



Effects of anti-poverty services under the differential response approach to child welfare

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ABSTRACT

The long-term effects of providing material or anti-poverty services to families with reports of child maltreatment were examined in a field experiment in a Midwestern state in which *differential response* (DR) had been implemented. From a pool of families determined to be appropriate for DR family assessments, 2605 randomly assigned experimental families that received family assessments were compared to 1265 randomly assigned control families that received traditional investigations. Families were tracked for 8 to 9 years. Fuller data were available for sub-samples of 434 experimental families and 208 control families. Main covariates included service case openings, anti-poverty service reception and study group membership. Other variables introduced were previous reports, socioeconomic status (SES), and level of family engagement. Outcome measures included subsequent reports and removals/placements of children. Formal service case openings increased for experimental families. Significant increases were found in anti-poverty services to low SES experimental families. Proportional hazards analyses indicated that these changes were associated with reductions of later reports and placements of children. In addition, by controlling for service differences, the analysis demonstrated significant effects of the non-adversarial, family-friendly approach of DR family-assessments. Possible explanations of long-term effects of service interventions are offered along with suggestions for future research.

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1. Introduction

In this paper we will examine the long-term effects of providing material or anti-poverty services to families reported for child maltreatment to a Child Protection Services (CPS) system in which *differential response* (DR) was implemented. Under DR, reports accepted as appropriate for CPS receive a second screening. Those that are very severe or appear to involve criminal behavior are directed to a traditional forensic investigation. For the remaining reports, families are approached in other ways that do not involve a formal investigation of allegations. The most common of these is the *family assessment*.

Each family assessment includes a child safety assessment, and if safety problems are discovered, a plan is jointly worked out with the family to assure child safety. The assessment also includes a broader appraisal of family needs than typically occurs in traditional investigations. There is an emphasis on family participation in decisions affecting the family. Family assessment workers are trained to begin family-centered services from the first encounter and visit with the family. Unlike traditional CPS investigations, there is no designation of victim or perpetrator and no “finding” or “substantiation” of abuse or neglect.

This article is based on findings of the evaluation of a pilot project in a Midwestern state that examined the feasibility and effectiveness of DR. The project began in early 2001 in 20 counties and continued as a pilot through 2002, after which the approach was expanded statewide. In 14 of the 20 counties the research design consisted of a field experiment with random assignment to experimental and control conditions. County intake workers screened reports to determine those that were appropriate for a CPS response using the same criteria that had been utilized before the pilot began. Reports that were screened in are referred to in this paper as *accepted reports*. Each county then conducted a second screening using a ‘track-assignment’ protocol to determine reports that were appropriate or inappropriate for a DR family assessment. The same protocol was used in each pilot county. During the evaluation, reports that were determined to be appropriate for a family assessment were then submitted to a randomization procedure that assigned them to an experimental or control condition. Families assigned to the experimental group received a DR family assessment. Families in the control group were investigated in the traditional manner. (Because funding for local offices was based on achieving a certain quota of family assessments, a weighted assignment was used which permitted more of the cases to be randomly assigned to the experimental group.)

A variety of immediate and longer-term positive outcomes were detected as experimental and control families were compared. All experimental families received the more broadly focused, non-adversarial and

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increased participatory approach by workers visiting their homes. Various measures indicated improvements in attitudes of caregivers regarding their interactions with workers. In addition, experimental families more frequently reported that the assistance and services they received were adequate and on target. While families in the experimental and control groups had very similar needs, material assistance or poverty-related services, such as help with housing, food, clothing, utilities, and transportation, were offered and received significantly more often by experimental families. The change in types of services flowed from the broader focus on family needs and increased input of families regarding services. Through a foundation grant, additional funds were made available permitting family assessment workers to purchase a wide array of both traditional and non-traditional services for families. Because the large majority of families in the experimental and control groups had incomes near or below the poverty line, the evaluation permitted testing outcomes related to the provision of poverty-related (material) services and the change in worker approach to families.

1.1. Poverty and child maltreatment

Families and children encountered by and involved in the child welfare system are more likely to be poor. The Fourth National Incidence Study (NIS) of Child Abuse and Neglect measured low socioeconomic status (SES) by combining measures of income, education and participation in poverty programs. Low SES children (i.e., those living in families in poverty) were approximately five times more likely to experience maltreatment than children not in low SES families (Sedlak et al., 2010). This confirmed similar findings of previous surveys. Community and neighborhood comparisons have shown higher incidences of child maltreatment in areas of high and moderate poverty compared to low child poverty. Lee and Goerge (1999) following large cohorts of children identified through birth records found that maternal age and residence in neighborhoods of poverty strongly predicted substantiated reports of child maltreatment. Coulton, Korbin, Su, and Chow (1995) in a Midwestern urban area and Drake and Pandey (1996) in an entire Midwestern state analyzed Child Protection Services (CPS) data demonstrating a similar relationship by neighborhood. In a later study based on family surveys in the same community Coulton, Korbin, and Su (1999) showed that child abuse potential was predicted by neighborhood impoverishment and child care burden. While this could be the result of bias in reporting and substantiating CA/N, there is no systematic evidence that bias exists on a level sufficient to account for the level of income disparity between child welfare populations and the general population of children and families. The difference is more likely the result of factors associated with low income (Jonson-Reid, Drake, & Kohl, 2009; Drake & Zuravin, 1998; Lindsey, 1994; Pelton, 1978).

Poverty is associated with physical abuse (e.g., Coohy & Braun, 1997; Whipple & Webster-Stratton, 1991) and with child neglect, which includes failure to provide for medical and other basic needs as well as lack of proper supervision and care of children (Jones & McCurdy, 1992; Sedlak et al., 2010; Korbin, Coulton, Chard, Platt-Houston, & Su, 1998; Drake & Pandey, 1996; Coulton et al., 1999; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Poverty is a structural variable that presumably affects families at the level of behavior and interaction through the resulting deficits and stresses. Because children in most families in poverty are not maltreated, the deprivations arising from poverty are not conceptualized as an inevitable cause of child maltreatment. Deprivations are better viewed as mediating and moderating causes. For instance, both stress and parental depression may result from poverty, which in turn may exacerbate other mental and physical conditions leading to physically abusive or neglectful parental behavior. The relationship is not simple in that poverty may itself be partially an effect of certain conditions, such as substance abuse or mental illness, which make regular employment problematic which may exacerbate these same conditions. Poverty limits where

families can live and the conditions of homes and entire neighborhoods may threaten the safety and health of children in ways that may ultimately be reported to agencies as child neglect. However, some forms of physical neglect, such as inadequate or absent housing, shortage of food and clothing or lack of adequate medical care are difficult to distinguish from poverty, that is, some maltreatment reports may in fact be reports of family poverty.

The existence of poverty–child maltreatment correlations and the various causal paths and other variables involved are assumed as background to this paper but are not themselves addressed. The evaluation of DR in this state provided an opportunity to examine the relationship from a different perspective. Rather than comparing samples of families at various income levels and observing whether or how maltreatment arises, as most studies have done, it was possible to ask whether *addressing* the needs associated with poverty *reduces* future maltreatment. The experimental and control groups were assigned based on two different ways of approaching reported families – investigative versus family assessment – but one of the uncontrolled consequences of the two approaches was a difference in levels of services provided to families, including those addressing their material needs. The evaluation thus incorporated an unplanned experiment in which largely impoverished families were randomly assigned to groups that received different levels of anti-poverty services.

2. Methods

The areas from which study families were selected included small rural, outlying metropolitan and the largest urban counties in the state. As noted, only families that were selected as appropriate for a protective services response and that were screened as appropriate for a family assessment were included. Because DR is a family-centered approach, the family is the appropriate unit of analysis rather than individual children or adult family members.

2.1. Data sources

The evaluation incorporated multiple data collection methods. Data from two of these were used for the present analysis: longitudinal data from the state's SACWIS system and survey responses of experimental and control family caregivers. While the selection of experimental and control families occurred during 2001 and 2002, SACWIS data were available for study families from 1999 through late 2010, providing information about families before assignment to the study and for 8 to 9 years after the final contact with workers at the end of the initial study period. Questionnaire and interview surveys were utilized in the study. Questionnaire responses of samples of experimental and control families in the 14 counties that participated in random assignment were linked with SACWIS data and analyzed.

2.2. Study samples

The evaluation included large groups of families randomly assigned to experimental and control status from February 2001 through December 2002. As noted, the difference in sample size was a consequence of weighting the random assignment procedure to ensure that counties met reimbursement quotas for family assessments. By the end of data collection, full records were available for 2605 experimental and 1256 control families. This is referred to here as the *full sample*. More extensive information beyond data in SACWIS records was obtained for experimental and control families that responded to surveys, which included 434 experimental and 208 control families. This is referred to as the *family-survey sample*.

The family survey sample was not a random sample. Family surveys were conducted over a 30-month period. Waves of questionnaires were

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