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Child Protective Services May Link Families to Needed Income Supports

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The adverse effects of poverty on child and adolescent development are well documented and have been of interest to policy makers for several decades.¹ Childhood poverty has a number of lasting impacts, including negative educational and cognitive outcomes, social and emotional behavior problems, poor adult economic outcomes, and health problems.² For some children, these challenges are coupled with other family stressors including child maltreatment: children in poor families are approximately five times more likely to experience maltreatment than children in non-poor families.³

A number of public safety-net programs exist to help improve the economic well-being of vulnerable children,⁴ but little is known about the extent to which families with a child maltreatment report receive these services over time. In this brief, we examine the incidence of receiving four types of income support both immediately after the child maltreatment report and eighteen months following. Receipt of benefits immediately after the making of a report may suggest that families were connected to support services prior to their engagement with child protective services (CPS); receiving them only later may suggest the influence of the CPS engagement on support service use.

The income supports analyzed include the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Temporary Assistance to Needy Families (TANF); housing assistance; and the Social Security disability support. We also examine whether there are differences in the use of these income supports across rural and urban settings.

The data for this analysis come from the second National Survey of Child and Adolescent Well-Being (NSCAW II), a national sample of children who had a maltreatment report that resulted in an investigation by CPS within a 15-month period beginning in February 2008. The NSCAW II cohort includes 5,873

KEY FINDINGS

84%

The vast majority (84 percent) of children who are the subject of an investigation for maltreatment live in families that report financial challenges.



The child protective system, especially in rural areas, may link families to needed supports. Among families who did not initially report safety net receipt and reported financial challenges, more rural (51 percent) than urban (38 percent) received at least one safety net program eighteen months later.



Among families who did not initially report safety net receipt and reported financial challenges, more rural (38 percent) than urban (7 percent) families said they were managing to “save a little money each month” eighteen months after their encounter with the child protective system.

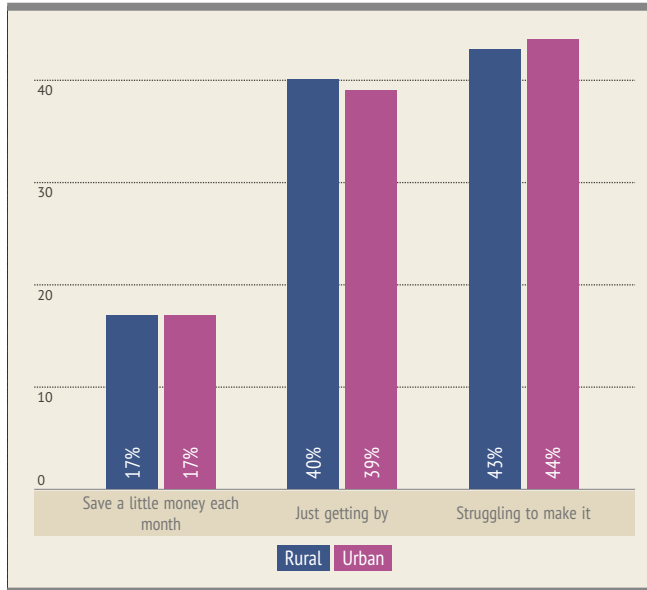
children, aged from birth to 17.5 years. Follow-up data were collected approximately eighteen months later (October 2009 to January 2011).⁵

Making Ends Meet

Caregivers of children in the cohort were asked, “When it comes to money and making ends meet, how do you think things are going for you? Would you say you are able to save a little money each month, just getting by, or struggling to make it?”

The overwhelming majority of families in the sample subject to a child maltreatment report said they were struggling to make it (44 percent) or just getting by (40 percent, see Figure 1). The self-assessments were the same in urban and rural areas.

FIGURE 1. HOW FAMILIES SAID ‘THINGS WERE GOING’ FINANCIALLY AT TIME OF CHILD MALTREATMENT REPORT, BY RURAL/URBAN LOCATION



Source: National Survey of Child and Adolescent Well-Being (NSCAW II).

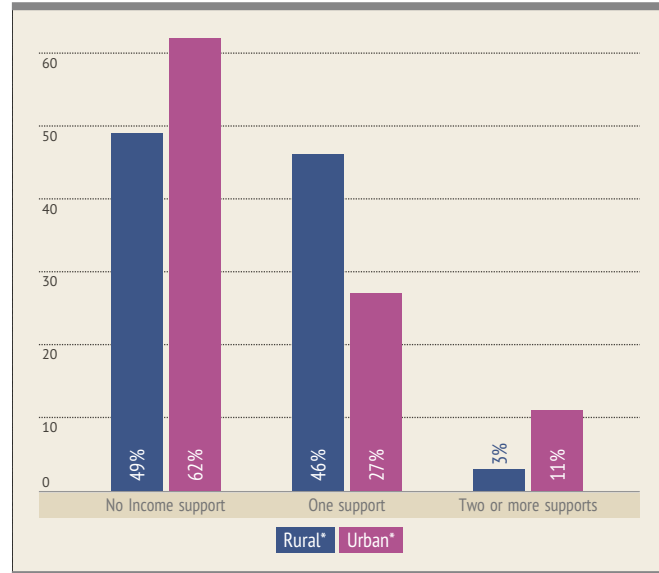
Income Supports Over Time

Most caregivers (78 percent) had received at least one of the four supports at either of the two time points (that is, immediately after the report and then eighteen months later), and 55 percent received at least one support at both time points. The most common income support received at both time points was SNAP (46 percent). Approximately one in ten children with a child maltreatment report lived in households that received disability support, TANF, or housing support at both time points. The only significant difference between use of these programs over time in rural and urban areas was that a larger percentage of rural (21 percent) than urban (13 percent) children lived in households that received disability at both time points.

In order to explore the impact of the family's encounter with CPS and enrolling in income support services, we examined families who reported that they were struggling to make it and were not receiving income supports following the initial maltreatment report.

Of these families, more rural (51 percent) than urban (38 percent) families received income supports eighteen months later (see Figure 2).

FIGURE 2. SUPPORT SERVICES RECEIVED BY FAMILIES 18 MONTHS AFTER CHILD MALTREATMENT REPORT, BY RURAL/URBAN LOCATION



Note: These families did not receive any safety net services at the time of child maltreatment report and reported financial challenges. An asterisk (*) indicates a statistically significant ($p < .05$) difference between families in rural and urban areas and number of support services.

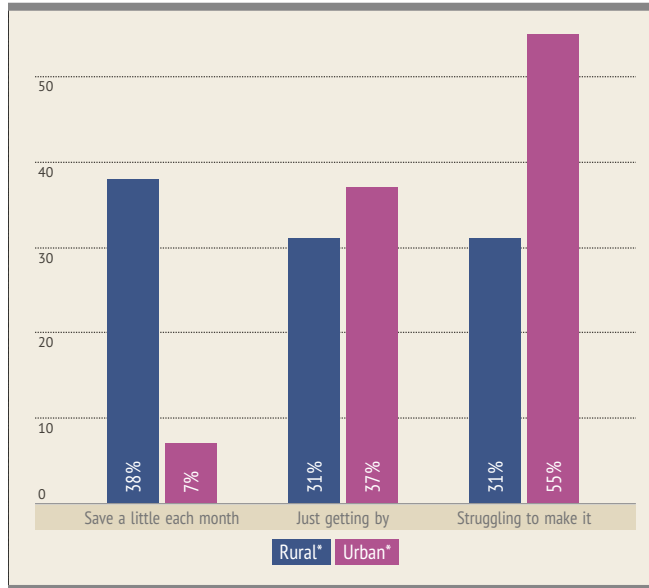
Source: National Survey of Child and Adolescent Well-Being (NSCAW II).

Many of the families (31 percent of rural and 55 percent of urban) that said after the child maltreatment report that they were struggling and yet not receiving any safety net benefits said that they were still struggling to make it eighteen months later (see Figure 3). Many more rural (38 percent) than urban (7 percent) families reported they were saving a little each month.

Understanding Income Benefit Programs

Although most families (84 percent) in this sample subject to a child maltreatment report have difficulties making ends meet financially, a substantial share of caregivers (22 percent) had not received any of the four income supports at either of the two time points examined. The findings in this brief highlight the need to pay attention to how best to support vulnerable children and families. Poverty impacts parent-child interaction and is associated with reports of child maltreatment.⁶ Anti-poverty services directed toward families engaged with the child protective services can lead to reduced child maltreatment.⁷ This suggests that the time of a child

FIGURE 3. HOW FAMILIES SAID ‘THINGS WERE GOING’ FINANCIALLY 18 MONTHS AFTER CHILD MALTREATMENT REPORT, BY RURAL/URBAN LOCATION



Note: These families did not receive any safety net services at the time of child maltreatment report and reported financial challenges. An asterisk (*) indicates statistically significant ($p < .05$) difference between families in rural and urban areas in how they think things are going.

Source: National Survey of Child and Adolescent Well-Being (NSCAW II).

The extent to which caregivers rely on disability is important to further understand because disability could limit the family’s long-term income potential and in turn influence children’s social and emotional outcomes.

maltreatment report is a critical intervention point to link families to supports such as the provision of basic material services that can help ensure the safety and well-being of children.

Over time, CPS intervention may link individuals to needed services. Of caregivers who report they are struggling to make it and receiving no services at the time of the child maltreatment report, 40 percent report receiving services eighteen months later. And nearly half then report they are no longer struggling to make it.

There were some differences in receiving these income supports by place of residence. Of families who were struggling to make it without income

Box 1: Definition of Urban and Rural

The urbanicity of the primary sampling unit (PSU) or county was calculated using the Census Bureau definitions for the entire county. *Urban* is defined as greater than 50 percent of the population living in an urban area, whereas *nonurban/rural* is defined as all areas that did not meet this requirement.

support after the child maltreatment report, eighteen months later more rural than urban families were receiving support services and fewer rural than urban families reported struggling. Caregivers in rural households with a child maltreatment report were much more likely to report receiving disability at both time points. The extent to which caregivers rely on disability is important to further understand because disability could limit the family’s long-term income potential and in turn influence children’s social and emotional outcomes.

It is important to continue to monitor and assess policy to improve the lives of disadvantaged children and ensure in particular that children subject to maltreatment have access to adequate resources.

Data

This document includes data from the National Survey on Child and Adolescent Well-Being, which was developed under contract with the Administration on Children, Youth, and Families, U.S. Department of Health and Human Services (ACYF/DHHS). The data have been provided by the National Data Archive on Child Abuse and Neglect. The information and opinions expressed herein reflect solely the position of the authors. Nothing herein should be construed to indicate the support or endorsement of its content by ACYF/DHHS.

Endnotes

1. E. K. Anthony, B. King, and M. J. Austin, “Reducing Child Poverty by Promoting Child Well-Being: Identifying Best Practices in a Time of Great Need,” *Children and Youth Services* 33 (2011): 1999–2009; J. Brooks-Gunn and G. J. Duncan, “The Effects of Poverty on Children,” *The Future of Children* 7, no. 2 (1997): 55–71.
2. K. A. Moore et al., “Children in Poverty: Trends, Consequences, and Policy Options” (Washington, DC: Child Trends, 2009).
3. A. J. Sedlak et al., “Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)” (Washington: Administration for Children and Families, U.S. Department of Health and Human Services, 2010).
4. Anthony, King, and Austin, “Reducing Child Poverty by Promoting Child Well-Being”; M. Joo, “Effects of Federal Programs on Children: Absolute Poverty, Relative Poverty, and Income Inequality,” *Children and Youth Services* 33 (2011): 1203–11.
5. A two-staged cluster sampling strategy was used. Information on the NSCAW II study design and sampling procedure has been previously published. See M. Dolan et al., *NSCAW II Baseline Report: Introduction to NSCAW II Final Report*, OPRE Report #2011-27a (Washington: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2011), www.acf.hhs.gov/programs/opre/index.html.
6. Anthony, King, and Austin, “Reducing Child Poverty by Promoting Child Well-Being”; Brooks-Gunn and Duncan, “The Effects of Poverty on Children.”
7. L. A. Loman and G. L. Siegal, “Effects of Anti-Poverty Services Under the Differential Response Approach to Child Welfare” *Children and Youth Services Review* 34 (2012): 1659–66.

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