

Poverty, Child Neglect and Differential Response

Differential Response Conference
Long Beach, California
November 14-16, 2007

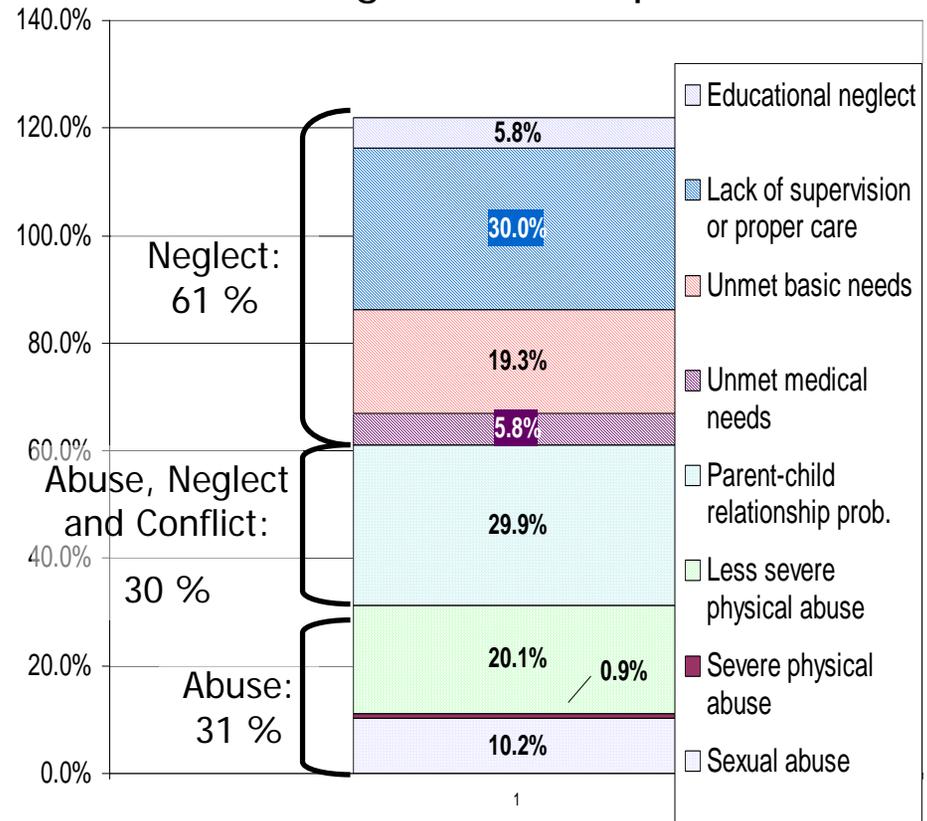
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The figure shows a breakdown of over 50,000 reports received in Missouri. Over half included neglect—and some types of reports traditionally considered under neglect (such as abandonment) are included under abuse and conflict in this scheme. (The chart summarizes allegations, sometimes several within the same report.) Other studies show even higher percentages of neglect reports. Lack of supervision and various forms of unmet basic needs (food, clothing, hygiene, safe shelter) are the largest categories of reasons for case openings. Various forms of neglect are the predominant reasons for child removals.

Child Neglect Predominates in Child Protection Services (CPS)

- Various forms of Official Neglect are most often alleged in CA/N reports
- Neglect is more often the reason for opening formal cases in CPS
- Neglect is most frequently the reason for child removals

Allegations of Reports



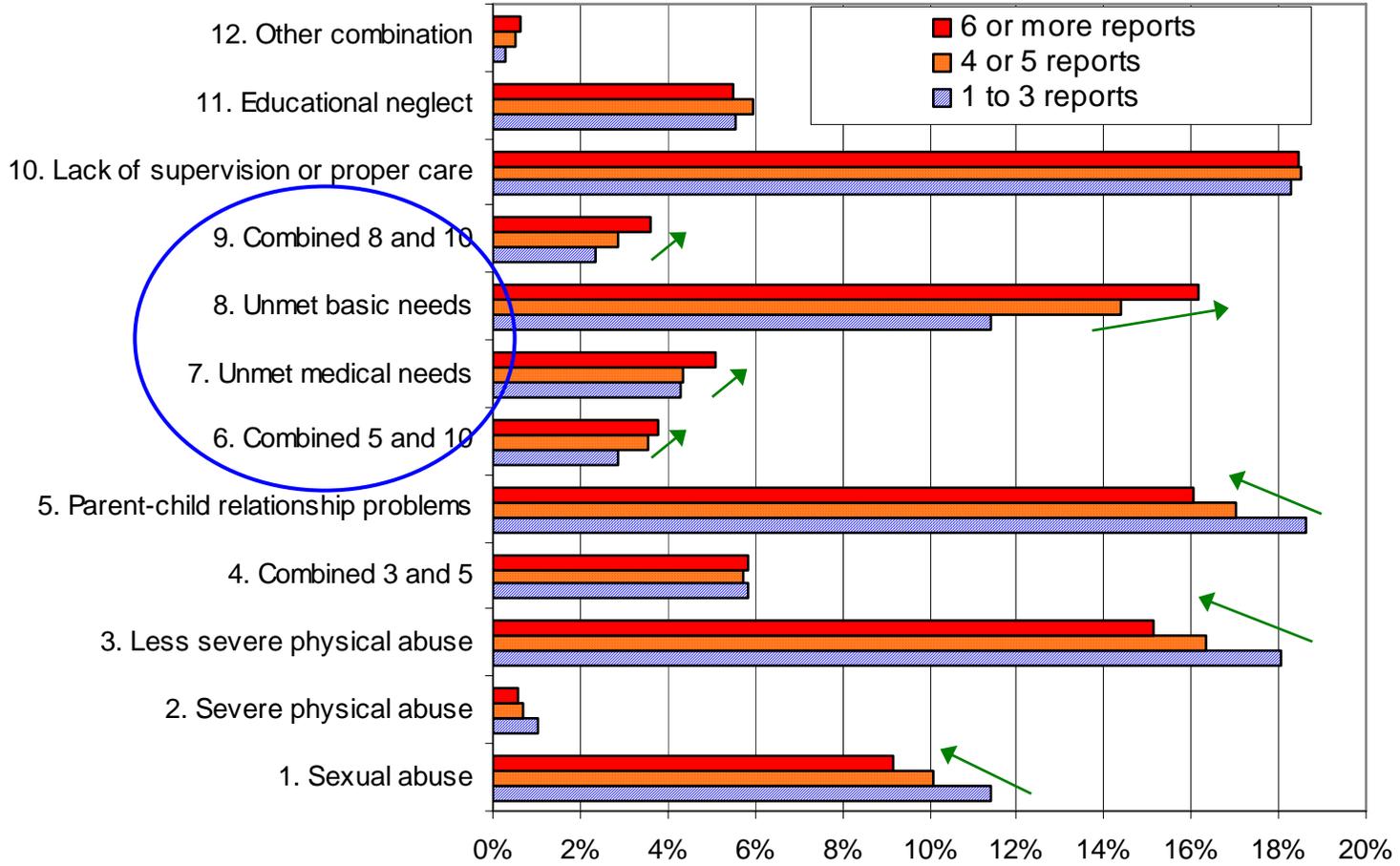
This table is drawn from the report: Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect (www.iarstl.org), where it is described in detail. It shows that 55.5% of families reported in Missouri had subsequent reports over a five year period. When new reports were received they were different from the initial report more often than they were the same. For example, over half (54.2%) of the 1,834 families initially reported for educational neglect had later reports. Educational neglect reports were largely screened for family assessment in Missouri. These totaled to 2,611 (right column of table). But only 698 of these were for educational neglect. The other three-quarters were for other kinds of abuse and neglect. Thus, it is incorrect to think that a family can be characterized or understood by looking at a single report. Types of reports do not tell us about types of families. This is Missouri data where differential response was in place, and suggests that many families screened into family assessments, when viewed over several years, may not be very different from families screened into investigations. (The reasons for using all CA/N reports rather than substantiated reports only are explained in the paper cited above.)

Diversity is the Rule: Types of Subsequent Reports of Abuse and Neglect (n = 33,395 Missouri Families Tracked for Five Years)

| Initial types of reported child abuse and neglect during the 7/97-6/98 period | Families by category of initial report | Percent of families with new reports | Later types of reported child abuse and neglect during the five-year follow-up period | | | | | | | | | | | | 5-year Totals of new reports |
|---|--|--------------------------------------|---|--------------------------|-------------------------------|---------------------|------------------------------------|----------------------|------------------------|----------------------|----------------------|-------------------------------------|-------------------------|-----------------------|------------------------------|
| | | | 1. Sexual abuse | 2. Severe physical abuse | 3. Less severe physical abuse | 4. Combined 3 and 5 | 5. Parent-child relationship prob. | 6. Combined 5 and 10 | 7. Unmet medical needs | 8. Unmet basic needs | 9. Combined 8 and 10 | 10. Lack of supervision/proper care | 11. Educational neglect | 12. Other combination | |
| 1. Sexual abuse | 3,570 | 49.4 | 1,015 | 22 | 639 | 249 | 726 | 162 | 166 | 527 | 104 | 777 | 236 | 26 | 4,649 |
| 2. Severe physical abuse | 338 | 41.1 | 39 | 28 | 69 | 18 | 60 | 16 | 14 | 50 | 11 | 80 | 13 | 6 | 404 |
| 3. Less severe physical abuse | 6,245 | 53.7 | 917 | 60 | 2,135 | 834 | 1,843 | 297 | 412 | 924 | 198 | 1,490 | 317 | 62 | 9,489 |
| 4. Combined 3 and 5 | 1,845 | 54.6 | 284 | 21 | 609 | 313 | 656 | 92 | 124 | 237 | 52 | 383 | 110 | 17 | 2,898 |
| 5. Parent-child relationship prob. | 5,854 | 51.4 | 793 | 44 | 1,341 | 590 | 1,924 | 350 | 370 | 863 | 196 | 1,379 | 332 | 77 | 8,259 |
| 6. Combined 5 and 10 | 1,004 | 60.8 | 144 | 17 | 269 | 99 | 344 | 86 | 79 | 232 | 73 | 433 | 94 | 16 | 1,886 |
| 7. Unmet medical needs | 1,502 | 59.3 | 242 | 21 | 351 | 121 | 380 | 101 | 267 | 400 | 89 | 521 | 155 | 15 | 2,663 |
| 8. Unmet basic needs | 4,242 | 64.9 | 748 | 59 | 1,039 | 372 | 1,176 | 276 | 444 | 2,525 | 372 | 1,392 | 498 | 50 | 8,951 |
| 9. Combined 8 and 10 | 909 | 71.3 | 146 | 12 | 214 | 77 | 263 | 69 | 101 | 502 | 127 | 472 | 114 | 21 | 2,118 |
| 10. Lack of supervision/proper care | 6,048 | 55.4 | 839 | 62 | 1,313 | 445 | 1,456 | 386 | 410 | 1,195 | 351 | 2,550 | 475 | 76 | 9,558 |
| 11. Educational neglect | 1,834 | 54.2 | 190 | 8 | 189 | 93 | 351 | 69 | 124 | 361 | 63 | 439 | 698 | 26 | 2,611 |
| 12. Other combination | 4 | 100.0 | 1 | 0 | 2 | 0 | 3 | 0 | 1 | 6 | 3 | 5 | 2 | 0 | 23 |
| Total | 33,395 | 55.5 | 5,358 | 354 | 8,170 | 3,211 | 9,182 | 1,904 | 2,512 | 7,822 | 1,639 | 9,921 | 3,044 | 392 | 53,509 |
| Percent types of new reports | | | 10.0 | 0.7 | 15.3 | 6.0 | 17.2 | 3.6 | 4.7 | 14.6 | 3.1 | 18.5 | 5.7 | 0.7 | 100.0 |
| | | | | | | | | | | | | Number of new reports per family = | | | 1.60 |

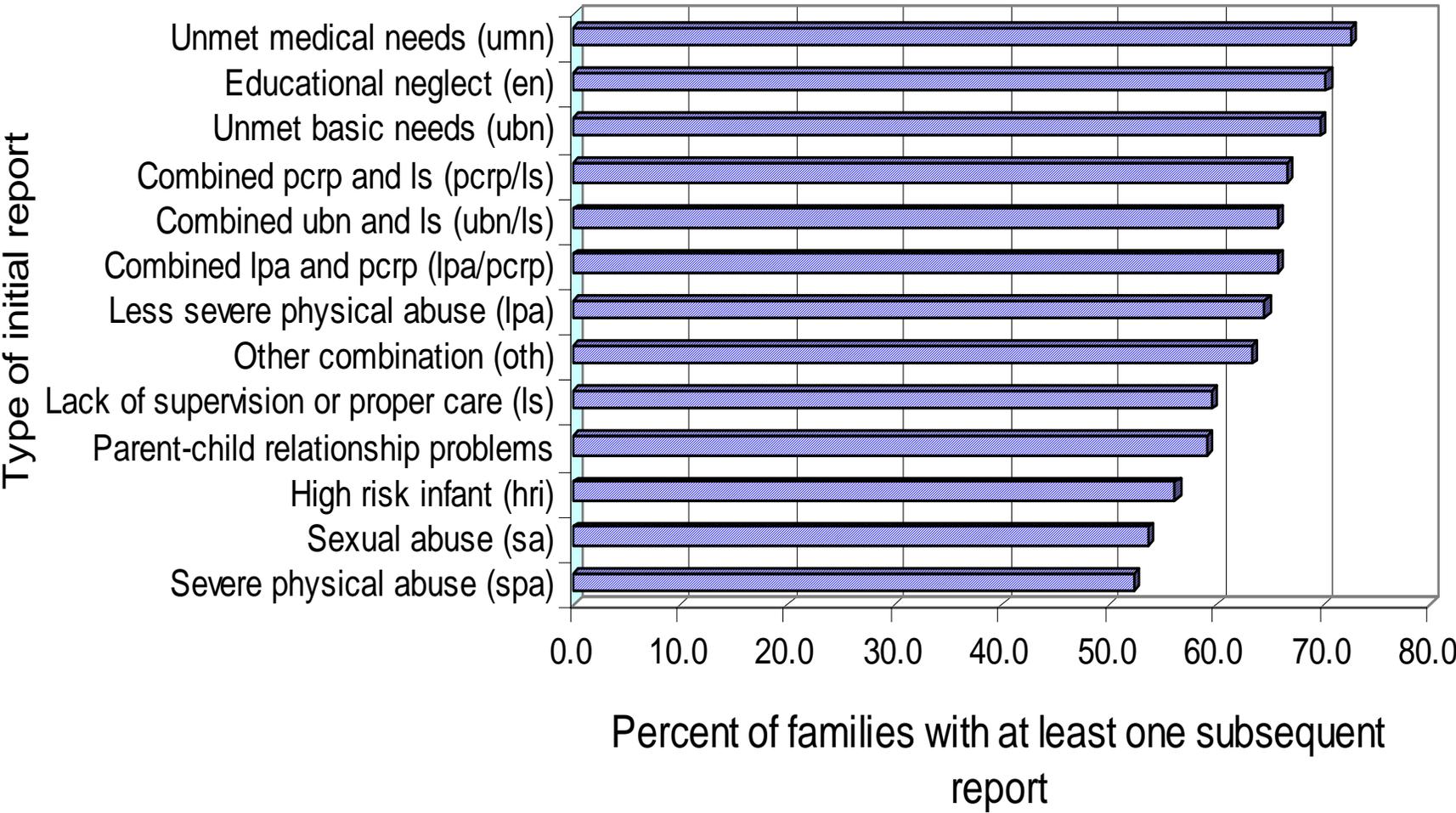
This chart represents types of reports broken by the number of reports received on families over a five year period. Families with 4 to 5 or with 6 or more reports showed increased reports in the categories of child neglect that are circled. This the primary justification for the term “chronic neglect.”

The More Reports Received, the More Neglect Reports Received (n = 33,395 Missouri Families Tracked for Five Years)



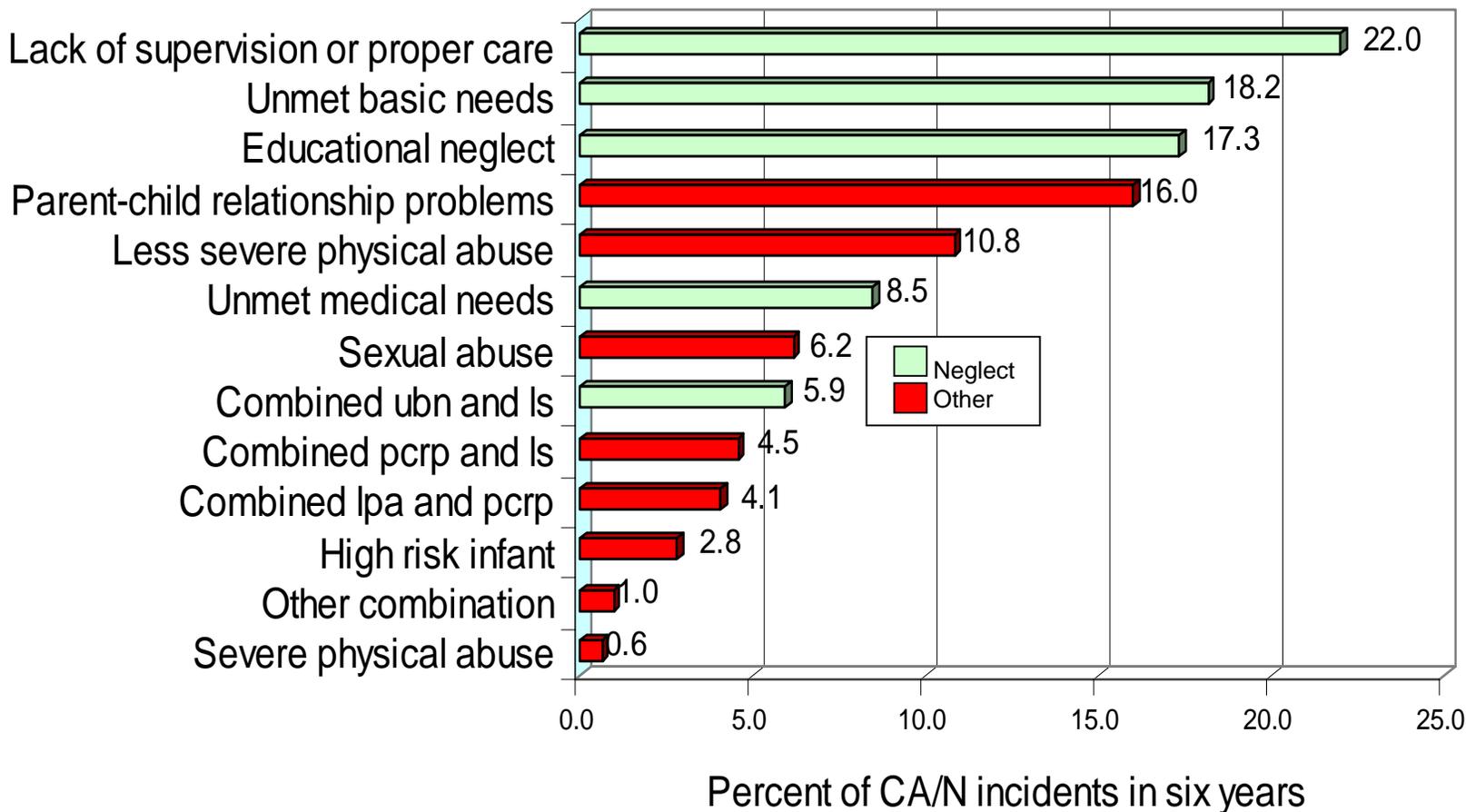
This chart looks at the phenomena from the other direction. In a study of urban families in St. Louis City, families initially reported for various kinds of neglect were more likely to receive a subsequent report over a six-year period.

The Families with Initial Reports of Neglect are More Likely to be Seen Again (St. Louis City: 2,909 Families Tracked for Six Years)



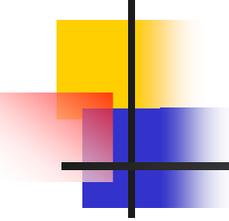
This chart takes another look at the most common types of reports received on families that are frequently encountered. Again the highest percentages are neglect reports but many other types of reports are mixed in. In this case lack of supervision is the most frequent type followed by unmet basic needs (food, clothing ,hygiene, safe and clean shelter) and educational negelct.

Types of CA/N Reports Received on Frequently Encountered Families (St. Louis City: 728 Families (of 2,909) Tracked for 6 Years with 3 or More Reports)



An Example of a Sequence of Neglect Reports Ending with Physical Abuse

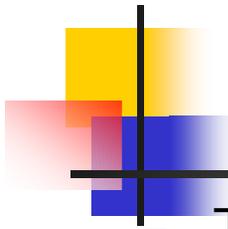
- This was mother-only family with four children that we followed for several years.
 - In the first report, the mother was accused of not making an effort to get her children to school.
 - The next year a new report was substantiated and was that she did not supervise her children generally and that she had not seen to the medical needs of one of them.
 - Two years passed, and then two reports were received and substantiated that the oldest child was not attending school.
 - Later that year another call reported that the children were coming to school dirty and smelling of urine.
 - The next year a hotline was substantiated that the children did not have proper clothing or food and that the house lacked heat in January.
 - Later that year a report was substantiated that the mother has left the younger children at daycare and had not picked them up.
 - Two years later a report on another of the children was received from the school saying that he had bad odors and did not have glasses that were prescribed for him.
 - Later that year the mother appeared at juvenile court saying that she was homeless and could not care for the children, prompting the juvenile officer to call the CA/N hotline. The children were removed for a short period.
 - The next year a physical abuse hotline was received that the mother had hit the oldest child in the back and face and that he had welts under his eye and on his arm. The investigator found welts on the other children as well...
 - Tracking ended at this point, but the final report shows what sometimes occurs as children the have been severely deprived in early childhood move into adolescence, when fights, rebellions, physical abuse, and the like are more likely to show up.



Summary

- Neglect is the most frequent problem observed among families encountered by CPS.
- The more frequently a family is encountered by CPS the more likely it will be for allegations of neglect.
- However, sequences of reports on families are more likely to be of different kinds than of the same kind. Allegations of physical abuse, sexual abuse, and various types of adult-child conflicts will be received for frequently encountered families.

These are the most general categories. Looking at reports within these categories, however, reveals an astonishing variety of differences within families and in the situation of families and of the types of behavior or absence of behavior that are grouped together under the same rubric.



What is Child Neglect?

- The official categories center on:
 - Supervision
 - Medical care
 - Food
 - Clothing
 - Personal hygiene
 - Home safety
 - Home cleanliness
 - Education
 - Supervision includes various kinds of child endangerment, that is “failure to protect a child.”
- A primary focus is on lack of concern of caregivers, but there are many reasons why problems occur in these areas.

Some Underlying Risks Correlated with Neglect

Red: Indicates a correlate of low income populations and poverty localities

Green: Indicates a possible direct effect of parent's inability to purchase

- Supervision and Proper Care
 - Age of Children / Developmental disabilities of child / Children's mental illnesses / Availability of childcare-daycare / Number of children / Dangerous relatives / Dangerous neighborhoods / Mother-only household / Ability to purchase safe daycare...
- Providing for Basic Needs (food, clothing, hygiene, safe and secure shelter)
 - Ability to purchase food and clothes, pay rent / Knowledge of nutrition, hygiene, child clothing needs / Availability of emergency food / Availability of affordable housing / Knowledge of community services / Cleaning supplies (e.g. lice) / Landlord's cooperation in repairing structure, furniture, appliances / Lead abatement programs ...
- Providing for Medical Needs
 - Ability to purchase medical care (working poor) / Knowledge of children's health needs / Presence of community clinics, doctors who accept Medicaid / Transportation / Hygiene of homes / Safety of homes, yards, neighborhoods / Knowledge nutrition and exercise needs / Availability and safety of places to exercise / Knowledge re obesity prevention / Availability of early childhood screening / Assistance with prenatal care ...
- Providing for Educational Needs
 - Children's illnesses / Children's accidents / Preschool programs / Adequate schools ...
- All Categories
 - Parent's disabilities, illnesses, addictions / Helping relatives and friends / Parent's knowledge of child development / Parent's mental health / Parent's own history of CA/N / Domestic violence...
- Given this background, what should the approach be to neglect.

Poverty is a structural variable, a way of dividing up populations based on yearly income. It is based on an estimate of the purchasing power of families developed in 1960 adjusted for family size and then increased based on inflation in the following years. It does not consider non-cash sources of income but it also may overestimate the purchasing power of families at various income levels today. It is only generally meaningful, therefore, at the level of social interaction (as a social psychological variable) and must be reinterpreted to understand its effects on family dynamics.

Poverty: Practical Definition at the Family Level

- Families that do not have access to or are hindered in receiving necessary resources because of:
 - Insufficient income to make purchases (unemployment, ineligibility for cash assistance, lack of cash savings,...)
 - Lack of access to non-cash public programs (Food Stamps, WIC, Medicaid, Medicaid for Children, Head Start, childcare assistance, housing assistance,...)
 - Lack of assistance from spouses, relatives, friends (social isolation, estrangement for family, absence of resources from low-income friends and relatives,...)
 - Inconsistent access over time (low education and skills training, unstable jobs, poor job advancement, lack of health care, unstable family life...)



Poverty as Moderating or Mediating other Causes and Conditions of Child Neglect

- In this case poverty:
 - Aggravates, exacerbates, worsens, impairs, inflames, intensifies, is a barrier to, obstructs, hinders, impedes, frustrates, creates difficulties, thwarts,...
 - Examples from our studies (of substantiated child neglect)
 - Medical neglect: improper care of a child with spina bifida by a impoverished single mother with two other children and no family or spousal support who could not afford child care for her children and found bus travel to the clinic with three children very difficult and expensive.
 - Unsafe living quarters: endangerment of a child by two parents, one with effects of head trauma and the other mildly mentally retarded who were both unemployed and dependent on poor grandparents, who could not afford to move and whose landlord would not fix malfunctioning toilet.
 - Lack of supervision: a single mother with an dusk to dawn minimum wage job, unable to afford childcare, regularly left her 11-year old son and 12-year old daughter sleeping alone in her apartment.
 - We have scores of other examples—Add your own.

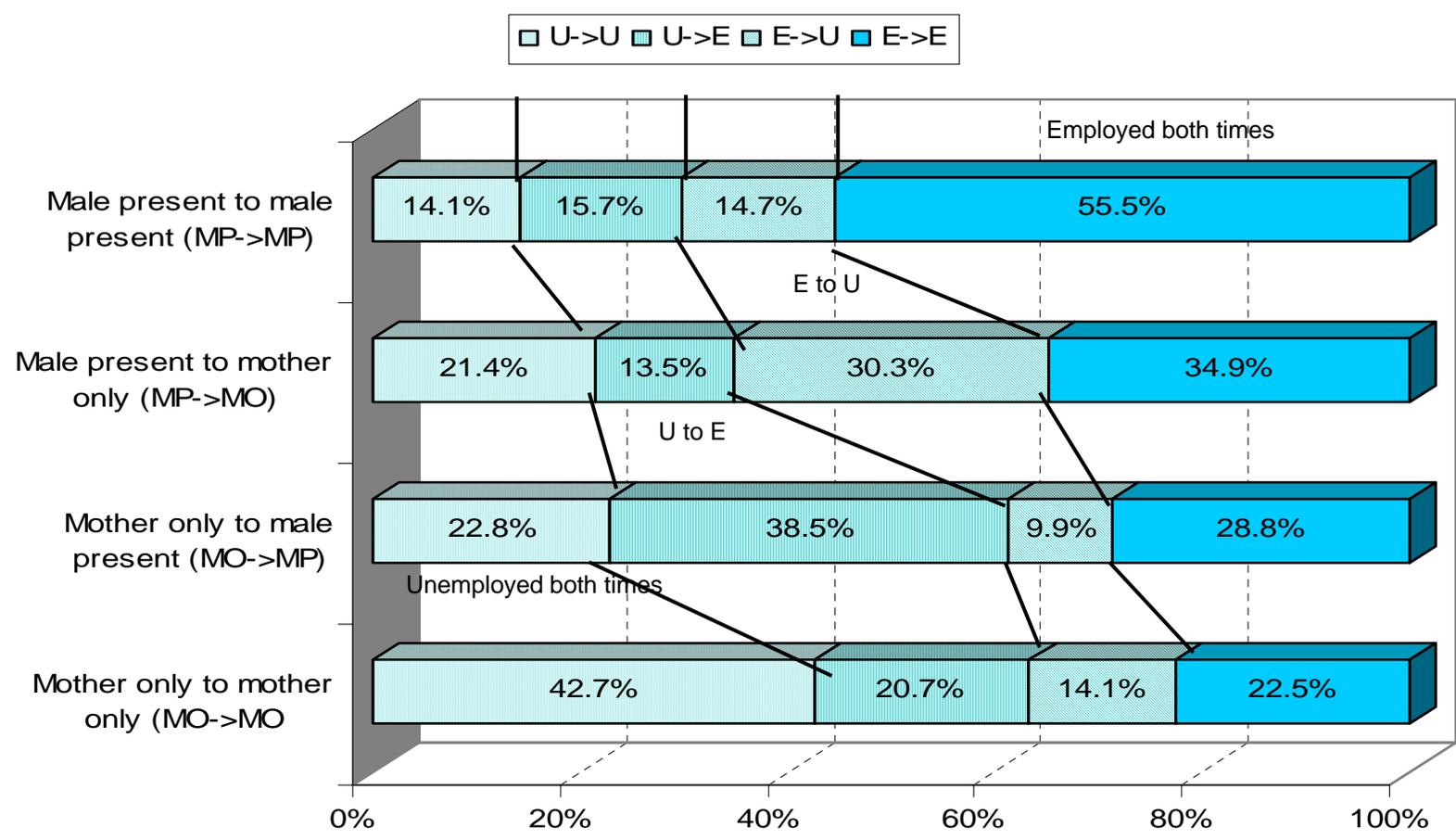
Poverty as both a Cause and Effect and The Effects of Poverty Reduced through Social Support

- This is an example that illustrates poverty as an effect of other problems in the immediate family but mitigated by social support from the extended family
 - Lack of food: Three children (under 7 years old) went from house to house begging for food, telling neighbors that there was no food in the house and that they had had nothing to eat all day. They said that all they had eaten the day before was breakfast food. A CPS investigation revealed a mother who was impoverished because she converted her welfare check and Food Stamps into cash to spend on crack. The children's grandmother and aunt had stepped in at various times to care for and feed the children, who were at grandmother's house when the investigator arrived. The report was substantiated and the aunt cared for the children while the mother attended residential treatment in a drug program for women.
 - The immediate family poverty was a result of behavior associated with the drug abuse, but was this mother in poverty according to our practical definition? Yes, but the effects were reduced since in the long term the children were safe, clothed and fed in the homes of relatives.

This chart shows the relationship between changes in employment status and changes in family structure of families between pairs of CA /N reports. The relationship between the number of adults in families and employment is clearly visible. The chart shows that the transition to and from two-adult households is correlated with the transition to and from at least one employed adult and no employed adults. When men enter families the probability of employment increases but when they exit it decreases. In the next slide the same transitions in family structure (and economic status) are shown to contribute to the risk and fall of various types of child neglect. Risk factors change over time and their effects are manifested differently over time in large populations of families.

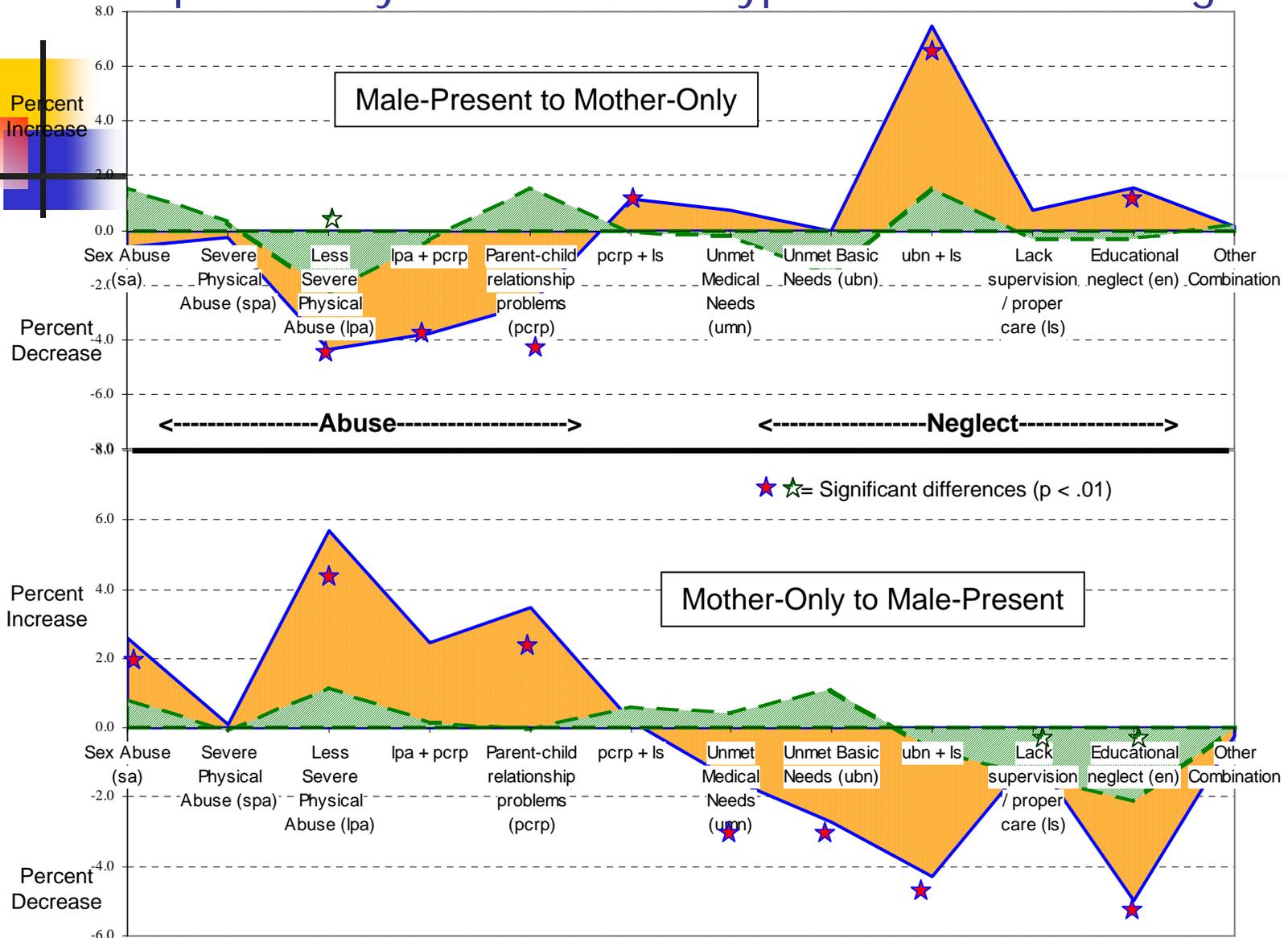
Changes in Contributing Factors over Time

Example: At Least One Employed Adult and Family Structure

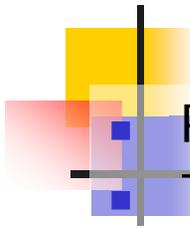


Changes in Contributing Factors over Time

Example: Family Structure and Types of Abuse and Neglect



Transitions in Types of Abuse and Neglect when Family Structure Changes



Implications of the Two Preceding Slides

- Poverty, as lack of employment, changes with family structure.
- Types of reported child abuse and neglect change with family structure.
- We know that child neglect is associated with the lowest income status of families.
- We also know the physical and sexual abuse is associated with changes in family structure, that is, the entrance of males (as husbands or live-in companions) creates conflicts and in some cases results in physical abuse and sexual abuse, particularly when adolescent children are present.
- So which accounts for the change in types of child maltreatment— income or family structure? This illustrates the problem of distinguishing the causes of child neglect. And this is a consideration of only two general variables: employment and mother-only/male-present status.

The Personal Dimension 1



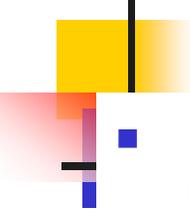
■ Risk factors—including poverty and social isolation—are social science variables

- Do not include the central features of human life: choices, intentions, striving toward goals, love, caring, respect...
- Trap of viewing human beings as automatons—as effects of socialization, as pawns of variables within larger social systems and within subsystems (biology, neurology)
- Leaving out the person is a barrier to convincing others that addressing poverty and other risk factors will reduce child maltreatment.
- Some have attempted to include certain manifestations of personal factors in assessments of risk: cooperation, motivation, admission of the problem, apathy/hopelessness, low self-worth. All these are affected by engagement, listening, respect and friendship.

The Personal Dimension 2

- Three related points:

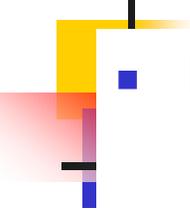
- Psychosocial stress and caregivers' adaptations to it may be an important factor in understanding the effects of poverty. For example, take this pathway found in "The Domino Effect," a study of Hispanic mothers:
 - Financial stress → Family conflict → Loss of social support → Maternal efficacy → Risk of depressive symptoms → Ability to care for infant/toddler.
- Providing services, resources, job, health care, education, ... is only effective when caregivers want to participate and do participate. Thus, the importance of engagement, participation in decisions, democratic rather than authoritarian approaches and consequently motivation, cooperation, self-worth, sense of accomplishment, etc.
- Social, psychological and neurological science focuses on factors that form human beings—usually rather early in life. There is also evidence that significant change is possible at every stage of life. Biggest changes occur in the context of ongoing support.



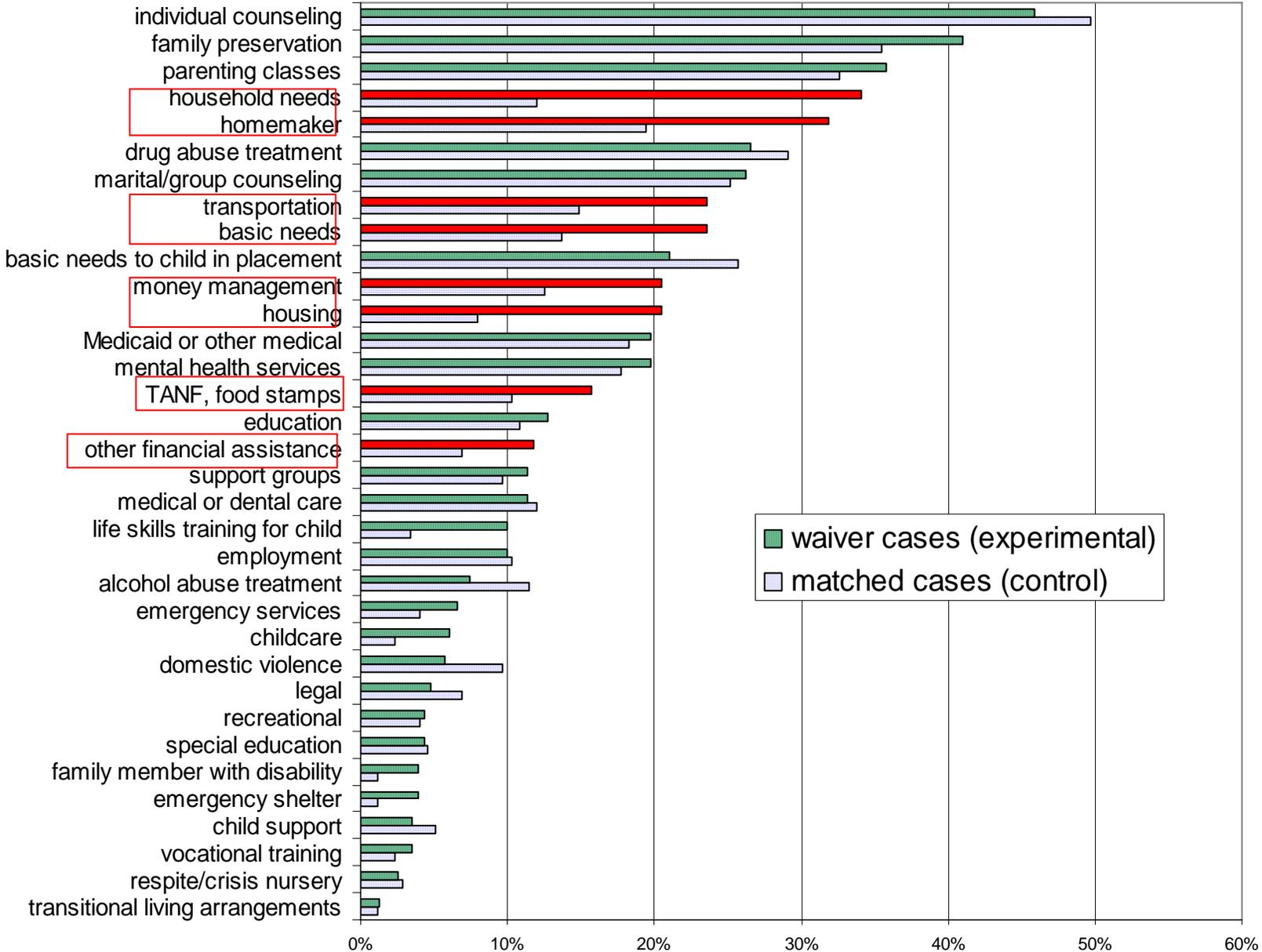
Difficulties in Showing the Importance of Poverty

- It is simple to show that poverty is correlated with official child neglect.
- It is more difficult to show how poverty might be implicated in child neglect because it is always mixed with other states and changes in family life.
 - The previous example of changing family structure and the changing nature of reports is a case in point. Was it the changing financial situation of families or the entrance/exit of males from families that led to the CA/N changes? Or both?
- Couple this with attitudes and biases about the personal dimension of poverty, income, and abuse and neglect, and the difficulties in convincing others are compounded.
- A better approach is to examine whether addressing financially-related issues reduces child abuse and neglect. The remainder of the slides address this issue.

Flexible Funding

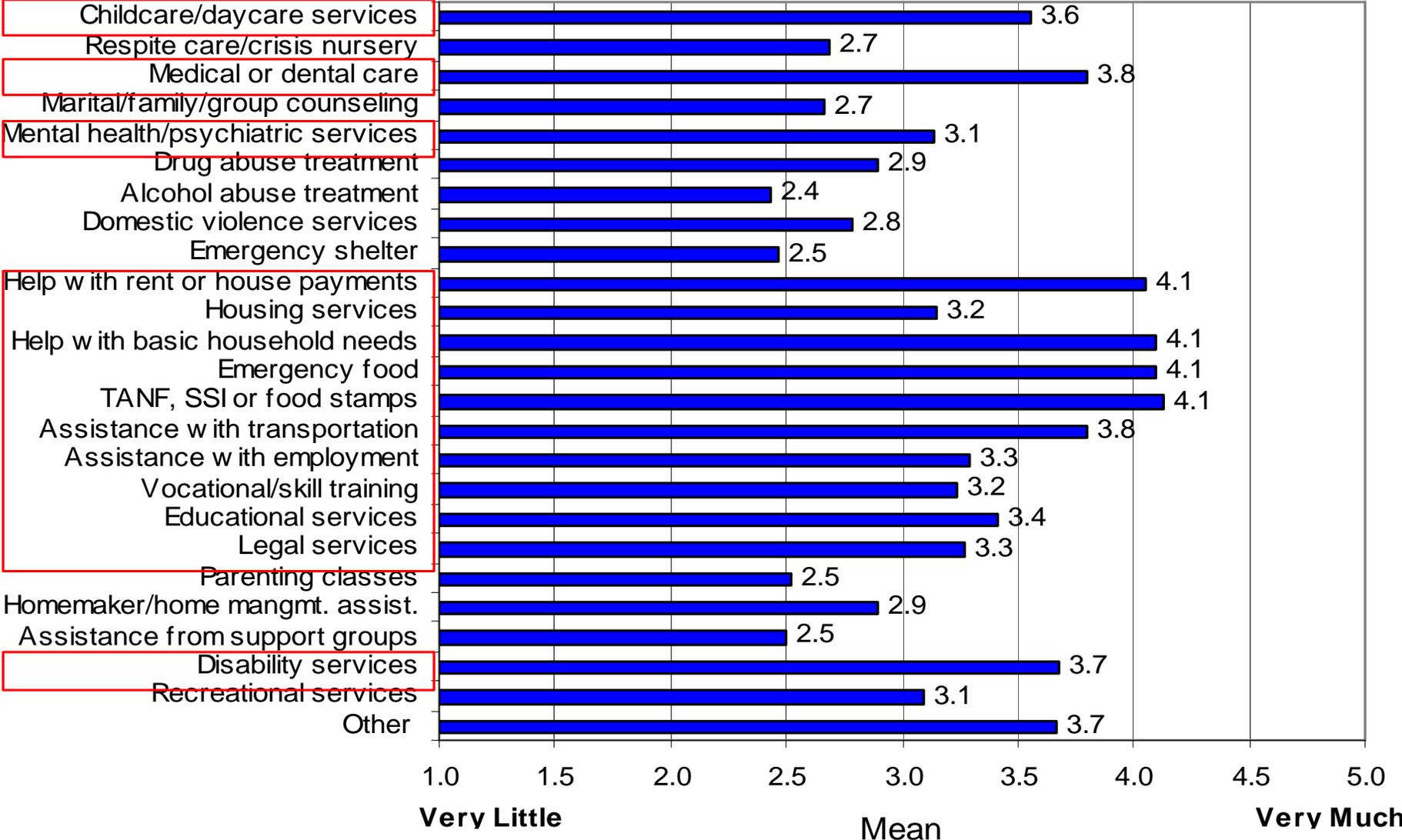
- 
- Differential Response generally involves flexible funding
 - Under DR workers are able to assess families more broadly and to direct spending toward a broader array of family needs than was the case in traditional CPS
 - There are some other examples of flexible funding programs
 - Two of the Title IV-E Waiver programs (Indiana and Mississippi) involved flexible use of funds that were formerly restricted to foster care payments only to bring children home or avert placement.
 - The Minnesota Parent Support Outreach (PSOP) program provides flexible funds for various family needs
 - When CPS workers are permitted to use funding flexibly a curious thing happens: they begin to assist families with basic, poverty-related needs: food, clothing, utilities, rent, housing, transportation, etc. These are the needs that CPS families assign the highest priority. When families participate, services shift.
 - This is the first indication of the importance of these issues for families encountered by CPS.

Services Provided to Indiana Waiver Cases Compared to Matched Control Cases



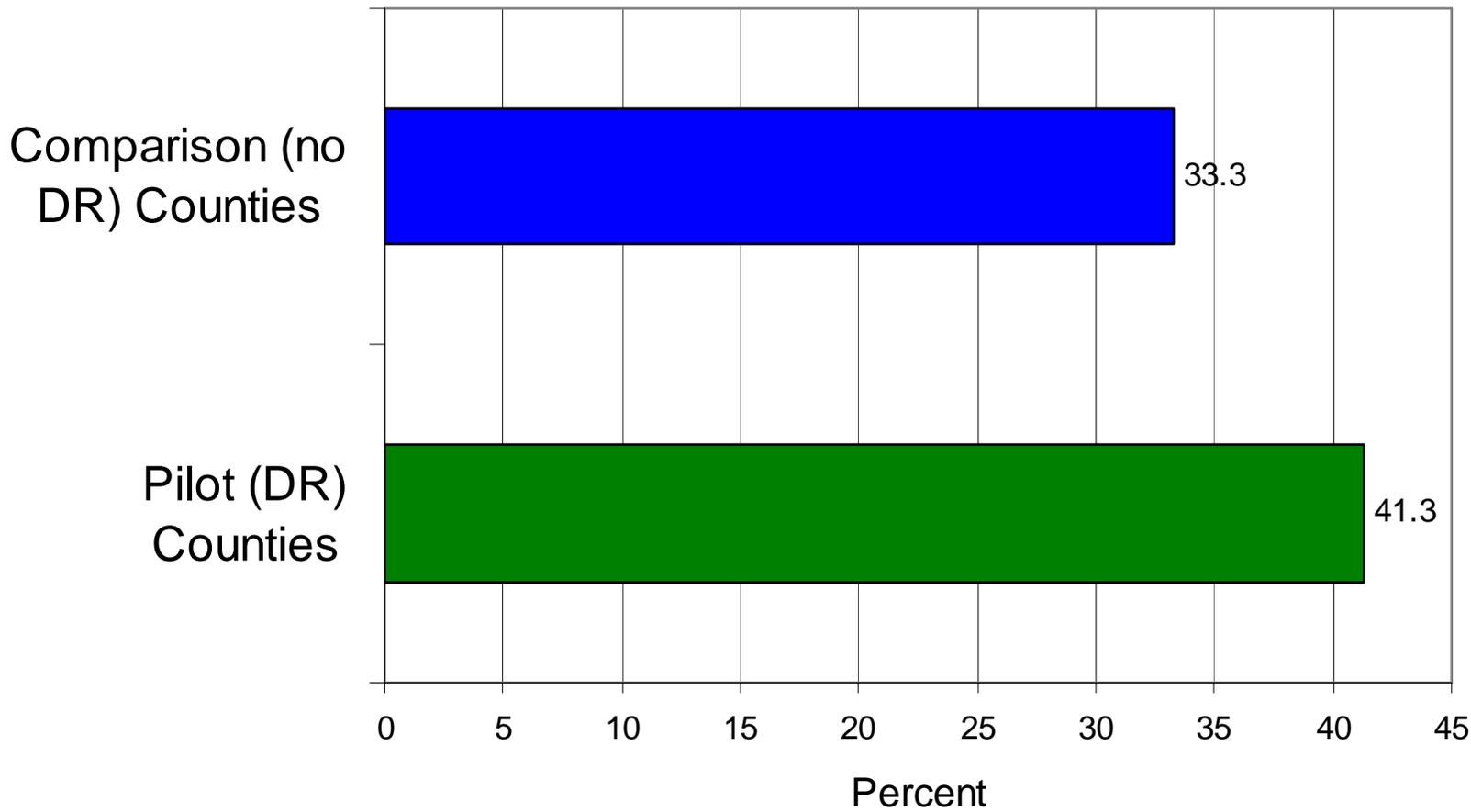
■ waiver cases (experimental)
 ■ matched cases (control)

Mean Level of Family Participation in Services Provided by MN PSOP Workers



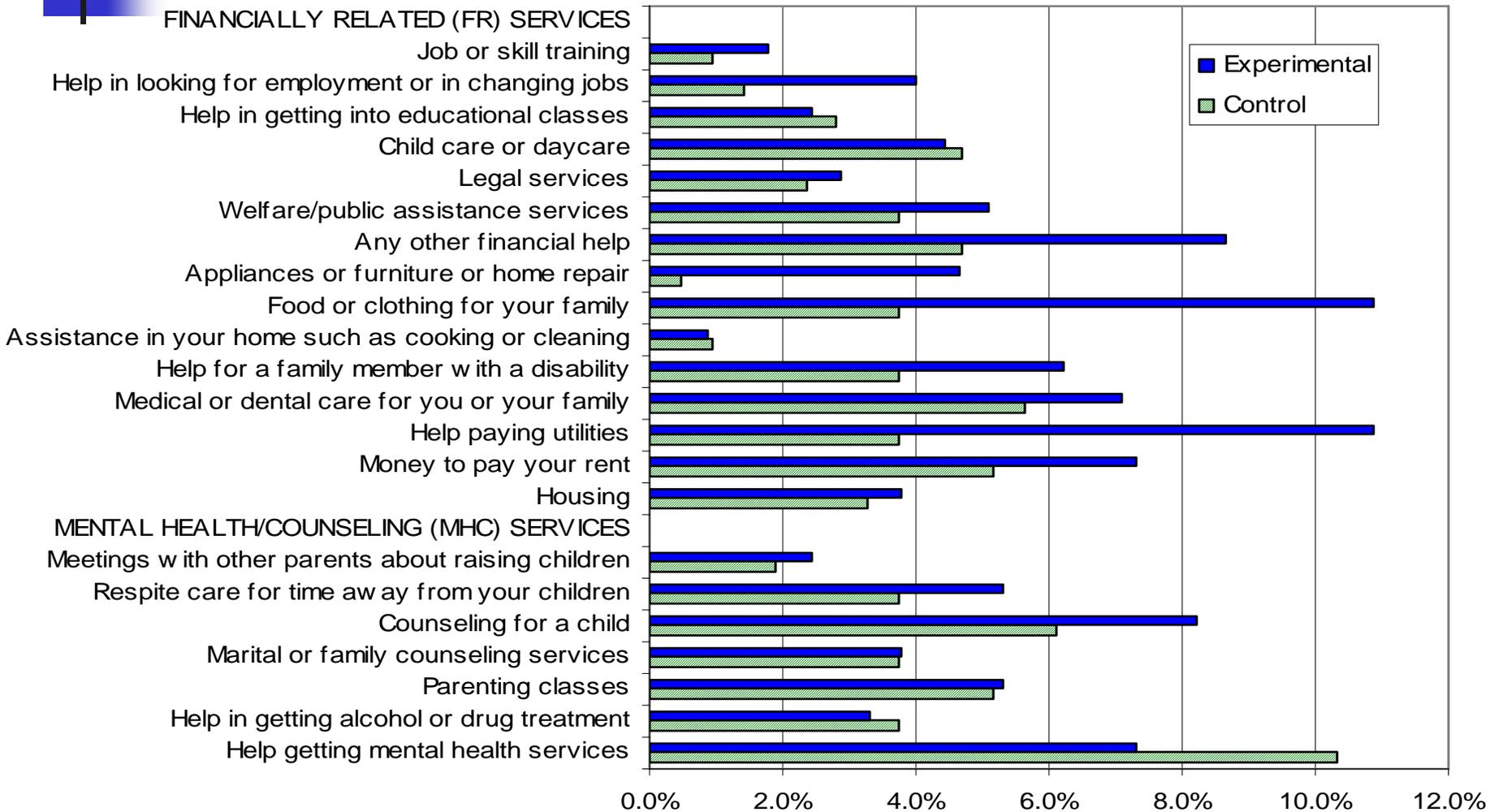
Missouri DR Evaluation: Significant Increases in Services Addressing Basic Family Needs* but no differences for Psychological, Counseling and Therapeutic Services

Percent of Families Receiving Services Addressing Basic Needs



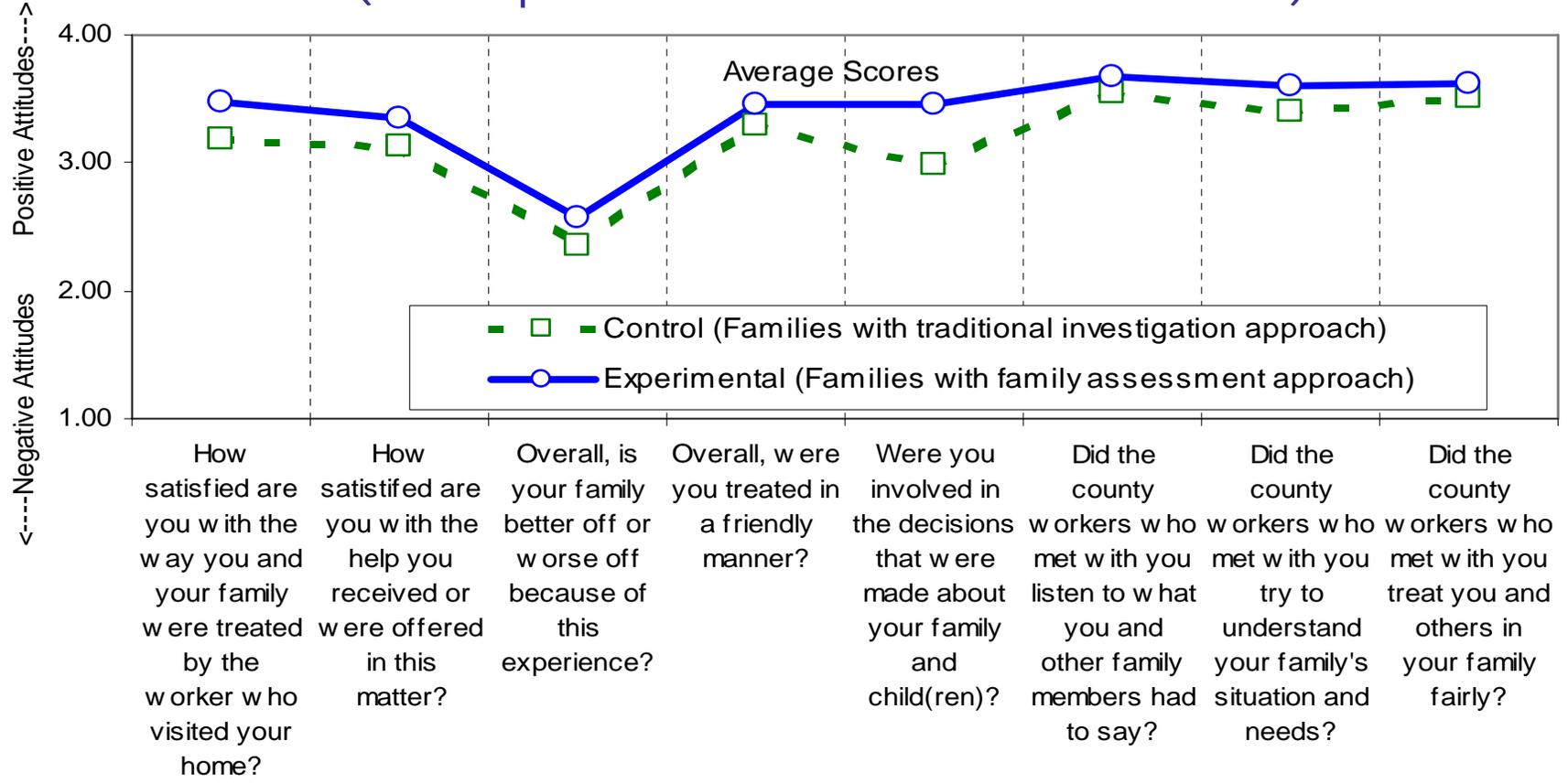
* Includes: medical or dental care, housing, help with utility payments, emergency food services, food stamps, cash welfare, homemaker and home management services, Medicaid, Head Start or preschool, WIC, infant services, clothing, furnishing, household needs, and insurance)

Minnesota DR Evaluation: Services that Experimental (DR) versus Control (traditional CPS) Families Reported Receiving



These questions were asked of each experimental and control family in the Minnesota study. In each case the difference was statistically significant, with experimental families that received a family assessment more positive than control families that had received a traditional CPS investigation. These were summated into a single index of caregiver satisfaction. These are indirect measures of changes in family engagement under DR. These questions were asked after the initial assessment/investigation (and service case) had been concluded. They represent an initial outcome difference. Besides these kinds of positive responses, families reported significantly more often that they had received the services they really needed.

Responses of Minnesota Caregivers Concerning their Experience with CPS after the Initial Research Case was Closed (415 Experimental and 213 Control Families)



We were also able to distinguish families with the highest financial need—the poorest and least educated families in the experimental and control groups. What is not said in this slide is that we found that about half of the families that had had previous cases under CPS before the report that brought them into this study were in the high financial need group. Families with a previous history tended to be in the high financial needs group significantly and substantially more often. This finding corresponds with the discussion in slide 18 that chronic families tend to be the financially poorest families seen by CPS. The last bullet argues that financial need is a risk factor, that is, it is positively associated with certain kinds of neglect. Poverty predicts chronic neglect.

Minnesota: Measure of Financial Need

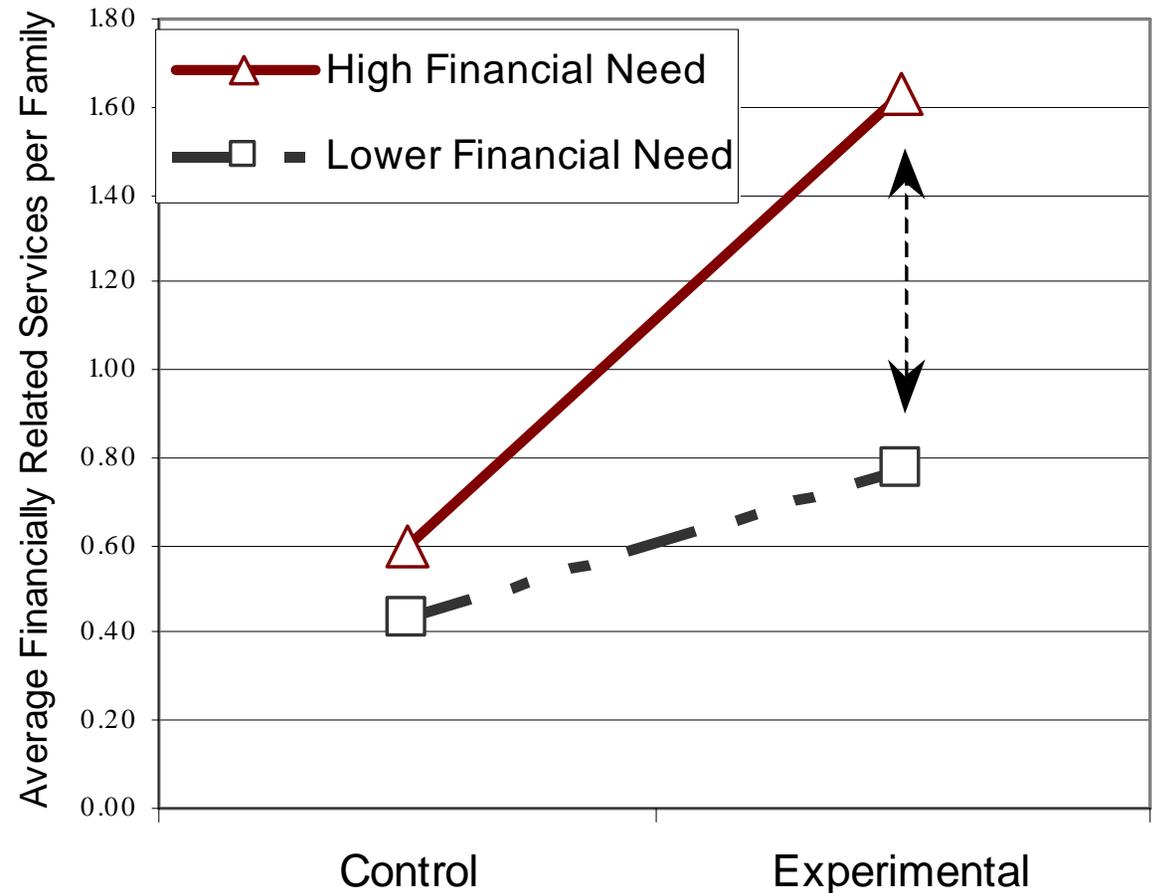
- Using Income and Education:
 - High Financial Needs was defined as an education level of high school or less and a 12-month income of less than \$15,000.
 - Lower Financial Needs was defined as either greater than high school education or income of more than \$15,000.
- Comparable proportions of families were in the high needs group: 25.8 percent of control families and 22.4 percent of experimental families (difference was not statistically significant, $p = .19$).
- Financial need (poverty) is a risk factor for child abuse and neglect, particularly for lack of food, inadequate clothing, health threatening hygiene, lack of medical care, unsafe or unhealthy shelter, and homelessness.

This was a factorial analysis of variance considering who received financially related services. The variables described in the three bullets in the box on the left were important overall (main effects). Perhaps not surprisingly, we found that families with high financial needs received more financially related services. However, the graph on the right (interaction effect) illustrates that this occurred almost exclusively among experimental families. **The conclusion: the DR approach led to more financially related services being offered (previous slide) and to significant increases of such services among the most financially needy families.** This is an important finding that we have reported before but is established with greater certainty through this analysis.

Determinants of which MN Families Received Financially Related Services

- High financial need families received more FR services
- Families for whom formal service cases were opened received more
- Families offered family assessments received more

Levels of Financially Related Services for Experimental/Control by Financial Need

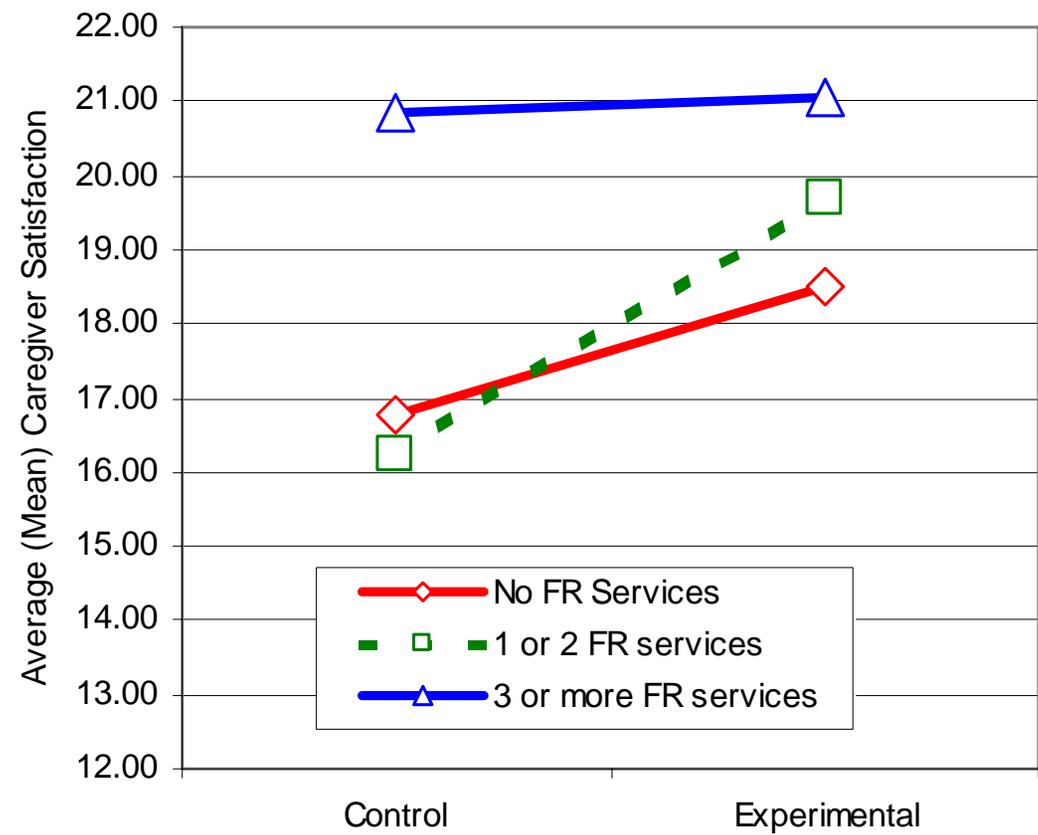


Caregiver satisfaction increased under the new approach. This analysis asks whether the increase in financially related services might have contributed to this. The answer is yes—in part. Families that received three or more such services were about equally satisfied whether they were approached through investigations (control) or family assessments (experimental). Families that received 1 or 2 such services, however, were more satisfied under the experimental group conditions (family assessment). And finally, satisfaction was also greater for families that received no services, which means that the family friendly approach alone led to greater satisfaction.

Minnesota: Determinants of Caregiver Satisfaction

- Caregivers of families offered family assessments were more satisfied overall.
- Caregivers that received financially related services were more satisfied.

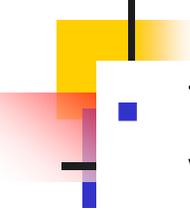
Experimental and Control Differences, Financially Related Services and Caregiver Satisfaction



Finally, the variables discussed in the previous slides were entered into a combined analysis, asking whether they may have been implicated in the relative reduction of later child abuse and neglect reports observed in the experimental group. In this case FR and MHC services were recombined, although the same results occur when only FR services are considered. Caregiver satisfaction immediately at the end of the initial case was the weakest predictor. Financial need was a predictor of increased reports, although the increase was less under the family assessment approach—a point not made in these bullets. The new approach led to reduced reports. **The very interesting finding was that the most powerful predictor of future report reduction through the use of family assessment was both the opening of a service case and the delivery of actual services.** This suggests that services are important but are most effective when offered in the context of ongoing contact with a service worker. The service workers in many of these cases were community agency workers (with public workers as case managers). In others they were public agency CPS workers. The important variable in making concrete services effective seems to have been ongoing contact and the important variable in making ongoing contact effective seems to have been the provision of concrete services.

Minnesota: Factors determining Subsequent Reductions in Reports of Child Abuse and Neglect

- Taking reduced report recurrence as a measure improvement...
 - Caregiver satisfaction was a weak direct predictor of **reduced** reports.
 - Financial Need was a strong direct predictor of **increased** reports.
 - The family assessment approach independently **reduced** future reports.
 - Formal Services cases with no services was not a statistically significant predictor of reduced future reports.
 - Concrete Services with no formal service case was not a statistically significant predictor of reduced future reports.
 - A combination of concrete services and formal service cases appeared to produce the most positive effects on families.



Full Circle in Minnesota

- The Minnesota evaluation involved a designed experiment (DR versus traditional) and a natural experiment (large difference in the service response between DR and traditional cases).
- Substantially more services were received by DR families compared similar control families under traditional CPS.
- Under DR financially-related services increased and were shown to be directed toward the most needy families.
- Families were more satisfied under DR than the same kinds of families were under traditional CPS.
 - Families also reported that they had received the services they needed and this was correlated with overall satisfaction
 - This was considered an indication of improved family engagement.
- The non-adversarial approach alone apart from services had long term effects.

Full Circle in Minnesota (continued)

- In addition, services (including large increases in basic financially related services) were shown to reduce future reports, but particularly for families with services that also had ongoing worker contact (continuing engagement).
- Thus, there was support for the notion that increased help was most effective in the context of participatory decision making, emotional support, and respect (which DR families report more frequently).
- The DR approach appears to be more effective for many families but is it more cost effective? Consider the next slide.

This slide shows the final outcome of these changes. It costs more up front to offer family assessments and subsequent services (\$1,142) compared to investigations and subsequent services (\$905) but the additional monies (and by implication the additional services provided to families) are preventive. The reductions in later reports and later placements led to reduced costs over a follow-up period that averaged 3.6 years per family.

The Cost Analysis Extended through March 2006

