
**The Missouri Family Assessment and Response Demonstration
Impact Evaluation**

Digest of Findings and Conclusions

by
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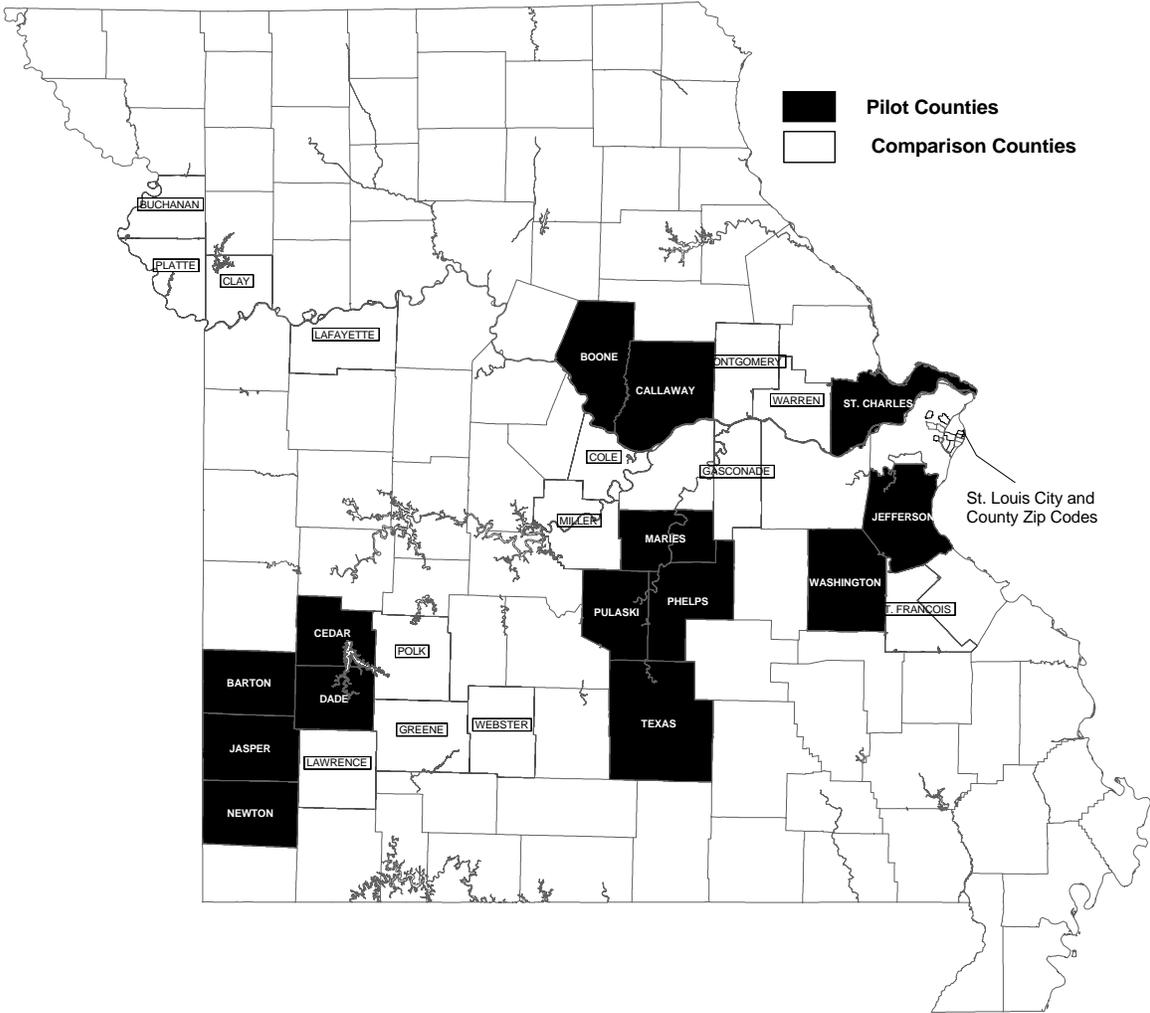
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Table of Contents

| | |
|------------------------------------------------------|----|
| Introduction..... | 2 |
| Major Findings..... | 7 |
| Hotline Reports | 8 |
| Service Provision Effects..... | 8 |
| Screening..... | 9 |
| Safety | 11 |
| Recidivism | 14 |
| Integrity of the Family | 17 |
| Service Delivery and Effects on Families..... | 19 |
| Use of Community Resources | 24 |
| Community-Related Initiatives..... | 26 |
| Worker-Family Relations and Family Satisfaction..... | 27 |
| Perceived Effectiveness | 31 |
| Investigations | 32 |
| Case Examples | 34 |
| Conclusions..... | 37 |

Missouri Family Assessment Demonstration Pilot and Comparison Sites



Introduction

This digest is an update of the original summary report prepared in January 1998. The impact evaluation was conducted for the Missouri Department of Social Services, Division of Family Services (DFS).

The Family Assessment and Response Demonstration was mandated by the Missouri State Legislature through Senate Bill 595 in 1994.¹ The bill required that the Department of Social Services test a new, more flexible response to reports of child abuse and neglect (CA/N). In pilot areas, hotline reports were screened into two categories, investigation and family assessment. Certain kinds of incidents were specifically defined in state law to require an investigation because of their relative severity and potential to involve criminal violations. CA/N investigations in Missouri in which find there was probable cause that abuse or neglect occurred are said to be “substantiated,” and in these cases perpetrators’ names are entered into the state’s Central CA/N Registry.

Other less severe incidents could be screened for family assessment and kept out of the Central Registry. The family assessment response was meant to be non-accusatory and supportive, offering needed services as soon as possible without the trauma, stigma, or delay of the investigative process, and to involve the family in a collaborative response to problems and needs. An important element of the new approach involved establishing stronger ties to resources within the community able to assist children and families. This was a particularly important goal because the demonstration was essentially cost-neutral. Thus, while the family assessment approach served to focus attention on a broader set of underlying conditions and problems CA/N families were experiencing, no additional funds were made available within the child

protection system to address the problems that were identified.

The demonstration was piloted in 14 small and medium-sized counties across Missouri and in parts of the City and County of St. Louis. When selecting pilot sites for the demonstration, the state agency did not prescribe a single model for organizing staff and staff functions but allowed individual sites or groups of sites to determine them. While this did not affect any basic element in the demonstration itself, there were staff and organizational variations in the way the demonstration was implemented.

Goals. The objective of the impact evaluation was to determine if the new approach increased the effectiveness of the child welfare agency in achieving a set of specific goals. These included goals central to the child protection system in general as well as objectives related more specifically to a flexible-response approach to families.

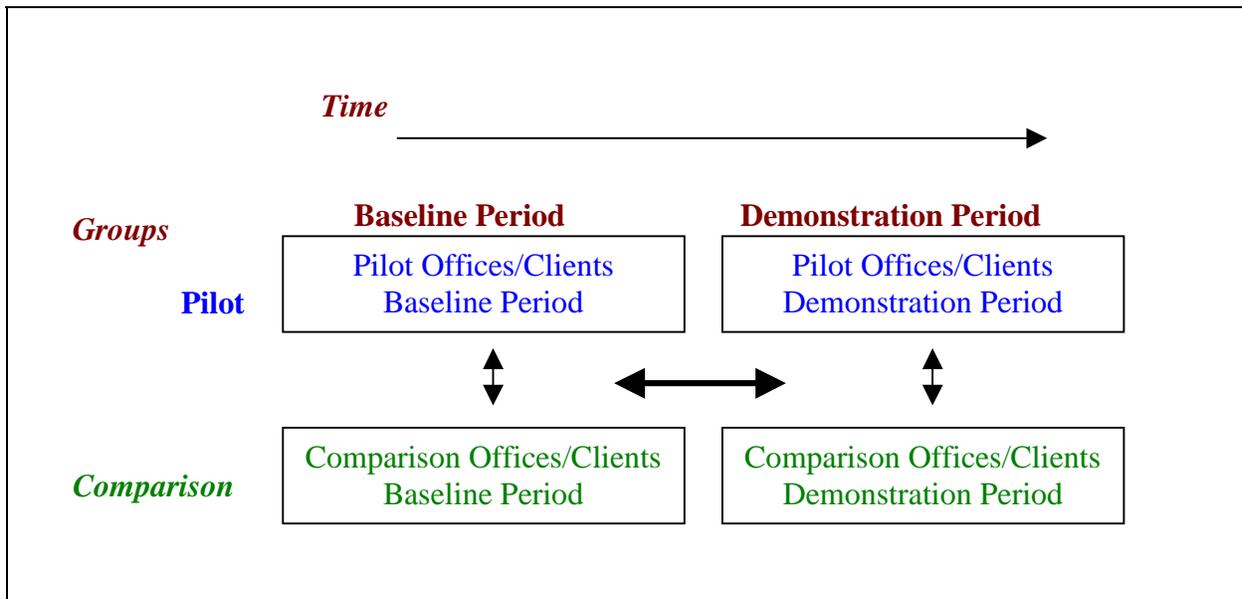
Central Goals

1. Promote the safety of the child.
2. Preserve the integrity of the family.
3. Remedy the abuse/neglect or the defining family problems.
4. Prevent future abuse or neglect.

Supporting Goals

5. Successfully assign cases between the two response modalities.
6. Provide less adversarial and more supportive interaction with families in appropriate cases.
7. Make more efficient use of investigative resources.
8. Improve client satisfaction.
9. Improve the court adjudication of probable cause cases.
10. Assure that families receive appropriate and timely services.

Research Design. These goals were converted into the central research questions of the evaluation. A quasi-experimental



research design was utilized consisting of two basic parameters. The first was an analysis of baseline versus demonstration-period data, in which outcomes during the two years prior to the demonstration were compared with outcomes during the first two years following its implementation. The second involved pilot versus comparison site analysis, in which outcomes from pilot areas were compared to outcomes in a set of sites designated as the comparison area. The comparison area included 14 small and medium-sized counties across the state and selected parts of St. Louis City and County and was similar in population and CA/N caseload characteristics to the total pilot area. Baseline and demonstration-period data were analyzed for both the pilot and comparison areas.

The research methodology employed in the evaluation included the integration and analysis of data in the automated client record system for the baseline period and throughout the demonstration, detailed record reviews of sample cases, case-specific assessments of families in the study sample at case closing, client family surveys and interviews throughout the demonstration, surveys of child welfare agency workers at the beginning and end of the demonstration period, surveys of professionals and other community representatives in the pilot and

comparison areas at the beginning and end of the demonstration, along with site visits and interviews.²

Cases that entered the demonstration in the pilot counties on or after July 1, 1995 were included in the evaluation, although participating counties had begun implementing the program before this date. All clients were included during the 24-month period ending June 30, 1997. Data continued to be collected through November 30, 1997.

Study Population. In the traditional service approach (utilized in the baseline period in all areas and during the demonstration phase in comparison areas), the initial worker response to a reported incident of child abuse or neglect always involved an investigation followed by a conclusion that probable cause of child abuse or neglect was either present or not, and, if not, that preventive services might still be needed. Incidents involving findings of probable cause or the need for preventive services moved into the service system as cases and into the study population as client families. In pilot areas during the demonstration period, reports were first screened as appropriate for either investigation or family assessment. Investigation reports that resulted in findings of probable cause or preventive services needed entered our study population as client families, as did family assessments that resulted in judgments that the families needed services or assistance. *Thus*

the study population consisted of client families for which, following a reported incident, a system response was judged to be appropriate. During the baseline period, there were 2,783 such client families in the pilot areas and 2,525 in comparison areas. During the demonstration period, there were 3,313 client families in pilot areas and 3,087 in comparison areas.

In order to gain a more complete understanding of what happened to families while they were in contact with the service system, a random sample of 15 percent was drawn each month from the new client families entering the population (slightly fewer in comparison counties), and these families were tracked more closely. The total sample size was 919—516 in pilot areas and 403 in comparison areas. By June 30, 1997, 78 percent (717) of these cases had closed and all planned contact with the child welfare agency had been terminated.

Demographic and Caseload Characteristics. Families in the four study groups (pilot

and comparison by baseline and demonstration) were quite similar in demographic and caseload characteristics. Nearly four out of ten had had prior contact with the child welfare agency. This usually meant a Family-Centered Services case, the primary vehicle for monitoring families and providing services in the traditional system, had been previously opened. One family in ten had previously had a child removed from the home. Over half were single-parent families; generally these were mother-only households. Unemployment was common, with nearly half of the families not having an employed parent present. Eight out of ten were European-American (or “white”) families. The mean number of children per family was 1.6. In 9 families out of 10, the alleged perpetrator was a parent. The reporters of the incidents that brought families into contact with the child welfare agency were similar in the four study groups as were the types of initiating incidents themselves.

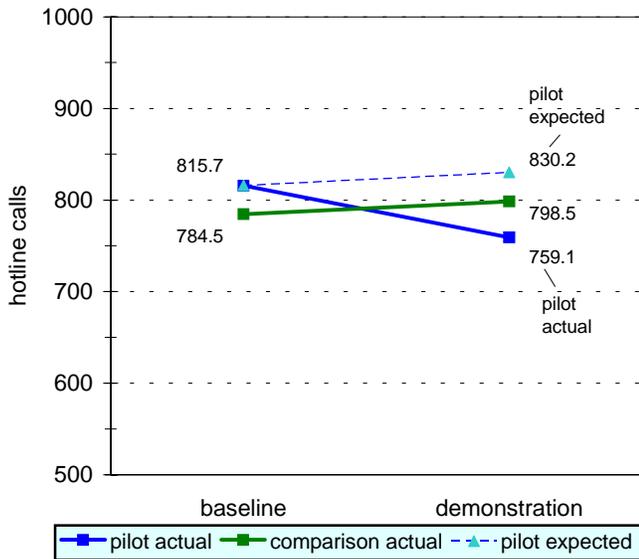
Major Findings

The following are the most significant outcomes of the demonstration in pilot areas, listed in order of discussion:

- Hotline reports declined.
 - The percentage of reported incidents in which some action was taken increased.
 - The safety of children was not jeopardized, and in certain types of cases it was improved.
 - Children were made safer sooner.
 - Recidivism decreased overall.
 - Removal of children from homes neither increased nor decreased.
 - Children spent less time in placement in counties with both Family Assessment and Family-Centered Out-of-Home demonstrations.
 - Needed services were delivered more quickly.
 - There was greater utilization of community resources.
 - Cooperation of families improved.
 - Families were more satisfied and felt more involved in decision making.
 - Workers judged the family assessment approach to be more effective.
 - Community representatives preferred the family assessment approach.
 - The demonstration was a catalyst for other initiatives in pilot communities.
 - Investigations were not adversely affected; and may have been enhanced.
 - The impact of the demonstration was mitigated by large caseloads and limited resources.
-

Hotline Reports

There was a decline in the number of child abuse/neglect incidents reported to the state's hotline in pilot areas during the demonstration. The overall change was about 9 percent. During the baseline period, pilot areas averaged 816 hotline calls per month. This dropped to 759 during the demonstration. At the same time, hotline calls remained fairly constant in comparison areas, actually increasing slightly from a baseline mean of 785 to a demonstration mean of 798. This suggests that the drop in hotline calls in pilot areas was associated with the demonstration. The question remains, what was it about the demonstration that would have caused it?



Mean Number of New Hotline Reports per Month

Part of the answer is found in a reduction in recidivism, that is, fewer repeat calls on the same families. As will be seen, there were fewer repeat calls related to certain types of incidents. Another part of the answer is found in the changing relationship between the child welfare agency and the rest of the community, particularly schools. To one degree or another, every pilot office

made a concerted effort to establish stronger working ties to schools in their areas. This provided the possibility for a variety of problems, including those related to educational neglect, to be addressed immediately through joint action by school and agency personnel, heading off the need for a report to be filed.

Service Provision Effects

The decline in reported incidents of child abuse and neglect was coupled with an overall increase in the number and percent of reports in which there was some type of service intervention by child welfare workers. “Service intervention” refers to any attempt to provide assistance to a family or to take action to protect children at risk. While in comparison areas approximately one in five families implicated in a hotline report received some type of service intervention and/or assistance, the figure was one out of four in pilot areas.

Although the level of assistance increased across the full spectrum of reports in pilot areas, it was most noticeable in three types of families: those which lacked basic needs, those in which children experienced milder forms of physical abuse, and those in which there were conflicts between parents and older children. Increases in assistance in these cases were an unintended, latent effect of the demonstration, and they were considered to be positive outcomes. These types of cases have traditionally received less attention and fewer services from public child protection systems, due primarily to the intense demands of a relatively small number of very serious and time-consuming cases. However, by adopting a more flexible response to hotline reports and, in less severe incidents, focusing on a broader set of underlying issues and conditions and not just the initial accusation, the problems and needs of a larger set of such families were addressed.

While there was an increase in the number of families who received some service intervention during the demonstration, *there was also a decrease in the number of formal case openings in pilot areas for Family-Centered Services (FCS)*. In the traditional service system in Missouri, opening an FCS case is the primary vehicle for providing services to CA/N families, and an FCS case was opened about 9 times out of 10 when probable cause was established in an investigation. This was the case in both pilot and comparison areas during the baseline period and in comparison areas during the demonstration. In pilot areas during the demonstration, however, family assessments provided a new opportunity for workers to assist families with supports and services from the point of first contact. About 3 times out of 10, services provided during a family assessment, either through the child welfare agency or community referrals, were determined to be sufficient intervention, and contact with the family ended short of a formal FCS case opening. Because the family assessment process was always of limited duration (the mean was 37.4 days), there was an overall decline of about 15 percent, or 35 days, in the average length of time pilot-area families remained involved with the agency during the demonstration.

Screening

In pilot areas, the first response of an office to a hotline report was to screen it for a family assessment, the new approach being implemented in the demonstration, or for an investigation, the traditional approach. This determination affected the nature of the worker response and, in important ways, the nature of the relationship between the family and the child protection system. Following the first meeting between the worker and the family, workers could change the screening should the situation be found to vary significantly from the reporter's description. Changes, while not frequent, were made in

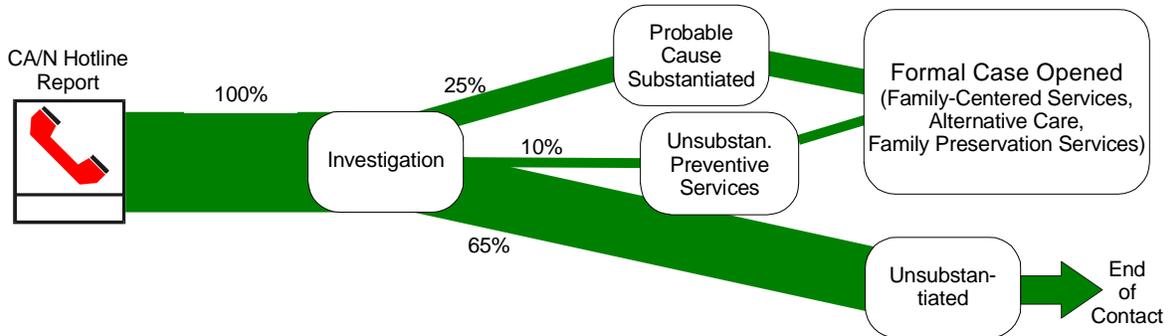
both directions, from assessment to investigation (for example, if the worker had reason to suspect sexual maltreatment) or from investigation to assessment (if the situation was found not to involve possible criminal violations and the worker believed the family could better be served through the assessment approach).

Seventy-one percent of hotline reports in pilot areas were screened for family assessments and twenty-nine percent for investigations. Screening rules permitted no discretion concerning reports of sexual maltreatment. All reports of this type were routed automatically to CA/N investigations, as were reports of severe injury (involving broken bones, skull fractures, intentional burns, and the like), which constituted a very small portion of all physical reports. About a fifth (21.5 percent) of other physical abuse reports that could be considered less severe were also investigated. The age of the child was a major consideration in this—reports involving the physical abuse of children under six years of age were more likely to be investigated.

Beyond these types of incidents, there was a considerable amount of latitude in screening, and the percentage of reports screened for family assessments or investigations varied somewhat from one pilot site to another. Some of this variation could be attributed to differences in types of incidents reported and in the characteristics of families. For example, the rate of sexual abuse reports varied widely among the pilot counties, and all sexual abuse reports were automatically investigated. Similarly, the rate of reports of maltreatment to very young children varied from office to office and this also influenced screening. However, differences in the way the demonstration was implemented and in the service-versus-policing orientation of workers and offices also affected screening decisions. In general, more reports were screened for investigations in places where investigators themselves did the screening and where initial contacts were made by staff who served as both investigation and assessment workers.

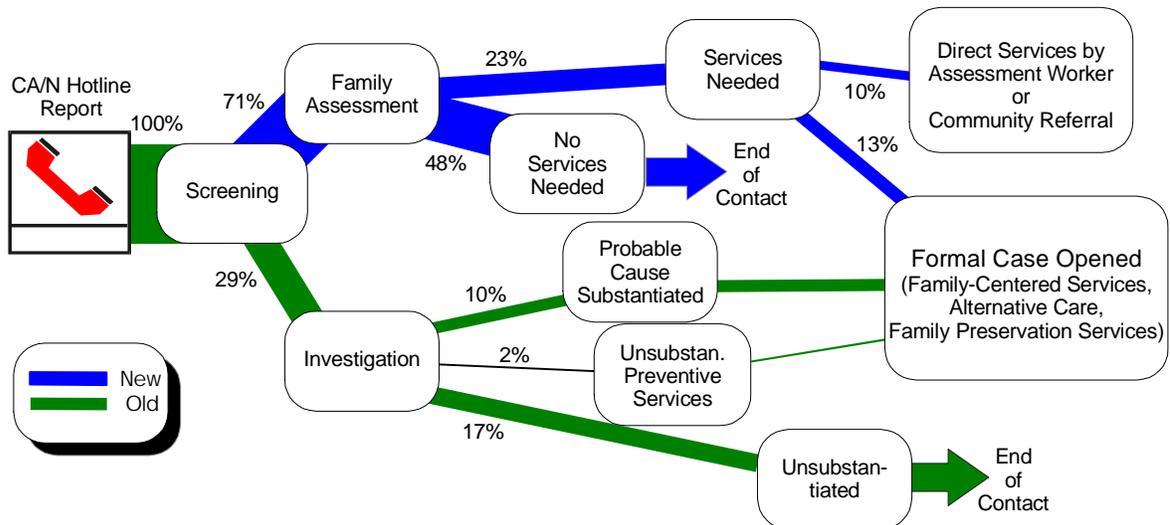
The Traditional Child Welfare System in Missouri

The following diagram shows how cases flowed through the traditional child welfare system in Missouri. The immediate response to a CA/N incident (hotline) report was an investigation to determine whether there was probable cause that abuse or neglect occurred. Most investigated incidents were unsubstantiated, and most of these families never entered the system. However, workers could determine that preventive services were needed even though probable cause was not found. If the family consented, a preventive services case was opened (although some families subsequently declined services). These and the larger set of substantiated (probable cause) cases were formally opened in the child welfare system.



The Family Assessment and Response System

The lower diagram shows case flow in the Family Assessment model. Hotlines are first screened for investigations or family assessments depending on the nature of the reported incident. The law requires that certain reports (such as sexual maltreatment and severe physical abuse) continue to be investigated in the traditional manner, and about 3 out of 10 reports are. Notice that the lower part of the diagram (in green) is identical to the traditional system. The majority of reports are screened for the family assessment response (in blue). Most family assessments end with a determination that no services are needed, and contact with the agency ceases. When services are needed, and families consent, the families may be dealt with directly by the child welfare worker or referred to other resources. If services and/or contact with the agency is required beyond a 30-day period, a formal case is opened. Children may be removed from the home following a family assessment if this is determined to be necessary for their safety.



There were also substantial differences among sites in the proportion of families screened for assessments who were judged to need services or assistance following the initial visit by a worker. These differences resulted from at least two factors in addition to differences in case characteristics: the way in which staff interpreted and implemented the “voluntary” aspect of family assessments and the manner in which the demonstration was implemented in a site. Sites in which first contact with all families was made by investigators tended to have fewer families assessed as needing services. In general, such sites also tended to place more emphasis on using investigations to ‘leverage’ the behavior of families that had repeated occurrences of abuse or neglect.

Safety

A natural concern at the start of the demonstration was its effect on the safety of children. Child safety is a primary responsibility of the child welfare agency, and any significant change in the way the agency responds to reports of abuse and neglect must be assessed against this central obligation. The CA/N reporting and investigation process was instituted to ensure child protection. Because the demonstration ended the traditional practice of investigating every accepted hotline report and substituted a new response to a majority of incidents, a fundamental research question was whether the safety of children was in any way reduced. ***The first and most important finding of this impact evaluation, therefore, was that the safety of children was not compromised by the demonstration. Moreover, there is evidence that child safety was improved in certain circumstances.***

The primary purpose of CA/N investigations is to determine whether children need protection, but they have other purposes that are essentially adversarial. Investigators must identify perpetrators so that they can

be entered in the state’s CA/N registry for future reference, and they are concerned with collecting evidence that might be used in family or criminal court procedures. In the family assessment approach, child safety remains the paramount concern, but there is less emphasis on documentation of evidence and identification of perpetrators. The orientation is primarily prospective, asking what is necessary to ensure children are protected now and in the future and what the family needs to ensure the general welfare of the children.

For the evaluation, safety was defined in terms of immediate threats to children that could result in physical or psychological damage to the child. Were the safety threats that were alleged in the CA/N incident report confirmed and were other safety problems found? If so, were the threats reduced or removed as a result of the intervention by the child welfare agency? The analysis of these issues drew upon the families in the case-review sample. In 80 percent of these cases, at least one safety problem was confirmed by workers.

The analysis found that safety issues were addressed as often in family assessments as in investigations, although safety issues in pilot investigations tended to be of a more severe nature. While workers confirmed many different types of threats to the safety of children, most could be grouped into the five general categories listed below. The first three were typically found in family assessment situations while the last two were virtually only found in investigations.

Safety Problems Associated with Family Assessments:

- Lack of basic necessities, including food, clothing, personal hygiene, safe shelter, and clean living conditions.
- Deficiencies in the supervision or proper care of children.
- Less serious physical violence (resulting in bruises, scratches, abrasions, less serious cuts, and similar effects) and verbal abuse.

Safety Problems Associated with Investigations:

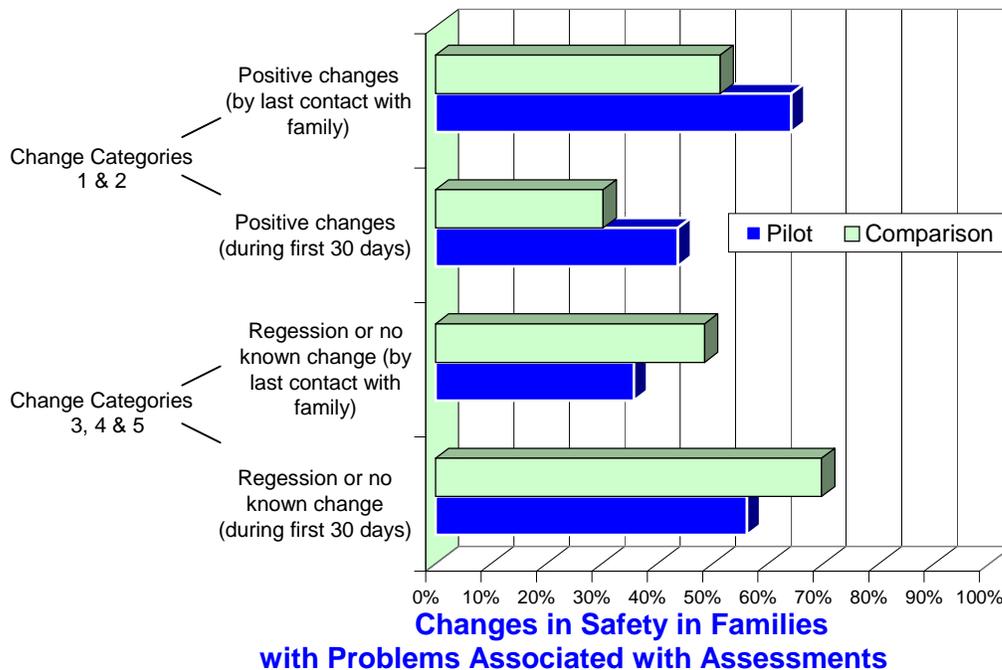
- Very serious physical violence (resulting in concussions, fractures, cuts with stitches, burns, and similar very serious injuries) and serious verbal abuse (including threats to maim or kill).
- Any sexual abuse.

Change in safety over the course of the case was measured using a five category system: 1) problem solved and threat completely removed; 2) the worker or professional reported or assessed that positive changes occurred, indicating reduced threat; 3) no recurrence, with parental agreement to change or with services in place, but change unknown; 4) no recurrence or evidence of intention to change, but safety state unknown; and 5) relapse, as indicated by new threat events.

Positive changes often referred to new or modified behaviors of caretakers, particularly in the first three types of safety problems associated with family assessments. The changes seen were quite diverse, and included such things as cleaning the home, giving evidence of properly feeding or cloth-

ing the children, showing improved awareness and behavior in supervising the children, learning new methods of discipline, showing a new awareness of dialog and discussion rather than physical violence, and so on. In some instances, positive changes involved removal of children from their home and placement in foster care, residential care, or with relatives. These responses were regarded as short-term improvements in safety, whatever the long-term consequences of out-of-home placement for the child and family. Removals occurred in all categories and in family assessment cases as well as investigations. In other instances, especially where sexual abuse was confirmed, permanent removal of the perpetrator from the family was regarded as a positive change.

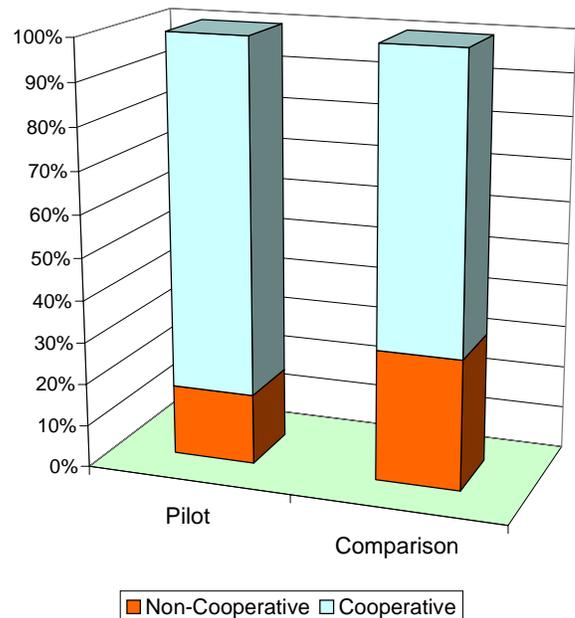
The third and fourth categories safety change encompassed cases where the final judgment was that the safety problem had not recurred while the case was open. For example, the worker monitoring the family may not have detected further instances of physical abuse. Often in these families, parents had indicated a willingness to change or had begun utilizing services that might avert



the safety problem in the future. The parent, for instance, may have begun attending parenting classes or counseling sessions. Such cases were placed in category three. Safety issues in the fourth category also involved no recurrence, but in these cases the outcome was more questionable, usually because something happened that hampered workers in making a final determination of child safety, such as the family fleeing from the area. In addition, in these cases there was no evidence of families committing themselves to change or of services being in place. Finally, some cases were considered regressive, with child safety again threatened. These involved a very small number of families in both pilot and comparison areas, in which less severe kinds of abuse and neglect were generally occurring and in which families fled or refused to cooperate.

Change in safety was measured at two points in time, after the first 30 days (by which time most family assessments would have been completed) and when contact with the child welfare agency was terminated.

Findings Related to Child Safety. *No indication was found that the safety of children was compromised by the demonstration.* This was found to be the case with respect to each of the five categories of safety problems listed above. In addition, findings in two areas indicated that the family assessment approach may have improved child safety. *First there was a higher proportion of positive changes in pilot area families with safety problems typically associated with assessments. This was found both at the end of the first 30 days and at final contact with families.* This finding is illustrated in the figure on the previous page, where safety changes have been collapsed into positive change (categories 1 and 2) and regression or no known change (categories 3, 4, and 5). In addition, no significant pilot-comparison differences at either 30 days or at the end of contact were found among cases typically associated with investigations. In these more severe types of in-



Percent of Verified Safety Issues Involving Family Flight or Refusal to Cooperate by Study Areas

idents, child safety was neither improved nor reduced by the demonstration.

In many cases, the child welfare workers simply did not know whether the safety problem had recurred. Workers were ignorant of safety status primarily for two reasons. First, certain families refused to cooperate. Some parents explicitly refused to deal with workers, and others were effectively uncooperative by avoiding contact and communication with workers. Second, other families moved away from the area without notifying anyone and were lost to the agency. For many, this was a way to avoid cooperating with the agency.

The second finding relevant to child safety was, then, that cooperation between families and the child welfare agency increased. In sample cases involving verified safety issues, fewer pilot families were uncooperative or moved away from the area (see the figure above). These differences were found largely among the less severe types of cases—those typically assigned to the family assessment process. Greater cooperation may have resulted from the more

positive and supportive orientation toward families emphasized in the assessment process. It may also have been the consequence of earlier service contacts, since the assessment process began assistance immediately; by contrast, in investigations, services were usually delayed for some time until a formal child welfare case was opened. For whatever reason, it appears that the assessment process improved cooperation between families and the agency and reduced the percentage of families that ran away. This in turn had consequences for child safety, because fewer instances were found in pilot areas where the safety status was unknown at the conclusion of contact with the family.

Recidivism

Children in families that repeatedly enter and exit the child welfare caseload are commonly thought to be at greater risk. In this view, child welfare recidivism is an indicator of continuing threats to child safety and, by implication, of continuing exposure to the kinds of problems that underlie child abuse and neglect.

This logic can be extended to child abuse and neglect reports.³ CA/N incident reports usually indicate a concern about a child. Someone—more often than not a professional—has observed something going on in a child’s life that imperiled the child. Reports are danger signals. If one report indicates the possibility that a child is unsafe, it can be assumed that repeated reports are a stronger indication. An important finding of the impact evaluation, therefore, was that ***the simple frequency of repeated CA/N hotline reports in pilot counties declined relative to comparison counties; that is, recidivism was reduced.***

Client families in the pilot and comparison areas during the baseline and demonstra-

tion periods were tracked for up to 22 months to determine whether they were the subjects of additional CA/N incident reports. Analysis of this data indicated that the percentage of families with an additional hotline report rose in both pilot and comparison areas during the demonstration period (see table to the left).⁴ However, the increase in comparison areas was greater than in the pilot areas to a statistically significant level ($p = .02$).

This analysis included all additional hotline reports without regard to type. All hotlines were thus treated as equivalent. For example, a report of educational neglect was counted the same as a report of severe physical abuse. A subsequent analysis, therefore, was conducted that examined whether the changes observed might be isolated among similar kinds of CA/N incident reports. Reporters’ descriptions were classified within one or more of eight general

Additional CA/N Incident Reports on Families

| | | Groups | |
|----------|-----------------------|--------|------------|
| Time | Additional Hotlines | Pilot | Comparison |
| Baseline | one or more reports | 36.0% | 35.7% |
| | families (<i>n</i>) | 2922 | 2558 |
| Demo | one or more reports | 37.7% | 40.4% |
| | families (<i>n</i>) | 3285 | 3045 |

categories. These categories are shown in the table on the next page.

Severe physical abuse was based on reports of grave effects, such as fractures, concussions, severe burns, and internal injuries. *Less severe physical abuse* was derived from reports of such effects as bruises, abrasions, cuts, and scrapes. *Sexual abuse or sexual injury* included the complete range of sexual maltreatment reports, from touching and fondling through sexual intercourse and the physical injuries associated with sexual maltreatment of children. *Children lacking basic necessities* included lack of food, lack of proper clothing, poor hygiene, and unsafe or unsanitary homes. *Health and medical needs left unattended* referred to inadequate

Types of Reported Child Abuse and Neglect found in Reporters Descriptions, with Severity Weights

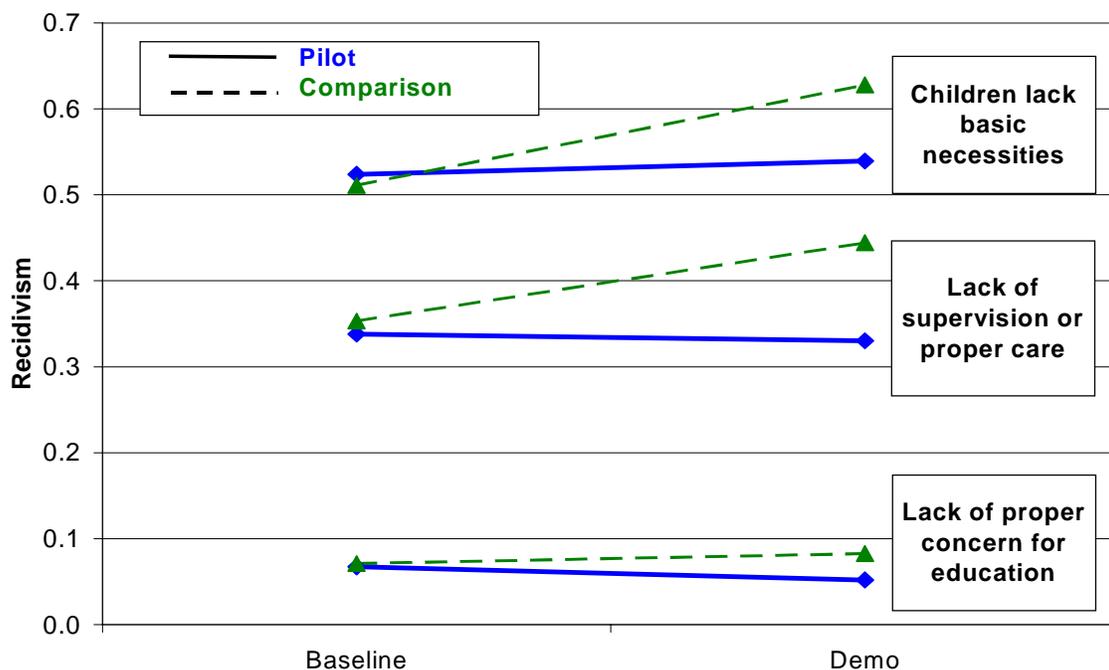
| Category of Reporters' Descriptions | Severity |
|----------------------------------------------|----------|
| 1. Severe physical abuse | 3.33 |
| 2. Less severe physical abuse | 2.31 |
| 3. Sexual abuse or sexual injury | 2.88 |
| 4. Children lack basic necessities | 2.25 |
| 5. Health and medical needs left untended | 2.15 |
| 6. Poor or damaging adult-child relationship | 2.28 |
| 7. Lack of supervision or proper care | 2.45 |
| 8. Lack of proper concern for education | 1.22 |

medical or dental care, failure to thrive, malnutrition, and other similar injuries. *Poor or damaging adult-child relationships* encompassed rejection through indifference, locking out of homes, exploitation, and verbal maltreatment. *Lack of supervision or proper care* included unsupervised younger children and inability to discipline older children, as well as a small set of other issues, such as repeated ingestion of harmful substances, scalding, and exposure. *Lack of proper concern for education* was the category used for educational neglect reports.

The table also contains the average severity associated with these kinds of problems (derived from an analysis of sample

cases). Differences in severity illustrate the need for segregating analyses of different types of CA/N incident reports.⁵ Accordingly, separate analyses were conducted for each of the eight categories. No differences between pilot and comparison counties were found for five types of recidivist reports: severe physical abuse, less severe physical abuse, sexual abuse or sexual injury, untended health and medical needs, and poor or damaging relationships.

In the other three categories, significant effects ($p < .05$) were found. These were 1) children lack basic necessities, 2) lack of supervision and proper care of children, and 3) lack of proper concern for a child's education. Mean values of recidivism for these categories are shown in the figure below. In each case the recidivism values were quite comparable in pilot and comparison areas during the baseline period—each pair of lines begins from about the same point. In each case, the pilot counties declined



Comparison of Recidivism Means for Three Types of Incidents

slightly or stayed level during the demonstration period while an increase was seen in comparison counties. This is a positive outcome for the evaluation.

Further analysis revealed that the reduction in recidivism occurred in a specific type of family, those with three or more children (which are the lowest income families, on average, among families with children). This suggests that the most positive benefits of the family assessment approach occurred among the neediest portion of the child welfare population.

Analysis of the differences in recidivism in each pilot and comparison county revealed that the differences found were not isolated to a few counties. Instead, they were spread across all the pilot sites. Each pilot county experienced some reduction in recidivism among these three types of CA/N incident reports. By contrast, fewer comparison counties showed any reduction in recidivism, and more experienced increases.

Decreases in recidivism are consistent with the decline in CA/N incident reports (hotlines) observed overall in the pilot counties during the period of the demonstration. The present finding suggests that a portion of reduction in hotlines calls was the result of a decline in *repeated* calls of the three kinds just discussed. The reduction in calls concerning the basic needs of children is consistent with an increased emphasis on preventive services addressing such issues as food, clothing, household goods, and family income in pilot areas (see discussion

on pages 21-22). Similarly, the effects on recidivism among families with several children may be an indirect indicator of the increased emphasis on primary prevention. These families tend to exhibit such basic needs most often within the child welfare population.

The reduction in repeated reports of educational neglect was thought to be related to the decrease in incident reports of this type overall in pilot areas. However, because the present analysis controlled for such entry effects, the reduction in this type of recidivism is an even stronger indication of the influence of school-based programs that were begun in conjunction with the family assessment initiative.

Finally, an ancillary analysis of recidivism was conducted on hotline calls in pilot and comparison areas during the baseline period. Every family with a child abuse and neglect incident report during the first six months of the baseline period was identified and the nature of the report categorized by type. These families were followed during the remainder of the 24-month baseline period, and subsequent reports were tracked and categorized. On the assumption that the content of hotline reports fairly represents underlying differences in families, one would expect that repeated reports on the same family would be quite similar to one another—that is, that a second and third report would be similar in nature to the first. However, the correspondence of subsequent reports to an initial report was found to be relatively weak—28 percent were found to

Types of Maltreatment in Initial and Subsequent Reports in Pilot and Comparison Areas during the Baseline Period

| Type of initially reported maltreatment (n=4,709 families with any subsequent report) | Types of maltreatment in subsequent hotline reports (n=10,189 subsequent report categories used) | | | | | | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|
| | 1 SPA | 2 LSA | 3 SAI | 4 CLB | 5 HMN | 6 PDR | 7 LSC | 8 LCE |
| 1. Severe physical abuse (SPA) | 9 | 11 | 1 | 6 | 7 | 14 | 16 | 1 |
| 2. Less severe physical abuse (LSA) | 13 | 333 | 129 | 178 | 71 | 505 | 345 | 57 |
| 3. Sexual abuse or sexual injury (SAI) | 3 | 107 | 220 | 134 | 44 | 250 | 266 | 59 |
| 4. Children lack basic necessities (CLB) | 17 | 262 | 161 | 962 | 236 | 604 | 826 | 224 |
| 5. Health and medical needs untended(HMN) | 6 | 111 | 56 | 206 | 117 | 206 | 227 | 78 |
| 6. Poor or damaging relationship (PDR) | 28 | 622 | 341 | 554 | 215 | 1391 | 975 | 225 |
| 7. Lack of supervision or proper care (LSC) | 24 | 432 | 292 | 909 | 241 | 1047 | 1631 | 321 |
| 8. Lack of proper concern for education(LCE) | 0 | 47 | 47 | 182 | 61 | 153 | 202 | 232 |

be of the same type while 72 percent involved different allegations. Interestingly, these proportions were exactly the same whether the initial report had been substantiated or not.

The pattern of initial and subsequent hotline reports is shown in the table below. The categories of initial reports are shown for 4,709 families for about which at least one subsequent report was received. The table shows the number of subsequent reports of various kinds, and it clearly illustrates the diversity found within series of reports on families. If initial reports were associated with later reports of the same type, then the cells that are shaded would contain most of the cases. However, the opposite occurred, and it means that individual hotline reports are not good predictors of the diversity of problems that are present within families nor even the dangers that may exist for children. Hotline reports represent problems families are having at a particular point in time or problems that happened to be observed by a third party. It suggests that the long-term well-being or even safety of children may be better assured by a process that assesses the family more broadly and takes a more prospective approach than one that focuses retrospectively on what happened in a particular incident. This preliminary analysis was expanded and is included among the papers published on the IAR website.⁶

Integrity of the Family

Analyses were conducted to determine what impact, if any, the Family Assessment demonstration had on issues related to the integrity of the family and removal of children from their homes. In some instances, child removal is unavoidable and is the best course of action for the long-term welfare of the child. The presumption, however, is that the integrity of the family should be preserved whenever possible. *In the impact*

evaluation, no differences were found between pilot and comparison areas in the percentage of families with children placed outside their homes or of families that were reunited.

The analyses of family integrity addressed both families and children. Using a logistic regression model, no difference in placement rates (of at least one child from the family) was found between families in the pilot and comparison areas. The model included six other variables shown to be individually related to out-of-home placement. These were race, blended families (where children with different last names were found), previous placement of children in Alternative Care, cases where the CA/N incident report was made by law enforcement, families that included a non-parent partner, and age of the youngest child placed. In combination, these were found to be important underlying predictors of out-of-home placement. However, when these factors were taken into account, no difference in placement was found among families that could be attributed to the demonstration. Nor was any difference found in additional placements after a child had been reunited with the family or in placements with relatives. And the proportion of families where a reunification of a child occurred was about the same for pilot and comparison areas.

There were also no significant differences found between pilot and comparison areas when the focus shifted from families to children. The number of children placed was statistically the same, as was the number of additional child placements after a child had been reunited. No difference was observed in cases where reunification was not a goal of the removal. And the number of days in placement with a relative as a proportion of all days in out-of-home placement was not significantly different.

All of these findings point to fundamental similarities between pilot and comparison areas as a whole regarding out-of-home placement activities. Yet about two-thirds of all families in pilot sites experienced the family assessment response. A clear impli-

cation of this is that family assessment workers made ongoing determinations of child safety and, when it became necessary, removed children.

One important difference found was that *children in pilot sites spent significantly less time in placement than children in comparison sites*. The average time in placement declined from 128 to 113 days in the pilot area between the baseline and demonstration periods. The comparison area saw a corresponding increase from 113 to 122 days. This difference was found to be related to another demonstration, the Family-Centered Out-of-Home (FCOOH) project, going on concurrently within the child welfare agency.

The FCOOH project was in effect in several counties at the time they were selected as Family Assessment pilot sites. In addition, the FCOOH project was extended to other pilot and comparison sites while the demonstration was underway. FCOOH involved a highly structured and intensive process to support the family after a child

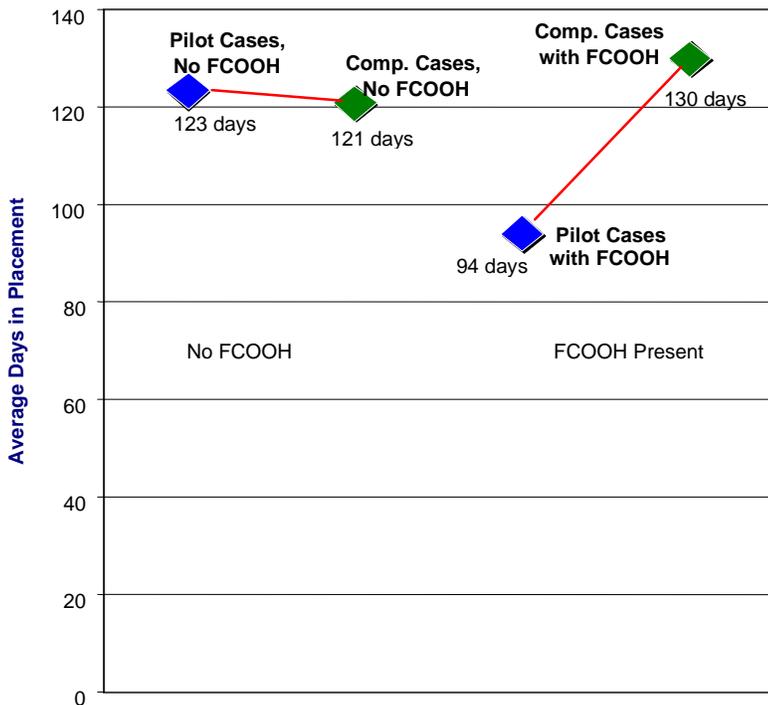
had been removed. Family members, foster parents, service providers, and representatives of the child welfare agency all participated in collaborative arrangements aimed at achieving permanent reunification. A critical means of achieving this collaboration were regular *Family-Team Conferences*, meetings in which joint decisions could be made to support outcomes in the best interest of children. Many of the underlying objectives of FCOOH were the same as those of the Family Assessment demonstration: to involve the family in decisions that affected it, to build on family strengths, and to intervene as quickly as possible with assistance appropriate to the individual situation.

To assess the combined effects of the two demonstrations on out-of-home placement, all children in pilot or comparison areas who were placed after the FCOOH project had begun in their county were identified. During the demonstration period, a total of 1,518 children in these areas were placed for reasons of child abuse or child neglect. The figure below shows the mean

days in placement of these children in pilot and comparison areas according to whether they were in FCOOH or not. The two groups of children—pilot and comparison—who did not experience FCOOH (labeled “no FCOOH”) stayed in placement virtually an equivalent number of days (mean pilot = 123 days; mean comparison = 121 days). The children in FCOOH in the comparison areas actually were in placement for longer periods (mean = 130 days). On the other hand, those pilot children who were in FCOOH were placed for significantly shorter periods (mean = 94 days).

This finding supports the hypothesis that the two demonstrations were mutually supportive. A number of administrators and caseworkers who were interviewed confirmed this, suggesting

Average Number of Days of Children in Placement by Presence of FCOOH Demonstration



that the family assessment approach lays the groundwork for cooperative arrangements that reinforces attempts to achieve greater cooperation and participation of parents when children must be removed from their homes.

Service Delivery and Effects on Families

The family assessment process involved changes in the approach and orientation of workers to families. These shifts, along with the procedural changes implemented in the demonstration, had the potential to affect delivery of services to families.

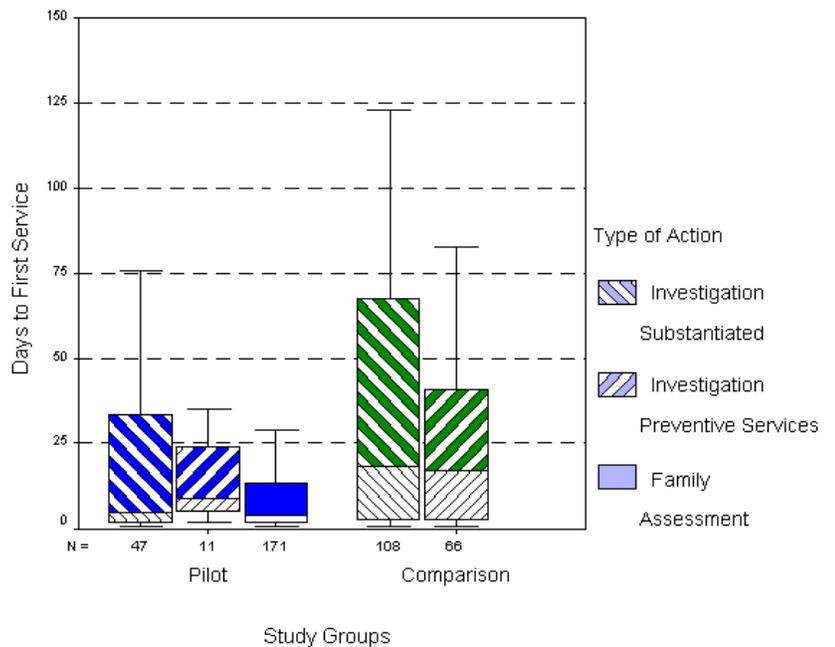
Timeliness of Services. *The impact evaluation found that services were provided in pilot areas in a more timely manner.* Family assessments began at the same point in time as investigations—usually within one or two days of CA/N incident reports. Investigators have always offered

emergency services when they were needed, but *all* family assessments were intended to determine service needs as well as child safety from the moment of the first home visit. Measuring from the day of the CA/N incident report, the number of days until any service began was determined for each pilot and comparison family. Looking at families that received any services, those in pilot areas had some service activity initiated on average during the third week of contact (within 17 days). For comparison families, time to first service was twice as long, 35 days.

This difference is statistically significant and is illustrated in a more precise fashion in the figure to the right. The box plots in the figure show the distribution of

days to first service for five groups of families—three in pilot areas (investigation substantiated, investigation preventive services, and family assessment) and two in comparison areas (investigation substantiated and investigation preventive services). The plots show the number of days to first service along the vertical axes. The height of the boxes and the vertical lines (whiskers) extending from them illustrate the distributions of families within each of the five categories. The lines extending from the top and bottom of the boxes each represent one-quarter of the families within a category. The boxes represent the middle two quartiles. The smaller boxes in the pilot areas, particularly the very short box for family assessment cases, show that the total collection of families tended to be served more quickly in pilot areas.

Each box contains a horizontal line representing the median days to first services (where color/shading begins). At that point, half the families had received some service. The median days to first services for family assessments was four days. The median days to first services for other pilot cases



Days to First Service for Cases with Different Outcomes

was five days for substantiated cases and nine days for preventive services cases. On the other hand, the same types of cases in the comparison areas required 18 and 17 days, respectively, for services to be delivered. Services in pilot areas in *all types of cases* were delivered more quickly than in comparison areas. This suggests a carryover within pilot offices of the service-oriented emphasis of assessments to the activities of investigators.

In general, the kinds of services delivered in the first contact in pilot areas were similar to those in comparison areas. In some instances, the very first service involved some action of workers to obtain services from another organization or agency for the family. In other instances, the worker provided information about services to families. Most frequently, however, the first service involved something delivered directly by workers, such as counseling, instruction, or delivery of basic goods to address an immediate family need.

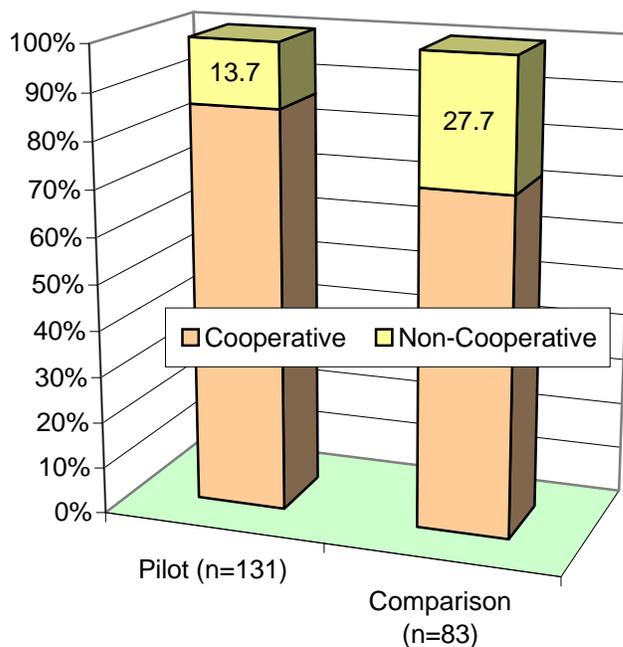
Barriers to Services. The review and analysis of the case records of sample families revealed four major barriers to service delivery: lack of family cooperation, family flight, assumption of the case or services by another agency, and special circumstances that precluded services. *The overall consequence of the demonstration was a slight improvement in overcoming barriers to services typically experienced by child welfare workers.*

A *lack of cooperation* on the part of client families often inhibited the provision of assistance and services, but it did not mean that no services were delivered. In over two-thirds of the families judged to be uncooperative, some services were made available during the time the agency was in contact with them.

In the traditional child welfare system in Missouri, families in preventive services cases tended to be the least cooperative. In comparison counties, some lack of cooperation was found in 28 percent of preventive services cases as compared to 19 percent of

substantiated cases. Like family assessments, these cases were voluntary. However, some families clearly agreed to have a preventive case opened as a way of dealing with what they perceived to be a threatening investigator, only later to engage in patterns of avoidance. In addition, it was not unusual for 30 to 60 days to pass after investigators obtained the agreement of families before a caseworker visited. Families that may have genuinely desired assistance at the time of initial contact often failed to cooperate later because their attitudes and/or the circumstances had changed during the period of delay.

In the demonstration most of the incidents that would have led to preventive services under the traditional system were instead screened into family assessments. These were identified in the sample as “preventive-type” cases, so that they might be contrasted with preventive services cases in the comparison counties. The differences in family cooperation are illustrated in the figure below. A lack of cooperation was seen in 28 percent of the comparison cases but in



Level of Cooperation in Preventive-Type Cases

only 14 percent of the pilot, a statistically significant difference. It is likely that some combination of quicker response to families along with the changed orientation of the worker who made first contact accounted for this difference.

Other barriers to services besides lack of cooperation were also found. *Family flight* was alluded to earlier in the discussion of child safety. In some instances, the record indicates that families moved as a result of contact with workers. Sometimes other reasons were discovered for the move, such as escape from an abusive adult-adult relationship. Overall, comparison families left the area more often (12 percent) than pilot families (9 percent). In a small set of cases (5 percent) *another agency assumed the case*. For example, a case involving an adolescent might have been transferred by the juvenile court to the Division of Youth Services before the child welfare agency could work with the family or child. In another small set of cases, other changes occurred or discoveries were made that rendered services unnecessary.

Altogether, some barriers were found in 35 percent of sample cases that curtailed or completely blocked the opportunity to work with families. Barriers were found in a greater proportion of comparison cases overall (39 percent) than in pilot cases (33 percent), a difference that represented a statistical trend.

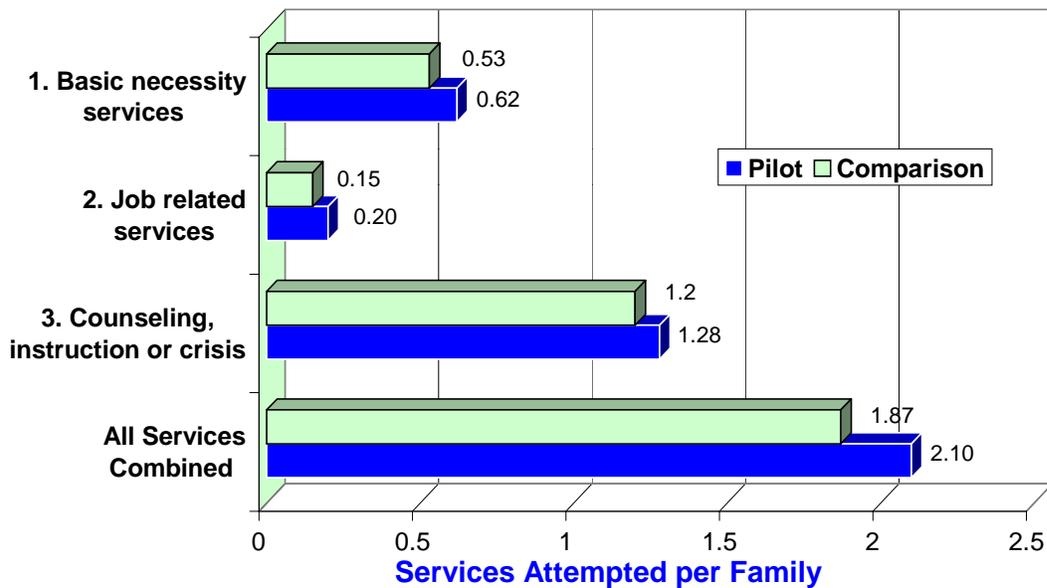
The Service Delivery Process. Child welfare workers engaged in various kinds of direct services with families, including counseling, instruction, extended discussions of problems, and direct assistance. Such activities occurred for 49 percent of the families in the case review sample. No significant differences were found between pilot and comparison areas in these kinds of activities. In addition, in about seven percent of cases, workers delivered some basic necessity to families (emergency food, clothing, household items, cash, medications, transportation, and the like). No differences were found between pilot and comparison

areas for these kinds of services, but the number of cases was very small.

Workers also often provided information about specific services and service providers that families might use. The information provided was quite varied, depending on the needs of the family: counseling or medical care, emergency assistance, education and training, day care, and many others. It was not uncommon for workers to provide information on several service providers to individual families. More of this kind of activity occurred in pilot sites (pilot: 61 percent, comparison 57 percent; not significant but a statistical trend), and more was provided in family assessment and preventive services cases than in investigation-substantiated cases.

Beyond providing information about services, actions were often taken to assist families in finding needed services. The services included those that might have been available from a vendor of the child welfare agency, another state agency, a community organization, or a more informal source, such as a church or the extended family. In pilot areas, it was the worker conducting the family assessment who most frequently initiated the service process. In comparison counties, it was the Family-Centered Services worker (the caseworker) who was most often responsible for service initiation.

The figure on the following page shows the frequency of actions taken to access services. Services are grouped into three general categories that encompass the major emphases of agency work with families: services to meet basic needs, employment-related services, and counseling and instruction. Services to meet basic necessities are focused on a range of problems that are associated closely with child neglect cases but that are, in fact, needs of a large portion of the child welfare population. Employment-related services are related to basic necessities but focus on longer-term solutions to financial problems. Counseling, instruction, and therapy mainly concern psychological, mental health, and crisis solutions to problems; they represent the traditional emphasis



of child protective services. The figure shows that there were more actions taken in pilot areas to assist families in finding needed services, but the difference was not large (1.9 services per comparison family vs 2.1 per pilot family).

Finally, the analysis addressed those services that were actually received by families from agencies, organizations, and individuals outside the child welfare agency. In a minority of instances, these were vendor services purchased by the agency. Services were known to have been provided for 48 percent of families in the cases reviewed. The actual percentage was undoubtedly higher than this, but sometimes workers referred families to sources of assistance and the case was closed without the worker learning or documenting whether the assistance had actually been received.

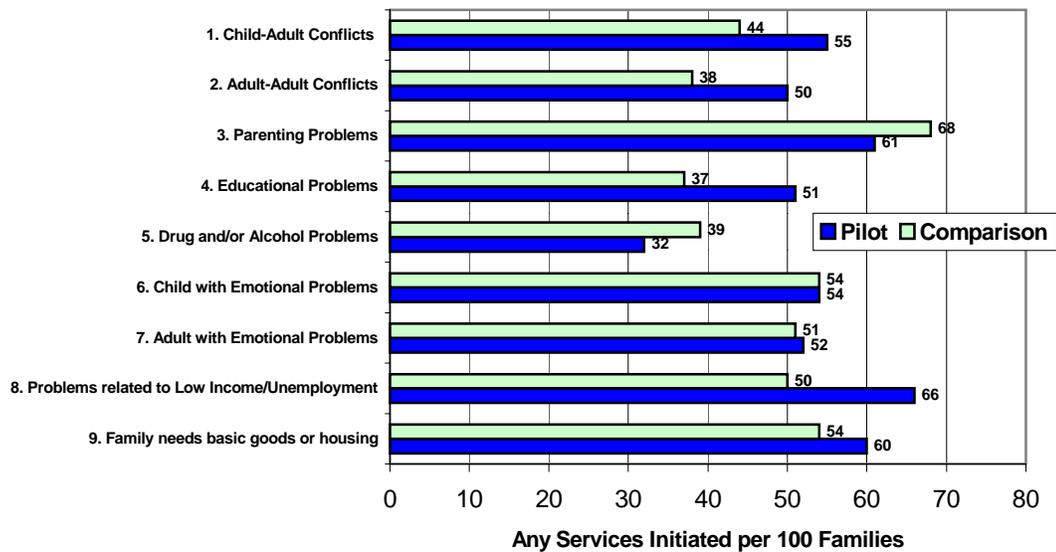
Services delivering basic necessities concerned everyday living needs, such as food, clothing, shelter, and medical care. The differences between pilot and comparison areas in the delivery of these services were statistically significant. Families received more such services in pilot areas, whether access to these services was initiated by child welfare workers or by others. The increase in services initiated by the child welfare agency in the pilot areas is of special note. This corresponds to the relative increase in services to families where

the hotline concerned the basic needs of children for food, clothing, hygiene, and safe and secure shelter. These increases may have resulted from the greater emphasis of the family assessment approach on a wider range of family problems.

Problems Identified in Families. Beyond problems of child safety, a wide variety of underlying and related problems were found to exist in families. These included problems identified by workers and by families themselves. These problems were grouped into the nine general areas shown in the figure on the following page.

Services initiated specifically to address these problems were identified and segregated in the research. This permitted separate analyses to be conducted concerning differences between pilot and comparison areas that might be attributable to the demonstration. Services initiated by child welfare workers and actually received by families were counted within each of the nine problem areas.⁷ The combined analysis is shown in the figure. As can be seen, the trend in services favors the pilot offices. On average across all the problem areas, pilot families received 5.1 more services per 100 families than did families in comparison areas.

Despite this positive finding, many of the problems encountered were not amena-



Number of Worker-Initiated Services Received per 100 Families in Nine Major Problem Area

ble to change in the short period of time that families were in contact with the child welfare agency, even given an increase in services. Each problem was reviewed at the end of contact with the family to determine the extent of positive change that had occurred. The basic finding was that positive changes occurred, to varying degrees, within each problem area, but none of the differences between changes in pilot and comparison areas were statistically significant. Longer-term follow-up on pilot and comparison families might reveal differences that could not be detected within the 24-month timeframe of the impact evaluation. What can be said, however, is that the change that was detected occurred sooner in pilot areas, where the period of contact with families was 15 percent shorter across all cases than in comparison areas.

Worker Knowledge of Cases. Another finding was noteworthy. Overall, there was greater case continuity in pilot sites than in comparison sites. That is, it was more likely in pilot counties that one worker would stay with the case from beginning to end. Cases that ended with the family assessment had only one worker, and in 12 of the 16 pilot sites the family assessment worker assumed the role of regular

caseworker (Family-Centered Services worker) if a case was opened. In comparison counties, every case was passed from an investigator to a caseworker. An inevitable consequence of passing cases from worker to worker is loss of knowledge about families. This loss was evident on the case-specific survey that workers completed on cases in the study sample when they closed. Overall, pilot workers were able to provide more complete information on a greater proportion of families than were comparison workers. Specifically, they tended to report more family strengths and deficits and more service needs. When a family is passed between an investigator and a caseworker, the caseworker has to relearn what the investigator already knows, and sometimes, particularly when families are recalcitrant and uncooperative, the caseworker may remain ignorant of fundamental problems and needs of the family. Such knowledge is an essential prerequisite for an informed response to the needs of families. Under a policy of one worker per family, an informed response should occur more often.

Use of Community Resources

Overall, there was greater utilization of community resources in pilot areas. This was a key objective of the demonstration, particularly given its cost-neutral character. It was believed that engaging local resources and enlisting their involvement would increase the number of families who received some assistance and, importantly, improve the match between the nature of the need and the type of assistance provided.

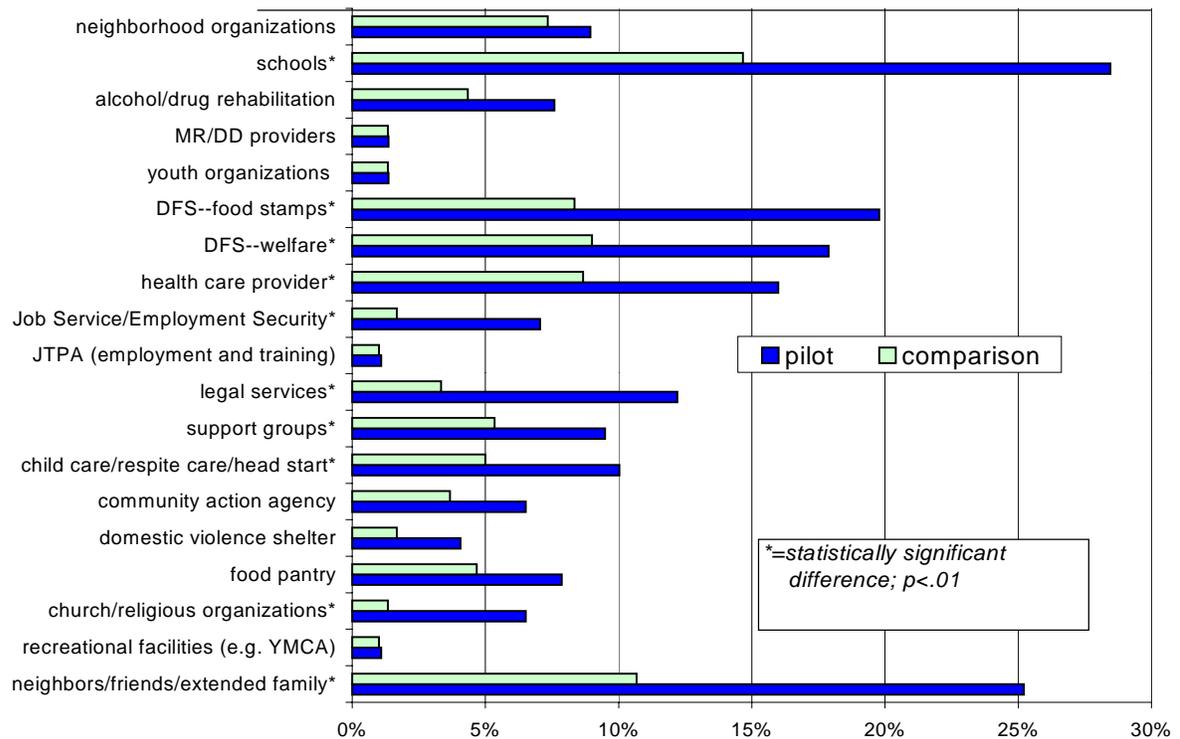
We have already seen that pilot families were somewhat more likely to receive information about and referrals to sources of assistance in the community, and that pilot families were also more likely to receive services to address basic needs. The figure on the following page shows the types of community resources obtained by families with assistance from workers. Some of these resources were state and federal programs (such as food stamps and JTPA), some involved local and community resources (such as schools, churches, and food pantries), and others involved very informal support systems (such as neighbors, friends, and extended families).

As can be seen in the figure, pilot workers provided more help in assisting families across the entire field of resources. Statistically significant pilot-comparison differences were found in 10 resource areas listed in the figure: churches, child care providers, support groups, neighbors, and other family members, among the less formal social systems; and schools, health care providers, the Job Service, legal services, and the food stamp and public assistance units within the state Department of Social Services, among the more formal service systems.

There was considerable variation among pilot sites both in their relative success in

helping families obtain assistance from community resources and in the sources of such assistance. Workers from some pilot counties, for example, made numerous referrals to churches, schools, and employment programs. Other pilot counties made many fewer such referrals. The patterns of referrals may reflect, at least in part, differences in needs among families served in different localities as well as, to some degree, differences in the availability of various resources. But a series of worker interviews conducted at the end of the demonstration period revealed that the different referral patterns also reflected differences in the way workers approached families. Some treated problems more narrowly and focused more closely on factors immediately related to the reported incident, while others approached families more broadly and emphasized treatment of underlying conditions. In addition, while some placed more emphasis on traditional vendor services like therapeutic interventions, others looked beyond vendors to more informal resources like churches, neighbors, and extended families. In some of the smaller, more rural pilot counties in particular, where there are fewer formal service providers, the demonstration caused workers to seek out and develop a wider variety of informal resources.

Surveys conducted towards the end of the demonstration found that child welfare workers in pilot areas were more likely to know the names of contact persons within a broader range of community organizations that were potential sources of assistance to families and were more likely to have met with them. These findings are consistent with a service environment in which more referrals were made to such organizations. In addition, pilot workers rated coordination among community resources in their areas higher than did comparison workers and higher than pilot workers had rated it shortly after the demonstration began in 1995.



Percent of Families Linked with Various Community Resources According to Workers

Surveys also found that pilot workers were much more positive than comparison workers about their relationships with school personnel and more likely to report substantial improvements in these relationships since the beginning of the demonstration. Other relationships in which pilot workers saw significant improvement over the course of the demonstration included those with local law enforcement authorities, juvenile courts, circuit courts, prosecuting attorneys, and the medical community.

Interviews conducted towards the end of the demonstration supported survey results. The following are representative comments of pilot workers.

“I’ve become a lot more knowledgeable about what’s available in the community and use a lot of non-vendor resources.”

“We may look at communities and think they don’t have resources until you look. Even communities may not realize what resources they represent.”

“Our resource base is growing and getting better. We’re tapping into resources we never used before. Sometimes the answer to a resource problem is identifying them. We didn’t know them before, for example, family and friends. The process of identifying the family’s and the community’s resources with the family leads to others. This is especially the case with families that become involved in the process. It snowballs. We use churches a lot. They’re great resources.”

Community-Related Initiatives

The Family Assessment demonstration was a catalyst for a number of initiatives within pilot areas involving new relationships with other community institutions, agencies, and organizations. As has been indicated already, schools were a primary target of these initiatives. Deliberate, sometimes extensive, steps were taken in each pilot site to establish stronger working ties with area school districts. In six predominantly rural counties, some child welfare workers were assigned to specific school districts. In three of these counties, all or nearly all workers were assigned to geographic areas defined by school districts. In each of the other three, a single worker was assigned to one of the largest school districts in the county. Some schools let workers use office space in school buildings, on a daily to weekly basis. The new school-agency relationship that resulted was seen as heading off cases of educational neglect before reports were made and facilitating quicker, more preventive, and better informed intervention in other types of cases. In the City of St. Louis, all pilot workers were outstationed at a school that served the zip code areas involved in the demonstration. The school was the focal point of a number of other inter-agency collaborations and provided office space to professionals from other agencies and programs.

In some pilot counties, the establishment of new working relationships with schools had started some time before SB595 was enacted. The Caring Communities initiative was responsible for some of this, with school-based social workers forming an important new liaison between the state child welfare agency and classroom teachers and counselors. In addition, community collaboration involving the Missouri Department of Social Services had been enhanced in recent years by other initiatives, such as the establishment of the Community Partnerships in

selected areas throughout the state (including some pilot and comparison counties included in this study).

Nonetheless, the Family Assessment demonstration, as an independent factor, led to new community initiatives and reinforced or accelerated those already underway. This was the case in many pilot sites—small rural counties as well as mid-sized and larger counties and the City and County of St. Louis. These initiatives typically involved increased collaboration between representatives of the child welfare agency, departments of health and mental health, and community organizations. The nature and extent of collaboration varied from site to site and involved both agreements related to inter-agency referrals and joint or team servicing of clients. In a unique arrangement in one county, a child welfare worker was outstationed with a Food Stamps worker in a community with historically high rates of CA/N reports. The workers were cross-trained so that they were able to support and back up one another. Their presence in the community was cited as causing a “dramatic drop” in the number of hotlines “because of preventive contact” between workers and families.

In final interviews, nearly all pilot-area workers indicated some improvements in relationships between their offices and specific community institutions and agencies. But the amount of improvement varied from site to site, and some problems persisted.

“In the beginning, a lot of mandated reporters and juvenile officers and schools were extremely upset we weren’t investigating everything. Some are still unhappy, but now communication lines are more open.”

“Relations with the community have improved. Some elements are more knowledgeable, but some think all cases should be investigated and haven’t bought into the approach.”

The quotes above illustrate some continuing difficulties encountered with individuals who are legislatively mandated to report incidences of child abuse and neglect that they observe (health and mental health professionals, school personnel, and policemen, among others). A majority of workers, however, reported modest to substantial improvements.

“Schools and police departments are beginning to see us as part of a team, rather than all this being (the child welfare agency’s) responsibility.”

“As agencies work together turf problems are broken down and services now focus more on family needs.”

“They’re beginning to realize that we’re not trying to dump on them, that this issue is bigger than each of us and we all have responsibilities.”

“Community involvement has increased with the demonstration. Resource people in communities are contacting us more and blaming us less.”

Worker-Family Relations and Family Satisfaction

Two important goals of the Family Assessment demonstration were to improve the relationship between child welfare workers and client families and to improve the overall satisfaction of families with the child protection system. To evaluate progress towards these goals, three relevant perspectives were obtained: those of workers, those of family members, and those of community representatives.

Workers. *Workers in pilot areas tended to report that families responded positively to the family assessment approach, especially when compared to families who were investigated, whether in pilot areas or in comparison areas.* According to worker reports involving families in the study sample, parents in pilot families were more likely to see their families and their children as better off as a result of the involvement of the child welfare agency. They were also more likely to view the child welfare agency as a source of support and assistance and less likely to view it as a policing agency. As a result, pilot families who experienced family assessments were seen as being more receptive to assistance offered to them, particularly after initial contact. Beyond this, pilot-area workers perceived an overall level of satisfaction among client families with the agency and agency services that was significantly higher than the level of satisfaction perceived by workers in comparison areas.

Nearly all pilot workers interviewed during site visits expressed positive sentiments about the family assessment approach. *“Worker attitudes have improved with (the demonstration),”* one commented. Another said, *“Workers want to keep it. They agree with the philosophy.”* Much of the positive response of workers was attrib-

uted to the response they were receiving from families. Two typical comments of workers were these:

"I love the assessment approach. Going into homes with a family-friendly approach we are received differently. Wish we had more resources and we wouldn't need to open as many Family-Centered Services cases."

"I like the (family assessment) approach. It's less intrusive. I want to help provide services and rectify problems. And we get a better response from families, especially those with prior experience with DFS."

Not all workers reported the same experiences. One, from a county where the investigative unit conducts family assessments, noted: *"Families still see assessments as hotline investigations."* But another worker said: *"It's all in the way you present things. Generally you can get families to come along and hook them up to resources."* Two county directors, when asked about the reaction the office had received from families, indicated that there had been a reduction in administrative reviews due to fewer complaints from families.

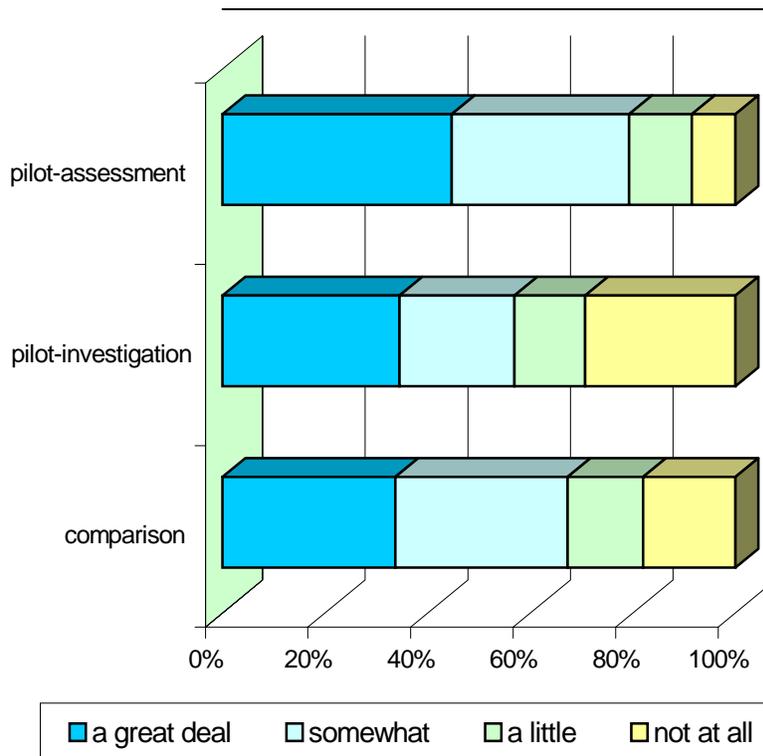
Families. The views of families were solicited through both surveys and telephone interviews. Altogether, survey responses were received from 502 families, and individuals from 62 of these families were then interviewed. Analyses showed that the types of families from pilot areas which responded to the survey were similar in demographic and caseload characteristics to responding families from comparison areas as well as to families who did not respond.

Parents in pilot areas who responded to the survey were more likely than comparison-area parents to report satisfaction with the way they and their families were treated by workers of the child welfare agency.

Families in pilot areas were also more likely to report that they were satisfied with the help they received from child welfare workers and that their children were better off because of the involvement of the agency. Significant differences between pilot and comparison-area respondents were not found on all survey items, but none of the findings favored the traditional approach.

A central objective of the family assessment approach was to increase the participation of family members in decisions that affected them and their children. In the survey, family members were asked about their level of involvement in these decisions. Differences in the responses from pilot and comparison areas were statistically significant. The figure on the following page shows the responses of both groups of pilot families as well as of comparison families to this issue. Forty-five percent of assessment families in pilot areas reported having a "great deal" of involvement in these decisions, with 92 percent claiming to have had some level of involvement. In comparison areas, on the other hand, 34 percent said they had a "great deal" of involvement and 72 percent reported some level of involvement.

Faced with an investigation based on an accusation of child abuse or neglect, the reaction of most parents is either resentment or fear. The nature of family assessments appears to soften such acute reactions. During investigations, families are more likely to perceive that they are being coerced. This perception, accurate or not, decreases their sense of control over the situation. The only control families can exert in such instances is refusal to cooperate. A big job of case-workers in the traditional system is to overcome negative attitudes engendered through investigations and establish a sense of trust and cooperation. For the majority of families, an explicitly voluntary approach, and one that is supportive and non-accusatory in tone, tends to enhance the sense of family control over the situation from the start, and this is reflected in improved responses concerning participation in the process.



Level of Involvement of Families in Case Decision Making According to Family Respondents

The interviews with parents, which typically lasted 40-50 minutes, were intended to be comprehensive in nature. However, due to the voluntary selection process, it is unlikely that they represented the full range of opinion of families in pilot and comparison areas. Their comments are nonetheless instructive.

The interviews began by asking the parent how the worker who came to the home treated the family. Most of the responses, and nearly all of those by people involved in pilot-area assessment cases, were quite positive toward the workers. Whether positive or negative, though, what clearly stood out in parents' recollections was the attitude and approach of the workers toward them.

"She (the worker) didn't make me feel uncomfortable and didn't try to judge me; she really cared."

"She was very understanding and interested in our situation, and she was very supportive of the positive changes being made."

Workers' attitudes clearly mattered a great deal to parents, but so did assistance that was provided. When asked if there was anything workers did or said during visits that they particularly liked, parents often stressed a warm, non-accusatory approach, a willingness to listen, and helpfulness in providing services. Parents also responded strongly to workers who were attentive and compassionate toward their children.

"She was very polite and helpful. She explained that there were no funds available to help me with the bedding we needed and other items for the children, but she gave me information on where I could go to get help."

"(The worker) paid attention to the kids and what they said. It made it very easy for the kids to talk to her."

“She taught me how to deal with my son a lot better than doctors and the counselor had. She gave me parenting skills I use, and taught me and my son how to communicate better.”

On the other hand, families tended to respond negatively to an accusatory approach and an attitude toward the parent perceived as negative.

“I wasn’t willing to participate because I felt threatened.”

“No matter what I said, if I disagreed it was made to look like I was not cooperating.”

“(The investigator) came to the door like a storm-trooper. She criticized me in front of the children, and they got upset and began crying. She was unwilling to listen to my explanation.”

When asked about their needs for services and assistance, parents tended to speak in very practical terms. Some described a need for help with various kinds of administrative problems resulting from the involvement of the child welfare agency, while others spoke of a range of practical needs—including assistance with utilities, housing, day care, job training, Medicaid, food stamps, clothing, and furnishings. A number described assistance they received from workers.

“We were in a financial bind and needed utility assistance. The worker talked to agencies to get a food voucher and help with our heat and electricity.”

At the same time, several parents reported that workers tended to cast the problems families were having in more therapeutic terms.

“Counseling was suggested by the worker, but I did not need ‘cuddling.’ I needed help.”

A number of parents described benefits of involvement with the child welfare agency.

“I was able to get myself and my children out of a bad situation.”

“We (the family) got back together. It helped our relationship (with the son), and the worker gave us excellent advice.”

Overall, the remarks and concerns of family members interviewed were diverse, but four points struck us: 1) Families appreciated and responded to expressions of genuine compassion and concern by workers. 2) Parents strongly objected to being accused of wrongdoing at the very start of their interaction with workers. 3) Families expressed a need for recourse when they perceived inequities in the system. And 4) they tended to express needs for practical assistance, needs they often saw as remaining unmet, while workers often thought of services in terms of traditional categories, such as counseling.

In basic ways these points are consistent with the underlying philosophy of the family assessment approach. With exceptions, families tended to respond positively to workers whose actions embodied the philosophy of the family assessment approach, whether these workers were in pilot or comparison counties, and they tended to respond negatively to actions and interactions that did not. Based on family feedback, it is apparent that some workers in comparison areas approached families in ways similar to what is expected in a family assessment. It is also apparent that some pilot area workers were perceived as not applying the assessment approach fully or effectively. The impact of the Family Assessment demonstration, which findings suggest to be mildly to

strongly positive depending on the issue, was undoubtedly mitigated by this.

Community Representatives. Within any community there are individuals in direct contact with the child welfare system and the families served by it. Many of these people are mandated reporters of child abuse and neglect: school personnel, police officers, juvenile court officials, medical and mental health professionals, and administrators of service agencies, among others. In many cases, such individuals are in contact both with families and workers of the child welfare agency. A survey of community representatives ($n=556$) in each of the pilot and comparison sites was conducted towards the end of the demonstration period. Because they have less of a vested interest in the outcomes of these interactions or in a particular approach being attempted by the agency, their views might be expected to be more detached and objective.

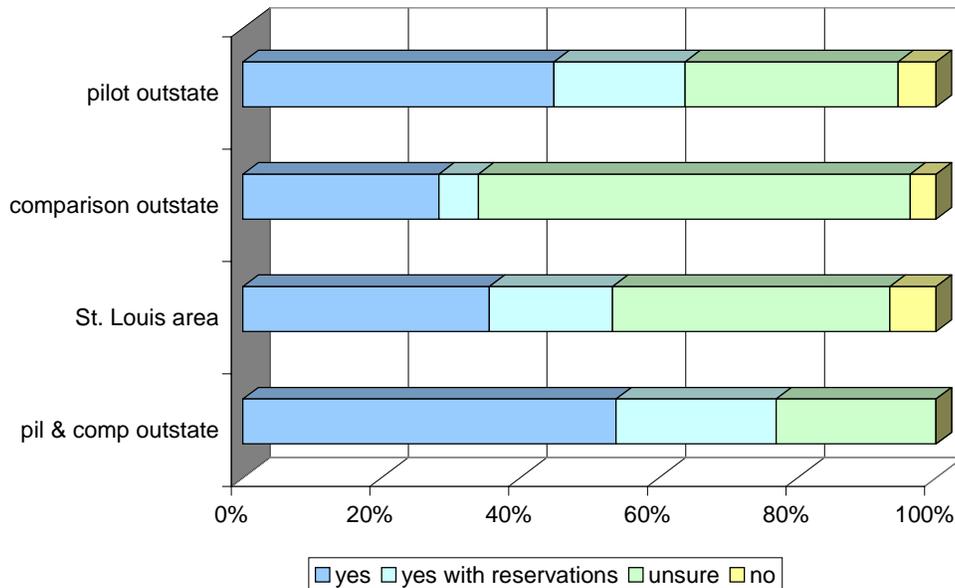
Community representatives from pilot areas were more likely to perceive families as satisfied with the way they were treated by workers from the child welfare agency. They were also more likely to describe

worker-family relationships as supportive rather than adversarial. There was not a significant difference between representatives from pilot and comparison areas on all specific issues raised. However, none of the results of the survey favored the traditional approach, even as a statistical trend.

Perceived Effectiveness

Community Representatives. *Community representatives who participated in the survey saw child welfare workers in pilot areas as significantly more effective in making use of available resources than workers in comparison areas.* They were more likely to view the state agency in pilot areas as a source of services and assistance to families. In addition, they saw the child welfare agency as more effective in protecting children at risk of physical abuse and neglect.

It is noteworthy that in St. Louis City and County, where respondents typically



**Should the Family Assessment Approach be Expanded Statewide?
Responses of Community Representatives Serving Different Areas**

had observed both the traditional and the family assessment approach, community representatives were consistently more positive in their responses regarding the new family assessment approach. Family assessment workers in both the City and County were judged to make more effective use of available resources and were more likely to be seen as a source of assistance to families, as supportive of families, and as effective in protecting children at risk of abuse and neglect.

Community respondents were asked about their overall opinion of the family assessment approach based upon what they knew about it. While respondents from pilot areas tended to respond positively, those who were most positively disposed toward the new approach were those from agencies and organizations that provided services in both pilot and comparison areas. These were individuals whose frame of reference was sharpened by current experiences with both the traditional and the family assessment approaches.

The same response pattern was found when community representatives were asked if they would like to see the family assessment approach expanded statewide (see figures on preceding page. Very few (5 percent) responded that they did not favor statewide expansion. The most positive respondents were those from agencies and organizations that served families in both pilot and comparison counties. Fifty-four percent of these respondents said they would like to see the approach expanded statewide and an additional twenty-three percent answered "yes, with reservations;" none responded "no."

Workers. *Overall, pilot workers reported a greater amount of satisfaction with the child welfare system than did comparison area workers.* They were also more likely to report that they were able to intervene in an effective way with the children and families they worked with and that they saw the system as effective overall in protecting children at risk of physical abuse or neglect. These findings were found to be

stronger in sites in which the Family-Centered Out-of-Home demonstration was also being implemented. It would seem that the two demonstrations, with their similar approaches, reinforced each other. One pilot area administrator (in a county where both demonstrations were underway), speaking about the effectiveness of the family assessment approach, said: *"In some ways it has worked better than anticipated. It makes so much common sense to do things differently with different families. It gives us credibility as an agency to have the ability to do that. It gives us the freedom to not treat all families the same."*

Investigations

There was no evidence that investigations undertaken in pilot areas were adversely affected by the implementation of the Family Assessment demonstration. If anything, both qualitative and quantitative data suggest that in some ways they may have been strengthened and enhanced. The Family Assessment demonstration did not establish new policies or procedures for conducting CA/N investigations. But a number of factors put into play with the demonstration had the potential for affecting them nonetheless, as interviews with workers during site visits to local offices confirmed. The screening of hotlines, and the subsequent use of family assessments in many cases, reduced the number of incidents that were investigated. This reduction had consequences for the types of situations investigated and the manner in which they were investigated. Nearly every investigation in pilot areas involved serious allegations, if not the likelihood of criminal acts. In most pilot areas, every investigation also became a co-investigation with the local police department. In offices in which separate staffs conducted investigations and family assessments, investigative workers fre-

quently spoke of a closer relationship with law enforcement.

“We work closer with the police now. There are fewer of us, and they know us better, and we always contact them, and they nearly always come along.”

“We contact the police department every time, and so we have established a rapport with them. And they now call us directly. They know who they’re dealing with.”

However, with the screening of incidents ensuring that investigations nearly always involved a serious incident, some investigators reported that their stress level had increased. *“You never have a break now; no easy cases. You know every call you make is hard.”* In addition, pilot-area investigators had to appear in court for a larger proportion of their cases.

A number of workers witnessed an increase in the comprehensiveness of investigations and an improvement in their overall quality. Some also saw an improvement in their efficiency.

“Investigators have more time to devote to these reports and can make more calls to corroborate witnesses.”

“Investigations are done more efficiently. In a typical case we tend to be involved less long now, because there are fewer marginal cases, like dirty houses.”

“Across the board we’re interviewing more quickly, more timely. We’ve done a better job than since I’ve been with this agency.”

Some workers also described a carry-over effect of the family assessment approach into investigations. Investigators

were likely to be more aware of the social psychological dynamics involved in home visits, more sensitive to the feelings of families, and more focused on the timeliness of interventions.

“The impact on investigations has not been great, but the training made me more family friendly. I choose better words and am more aware of body language. Before I focused more on the family’s reaction, a key to what’s going on, but the training made me more aware of my own actions and reactions.”

One worker interviewed indicated that assessments might generally be preferable to investigations because:

“Assessment cases get more immediate attention and you would think investigations should be because they involve more serious allegations. In investigations we’re not looking for deeper causes, other things that are wrong, and so we often don’t see them.”

In a survey conducted near the end of the demonstration, investigators in pilot areas were more likely to report that they had been able to interview all the people they thought they should during investigations conducted within the previous 30 days (82 percent versus 66 percent for comparison workers). In the review of sample cases, it was found that investigators in pilot areas were more likely to have contacted a prosecutor in cases involving severe injury to children.

A study was also done of the relationship between the demonstration and criminal arrests in pilot and comparison areas. Due to delays in receiving data, the results were not included in the original impact report but is included among the papers on the IAR website.⁸

Case Examples

Most of this report has focused on families and children as aggregates in quantitative statistical analysis. The following three case examples are provided to show the complexity that underlies the statistics. The examples also show how the family assessment intervention was meant to work.

Case 1. Family Assessment

In response to a hospital's hotline report that twin five-year-old girls were dirty, malnourished, and not receiving follow-up care for respiratory infections and developmental delays, an assessment was initiated and an assessment worker visited the family's home. The worker found the children to be clean, but she identified other problems with the family that posed potential safety concerns and contributed to the issues raised in the report. The girls' mother and her paramour of three years were poor and depended on assistance from his family. The children did not have appropriate clothing for the summer, and because the car lacked license tags and insurance, the family was effectively without transportation. While the parents were willing to receive help, they were not aware of ways to procure it on their own. Following this first visit, the assessment worker made referrals to various charities for emergency food and clothing assistance. And during that visit, she counseled the parents on the need to better supervise their two very active children—who appeared only barely within parental control—since they lived next to a busy road. In following up with the doctor's office the next week to see that the family made it to their appointment, the worker learned that the girls were more than “active”; the doctor said they needed therapy to deal with their uncontrollable behavior. The worker opened a Family-Centered Services case to provide further services, while maintaining continuity and promptness in delivery of services by staying involved with the family. She continued to counsel the parents on proper discipline and supervision and to encourage the somewhat reluctant mother to accept therapy for the children. She obtained school supplies for the girls and money for car tags; the family was thereafter able to make it regularly to doctor's appointments. The worker also coordinated her efforts with those of the children's school in getting diagnostic testing, help with motor skills, extra activity assignments, special classes, and free breakfast and lunch for the girls, and she encouraged the mother to continue to be involved with the school. Contrary to the doctor's assessment of the girls, the school found no behavior problems. The twins evidently responded to the stimulation and attention the school offered, as their teachers noted that the children were “wonderful to have in class.” The caseworker worked closely with the school, particularly in acting as a liaison between teachers and the parents. When teachers had concerns that the girls were too thin or too lightly dressed, they contacted the worker, who relayed their concerns to the parents and helped resolve them. The worker's intermediary role proved helpful in facilitating communication about the girls' needs, first because the family had no phone but perhaps more significantly because the worker helped the parents understand the school's concerns while reducing the sense of intimidation they clearly felt in dealing with such a powerful institution. The case closed following a parent-teacher conference the worker helped coordinate, with the children “doing real well in their special classes.”

The assessment approach in this case did not resolve the family's poverty, perhaps the basic safety issue here. But it did encourage the worker to recognize issues beyond those related to the reported safety concerns and to respond to them in an effective, timely fashion. This case is an example of how the family assessment approach can, and often did, work. The child welfare worker involved was an exemplary caseworker who was particularly diligent in facilitating a relationship between the family and the school. While a formal Family-Centered Services case was opened in this example, this did not occur following 42 percent of family assessments.

Case 2. Investigation

Police responding to a domestic disturbance called in a hotline report for endangering the welfare of a child. The young parents had argued over the father's desire to take their three-month-old baby to another town to "show him off." When his wife, who was holding the baby, refused to give the child to him, he attempted to take him forcefully, nearly causing her to drop the child. The baby was not harmed, and there was nothing more to the incident. The investigator, on her single visit with the family, found the parents to be loving toward the quite healthy child and responsive to her counseling about the ramifications of domestic violence. The latter, she said, included the possible placement of the child in foster care; as it was, she told them she did not know "what the prosecuting attorney's office would do." Despite the fact that the child suffered no harm, that she determined that this was a "one-time incident," and that the parents were remorseful and cooperative, the investigator substantiated the report and opened a Family Centered Services case. FCS workers made several attempts to contact the family but were never able to do so. The family moved at least twice, leaving no forwarding address, and terminated their public assistance and food stamp benefits. They apparently did not want to be found, being willing to give up the few and much-needed services they had to avoid detection, most likely fearing (unnecessarily) that their child would be taken from them.

An assessment approach, had it been available in this county, would have been more appropriate for this incident and would have allowed for a much less intimidating interaction between the child welfare agency and the family. Services, such as financial or housing assistance, for which the investigator saw a need, or further steps to address problems related to domestic violence, could have been made available to the family by an assessment worker without having had to open a formal FCS case. And for this family, opening an FCS case on the heels of the substantiated report actually led to the loss of services and possibly to reduced safety for the child. As this research has shown, when the object of the initial home visit is not to accuse but to assist, family flight and refusal to cooperate, as seen here, are greatly reduced. In addition, assessments avoid imposing on families such as this the lasting stigma of placement on the central CA/N registry.

Another case in our sample from a different county involved a young woman preparing to take a civil service exam for a federal job, a position for which a background check would have been run. With the ramifications of substantiating a hotline potentially extending well beyond a family's involvement with the child welfare agency, the rationale for the family assessment approach argues that it should be done cautiously and selectively to address significant and continuing safety problems, not as a vaguely preventive measure or to simply confirm the report of a minor or one-time incident.

Case 3. Screening Change

The next case did not come from the study sample but was described by a worker during a field interview. It involved an incident in which the screening was changed from investigation to family assessment and addresses the affect this had on the family.

“The incident had originally been screened investigation, and the family initially was completely uncooperative, uncommunicative, and defensive. The bruises were not as severe as reported and there was less a pattern of abuse than we had been led to believe. The mother was more cooperative when she saw the bruises. The father didn’t drink when the mother wasn’t there. When I told them I thought the incident did not warrant an investigation and was being switched to a family assessment, and when this was explained, the family unfolded, opened-up. Their body language changed. And I learned more from them about what had happened and about their problems and needs. The family became involved in the course of action that followed. The mother came up with the solution that the children would go stay with a neighbor for a night or two. An FCS case was opened and we provided anger management, and through supports they identified we were able to address important supervision problems. A relatively minor incident was helped from becoming a major one. With assessment this happens more and more often.”

Conclusions

This research was designed to assess the impacts of the Missouri Family Assessment demonstration. The findings point to changes in several areas that can be attributed to the introduction of the demonstration. These include child safety, child and family welfare, the operation of child welfare offices, the orientation and approach of child welfare workers, and attitudes within the community.

In the critical area of child safety, a variety of findings directly and indirectly supported the hypothesis that child safety was not compromised as a result of the introduction of the new approach. This finding will be counterintuitive to many, particularly to those who hold that a police-like and essentially adversarial investigative process is necessary to protect children. On the contrary, the evaluation results suggest that investigations, central registries of child abuse and neglect perpetrators, and development of evidence for use in court may be unnecessary for a large portion of the families that are brought to the attention of the child welfare agency. No reduction in safety of children was found within the context of open child welfare cases across the broad spectrum of CA/N incidents presented to the agency. In addition, some indications were found that children in the kinds of cases that were screened for family assessment rather than investigations were safer than their counterparts in the traditional system and that they were made safer sooner.

Evaluations of child safety continued to be an essential component of family assessments. If and when it became necessary to remove children, family assessment workers engaged in this process. Whatever the long-term effects of removal of children from their homes, the overall level of out-of-home placement of children did not diminish in pilot sites. The fundamental difference between safety assessments and investigations

appeared to hinge on the orientation of the worker. Investigations were primarily retrospective in that they attempted to reconstruct events, to determine motives, and to assign blame for things that had already occurred. Safety assessments also attempted to determine what had happened but only to ascertain whether and how children might be protected in the future. In this way, they were primarily prospective. This difference was not always easy to understand and some assessment workers were encountered in the research who had difficulty maintaining a distinction between the two processes.

The demonstration was not designed to eliminate investigations. Indeed, investigations were believed by the designers to be essential in cases of very severe abuse and neglect and when it was likely that criminal acts were involved. The reduction of the sheer volume of investigations appeared to bring an added emphasis to those that remained. Evidence was found in the evaluation that the comprehensiveness of investigations improved in pilot counties. There was also an increase in the percentage of incidents involving serious injuries in which prosecutors were contacted. The relationship between investigators and police improved in many pilot sites as the majority of appropriate incidents were co-investigated by police and CA/N investigators.

The improvements in family cooperation, the reduction in families that moved away after cases were opened, the general reduction in barriers to services, and the improved satisfaction of families and workers in the pilot sites—all these can be interpreted as positive effects of the non-adversarial orientation of the assessment process. Such changes in turn have the potential to enhance the safety of children.

These and other positive impacts can be seen as relevant not just to the immediate safety

of children but to the general welfare of children and their families. Certain findings implied that the demonstration might have longer-term, preventive consequences. The most telling finding of this kind was the reduction in new reports of abuse and neglect (recidivism), coupled with changes that were detected in the complexion of the child welfare population. These suggested that for certain kinds of families (particularly the families with greatest basic needs) and for certain situations (school-based programs) the demonstration had consequences beyond the limited timeframe of the open child welfare cases. The reduction in recidivism was related to and probably one of the reasons for the overall reduction in CA/N incident reports observed in pilot areas.

While the number of hotline calls declined, the proportion of families receiving some kind of response from the child welfare system increased in pilot sites. In addition to addressing immediate problems, this may also have preventive consequences, particularly as findings suggested that the increase in service response was among families less likely to be attended to in the traditional approach—milder cases and child neglect cases associated with low-income conditions of families. In fact, an overall increase was found in services that addressed fundamental problems of low-income families, such as food, clothing, housing, utilities, furniture, and the like.

In addition, there was an increase in services aimed at remediating the central problems in CA/N cases, although no differences were found between the proportions of actual improvement reported among pilot versus comparison families. Detection of such differences, if indeed any occurred, would require longer-term follow-up on families.

A finding of some interest was that the kinds of maltreatment alleged in incident reports were not strongly predictive of the nature of maltreatment in later reports on the same families. Incident reports, therefore, must be seen in context of other problems that manifest themselves in different ways at different points in time. Experienced child welfare workers know that an individual hotline report is often only the tip of the iceberg—what an observer

happens to notice that leads to a hotline report being made. There are often other and sometimes more serious things hidden below the surface. Repeated reports on families, then, may best be understood as rolling icebergs, with different aspects revealing themselves and being observed across time. This argues for a process in which families are approached broadly and prospectively, along the lines prescribed in the family assessment model. This is not to relegate the accusation to a less important status, but to understand that any accusation or incident is part of a broader context or pattern or condition within a family.

Besides the changes in the investigative process and the orientation of workers, other changes in practices and organization of local offices resulted from the demonstration. There was greater continuity of workers with families in the pilot areas. It was much more likely that a single worker would be dealing with a family from beginning to end. As a consequence, pilot workers were aware of and able to report on a wider set of problems and underlying issues in families. This can be expected to have positive consequence for service interventions. The family assessment process also emphasized greater involvement of community organizations, and this emphasis was played out in the increased provision of information and referrals to community resources. Pilot workers showed a heightened awareness of specific providers, and they were more likely to have ongoing contacts with them.

The demonstration was a catalyst for new initiatives involving collaboration between the child welfare agency and community organizations. In some instances, this involved implementation of other child welfare demonstrations that were going on simultaneously in Missouri, including school-based projects where workers were outstationed in schools and where child welfare, income maintenance, and food stamps workers formed teams to assist families. A particularly interesting finding of the evaluation was that some mutual enhancement might have taken place between the family assessment demonstration and the Family-Centered Out-of-Home demonstration, which aimed at improving the child placement process.

Impacts were also observed in attitudes in the community. Evidence was found for changed attitudes among families that came into contact with the system. They were more likely to regard child welfare workers positively and to feel they had been assisted in some way in their contact with the agency. Various kinds of practitioners in community organizations who were contacted during the evaluation regarded the project positively and thought it should be expanded throughout the state.

The results of the evaluation all favored the family assessment approach over the traditional approach to child protection services. The measured impacts were often statistically significant and thus can be regarded as real differences. However they were usually modest in extent—slightly improved child safety, a few percentage points drop in hotline calls, a slight increase in positive family attitudes, and so on. Why were the differences not more substantial? Might they increase in the future? Several

possible explanations come to mind. The changes that were required by the demonstration took time to accomplish, particularly those associated with establishing new community relationships. Improving community linkages requires special and long-term efforts. Workers were asked to do more and to look at a broader array of family needs, but they were not provided with additional funds or other resources within the child welfare system to accomplish this. There was no increase in child welfare personnel and no reduction in caseloads of workers overall. These factors and others probably mitigated the effects of the demonstration. This suggests that greater impacts might be expected in implementing the family assessment system by increasing and accelerating community development activities, by bringing additional resources to bear within and outside the child welfare agency, and by reducing worker caseloads to more manageable levels.

Copies of the full report on this project are available from:

Institute of Applied Research
1047 S. Big Bend, Suite 201
St. Louis, Missouri 63117
(314) 645-7444

Consult <http://www.iarstl.org> for order form and pricing

¹ Several different titles were used for the demonstration and the statewide program that was begun in 1998. Within Missouri, the demonstration was known as the “595 Project,” referring to the number of the State Senate Bill authorizing the demonstration. It was also known as the “Two-Track Demonstration,” because it involved screening CA/N incident reports into either an investigation or a family assessment “track.” Toward the end of the demonstration, state officials came to refer to the project as the “Multiple Response Demonstration,” to emphasize the intended flexibility of the approach to child protection and family needs. The name used in the present report is intended to be descriptive of the project.

² The full research model, which included baseline and demonstration period data, was employed only for those research questions that could be addressed utilizing state MIS files. This included questions of re-

peated child abuse and neglect incidents and out-of-home placements. Other impact research questions were addressed using a pilot-comparison model with no baseline data.

³ Data from CA/N hotline reports were available for all incidents and all families in the evaluation. Confirmation of abuse and neglect, however, was known consistently across pilot and comparison offices only in sample cases. The present analysis considered all additional hotline reports of alleged abuse and neglect on all study families beyond the initial report that brought the family into the study population.

⁴ This and subsequent analyses of recidivism were weighted to counter entry or selection effects. These refer to shifts detected in the characteristics of the child welfare population that were attributable to the demonstration. Slight increases among pilot area families were found in three categories of reported problems: children lacking basic necessities (food, clothing, hygiene, and safe and clean shelter), least severe physical abuse, and poor or damaging adult-child relationships. A slight decrease was found in the area of lack of proper concern for education of children.

⁵ The severity of each child safety problem or potential problem in the case-review sample was rated on a scale from 1 to 4: possible threat requiring a service response, low level, moderate to high, and extreme. The levels are shown here simply to illustrate the differences between the categories of maltreatment and to confirm that a segregated analysis was preferable. They were included as weights in the analysis but had no effect on results (because no multi-category analyses were conducted) other than offsetting the final means for separate categories.

⁶ See the IAR Report: “Narrow Allegations, Broad Threats to Children” by L. Anthony Loman and Gary L. Siegel. This paper can be downloaded in PDF format from <http://www.iarstl.org>.

⁷ The rate of services per 100 families shown in the figure was derived from a count of direct services and services from other sources initiated in response to the particular problems. They can be interpreted as indices of service reception because each was a count of some activity that families actually received: worker counseling, worker instruction, worker information, worker referral, or services received from non-agency sources through the efforts of the child welfare agency.

⁸ See the IAR Report: “Criminal Arrests Stemming from Child Abuse Investigations” by L. Anthony Loman and Gary L. Siegel. This paper can be downloaded in PDF format from <http://www.iarstl.org>.