseworkers judge the family assessment approach to be more effective (Loman & Siegel, 2004). Ruppel et al. (2011) found that DR workers were more likely than investigative workers to believe that most families on their caseload view the CPS agency as a source of support and assistance and that most families would feel they were better off because of their involvement with CPS. The same study found DR workers were more likely than IR workers to believe they have intervened effectively and helped the majority of families on their caseload obtain the services or assistance they need.

7. Caregiver Perceptions

Caregiver Responses to DR

Ruppel et al. (2011) also found strong evidence that families were more positive about the DR approach than they were about the investigative response, while Loman and Siegel (2005) found that more DR families than IR families described their caseworker as very friendly. Another study found that DR families were more likely than IR families to report their family was better off because of their involvement with the child welfare agency (University of Nebraska-Lincoln, 2019). IAR Associates (2015) found that while positive emotional responses of families were similar in both DR and IR cases, overall negative emotional responses were greater among families assigned to IR.

Caregiver Satisfaction

Multiple studies (n = 5) found increased levels of family engagement for DR families compared to IR families (IAR Associates, 2015; Loman & Siegel, 2005, 2015; Loman et al., 2010; TriWest Group, 2019), as well as improved family satisfaction for DR families compared to IR families (Loman & Siegel, 2004; Loman et al., 2010; Siegel et al., 2010; Ruppel et al., 2011; Hollinshead et al., 2017; TriWest Group, 2019; University of Nebraska-Lincoln, 2019). The Ruppel et al. (2011) study found that DR caregivers were significantly less likely than investigated caregivers to report feeling annoyed, stressed, irritated, angry, and worried by the end of the first home visit. QIC-DR (2014) found that in Illinois, compared to IR parents, DR parents reported greater satisfaction, on average, with the way their families were treated by the caseworkers who visited their homes, and greater satisfaction with the help their families received from their caseworkers.

Studies found strong evidence families were more positive about DR than IR.

8. Child & Family Well-Being

Two studies found little to no difference between DR and IR comparison cases in well-being issues identified by social workers or in worker judgments concerning changes in challenges by the time of final contact with the family (IAR Associates, 2015; TriWest Group, 2019). However, a study in Nebraska found that DR children showed improvements in three domains of well-being (emotional symptoms, hyperactivity, and conduct problems) from the beginning to end of the case (University of Nebraska-Lincoln, 2019).

9. Placements in Out-of-Home Care

Many studies (n = 7) found that removals and out-of-home placements of children were lower for families experiencing an DR approach compared to IR families (Shusterman et al., 2005; Loman & Siegel, 2005, 2006; Loman et al., 2010; IAR Associates, 2015; Siegel et al., 2010; TriWest Group, 2019). Shusterman et al. (2005) found evidence that children were more likely to be placed in foster care if they received investigations. Three studies reported reduced probabilities for foster care entry among children in DR (TriWest Group, 2019; University of Nebraska-Lincoln, 2019; Johnson-Motoyama et al., 2023).

Many studies found families served by DR experienced fewer removals and out-of-home placements.

10. Pathway Change

One study found that approximately 15% of DR cases were reassigned to IR. The most frequent reason was due to a correction or update to the intake screening decision, response priority, or differential response ineligible criteria (University of Nebraska-Lincoln, 2019). QIC-DR (2014) found that cases experiencing a pathway change were more likely to have one or more removals in the year following their DR response. Similarly, the cases with “not safe” results of the first safety assessment were more likely to have a removal than those with “safe” results. The study discusses that pathway change may have been the result of the removal.

11. Racial & Economic Disparities

Studies (n = 4) examined racial or economic disparities and differences in relation to DR implementation and found differences with respect to DR assignment. One study found that African American children and families were less likely than White children and families to be assigned to DR (Connell, 2020).

TriWest Group (2019) examined disproportionality with a very focused scope and found that families identified as “Native American” or “Washington State Tribe” disproportionately declined DR participation. Throughout DR implementation, Native American families were assigned to DR at lower rates largely because of ineligibility caused by having higher numbers of previous intakes.

One study found African American families were less likely than White families to be assigned to DR.

Loman and Siegel (2012b) found a significant difference in outcomes among minority families receiving DR in Ohio. African American families served by DR were less likely than African American families in the traditional response group to have a subsequent screened-in referral for child maltreatment. Both Caucasian and African American families served by DR were also less likely to experience a subsequent substantiated or unsubstantiated investigation compared to Caucasian and African American families served by a traditional response. Loman and Siegel (2012b) also investigated whether the increase in receipt of material anti-poverty services that characterizes DR, difference in socioeconomic status, or differences in previous reports before entering the study might explain the differences in outcomes for African American families served by DR vs African American families served by a traditional response. None of these alone showed a difference. However, when they examined a subsample of cases where one or more material services had been delivered, they found that randomly assigned DR-served African American families were almost half as likely to have a re-report compared to African American families who received a traditional response in the two or more years that followed CPS involvement. The fact that families who received DR appeared to do better than traditional response families when such services were made available suggests that it was not simply material services that were effective, but that services combined with the family friendly supportive approach of DR may have contributed to the better outcomes for African American families served by DR (Loman & Siegel, 2012b).

APPENDIX A.

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