Economic Interventions in Child Neglect
By Dee Wilson

Once again, Anthony Loman and his colleagues at the Institute of Applied Research (IAR) in St. Louis, Mo. have issued a major study of CPS practice that underscores the enmeshment of neglect with poverty. Ohio Alternative Response Evaluation: Final Report by Loman, Christine Shannon Filonow and Gary Siegel summarizes findings from an experimental evaluation of alternative response vs. ‘business as usual’ CPS investigations from July 2008 through December 2009 in 10 pilot counties. IAR followed 4529 families deemed appropriate by CPS staff for Alternative Response (AR) rather than a CPS investigation; these 4529 families were about half of families with accepted (i.e., screened in) reports. Twenty two hundred and eighty five families (2285) were randomly assigned to the experimental group and the remaining 2244 families were assigned to the control group. More than half (56%) of these 4529 families were referred to CPS for neglect; 30% of the families had 3 or more prior accepted CPS reports and 10% of the families “had a child placed in the past.”

IAR found that “more than two thirds of the families surveyed reported incomes of $15,000 or less” and 34% of the families reported an annual income of $5,000 or less. In other words, the great majority of families in both the experimental and control groups were poor and more than a third were severely poor. The IAR report comments that “about half of families in the study population had a high score on an index developed for this evaluation combining poverty and the likelihood that it would recur or continue.” Many of the families living in deep poverty that was unlikely to change for the better “were headed by never married or unmarried females with low educational attainment.”

Families referred for neglect were poorer on average than families referred for other types of child maltreatment and had more previous CPS referrals. Single parents with low educational achievement were the poorest families in the sample; “71.7% of ‘never married’ respondents had incomes of less than $10,000 per year,” and more than three quarters of parents with some high school but no high school degree had annual incomes of less than $10,000.

Here then is a constellation of factors associated with neglect reports: “deep” poverty, single parent households, low educational achievement and several past CPS referrals. Loman, et al, comment that “many of the subcategories of child neglect are manifestations and effects of low – income status. This raises the question of whether addressing the basic poverty-related needs of families reported for child neglect might not only contribute to the welfare of families and children but improve the long term safety of children.”

IAR found small but statistically significant reductions in re-referral and out-of-home placement rates for families in the AR track and larger positive differences in parent satisfaction for families in AR which these researchers believe was due (in large part) to the increase in poverty related services provided to families in AR. Caseworkers in the AR track had $1000 to spend on services for families completing a voluntary service plan; and a considerable portion of these funds were spent on poverty related services. Caseworkers could also pay for mental health services; and caseworkers were more likely than parents to prioritize services designed to effect behavioral changes for parents and children, a consistent finding in studies that ask caseworkers and parents to separately compile lists of families’ main needs.
It is typical for CPS programs to intervene in neglecting families only after neglect (and sometimes other forms of maltreatment as well) become chronic or severe. Chronic neglect is almost always connected to substance abuse and/or mental health problems, often co–occurring, with domestic violence present in a significant fraction of cases (Wilson and Horner, 2005). Caseworkers and other professionals usually assume that substance abuse, mental health problems and domestic violence are the proximate causes of child maltreatment that case plans must address. When these conditions are present, the economic condition of families often becomes a minor concern; and substance abuse and mental health problems may be viewed as a major cause of a parent’s inability to find or sustain employment. Families’ needs for food, housing, transportation, financial assistance, employment and medical care are assumed to be the province of other agencies that serve low income families. Caseworkers may help parents to obtain assistance from the welfare system or a housing agency, or parents may be left to fend for themselves.

The reality that as neglect becomes more severe or chronic, the poverty related needs of parents often become a tangential child welfare concern, and may be almost completely ignored in case plans, reflects an implicit causal theory of child maltreatment and a theory of change that is rarely discussed or tested. The extent to which poverty, especially “deep” long-term poverty, leads to demoralization (as indicated by apathy in the face of threat, loss of hope in the future, indifference to conditions in the home, and deep seated beliefs that efforts to better one’s life and the lives of one’s children are futile ) is rarely appreciated or considered in case plans. A possible reason why services for neglecting families are so frequently ineffective is that the relationship between and among substance abuse, depression, trauma histories and poverty is not well understood by either scholars or practitioners; and, as a result, child welfare treatment plans frequently ignore the social environments and economic conditions with which parents must cope.

In “Addressing Poverty as a Major Risk Factor in Child Neglect: Promising Policy and Practice,” Joy Duva and Sania Metzger (2010) describe a range of innovative “economic success strategies” utilized with at-risk low income families in various communities, including employment support grants in Allegheny County, Pennsylvania and personal life coaches “committed to the long term transformation of their (child welfare families) economic status” in Wake County, North Carolina. Duva and Metzger also mention provision of preventive services to families reported to CPS but screened out at intake in Minnesota (Parents Support Outreach Project), the use of family team meetings to address the poverty related needs of families, public - private partnerships “that promote multidisciplinary models of legal representation” for indigent parents in child welfare proceedings and use of parent advocates to educate low income parents regarding their legal rights in child welfare proceedings.

Duva and Metzger comment that state laws “that prohibit a finding of neglect against a parent who is financially unable to meet a child basic needs” can “serve as a catalyst challenging the child welfare field to analyze, distinguish, and address the intersection between poverty and neglect.” Duva and Metzger advocate for child welfare finance reform “to support a new vision for child welfare, particularly ensuring that federal child welfare financing allows and possibly incentivizes the use of funds to prevent foster care placements by addressing poverty-related safety risks to children.”

In addition to increasing poverty related services to families with open child welfare cases, child welfare practitioners and managers can also establish partnerships with public agencies that provide financial assistance, job training, housing and transportation, assist low income parents in obtaining a high school degree and enroll in community college and support community collaborations or tribal initiatives that invest in low income families and their children.

More, however, is needed both in policy and practice. This country’s child poverty rate has a powerful influence on communities, neighborhoods and families, and is arguably the main factor shaping the
profile of reported maltreatment. Both Jane Waldfogel and Isabel Wolock have presented cogent evidence that the percentage of CPS reports containing neglect allegations (over 70% in the U.S.) is directly related to a country’s child poverty rate, i.e., the higher the child poverty rate, the higher the percentage of families reported to child protection authorities for neglect related concerns.

In addition, leaving 5-10% of children to grow up in long term “deep” poverty (annual incomes less than $10,000) is unenlightened social policy in the extreme and invites a degree of social misery that is expensive to governments and intractable to time limited narrowly focused interventions.

I occasionally encounter the contention that reducing the child poverty rate or eliminating severe long term poverty is outside the range of American social policy; and that there is neither the political will or the policy instruments needed to seriously consider these goals. Political will depends on commonly accepted understandings of social problems; and there is a massive amount of evidence that extreme income inequality negatively affects the health and mortality, and social well being, of persons in all social classes (see Wilkinson and Pickett, 2009). Tools such as the Earned Income Tax Credit could be used to reduce or eliminate poverty for the working poor; and welfare to work programs could be reshaped to place greater importance on development of job skills and education.

At the practice level, what is needed is better integration of substance abuse and mental health treatment programs with interventions designed to improve the long term economic status of families. As important as it is for substance abusing parents to engage in a genuine recovery process, sobriety is not enough to restore adequate parenting in chronically neglecting families. Parents must become mobilized to seek a better life for themselves and their children. Job opportunities, decent housing and safe neighborhoods encourage the positive sense of self efficacy that is the best indicator of renewed hope in a better future.

References


