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Can Early Assessment Make a Difference in Child Protection? Results from a Pilot Study

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ABSTRACT. An exploratory study was conducted to examine the effectiveness of a multidisciplinary assessment and follow-up consultation on first-time substantiated child protective services cases with at least one child 7 or younger. Fifty children from families receiving the multidisciplinary assessment were matched on race,

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family structure, child gender, child age, and severity of maltreatment with 50 children who did not receive the assessment. Children in families who received the multidisciplinary assessment were more likely to be at home at follow-up and in permanent living situations, and less likely to be reported subsequently to child protective services and subject to termination of parental rights. However, only about half of recommendations for cases receiving the early assessment were implemented by caseworkers.

KEYWORDS. Early assessment, early intervention, young children, child maltreatment

In 1990, the United States (US) Advisory Board on Child Abuse and Neglect declared, “Child abuse and neglect in the United States now represents a national emergency” (US Advisory Board on Child Abuse and Neglect, 1990, p. 27). Reports of child maltreatment, however, continue to rise, as they have every year for at least 25 years (Wang & Daro, 1998). The number of children reported annually to Child Protective Services (CPS) has been more than three million per year since 1994 (National Clearinghouse on Child Abuse and Neglect Information, 2006; Prevent Child Abuse America, 1999). The most recent data are from 2004—in that year, an estimated 4.5 million children were reported to CPS, (National Clearinghouse on Child Abuse and Neglect Information, 2006).

The child welfare system is overwhelmed by this emergency for reporting child maltreatment. Unfortunately, the reporting increase has not been met by a comparable funding increase (US General Accounting Office, May 2004). Rather, overload of the child protective system has led to strategies to make the caseload more manageable by narrowing the CPS mandate. State child protection agencies now use screening procedures (Sedlak & Broadhurst, 1996). When a call comes in, an intake worker determines whether a report falls within the purview of CPS. At this stage, approximately one-third of these cases is screened and not investigated (National Clearinghouse on Child Abuse and Neglect Information, 2006). Moreover, only approximately one-third of cases that are investigated are substantiated (National Clearinghouse on Child Abuse and Neglect Information, 2006). Substantiation does not assure intervention. Approximately 40% of substantiated cases receive no services (National Clearinghouse on Child Abuse and Neglect Information, 2006; Wang & Daro, 1998). Of those cases that are substantiated, provided services, and then closed,

approximately one-third of cases are re-reported to CPS (English et al., 2000a; English et al., 2000b; Zuravin & DePanfilis, 1999).

In practice, because of the paucity of resources, CPS screens children needing its services, conducts narrowly focused investigations (United States Department of Health and Human Services (US DHHS), 2005), often denies cases in which children are in need of help, and may close cases right after substantiation (Wang & Daro, 1998). Many children are reported multiple times before CPS intervenes decisively (Children's Bureau, 2003), often by removing the child from the home. By then, it may be too late for these children to have a decent future or to make the best of their skills and intelligence. Moreover, by that time, services to these children and their families are more costly than early and appropriate intervention, based on complete assessment of family problems and needs.

One intervention recommended to address the child welfare system emergency is multidisciplinary teams to aid in child welfare assessments, assure appropriate services, and support the child welfare system and its workers (California Attorney General's Office, 1994; U.S. Department of Justice, 1993). A multidisciplinary approach has been advised for decades (Bross, et al., 1988; Children's Justice and Assistance Act, 1986; Faller, 1981, 1988; Schmidt, 1978), with its initial advocates coming from medical settings (Bross et al. 1988; Helfer & Kempe, 1968; 1974; 1987; Schmitt, 1978).

Faller (1981) identified five functions for multidisciplinary teams in child abuse and neglect: 1) assessment, 2) treatment, 3) coordination, 4) education, and 5) consultation. Assessment teams may be hospital-based or community-based, but comprise professionals from several disciplines. These are "hands-on" teams that actually interview and examine family members in an effort to determine the likelihood, nature, and/or extent of child maltreatment and develop an intervention plan. Treatment teams comprise professionals who provide services to a family in the child welfare system. Although treatment teams may be agency based, they often comprise professionals from several agencies, who meet periodically to coordinate services. Many communities develop interagency coordination teams that set policy and practice. Education as a team function may be university based, state agency based, or community based. Education may be for the general public, practicing professionals, or students. Consultation teams comprise professionals who offer case-based advice to child welfare workers. These professionals usually do not see family members, but may review documentation and assist workers in making case decisions. Faller (1981) pointed out that a single team may perform more than one of these functions.

In a recent review of multidisciplinary teams used in child abuse and neglect, Lalayants and Epstein (2005) provided a slightly different categorization. They identified four types of teams: 1) treatment teams, 2) case consultation teams, 3) resource development or community action teams, and 4) mixed model teams. Interestingly these researchers did not identify assessment teams as a separate category. Lalayants and Epstein (2005) review the evaluation literature on multidisciplinary teams, using seven studies. They found universal support for the use of multidisciplinary teams in child maltreatment cases, but also cite shortcomings in the research findings on the effectiveness of multidisciplinary teams, in particular on the ability of researchers to demonstrate outcomes for clients.

The multidisciplinary team employed in this pilot study has its origins in a mid-1970s university-based collaboration among three professional schools, a school of social work, a law school, and a medical school in a mid-western state (Duquette & Faller, 1988). Although professionals from these schools collaborate on graduate level teaching, training, research, writing, and service provision, each school also had its own programs.

The multidisciplinary assessment team that took the lead in the Early Assessment Project pilot study was formed in 1985 in response to a request for proposals from the state child welfare agency. Although the composition of the team and the characteristics of the services have varied somewhat over the years, the team provides in-depth, multidisciplinary assessments of child maltreatment cases. The cases are referred by and open to protective services, foster care, and adoption. In 1990, the mandate of the team was expanded to allow for referrals from courts and from voluntary agencies.

The cases typically referred to the team before the Early Assessment Project were very serious, had been the subject of multiple reports of child maltreatment, and had been in the child welfare system for years. In cases seen in 1997 (a year that the team conducted an internal case record review), the average number of placements per child who was removed from the family was 3.7, and a review of the team's recommendations found that 55% included a recommendation of termination of parental rights on at least one child. Troubled by the fact that assessments were sought after substantial trauma to children and long after many families could be salvaged, the authors sought funding to support earlier multidisciplinary assessments of child welfare services. Similar concerns about the lateness of child welfare intervention have been raised by other researchers (e.g., Cohn & Daro, 1987).

The model used for the Early Assessment Project was a modification of this multidisciplinary assessment team, adding an ongoing consultation function and enhancing the medical component by partnering with the medical school-based child protection team. Although the model employed theoretically falls into the domain of tertiary prevention (e.g., Daro & Donnelly, 2002; Harder, 2005; Onyskiw et al., 1999), the Early Assessment Project attempts to intervene early in the family's maltreatment pattern. The intent was, if this pilot study were successful, to refine the model and engage in subsequent studies that would demonstrate the efficacy of evaluating families in depth early in their referral history.

Specific hypotheses to be reported in this article are:

1. Multidisciplinary assessments of first-time substantiated CPS cases will lead to better case outcomes as reflected in the Child Welfare Management Information System (MIS).
 - A) Children whose families receive early, multidisciplinary assessments will be in less restrictive placements.
 - B) Permanent plans will be made sooner in cases that receive early, multidisciplinary assessments.
 - C) Families that receive early, multidisciplinary assessments will have fewer subsequent referrals to CPS.
 - D) Families that receive early, multidisciplinary assessments will have fewer terminations of parental rights.
- 2) Child welfare workers will be satisfied with the Early Assessment Project.

DESCRIPTION OF THE EARLY ASSESSMENT PROJECT

The multidisciplinary assessment team collaborated with the hospital-based child protection team on the Early Assessment Project. The teams for these two programs comprise faculty and staff in the Medical School, School of Social Work, Law School, Department of Psychology, Department of Psychiatry, and School of Education. All of these professionals have extensive practice experience in the child welfare.

The Early Assessment Project targeted cases involving children age 7 years and younger and their families,¹ who were first-time substantiated referrals to CPS. Because multidisciplinary assessments are burdensome for families and staff, in collaboration with the public child welfare agency, we determined to target the two most serious

categories of substantiated cases, according to the state Child Protection Law, category 1. Court referral required and category 2. Protective Services required (MCL 722.621 et seq., 2005).²

Children and their families were referred by their child protection workers. Workers obtained the family's permission before making the referral and specified the questions to be addressed in the assessment. Workers also provided background material, which typically included medical records, past referrals to CPS and their disposition, any available school records, and records of other services the family had received. Family members could also provide documents to be reviewed.

All child assessments involved two interviews (except when the child was too young to be interviewed) by a professional who, at minimum, had a master's of social work and several years of experience in child welfare. Children also received a medical examination, a developmental assessment, and screening for trauma and behavior problems.³

Although the target children for the Early Assessment Project were age 7 years and younger, because the functioning of the child's family has a marked impact on child safety, well-being, and permanency, all family members were assessed and considered when the child protection worker's questions were addressed and services were recommended.

Children's caretakers were interviewed for approximately 2 hours, also by clinicians with a master's of social work. The content of these interviews varied based on the family circumstances and the questions the child protection worker had posed. Typically the interviews included taking an in-depth social history, screening for substance abuse, domestic violence, criminal history, developmental delays, other cognitive problems, and mental health problems, as well as inquiring about the caretaker's view of the maltreatment allegations. A doctorate-level psychologist also psychologically tested caretakers. Tests that were administered included the Minnesota Multiphasic Personality Inventory-II (MMPI-II) (e.g. Greene, Nichols, & PAR Staff, 2000), the Bender Gestalt (e.g., Peticone, 1998), the Thematic Apperception Test (e.g., Geiser & Stein, 1999), the Rorschach Inkblot Test (e.g., Exner, 2003), the Early Memories Test (Bruhn, 1992), and the Weschler Adult Intelligence Test—III (WAIS-III) (Weschler, 2004).

When indicated and caretakers gave permission, assessments involved collateral contacts with professionals, for example teachers, providers of supportive services, and therapists working with the child

and family, and with other people important to the child and family (relatives and friends). Mothers' boyfriends and fathers' girlfriends routinely were interviewed. Grandparents frequently were contacted.

Family and parent-child interactions were conducted when they were needed to address the questions posed by the referring worker. The assessors could request a consultation from an educational specialist, a psychiatrist, or one of hospital's medical specialties. Legal consultation was also available.

Once all the information on a case had been gathered through examinations, interviews, testing, and collateral contacts, the staff and faculty involved in the assessment and relevant consultants met with the child protection worker and other community professionals working with the family. Together this group of professionals reviewed the findings and developed a plan for the family, which took into account available local resources. These consultation meetings lasted on average 3 hours. Reports were generated for all contacts, interviews, and testing sessions, and a summary of the consultation meeting was written, which included answers to the questions posed by the child protection worker and recommendations. The plan then was communicated to the family by the child protection worker (or another frontline worker) and one of the staff who conducted the assessment to assure the family's understanding of the plan, answer any questions the family had about recommendations, and assess their willingness to follow through.⁴ Ongoing consultation and court testimony, if needed, were also components of the program.

METHOD

Participants

This Early Assessment Project was piloted in two counties for which county-based public child welfare agency expressed a desire to be involved. The counties selected were ones with modest social problems and resources for intervention in child welfare cases. Both counties have towns and some rural areas. One county is larger, with a total child population of 78,822 and approximately 2,300 families investigated annually for child maltreatment. The smaller county has a total child population of 24,670 and approximately 1,200 families investigated annually (Kids Count Data Book, 2005). Each county substantiates on average between 225 to 275 children for child

maltreatment per year. The higher reporting rate in the smaller county may reflect its higher poverty rate. The counties are contiguous.

Within the target age group for the Early Assessment intervention, 61 children (75%) were age 7 years or younger: 49 (60%) were girls, and the remainder was boys. In terms of ethnicity, more than 50% (44) were children of color. All children served by this program were of lower socioeconomic status.

A sample of families matched for family composition (one versus two parents, sex and age of children), race, and severity of maltreatment, was identified in each county.

Measures

The main outcome measures came from the Child Welfare MIS and the worker of record. In addition, we collected data on the functioning of targeted children, those age 7 years and younger, using the standardized measures employed at baseline^{1,5}

The following Management Information System variables were coded: 1) child placement at follow-up; 2) type of permanent plan; 3) re-reports of child maltreatment; 4) case status at follow-up; 5) court involvement at follow-up; and 6) termination of parental rights or termination pending.

Data from the worker of record were collected on: 1) worker satisfaction with services; and 2) whether recommendations from assessment were carried out.

Procedure

This research received human subjects approval from the University of Michigan's relevant institutional review board and from the Michigan State Department of Human Services Policy Analysis and Program Division, which reviews and decides about all requests to conduct research on public child welfare clientele.

Child protection workers and their supervisors selected cases that met the criteria for the Early Assessment Project and obtained agreement from the family to participate. Otherwise they were free to select which families should be referred. Comparison families were selected by a statistician in the public child welfare agency's state office, working from the list of families who were participating in the Early Assessment Project, and matching each family with a com-

parison family from the county on family composition, race, and severity of maltreatment. The comparison family also was drawn from the same reporting period (3-month timeframe) as the Early Assessment family.⁶ Because this was a pilot study, we did not attempt to control case selection any more than what is described in this paragraph. Because of the confidential nature of child protection cases, we could not gather data directly from comparison cases,⁷ but we could follow their progress in the child welfare system, using MIS data.

For Early Assessment Project cases, MIS data were gathered approximately a year after the assessment was completed.⁸ As much as possible, follow-up data on the comparison families were collected within the same time frame. However, because of the difficulty obtaining the follow-up information for both groups, sometimes these timeframes were not met.

Initially the plan had been to gather worker of record data and information at 6 months, 1 year, and 2 years. In part these periodic contacts were to remind workers of the availability of follow-up consultation. Completing one follow-up call with the worker of record, however, proved challenging. We abandoned periodic follow-up and conducted a single follow-up at approximately 1 year after the assessment had been completed. We took careful notes on these telephone interviews, however, so they could be subjected to qualitative analysis.

RESULTS

This article presents descriptive and bivariate findings from the MIS system and from worker of record interviews. We have data on 128 children, 64 children whose families received the Early Assessment and 64 comparison children. Of these, 100 fall within the Early Assessment Project target population, ages 7 years or younger, 50 who received the Early Assessment intervention, and 50 in the comparison group.

In addition, worker of record data were obtained for 25 families. To gather data on 25 families required 218 phone calls, the minimum being two and the maximum 28, an average of 8.7 phone calls per case. There are missing data either because the worker did not know the child status on some variables or because data were missing from the MIS. Because of missing data and modest sample size, we cannot report tests of significance on some variables.

***Case Outcome/Status Data Management
Information System***

Comparisons between children receiving the Early Assessment Project intervention and those receiving customary protective services intervention⁹ are provided on placement status, permanency of placement, re-reports of child maltreatment, and termination of parental rights. There were no statistically significant differences on any of these outcomes by county. Table 1 provides information on placement status of children in the Early Assessment and comparison groups at follow-up.

The findings regarding placement status of children indicate that more than three-fourths of children who received the Early Assessment were in their own homes (i.e., with one or both parents), compared with only approximately one-third of children who did not receive the Early Assessment service (Chi square [3, $n = 95$] = 16.4; $p < .001$). Children who received customary protective services intervention were about twice as likely to be living with relatives and almost four times more likely to be in foster care at follow-up. Finally, children who received customary protective services intervention were more than twice as likely to have been placed in an adoptive home. Because the child welfare system attempts to keep children with their own families, whenever possible, the placement status findings for the Early Assessment Project versus the comparison group are considered positive findings.

Early Assessment and comparison families were matched on case severity according to the State case substantiation categories, so it is unlikely that these differences are explained by the seriousness of the case. In addition, Early Assessment cases were as likely to have court involvement at follow-up (approximately one-third of cases) and as likely to still be open at follow-up (approximately one-third of cases).

TABLE 1. Placement Status of Children at Follow-up*

| Placement | Own home | Relative | Foster home | Adoption | Total |
|------------------|----------------------|----------------------|----------------------|---------------------|-------|
| Early assessment | 37 children 75.5% | 5 children 10.2% | 3 children 6.1% | 4 children 8.4% | 49 |
| Comparison | 16 children 34.8% | 10 children 21.7% | 11 children 23.9% | 9 children 19.6% | 46 |
| Total | 53 | 15 | 14 | 13 | 95 |

*Data were missing for 5 cases.

In contrast, there were differences between the Early Assessment and comparison groups on type of maltreatment, a variable on which we were unable to match cases. The findings, however, would suggest Early Assessment cases might fare less well; the comparison group had no sexual abuse cases (they were 20% of the Early Assessment cases) and more neglect cases (56.3% for the comparison group versus 20% for Early Assessment group). Neglect is less likely to be associated with removal of children from the home than sexual abuse (Faller, 2003).¹⁰ In addition in the state where the Early Assessment Project was implemented, there is a state statute prohibiting the use of Family Reunification funds to reunite a sex offender with the family (MCL, 2005).

Because both the Early Assessment Project and comparison cases were in the two most severe child maltreatment categories, one would expect some permanent plans would involve being placed out of the home. To provide a measure permanency at follow-up, we combined likely permanent placements (own home, relative home, adoptive home) and compared them to impermanent placements (foster care, shelter, residential treatment, group home). Data from this analysis appear in Table 2.

As can be seen in Table 2, 93.9% of the children whose families received the Early Assessment Project intervention were in living situations that were defined as permanent, whereas 76.1% of the comparison children were in such situations (Chi square [1, N = 95] = 6; $p < .01$). It should be noted that none of the children in either group were in shelters, residential treatment, or group homes at follow-up.

Both groups were subject to subsequent reports to CPS, but the comparison cases were approximately 35% more likely to be reported subsequently (68.8% for comparison cases versus 44% for Early Assessment Project cases). Fewer children who received Early Assess-

TABLE 2. Permanency Status of Children at Follow-up*

| Placement | Permanent | Impermanent | Total |
|------------------|----------------------|----------------------|-------|
| Early assessment | 46 children 93.9% | 3 children 6.1% | 49 |
| Comparison | 35 children 76.1% | 11 children 23.9% | 46 |
| Total | 81 | 14 | 95 |

*Data were missing for 5 cases.

ment intervention either had parental rights terminated or termination was pending (30.2%) compared with the comparison families (52.1%) (Chi square [1, N = 91.] = 4.5; $p = .035$).

Worker Case Appraisal

Results from caseworkers came either from workers who referred cases to the Early Assessment Project, from workers of record at follow-up, or from the last worker of record. We report findings on 25 cases on worker general satisfaction with the Early Assessment, the number of recommendations made by the Early Assessment team, and the number carried out.

Most workers indicated they were either very satisfied or satisfied (56%). No worker was very unsatisfied. Missing data on four cases reflect worker turnover and the new worker not having an opinion regarding the Early Assessment. Of the 20% of workers who were unsatisfied, all but one had referred cases involving children age 4 years or younger with allegations of sexual abuse, which could neither be substantiated nor unsubstantiated. We could not complete the other case on which the worker was unsatisfied because we could not get the family to come in to our office, and the worker declined to bring the family.

Cases varied in the number of recommendations per family, from two to seven. A total of 101 recommendations were made on these 25 cases. Of these 45 (45%) were known to have been carried out, and 29 (29%) were known not to have been carried out. For 27 recommendations, the worker did not know or was unsure whether the recommendation had been carried out. The lack of information about whether the recommendation was implemented derived from the case being closed, no information in the case record, and high worker turnover.

There was a positive trend but not a statistically significant relationship between level of satisfaction with the Early Assessment and percent of recommendations carried out. If there had been more cases in the sample, it is possible this relationship might have reached statistical significance.

DISCUSSION

Our data suggest cautious optimism about the efficacy of early, in-depth assessment for serious child maltreatment cases. Children who

received Early Assessment Project services were both more likely to be with a parent or parents at follow-up and more likely to be in a placement that appeared to be permanent compared with a group of children, matched on race, age of children, family composition, and severity of reported maltreatment, who did not receive the service. In addition, children in comparison families were more likely to be the subjects of subsequent reports for child maltreatment and of termination of parental rights than those who received the Early Assessment Project services.

Nevertheless, the subsequent reports and terminations of parental rights for both groups are high. These findings may reflect the severity of the cases targeted in the study, but subsequent report and re-occurrence of child maltreatment are abiding problems in the child welfare system. Cohn and Daro (1987), who studied four federally funded, multi-year intensive intervention projects, report one-third or more of these families maltreated their children again during intervention, and one-half were still regarded as at risk after their cases were closed. DePanfilis and Zuravin (2002; 1999), who reviewed a number of studies of re-occurrences of child maltreatment cited the difficulty of interpreting findings because of variations in definition, timeframe, and measurement. DePanfilis and Zuravin (2002) found re-occurrence rates ranging from 1%–2% for low-risk families to more than 50% for families at greater risk. English and colleagues (2000a; 2000b) describe a subsequent report rate of 24% over a 12-month timeframe for cases characterized as “moderate risk.”

Families receiving Early Assessments and comparison families were equivalent in terms of case being open at follow up and court involvement at follow-up. Given that the cases were at the severe end of the CPS continuum, it is not surprising that approximately one-third of both groups were still active at follow-up.

The results from worker interviews were mixed. First, it was quite challenging to obtain information from workers, necessitating numerous phone calls. One likely reason for this finding is that workers have many demands on their time, and returning calls to researchers is probably not a high priority. Workers committed themselves to the Early Assessment Project service, but it is common for frontline workers not to appreciate the value of research. Also collecting follow-up information was impeded by worker turnover and case transfer within the child welfare system. Some cases were closed at follow-up.

Although most caseworkers were satisfied or very satisfied with the work of the Early Assessment Project, there was dissatisfaction on cases involving young children with sexual abuse allegations

because the Early Assessment Project could not determine with certainty whether sexual abuse happened or not. The difficulty in resolving sexual abuse cases involving young children is consistent with research findings (e.g., Cantlon, Payne, & Erbaugh, 1996; Keary & Fitzpatrick, 1994). Because of the difficulty of resolving allegations of sexual abuse with pre-schoolers, special assessment techniques, involving following cases over time, are advised (e.g., Faller, 2003; Hewitt, 1999).

In addition, fewer than half the recommendations from the Early Assessment were known to have been carried out. For approximately one-fourth of the recommendations, the worker did not know or was unsure whether the recommendation had been followed. Workers were not asked why some recommendations were carried out and some were not. Nevertheless, our experience in working on these cases informs us that failure to follow recommendations sometimes represents disagreement of the public child welfare agency with the recommendation. The worker has the final say about implementing recommendations. Moreover, families in the child welfare system often experience crises and radical changes in circumstances. So what may be an appropriate recommendation when made may become inappropriate in a matter of weeks, days, or even hours. In some cases, the court rather than the worker may have decided plans for families.

It should be noted, however, that the assessment provides more than just recommendations for the family. The assessments provide an in-depth understanding of the family's strengths and weaknesses, the answers to the worker's questions, and recommendations. The in-depth understanding and answers to the questions can remain useful even though the recommended interventions are not carried out.

The failure to implement all recommendations is consistent with the findings of Hochstadt and Harwicke (1985) in their evaluation of MDT practice in Chicago, in which placement recommendations were almost always implemented, but only a minority of therapy recommendations was carried out. These researchers also did not obtain information about why recommendations were not implemented.

The findings from this pilot study resonate with the results of recent outcomes-oriented reviews of 35 state child welfare systems (US DHHS, 2005). Among the "challenges" noted in the Child and Family Services (CFSR) reviews are that "agency risk and safety assessments are often not sufficiently comprehensive to capture underlying family issues that may contribute to maltreatment, such as substance abuse, mental illness, and domestic violence," a problem documented in 22 of

the 35 states (US DHHS, 2005, p. 8). This lack of in-depth assessment plays a role in CFSR documentation of inconsistency in assuring child safety and insufficient or inappropriate services to reduce risk of harm to children (US DHHS, 2005). The goal of the Early Assessment Project was to pilot a service that can supplement and deepen the assessments of risk and safety made by child protection workers.

Perhaps programs like the Early Assessment Project should be included in the Program Improvement Plans in states that have been through the CFSR process. The introduction of an early, multidisciplinary, in-depth assessment of cases classified as serious maltreatment could address failure to identify underlying problems that lead to child maltreatment, issues of safety, and provision of appropriate services. In fact, an early assessment could address all three child outcomes targeted in CFSR reviews: safety, permanency, and child well-being. This study demonstrates the ability of the intervention to impact permanency and safety. We hope that the child functioning data, when available, will demonstrate the effect on wellbeing.

These findings, although preliminary, indicate early comprehensive assessments hold promise for children, for their families, and for the child welfare system. These results provide a rationale for further exploration and refinement of the Early Assessment model. Given the subsequent report rates for these severe cases, a model that includes longer-term involvement in the child welfare system may be indicated.

LIMITATIONS

Although we would like to believe the Early Assessment intervention caused the children to remain at or return home and resulted in almost all Early Assessment children being in permanent living situations at follow-up, we cannot necessarily attribute the findings to the intervention. For example, it is possible that the special attention to the Early Assessment cases, which the intervention represents, and resulting greater attention by their child welfare workers played a role in these findings. This interpretation may be supported by the fact that only approximately 50% of recommendations were known to be carried out.

In addition, the study demonstrates the challenges of trying to implement an intervention and evaluate it in the real world of child welfare. The child welfare system is fraught with problems (e.g. US DHHS, 2005), including high worker turnover, (Alwon & Reitz, 2001; Child Welfare League of America, 2002; General Accounting Office,

2004), high caseloads (American Public Human Services Association [APHSA] 2005), and insufficient resources (APHSA, 2005). Thus, obtaining responses from child welfare workers required persistence. In addition, getting families to cooperate with the Early Assessment and with the evaluation was difficult. Consequently, even with considerable efforts, there are still missing data, we were unable to collect data within the precise timeframe originally anticipated, and we still do not have a sufficient response rate from caretakers at follow-up to present findings on the child functioning measures.

Finally, this is a pilot study of modest size involving two counties. Additional preliminary studies of this model are needed to determine if the preliminary results can be replicated. Additional outcomes should be pursued, for example the relative cost of early assessment versus customary protective services, and cases need to be followed over a longer timeframe.

NOTES

1. The target age of the intervention was in part determined by mission of the Hasbro Children's Foundation, which funded the intervention portion of this project. Targeting this age group also is consistent with early intervention with families reported to CPS. The target children are pre-school children or children who are in early grade school. Thus, there is considerable potential to correct problematic trajectories for this child population.

2. The state child protection act specifies five levels of determination. The three levels not included in the Early Assessment Project are: Category 3) child maltreatment substantiated by a preponderance of the evidence, community services needed; Category 4) community services recommended, but preponderance of evidence that there is child maltreatment not met; and Category 5) no child maltreatment, no services needed.

3. These data were collected using three standardized measures: 1) the Child Behavior Checklist (Achenbach, 1991; Achenbach, Edelbrock, & Howell, 1987); 2) Child Behavior Survey (Friedrich, 1999); and 3) Trauma Symptom Checklist-Young Children (Briere, 1996, 1999; Briere et al., 2001).

4. There are other models of plan development that involve family members attending the meeting at which the plan is developed. The professionals involved in the Early Assessment Project have considerable experience with plans developed with and without family members. Our selection of this model derives from the difficulty professionals have in being candid in the presence of family members and the traumatic impact on family members of hearing the team discussion. In addition, the cases selected for this pilot had serious dysfunction, making it more difficult for family members to participate in long meetings.

5. These data are not reported in this article.

6. Cases were matched on level of severity, but not also on type of maltreatment. We made this decision because the number of cases substantiated per year in the two counties in the pilot study is modest, and we wanted to assure a match on the other important variables: one versus two parent status, number and age of children, and race, and have comparison cases selected from the same timeframe as the Early Assessment Project cases.

7. In the state in which the pilot study was conducted, because of confidentiality, the Early Assessment Project could not initiate contact with comparison families. The procedure required before direct contact could be made with a comparison family was that the state child welfare agency contacts the family and asks them to contact the Early Assessment Project. The state child welfare agency did not have resources to make these contacts at the time of the study.

8. The 1-year timeframe was selected for several reasons. First, for children who were in care, the state statute sets the permanency planning hearing at 1 year. Second, a year allows enough time for interventions to occur and families to improve. Third, 1 year is a good interval for examining re-referrals to CPS.

9. Customary CPS services usually involve investigation, substantiation, referral to appropriate resources, and monitoring. Customary CPS services are intended to be short term.

10. There is a category for more than one type of abuse, which could include sexual abuse in combination with other types of child maltreatment; approximately equal percentages of Early Assessment and comparison cases were so categorized (Early Assessment, 28%; comparison, 25%).

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