INTRODUCTION

Know enough about the evidence behind it to be suspicious of the evidence – most of it – because most of the claimed evidence is part of body of “advocacy research”

Know enough about DR to be suspicious about it as a “child welfare reform” – raises serious BIC questions

All discussed in detail in DR: A Dangerous Experiment in Child Welfare: on SSRN and soon in law review – see my cards

I will talk

- First about DR MERITS – why shld be concerned re BIC
- Next on DR Advocacy Research

DR MERITS

Concern here based on Design & Research to date

70% diversion goal: CPS caseload is mostly serious CAN with high likelihood repeat CAN (between 1/3 and 2/3 recurrence rates)

- Research (independent good social science) shows that many/most are medium risk or high risk not the low risk for which supposedly designed (Conley & Berrick)

Voluntary: Entirely free to walk away at any point
Evidence to date even from Advocacy Research shows high dropout rate -- 1/3 to 2/3

Every reason to think from history (Early HV) and Latest QIC-DR disproportionately high CAN among dropouts
  - EG highest re-report rate among AR track dropouts (QIC-DR IL Report)

Funding Strategy: Divert $ from CPS

Theory/Rationale behind DR: CPS providing no services to many: ok but bc ltd resources: Real Question: shld we provide more resources to CPS or to AR voluntary track?

- I believe: likely more $ to CPS would work better given that dealing with serious risk CAN cases
- At least this the major Q Research shld test

DR RESEARCH

Great body of it is Advocacy Research: designed to prove its worth not to test its worth – see my article and also Hughes & Rycus article

- One firm with repeat contracts produces positive research (IAR: Tony Loman & Gary Siegel) -- close ties to main DR proponent Casey Family Foundation (also AHA, Kempe Center)
- Doesn’t pass laugh test: primary finding is that it pleases parents
  - Those who stick with program
  - Note they receive mainly financial stipends in “services”
- Claimed safety findings are not credible based on own data – see Bartholet, Hughes & Rycus, IOM/NRC ((Inst of Medicine & National Research Council)
AND MOST IMPORTANT:

- Not designed to test central question noted above: Wld more $ be best used if to CPS or DR?
- Not designed truly to test for BIC – again in part bc not social science, not designed to test but to prove

Some Independent Research Exists – True Social Science & true Social Scientists – They all note reasons for concern

- Conley & Berrick (Amy Conley & Jill Berrick)
- IOM/NRC (Inst of Medicine & National Research Council)
- Rick Barth their consultant
- Some recent state reports

Real problem: the $ is there for the Advocacy Research

Repeat problem: Corrupt Merger of Policy & Research witnessed now in 3 successive movements: IFPS, RD, and now DR

Need to find a way to solve this Research dilemma in Child Welfare: somehow get new $ sources for true social science