Reducing Child Welfare Involvement: The Promise and Limitations of Early Intervention Deborah Daro Chapin Hall at the University of Chicago

Since the early 1990s, child abuse prevention advocates have placed primary emphasis on supporting parents at the time a woman becomes pregnant or at birth. Strong practical and empirical evidence exists for this focus. Infants are particularly vulnerable, and their safety and healthy development rests almost exclusively with their parents and primary caretakers. Fostering a strong parent-child relationship during this period is foundational to a child's healthy physical and emotional development. It makes solid clinical and financial sense to invest in early intervention efforts as a strategy to reduce the likelihood of maltreatment and avoid the need for child welfare involvement. This presentation reviewed the promise of these strategies and identified additional policy changes needed to maximize their benefits for disadvantaged infants and their families.

Early intervention efforts such as Early Head Start, Head Start and, more recently, intensive early home visiting have produced positive gains in several domains including parent-child attachment, health care access, and parental capacity. However, these gains are often insufficient to fully insure healthy child development and long term child safety. Protecting children from abuse and neglect is a complex task and one that most certainly involves changing parental behaviors, creating safer and more supportive communities, and improving the quality and reliability of public institutions. Although several early intervention programs have had positive effects on the families they serve, these effects often fade over time in part because local communities and public institutions fail to reinforce the parenting practices and choices these programs promote. They also may fade because too much emphasis has been placed on the structure and content of the intervention and too little emphasis has been placed on creating a mechanism within families to effectively discern their needs and efficiently utilize those resources that are made available to them.

As noted in the presentation, any innovation, regardless of its target population and institutional auspice, needs to be guided by strong theoretical models that link program strategies to specific outcomes and to be subjected to evaluation methods appropriate for their complexity and reach. In some cases, these research methods will employ randomization procedures and follow traditional scientific methods of inquiry. Equally important, however, is enhancing our understanding about how services are delivered. Better, more robust, implementation studies are needed to document the most efficient ways to replicate programs and take them to scale. Early intervention will be a meaningful strategy to prevent maltreatment and avoid placement only if expansion of such services include the infrastructure necessary to insure consistent quality and access by conducting a universal assessment of parental capacity and need at the time a child is born; building sustainable collaboration among child welfare, education, public health, and income maintenance agencies; and creating a normative context of personal and collective responsibility for the well-being of all children.