DIFFERENTIAL RESPONSE & THE REDUCTION OF CHILD MALTREATMENT AND FOSTER CARE SERVICES UTILIZATION IN THE U.S. FROM 2004 TO 2017

About this Study

In 1990, a report issued by the U.S. Advisory Board on Child Abuse and Neglect indicated that the state of child safety represented a national emergency. Subsequently, the advisory board recommended that the country’s child protection system shift to one that is child-centered and neighborhood-based. Several approaches to child welfare system reform emerged after the publication of the advisory board’s report, including the implementation of differential response (DR), a system policy that promotes family engagement by allowing child protective services (CPS) to differentiate its response (e.g., investigation or assessment) to reports of child abuse and neglect based on multiple factors such as level of risk, child age, source of reporter, and type of reported maltreatment. By 2014, the majority of states had at one point implemented some type of DR program. However, to date, the effects of DR programs on child welfare caseload dynamics have yet to be evaluated nationally using causal methods. The current study examined the effects of DR programs on changes in rates of child maltreatment reports accepted for investigation, substantiated reports, and foster care service utilization by harnessing state level variation in DR implementation over time using a quasi-experimental design with data from the National Child Abuse and Neglect Data System (NCANDS) from 2004 to 2017. We hypothesized that the presence of DR programs in states would (a) increase the number of reports screened in for investigation or assessment by CPS agencies given dedicated service availability for low-to moderate-risk cases; (b) decrease the number of children with substantiated reports and children substantiated for reasons of neglect by diverting families from the traditional investigatory track, and therefore, substantiation decisions; and (c) decrease foster care services utilization and foster care use specifically for reasons of neglect through diversion and preventive services receipt.

KEY FINDINGS

• States with differential response (DR) programs had approximately 19% fewer substantiated reports, and 25% fewer children substantiated for neglect.

• States with DR programs had a 17% reduction in foster care services utilization.

• Effect sizes were amplified for children with substantiated neglect reports and foster care services utilization among children with substantiated reports for reasons of neglect.
About this Study (cont.)

We used difference-in-differences (DID) models to compare changes in child welfare system outcomes before and after the introduction of DR programs in treatment states (i.e., states with DR programs) and control states (i.e., states without DR programs). The DID estimates the differential effect of a treatment on an outcome using a quasi-experimental design that compares the average change over time on an outcome variable for the treatment group compared to the average change in the outcome variable over time for the control group. To identify a causal effect, we assumed that prior to DR implementation, child maltreatment outcomes would have identical trends in treatment and control states, and we tested for that in our models. After a policy change such as the implementation of DR, the DID estimates how child maltreatment changes in the treated states compared to the control states that did not implement DR.

We were unable to formally test the first hypothesis because the dependent variable of reports accepted for investigation failed to pass pre-trends tests, suggesting a high degree of variability in accepted reports across DR states. However, we found support for the second and third hypotheses. When compared to states without DR programs, DR states had significantly fewer children with substantiated reports and children utilizing foster care services. Notably, effect sizes were amplified for children with substantiated neglect reports and foster care services utilization among children with substantiated reports for reasons of neglect. These results were significant after accounting for a broad range of state level covariates and robust to the inclusion of state social safety net program participation, the opioid epidemic, and female incarceration rates.

Conclusion

Study findings suggest the utilization of DR as an engagement enabling policy and practice model appears to reduce report substantiation and the utilization of foster care services, particularly among children who are the subjects of neglect reports. This effect appears to operate at multi-state and population levels. Despite these positive results, DR systems, like child welfare overall in the U.S., continues to be inconsistently practiced and in need of additional study to better isolate the effects of DR geographically and to enhance its effectiveness.

About the Research

This project is part of a larger study funded by the CDC (R01CE003098) to examine the relationship between social safety net policies and child maltreatment in the United States.

ABOUT THE RESEARCHERS

Dr. Michelle Johnson-Motoyama is an associate professor of social work at The Ohio State University (OSU) whose scholarship examines the role of social policies and programs in violence prevention and the reduction of disparities in child and family health and well-being. Dr. Donna K. Ginther is the Roy A. Roberts Distinguished Professor of Economics and Director of the Institute for Policy & Social Research at the University of Kansas. Her major fields of study include economic demography, family structure, and child abuse and neglect. Rebecca Phillips and Oliver W. J. Beer are PhD candidates at the OSU College of Social Work. Ms. Phillips' research interest is in change planning and implementation, particularly in terms of impact on health and human service workforce and systemic outcomes, while Mr. Beer's research focuses on the health and well-being of the frontline child protection workforce, utilizing innovative approaches to prevent or reduce work-related stress. Dr. Lisa Merkel-Holguin is an assistant research professor in pediatrics at the University of Colorado School of Medicine who has lead the design and implementation of differential response as a system reform, nationally, and with 10 states, and has successfully championed other child welfare reforms. Dr. John Fluke is a professor of pediatrics at the University of Colorado School of Medicine who specializes in child maltreatment epidemiology and assessing and analyzing decision making in child welfare delivery systems.

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