

## When “Just As Safe” and “No Less Safe” Are Not Safe Enough. . .

**Ronald C. Hughes, PhD, MSSA**

Suppose you read an article with the following headline: “Tonsillectomy Using New Surgical Procedure Is Now Just as Safe as Open Heart Surgery.” And suppose the article continued, “A new method of surgery for tonsillectomy has proven no less safe than traditional open heart surgery, with comparable one-year death rates.”

You would probably think, Wait a minute, tonsillectomy is a low-risk surgery, and open-heart surgery is very high risk. Tonsillectomy with the same mortality rates as open-heart surgery is not good. In this context, “just as safe” is not safe enough.

Several DR-outcome research reports and articles present a similar conclusion: children in non-investigation, alternative-track cases are just as safe or no less safe than children in higher-risk, investigation-track cases (Center for Child and Family Policy, 2009; Institute of Applied Research, 2004; Samuels & Brown, 2013; Drake, 2013). These outcome reports use findings of similar recidivism rates between the two tracks to justify the DR claim of comparable safety for children in both tracks and to strengthen CPS agencies’ confidence in the broader use of the alternative track’s non-investigation and voluntary approaches to cases reported for suspected child maltreatment.

The problem with the refrain “just as safe” is the same problem exhibited in the open-heart surgery analogy. We would expect low-risk families, as a group, to have considerably lower-recidivism rates than higher-risk families. The claim of “just as safe,” based on similar raw rates of recidivism, is a false equivalency. The real news is that high-risk families undergoing an investigation in traditional tracks are reporting comparable recidivism rates to low-risk families in non-investigation alternative-track cases, suggesting the possibility of a powerful, positive effect on recidivism from the investigation intervention and traditional response. This is but one example of many potentially biased conclusions from outcome research evident throughout much of the DR research literature (Hughes et al. 2013; Hughes & Rycus, 2013).

## References

- Center for Child and Family Policy, Duke University (2009). Multiple Response System (MRS). (Evaluation Report). North Carolina Division of Social Services (NCDSS). Durham, NC: Lawrence, C. N. and Rosanbalm, K.
- Institute of Applied Research. (2004b). Minnesota Alternative Response Evaluation: Final Report. St. Louis, MO: Author. Retrieved from <http://www.iarstl.org/papers.htm#ancC5Loman>
- Drake, B. (2013). Differential response: What to make of the existing research? A response to Hughes et al. *Research on Social Work Practice, 23* (5), September.
- Samuels, B. & Brown, B.V. (2013). Differential response: Response to Hughes and colleagues. *Research on Social Work Practice, 23* (5), September.

## About the Author

**Ronald C. Hughes, PhD, MSSA**, is founder and Director of the North American Resource Center for Child Welfare in Columbus, Ohio. He is an organizational development consultant, policy analyst, and widely published author on critical issues in child maltreatment practice. He is past-President and President Emeritus of APSAC, and is Board chair of the National Council on Crime and Delinquency.