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Research article

The benefits of early care and education for child welfare-involved children: Perspectives from the field

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ABSTRACT

Increasing access to early care and education (ECE) for children in the child welfare system (CWS) remains a critical issue in the United States, as the numbers of young children entering this system steadily increases. Mounting evidence suggests that participation in at least some types of ECE can mitigate the need for child welfare supervision. Moreover, ECE participation has been linked to positive developmental and school readiness outcomes, lower rates of foster placement, and greater placement stability for children in the CWS. Despite this research, ECE is not widely used by this population. This study informs recent local and federal efforts to increase ECE utilization among children in the CWS by exploring the perspectives of three stakeholder groups (child welfare caseworkers, ECE providers, and parents/caregivers) regarding the benefits of CWS-supervised children's participation in ECE for 1) the children themselves, 2) their parents/caregivers, and 3) their caseworkers. A total of ten focus groups were conducted with these stakeholders in a large urban area in the western U.S. ($n = 79$). Meeting transcripts were analyzed with Atlas TI software to identify themes. Results highlight multiple ways in which participants perceived ECE as being beneficial for CWS-supervised children, as well as for their parents/caregivers, and caseworkers. These findings offer suggestions for ways to motivate caseworkers and parents/caregivers to enroll CWS-supervised children in ECE by educating them about benefits, not only for the children, but also for themselves.

1. Introduction

Growing evidence shows that at least some types of early care and education (ECE) reduce the risk of child maltreatment (Green et al., 2014; Klein, 2011; Mersky, Berger, Reynolds, & Gromoske, 2009; Mersky, Topitzes, & Reynolds 2011; Reynolds & Robertson, 2003; Zhai, Waldfogel, & Brooks-Gunn, 2013) and improve developmental outcomes for children who are maltreated and/or living in non-parental care arrangements (Kovan, Mishra, Susman-Stillman, Piescher, & LaLiberte, 2014; Lipscomb, Pratt, Schmitt, Pears, & Kim 2013; Merritt & Klein, 2015). At the same time, the numbers of children ages 0–5 entering the U.S. child welfare system (CWS) has increased steadily since the 1990s (Klein & Harden, 2011; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau [USDHHS], 2017). In Federal Fiscal Year 2015, child protection authorities confirmed the abuse and/or neglect of an estimated 683,473 (9.2 per 1000) U.S. children. Forty percent were younger than five years old (U.S. Department of Health & Human Services, Administration for Children and Families,

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Administration on Children, Youth and Families, Children's Bureau [USDHHS], 2017). Estimates from a nationally representative child welfare sample show less than a third (29.3%) of the 0–5 year olds who remained in the care of their parent(s) after being reported to the CWS were receiving ECE services, and 18 months later rates were actually lower (27.0%) (Klein, Fries, & Emmons, 2017). The ECE participation rate for 0–5 year olds in foster care following CWS intervention is not available, but a nationally representative survey of current and former foster parents identified daycare as the most common unmet service need of foster parents (Cuddeback & Orme, 2002). Low rates of ECE participation remains the norm for children in the CWS.

In this paper, we present research that can inform efforts to promote ECE participation among children in the CWS by describing findings from ten focus groups that explored how child welfare caseworkers, ECE providers, and parents and caregivers of young children in the CWS perceive its value and accessibility. In this study ECE was defined as encompassing any non-parental child supervision provided on a regular basis. This includes informal child care arrangements with friends, relatives or neighbors, as well as formal, usually licensed, home-based day care and center-based child care programs such as Head Start and other preschool programs.

1.1. Background

Several quasi-experimental and correlational studies establish links between early maltreatment and subsequent deficits in cognitive and socioemotional development. Young children exposed to maltreatment tend to perform poorly on standardized measures of cognitive, neuropsychological, and language development, as well as intellectual functioning (Aber, Allen, Carlson, & Cicchetti, 1989; Pears & Fisher, 2005) compared to their non-maltreated peers. As early as age two, children exposed to maltreatment display higher rates of internalizing and externalizing behavior problems, which may be precursors of serious mental health and adjustment difficulties into adulthood (Dubowitz, Lane, Semiatin, & Magder, 2012; Fantuzzo et al., 1996). Left unaddressed, these early developmental deficits can exacerbate the risks of early-life maltreatment by impeding their chances of later academic success (Crozier & Barth, 2005; Fantuzzo & Perriman, 2007; Scherr, 2007; Slade & Wissow, 2007).

Not only do early exposure and related trauma put children in the CWS at risk for developmental deficits (Culp et al., 1991; Pears & Fisher, 2005; Vondra, Barnett, & Cicchetti, 1990), but there are several factors that tend to co-occur with CWS involvement that amplify this risk. Most notably, a substantial percentage of children in the CWS come from poor families (Ringeisen, Casanueva, Smith, & Dolan, 2011) and live in socio-economically distressed neighborhoods (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). Both of these circumstances are associated with negative early developmental outcomes for children (Brooks-Gunn, Duncan, & Aber, 2000). It is therefore critical to identify effective early interventions that address the detrimental consequences of early exposure to maltreatment and poverty. Preliminary research highlights the potential of ECE to do this.

Considerable evidence shows that ECE positively contributes to most facets of young children's development, at least in the short term (Belsky et al., 2007; Eunice Kennedy Shriver National Institute of Child Health & Human Development [NICHD] Early Child Care Research Network, 2002; Love et al., 2005; Magnuson, Meyers, Ruhm, & Waldfogel, 2004; USDHHS, 2010), although effects depend on service quality (Peisner-Feinberg et al., 2001; Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010), which is highly variable. Several studies suggest that ECE has its most strongly positive and persistent effects on socially and/or economically vulnerable children (Gormley, Gayer, Phillips, & Dawson, 2005; Loeb, Bridges, Bassok, Fuller, & Rumberger, 2007; Magnuson, Ruhm, & Waldfogel, 2007).

Moreover, three observational studies of children in the U.S. CWS or living in non-parental care (i.e., with a relative or foster parent) suggest that ECE participation may buffer against some of the negative outcomes associated with early maltreatment, promoting optimal development and school readiness for children in, or at risk of entering, the CWS. Merritt and Klein (2015) found a correlation between better language development and center-based ECE among 0–5 year olds in a nationally representative sample of children in the CWS, with the largest effect on children reported to the CWS for supervisory neglect. Kovan et al. (2014) examined school readiness outcomes for children supervised by Minnesota's CWS who attended high quality preschool programs in the year preceding Kindergarten entry. They observed significant improvements during this time in these children's receptive vocabulary and social competence, but not in anxiety/withdrawal, anger/aggression, or math reasoning. Lastly, a secondary analysis of children in nonparental living arrangements (i.e., foster or relative care) in the Head Start Impact study found positive school readiness impacts for this population both in the short term and, indirectly, in the long term (Lipscomb et al., 2013).

The Administration of Children and Families (ACF) has urged Head Start and federally subsidized child care programs to collaborate with local child welfare agencies to facilitate enrollment of CWS-supervised children in their programs (U.S. Department of Health and Human Services, Administration for Children & Families [USDHHS], 2010; U.S. Department of Health & Human Services, Administration for Children & Families [USDHHS], 2011). Studies of children involved with the CWS show ECE may help prevent maltreatment (Green et al., 2014; Klein, 2011; Mersky et al., 2009, 2011; Reynolds & Robertson, 2003; Zhai et al., 2013). CWS-supervised children's participation in Head Start is also associated with a reduced likelihood of foster placement (Klein, Fries, & Emmons, 2017).

Unfortunately, less than a third (29.3%) of CWS-supervised children under five in their parent's care are receiving any type of ECE services (Klein et al., 2017), compared to 48% of U.S. children in this age group (National Survey of Early Care & Education Project Team, 2016a). These statistics include informal care as well as licensed home-based and center-based care. All foster children are categorically eligible for no-cost Head Start services, but estimates suggest that more than 90% are not participating in Head Start (Administration for Children & Families [ACF], 2010).

A companion article to the current paper identifies several potential reasons for the under-utilization of ECE by families in the CWS. Reporting findings from the same ten focus groups that are the data source for the current study, the authors identified 14

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