

# Child Maltreatment Policy Resource Center

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## Poverty, Neglect, and Child Protection Reform

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### Introduction

For the past three decades, reforming Child Protective Services (CPS) has been a prominent goal on both professional and public agendas. We have observed the effects of several national movements that have driven changes in the CPS mission, focus, programming, and target population. One was the emergence of a national child maltreatment prevention and family support movement that focused on engaging families earlier and providing social services to strengthen their capacity to safely care for their children. Another factor was a belief that the fundamental CPS practices of investigation, risk assessment, substantiation, and child protective interventions were neither appropriate nor effective for impoverished families whose children lacked adequate care and resources, and who needed—and had the right to receive—financial and material help and support.

We believe a third and often-unrecognized factor driving CPS reform was the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and its associated changes in financial assistance and social support programs for families

living in poverty. PRWORA legislation replaced Aid to Families With Dependent Children (AFDC)—the multi-decade federal financial assistance program—with the Temporary Assistance for Needy Families (TANF) block grant program. The shift to TANF, with its reduced benefits, strict time limits, and stiff penalties for noncompliance resulted in significant negative consequences for many families living in poverty (Schott, 2017), leaving many vulnerable families without the essential financial and material resources to meet their children’s basic subsistence and developmental needs.

In response to these changes and to the increasing number of referrals of impoverished families for suspected child neglect, CPS underwent several major program reform initiatives, all of which showed mixed results in program evaluation research. These included the *family preservation* movement, which promoted intensive, in-home, usually short-term interventions designed to strengthen families and keep children out of the foster care system (Kirk & Griffith, 2004;

Chaffin et al., 2001); the *wraparound, neighborhood-based* service models, designed to provide vulnerable families easy access to an array of essential supports and services (Ferguson, 2006; Coldiron et al., 2017); and the *differential response* movement, designed to divert families referred to CPS for suspected culpable neglect and believed to be at lower risk of child maltreatment into a voluntary, less adversarial, more flexible, and less intrusive service track (Kaplan & Merkel-Holguin, 2008; Hughes et al., 2013).

In all of these reforms, the CPS system was targeted as the focal point of change. With the federal government and influential nonprofit child welfare agencies promoting and supporting such reforms, CPS significantly adapted its programming to achieve reform agendas. This created three decades of “mission creep” in CPS agencies as they continually modified their intervention approaches to serve an expanded group of children and families, many of whom would have previously been screened out of CPS to be served by AFDC and other agencies and programs, because their presenting concerns did not warrant findings of substantiated or indicated child maltreatment. We believe that many of the operational problems in the CPS system during the last three decades have been the unintended consequences of these well intended but poorly conceived reform strategies.



The purpose of this document is to explore why and how CPS evolved from a highly specialized system designed to investigate and respond to allegations of serious child abuse and neglect to a system expected to provide social services and material supports to impoverished families unable to meet their children’s basic needs. We consider how this policy shift created confusion in agencies as well as service discontinuities for families struggling to meet their children’s survival and developmental needs. We also offer recommendations to promote universal access to the array of services needed by impoverished families to safely and effectively parent their children, without undermining the responsibility and capacity of CPS to identify and respond to culpable child neglect to ensure children’s safety.

## TANF and Child Welfare Reform: The Historical Context

The public CPS system was established by the Child Abuse Protection and Treatment Act of 1974 (CAPTA), when Congress acknowledged the federal government’s role in codifying and financing interventions for children and families in situations of child physical abuse, sexual abuse, and neglect (Child Welfare Information Gateway, 2019). In the decades prior to CAPTA, a loose network of private, non-governmental child welfare agencies provided supportive services to vulnerable children and their families. They also provided foster care, adoption, and residential services for children who needed out-of-home placement to ensure their safety. By the early 1970s, society had developed a deeper understanding of the scope and seriousness of child maltreatment, and the U.S. Congress moved to strengthen the nation’s capacity to respond to allegations of child maltreatment in families. The enactment of CAPTA established national definitions of child abuse and neglect; assigned responsibility to the federal government for financing, oversight, and monitoring; and authorized funding to state-level public and nonprofit agencies to prevent, assess, investigate, prosecute, and treat child maltreatment and to prevent further abuse or neglect (Rosenzweig, 2021; Myers, 2008).

During its first decades, the public CPS system co-existed and often collaborated with the federally funded and operated financial aid and social support systems to serve impoverished families with children. The earliest government financial subsidies to families in poverty, called Mothers' Pensions, were disbursed during the first 30 years of the 20th century to poor single mothers—usually widows who had become heads of households. The concept of cash payments to single mothers in poverty was later incorporated into the Social Security Act of 1935 as the Aid to Dependent Children (ADC) program, which in 1962 was renamed Aid to Families With Dependent Children (AFDC). These programs were designed to enable mothers to remain at home to care for their children, and there was no requirement that mothers be employed to remain eligible for financial aid. The amount of assistance a family received depended upon family income, the number of children in the home, and the family's access to other financial resources. Families were periodically reassessed to ensure their continuing eligibility to receive benefits.

During this period, the concurrent delivery of case management and social service supports was an integral part of public assistance programming for eligible families. By accessing a variety of grants and funding programs, social service case managers could help vulnerable families meet their housing needs, pay their utility bills, access childcare, and connect with organizations and programs that provided food and other essential material resources to supplement monthly financial assistance grants. Supportive social services were an important part of AFDC to facilitate job training and access to paid employment when possible, as well as to help improve family stability and well-being. Public assistance case managers often collaborated with CPS caseworkers to support families who had experienced or were at risk of child maltreatment, thereby increasing the likelihood that children could remain with their families or could be reunited when temporary out-of-home care had been needed.

The public assistance landscape changed dramatically with the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. The new law created a block grant titled Temporary Assistance for Needy Families (TANF). President Bill Clinton's campaign promise to end



“welfare as we know it” (Edelman, 1997, p. 2) and the ensuing legislation essentially ended the previous entitlement programs for children suffering the profound effects of family poverty, as well as ending the nation's ideological commitment to support impoverished children and families on a longer-term basis. TANF policy established lifetime eligibility limits of 5 years for families to receive public assistance, with a concurrent requirement for parents to participate in job training and to seek employment. However, the states were given the authority to set their own time limits for TANF benefits, and some states authorized benefits for less than the 5 year maximum. The loss of income subsidies and social services supports left many impoverished families with significantly reduced resources when their TANF benefits ended (Schott, 2017; Ginther & Johnson-Motoyama, 2017, 2022; Conrad-Hiebner & Byram, 2020).

Peter Edelman is a professor at Georgetown University Law Center and a legal scholar specializing in poverty, welfare, and juvenile justice. From 1994 to 1996, he served as Assistant Secretary for Planning and Evaluation at the U. S. Department of Health and Human Services. In a 1997 article for *The Atlantic* magazine, Edelman explained that he had resigned from this position because of his profound disagreement with the new welfare reform bill, believing that in spite of his long-standing work to reduce poverty, the nation was now moving in the opposite direction. He also projected that provisions of the new legislation could have dire consequences for impoverished families and their children. These provisions included the absence of a federal definition of eligibility and, thus, no guarantee of assistance for families, because the states had been given full autonomy to decide who could receive benefits, who could be excluded, and for how long benefits would be provided, all within a federally set maximum of 5 years, regardless of family need and poverty levels over time. Moreover, the legislation capped the amount of money provided to the states, thereby eliminating the federal government's guarantee of assistance to families with children who fully met the statutory definition of need—even when they had complied with all that had been required by TANF but were still unable to sustain themselves.

***TANF decreased both the number of families receiving benefits and the amount of cash assistance to each family.***

A study commissioned from the Urban Institute at the time concluded that the new legislation would push more than 2.6 million people, including 1.1 million children, into poverty, and that 11 million families would lose essential income under the bill. Cuts were also made for other support services, including child nutrition programs and federal funding for social services, thus further undermining the supports families would often need if they were to be successful at entering the work force (Edelman, 1997).

Edelman was largely correct in his concerns. Over time, the TANF block grant that had replaced the previous AFDC entitlement program significantly reduced the effectiveness of public assistance programming, and the erosion of cash aid contributed to a rise in poverty for many families and children (Schott, 2017; Albert & King, 2017). Conrad-Hieber and Byram (2020) conducted a systematic review of 26 studies published between 1970 and 2016 on the impact of economic insecurity on American families. They reported that compared with the previous public assistance entitlement programs, TANF resulted in a decrease both in the number of families receiving benefits and in the amount of cash assistance available to each family. For every 100 families in poverty in the general population, 68 families had been served in 1966 under AFDC, but only 23 families were served by TANF by 2017. When TANF was initiated in 1996, 70% of its revenues were directed to basic cash assistance for poor families. By 2014, that figure had dropped to 26% (Schott et al., 2015), and because of inflation, cash assistance in 2017 was worth 20% less than it had been in 1996. Moreover, due to TANF's block grant approach, states had used only about a fourth of their total TANF allocations for direct cash assistance to families (Schott, 2017).

Research that specifically explores the relationship between TANF policies and child neglect has been limited. However, the studies that have been done report some consistent trends. Ginther and Johnson-Motoyama (2017, 2022) found that in states that had imposed the most severe sanctions on mothers for not complying with TANF work requirements, there had been a 23.3% increase in the number of substantiated child neglect cases and a 13.4% increase in foster care placements because of child neglect. States that had restricted TANF benefits to fewer than 60 months experienced a 37.3% increase in confirmed child neglect victims. One state that had imposed all four allowable TANF sanctions saw an increase in foster care placements because of neglect by 32.2%. These authors also reported an increase in the number of states that had applied severe sanctions for parents who did not meet work requirements—from 14 states in 2004 to 29 states in 2016.

This mirrors a similar increase in the number of substantiated victims of child neglect between 2010 and 2016. Each additional TANF policy that restricted a family's access to benefits was associated with a 13% reduction in TANF caseloads and 44 additional identified neglect victims per 100,000 children. The same restrictions in family benefits also resulted in 19 to 22 additional children per 100,000 children placed into foster care. By contrast, increases in TANF caseloads were associated with significant reductions in both the number of documented child neglect victims and the number of foster care placements for neglect (Ginther & Johnson-Motoyama, 2017, 2022). In short, state reductions in TANF caseloads, services, and benefits were found to be associated with increased numbers of referrals to CPS for suspicion of neglect, increased numbers of substantiated neglect cases, and increased placements of neglected children into foster care.

The work of Albert and King (2017) further supports the existence of an inverse relationship between TANF benefits to families and substantiated child neglect. They reported that in 2010, the state of Arizona reduced its lifetime TANF limits from 60 months to 36; then in 2011, from 36 to 24 months; and then again in 2016 from 24 to 12 months. Whereas in 2009 there had been 40,000 families receiving TANF benefits, in 2015 there were 12,000 families on state TANF caseloads. While controlling for other variables, the authors determined that as Arizona's TANF caseloads decreased, the state's rate of substantiated child neglect cases increased—from 313 in July 2009, to 836 in December 2012. Together, the data reaffirms the importance of financial and social services safety nets in protecting the well-being of families and children. The authors state these trends also highlight the damage done when policies are implemented in a vacuum, without considering consequences for children and families served in related programs (Albert & King, 2017).

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As TANF's direct benefits to families were being reduced, the percentage of TANF funds reallocated to support child welfare programs concurrently increased from 6% in 1998 to 64% in 2015 (Reilly & Vitek, 2015). This further supports our assertion that the sustained weakening of the TANF safety net coexisted with an increased delegation of responsibility and funding to CPS to provide services to impoverished families and children.

## Welfare Reform and Differential Response

We contend that the national, 2-decade-long Differential Response (DR) initiative in CPS was spawned largely by the significant changes in the public assistance landscape that accompanied the replacement of AFDC with TANF. The loss of AFDC's financial assistance entitlements and its associated income-related social services programs left many families without adequate means to meet their children's basic needs. In response to the very real scarcity of family support services in many local communities, CPS evolved to become a primary service resource for families whose parenting capacity had been significantly compromised by poverty—even when the root problem was a lack of financial resources rather than culpable neglect. Programmatic changes were largely shaped by a desire to reform CPS to address the needs of this population of vulnerable families and children—both as a strategy to prevent future child maltreatment and to prevent the need for out-of-home placement. The logic of improving programming and services for these vulnerable families and children made sense; the choice of CPS as the implementing arm of this reform effort did not.

In the early 2000s, with considerable federal government leadership and financial support, several states launched pilots of Differential Response (DR), also called Alternative Response (AR), Family Assessment Response (FAR), and multi-track programming. Over the following two decades, DR programs proliferated widely throughout the country. During the pilot phase, state DR programs were often subsidized by grants from the federal government, foundations, and influential private nonprofit child welfare agencies (Piper et al., 2019; Hughes et al., 2013), but the states themselves still bore much of the cost.

The DR model bifurcated CPS programs into two tracks. The first, called the traditional (TR) track, served families of physically abused, sexually abused, severely neglected, and other children at high risk of serious harm. The second, called the alternative or family assessment (AR or FA) track, was designed to serve families believed to be at lower risk. This included families in which poverty and material hardship resulted in a family's failure to meet their children's basic needs. DR ideology promoted service approaches in AR that were deemed more "family friendly" than the approaches typically used in the traditional track. These friendlier approaches included active efforts to fully engage family members without resorting to protective authority; making family participation in services voluntary rather than required; and replacing risk assessment, investigation, and substantiation with an ostensibly less intrusive and less threatening process of family assessment. The focus of services in AR tracks was to keep families together by providing the concrete material resources and social services support that had historically been provided by AFDC financial assistance programs and their social services units (Hughes et al., 2013).

From our perspective, the critical reform question was never *whether* these impoverished families needed services or were entitled to receive them, but *where* they would best be served. Rather than reinstating a strong government-sponsored and universally accessible fiscal and social services safety net for families living in poverty, reformers were instead promoting a significant structural change within the existing CPS system to serve this cohort of families in need.

The predictable challenge for CPS in serving two different populations of families with potentially different dynamics and needs was to determine which families would be served in which of the tracks. Since ideologically, track assignments were to be based on a family's risk level, logic would support making track assignments only after a timely and accurate assessment had been completed of risk factors, child safety, and specific conditions affecting a family's capacity to meet their children's needs. When done properly, these in-depth assessments would help caseworkers more accurately identify both imminent safety threats and longer-term risks to children of remaining in the care of their families. A comprehensive assessment would also identify children's inherent vulnerabilities because of younger age or disabling conditions and the protective capacities in families and their communities that could be strengthened to minimize or eliminate risks.

Our ongoing, decade-long assessment of DR evaluation research determined that few CPS agencies used empirically supported risk assessment technologies to make track assignments, and that many agency screeners lacked the specialized training and staffing capacity to make track decisions accurately (Piper et al., 2019; Hughes et al., 2013). Agencies often made track assignments based on information collected by a screener during a single referral telephone call and generally without direct contact with family members (Hughes et al., 2013). DR ideology also claimed it was inherently disrespectful—especially with lower-risk families—to probe family dynamics, to require families to talk about alleged maltreatment incidents, or to explore potential responsibility for their occurrence (Hughes et al., 2013). Ongoing social workers in AR tracks were typically expected to forego traditional CPS investigations in favor of more engaging and family-



friendly assessments. These policies often deterred social workers from performing the deeper fact-finding assessments that were essential to identifying bona fide child safety threats and developing appropriate plans to address them.

Over time, inappropriate track assignments resulted in higher levels of re-referrals, child morbidity, and child deaths from maltreatment in families served in AR tracks than would be expected in a population of ostensibly lower-risk families (Piper et al., 2019; Hughes et al., 2013). This was evident in states such as Minnesota, which was driven largely by ideology to make the family-friendly alternative track the preferred service model for between two-thirds and three-fourths of all families served (Gehrman & Karrow, 2022; Hughes et al., 2013). Research by Piper (2017) identified an increased risk of inaccurate track assignments when CPS agencies diverted more than about one-third of all referrals to the AR track. Piper also determined that risks to children increased when their families were reassigned to the lower-risk AR track upon re-referral to CPS, rather than being assigned to the traditional track for more rigorous assessment and follow-up (Piper et al., 2019).

Competing ideologies about which practice approaches served the best interests of children and their families—often colored by vilification of CPS models of investigation, risk assessment, and substantiation—generated tensions and confusion among CPS caseworkers about their roles and responsibilities and the best way to serve individual families. Moreover, in a subset of cases, the ideological focus on prioritizing a family friendly response compromised the CPS system’s capacity to identify and protect children at high risk of serious harm or death from abuse or neglect (Gehrman & Karrow, 2022; Piper et al., 2019; Hughes et al., 2013).

## Confusion at the Intersection of Poverty and Child Neglect

Child maltreatment scholars and practitioners have been researching and writing about the relationship between poverty and child maltreatment for decades. Recently, the recognition that families whose only risk

factor is poverty should not be served in the CPS system has spawned calls to clearly distinguish between culpable child neglect and less than adequate parenting because of poverty. The titles of recent articles on the topic illustrate this point: “Time to Stop Confusing Poverty With Neglect” (Milner & Kelly, 2020); “Poverty and Neglect Are Not the Same” (Levison-Johnson, 2021); “Separating Poverty From Neglect in Child Welfare” (Child Welfare Information Gateway, 2023); “Distinguishing Poverty Experienced by Families From Child Neglect” (National Council on Juvenile and Family Court Judges, 2021); and “Disentangling Neglect From Poverty” (Herd et al., 2022). We see the same dichotomy reflected in a recently released federal grant proposal seeking vendors to train hotline staff to distinguish *poverty* from *willful neglect* toward a goal of diverting families living in poverty out of the CPS system (USDHHS, ACYS, 2023). A 2021 report from the National Council on Juvenile and Family Court Judges (NCFJCJ) claims, “If poverty is mistaken for neglect, it can contribute to the high rates of child neglect cases...[,] court involvement including the removal of children, the termination of parental rights, and reunification requirements that discriminate against parents experiencing poverty” (NCFJCJ, 2021, p. 1).

***In practice, the relationship between poverty and neglect is not at all clear-cut.***

This messaging communicates that a failure to meet children’s needs because of poverty is distinctly different from culpable child neglect, and we must first identify which is occurring in a family before we can select the most appropriate response and interventions. An implicit message in the directive to differentiate poverty from neglect is that in impoverished families, the failure to meet children’s needs is likely the result of poverty and other ecological factors and should not be viewed as culpable neglect. Font and Maguire-Jack (2020) articulated the issue by saying, “Whether poverty contributes to neglect is not widely disputed; what remains contentious is whether what is often reported or labeled as neglect simply *is* poverty” (p. 2).

In practice, the relationship between poverty and neglect is not at all clear-cut. Research has concluded that household income is not a good predictor of child neglect (Turner et al., 2019); poverty itself is neither a necessary nor a sufficient factor in the occurrence of culpable neglect (Bywaters & Skinner, 2022); and poverty itself does not cause physical neglect (Pelton, 2015). However, poverty—and particularly *deep and persistent* poverty—potentially operates as a context for child maltreatment and often increases the likelihood that families will be unable to meet their children’s needs (Bywaters & Skinner, 2022; Thomas & Waldfogel, 2022; Pasian et al., 2020; Yang & Maguire-Jack, 2016; Carter & Myers, 2007).



Pelton (2015) contends that the strong association between poverty and culpable neglect demands that we more carefully examine the possible mediating factors that can either increase or reduce the likelihood of culpable neglect occurring in impoverished families. Many families who lack the fiscal and material resources to meet their children’s basic needs have co-existing conditions with a high potential to increase the risk of culpable neglect and serious harm to their children, including family dynamics, personal factors of the parents, and historical and ecological factors. Carter and Myers (2007) identified seven statistically significant predictors of substantiated physical neglect. Primary caregivers with mental health or substance abuse conditions were found to be twice as likely to have physically neglected their children. Domestic violence and the number of children in the home were also found to be predictors. Interestingly, none of the poverty-related variables they analyzed in the study were statistically significant in predicting substantiated neglect (Carter & Myers, 2007).

Ogle and colleagues (2022) identified 11 different types and subtypes of neglect, and they researched the severity of outcomes for children in the different categories. They determined that inadequate care of children solely because of family poverty produced less severe outcomes for children. More egregious circumstances, including direct exposure to violence or parental failure to protect children from violence, resulted in more severe neglect and poorer outcomes for children. These authors also indicated that the different types of neglect were each associated with relatively distinct parent, child, and family characteristics (Ogle et al., 2022). Shanahan et al. (2017) determined that in samples of impoverished families, children whose caregivers had depression or had been themselves maltreated were twice as likely to experience physical neglect as were children with impoverished caregivers who did not have these pre-conditions. Considering these data, a better explanation for the relationship of poverty to culpable neglect may be the reciprocal and potentiating interactions of poverty and these co-occurring conditions, rather than being the result of poverty alone.

***The majority of children identified as neglected are polyvictimized—subjected to more than one form of maltreatment.***

Another consideration is that the majority of children initially identified as neglected are potentially found to be *polyvictimized*—i.e., they experienced other forms of maltreatment concurrently with neglect. Turner et al. (2019) found that child victims of culpable physical neglect were at 9.07 times the risk of being sexually abused, at 5.28 times the risk of being physically abused, and at 3.5 times the risk of being emotionally abused. Similarly, in a sample of almost 1,200 children, Vachon et al. (2015) found that while 79% of their sample (940 children) had experienced neglect, only about one-third (299) of the neglected children had experienced only neglect: that is, 303 neglected children had also experienced emotional abuse, and 180 neglected children had also experienced both physical and emotional abuse. Mennen et al. (2010)



reported that 95% of their sample of neglected youth had experienced other types of maltreatment. Ogle et al. (2022) concurred that neglected children typically endured multiple types of neglect and abuse during a single maltreatment incident. Taken together, these data suggest that only about one-third of neglected children experience solely neglect, leaving approximately two-thirds of neglected children as experiencing more than one type of maltreatment.

Data also indicate that most of the developmental damage done to children from neglect is *not* the result of a family's lack of financial and material resources to meet basic needs. Yang and Maguire-Jack (2016) found that more children were reported to CPS for concerns of supervisory neglect than for parental failure to meet their basic survival needs, and that supervisory neglect had the highest fatality rate among the various forms of maltreatment. Welsh and Bonner (2013) also found high rates of supervisory neglect in child fatalities from neglect. Yang and Maguire-Jack's research indicated that when compared with other types of neglect, families reported to CPS for supervisory neglect typically had lower education levels, poorer problem-solving skills, substance abuse problems, developmental disabilities, depression, legal problems, and health problems. In their statistical analyses, these authors also found that after controlling for these other contributors, the association between level of household income and child neglect became non-significant (Yang & Maguire-Jack, 2016).



Font and Maguire-Jack (2020) examined a subset of children living in poverty who were at a disproportionately high risk of adverse life outcomes from neglect. They determined that these high-risk

children had worse developmental outcomes than non-neglected children living in families that had experienced equally high levels of poverty. We agree with their assertion that, if we set policies designed to identify these high-risk neglected children for protective services assessment and intervention, it does not mean we are indiscriminately and inappropriately targeting low-income families.

## Discussion

There are several conclusions to be drawn from this exploration of family poverty and its relationship to culpable child neglect, each with implications for ongoing policy and practice.

First, we contend that reinventing the CPS system to become a primary resource to respond to the material and financial needs of impoverished families, in order to promote better parenting and prevent future maltreatment, was inherently misguided and damaging from the outset. It has resulted in harm for many children and families—both from unwarranted and inappropriately intrusive interventions into families when poverty was the only contributor to substandard parenting, and from insufficient CPS assessment and intervention to recognize and respond to legitimate risks of serious harm to children living in impoverished families.

Child Protective Services was designed to serve a unique and essential role in society's continuum of services to prevent child maltreatment and to respond effectively when child maltreatment occurs (Rosenzweig, 2021). The fundamental responsibility of CPS is tertiary, or third-level, prevention with three primary purposes—(1) to identify maltreatment when it happens, (2) to intervene so it does not reoccur, and (3) to ensure that affected children are provided with safe care in permanent and nurturing families, including their own, and with treatment to regain well-being. Expecting CPS to expand its mission to include other forms of family support only undermines its capacity to serve its essential function. Primary and secondary prevention should be the responsibility of other family and child-serving organizations in the larger community, not the responsibility of CPS.

Second, child neglect is far from simple in either definition or practice, and there have been chronic challenges to achieving a consensus definition of neglect for decades. Still, we often speak about neglect as if it were a unitary entity and presume that we all agree on what we mean. The simplest legal and practice definition of *child neglect*—a parent’s or caregiver’s failure to meet their children’s most basic subsistence needs—has spawned much of the current confusion. The implicit stumbling block is determining what constitutes a parental failure and for what parents should be held legally and morally accountable.

Poverty and its related life crises and challenges do profoundly affect many families, sometimes through no fault of the family, and there have been attempts to remedy this concern in both policy and law. For example, the National Child Abuse and Neglect data system defined *neglect* as a failure by a caregiver to provide needed, age-appropriate care to their children, although financially able to do so or offered financial or other means to do so (USDHHS, 2009). Some child maltreatment laws include a prohibition of making a finding of substantiated neglect if the threat to the child is caused by poverty or other economic and environmental factors not under parental control (Children’s Bureau Express, 2020; California Legislative Information, 2022). And in 2021, Rep. Gwen Moore of the 117th Congress, introduced an amendment to CAPTA that would prohibit any child from being separated from the child’s parent on the basis of poverty; and reports of neglect that reference a child’s living arrangements or subsistence needs should be addressed through the provision of services and benefits (Family Poverty is Not Child Neglect Act, 2021). To date, there has not been an enactment of this amendment.

The distinction between *poverty* and *willful neglect* made in the previously mentioned HHS grant solicitation further illustrates the broad concern with parental fault. The terms *willful* and *intentional* (sometimes used in this same context) both imply a planned and purposeful act by parents to deprive their children of parenting that meets their most fundamental needs. Although intentional child maltreatment does exist, we prefer the term *culpable* neglect, because it speaks to parental responsibility rather than intentionality. From this perspective, we have used the term *culpable* throughout this document. Our intent is to convey that parents who have done

everything in their capacity and still cannot meet their children’s basic needs should not be held responsible, or culpable. Conversely, parents who have options and make choices that place their children at risk of harm may rightfully be considered responsible, or culpable—whether or not they ever purposely intended to harm their children. The terminology we use to delineate neglect does matter, particularly since parental culpability is at the heart of the current debate about poverty and neglect.



Language not only conveys an attitude about parents and their behaviors, but it also informs our decisions about how best to intervene. We must recognize when factors outside parents’ sphere of control have undermined their capacity to parent their children, but we must also accurately identify those parents who could have made better choices in their children’s best interests, but did not. This information also provides the criteria for decisions about the use and level of protective authority needed to ensure child safety. Family dynamics and circumstances will dictate whether we must act quickly and definitively to protect a child, or whether we are confident that, if given sufficient services and supports, the family is capable of safe and nurturing parenting. It isn’t possible to make this judgment, much less develop a relevant intervention plan, unless we first fully and accurately understand each family’s individual circumstances and context. Otherwise, we risk making serious misjudgments, and our ill-informed intervention plans can ultimately inflict additional harm.

This leads to the third conclusion from the data we have considered. We cannot determine which families should be served in CPS and which families should be diverted away from CPS, or how proactively and

intrusively we must intervene, unless we first complete a comprehensive and individualized assessment to identify the factors contributing to each family's inability to meet their children's needs. Only then can we develop effective, just, and appropriate services. A simplistic dichotomy that patently diverts all impoverished families out of CPS based solely on their poverty will potentially leave many vulnerable children at very high risk of harm. This is just as damaging to children and families as presuming that all cases of parental failure to meet their children's needs can be considered culpable neglect.

Our intent is neither to negate nor to underestimate the significance of poverty as a potent contributor to family stress and instability, nor is our intent to deny our collective responsibility to better support and empower vulnerable families. However, the relationship between poverty and culpable neglect is far more complex than it would appear. Other coexisting conditions can be both a cause and an effect of poverty, and each can potentiate the other, greatly increasing risks to children (Font & Maguire-Jack, 2020). The factors associated with harm to children include substance abuse, intimate partner violence, psychological trauma, health and mental health conditions, legal problems, racism and discrimination, dangerous neighborhoods and communities, and parental disabilities. The interactions of these factors can produce highly complex family situations with equally complex intervention and treatment needs. Because of this complexity, interventions focused solely—or even primarily—on remediating poverty in individual families will not automatically eliminate the other risks and potential threats to children's safety and well-being.

**Effective policy solutions must include both anti-poverty and child protection programs – both adequately resourced but implemented by different organizations.**

More important is that regardless of the reasons children's basic needs are not met— be they a family's lack of material resources or other family conditions

and circumstances—the outcomes for children subjected to such deprivations can be seriously damaging. Although some of these children may be at risk of *imminent* serious harm, many are not. However, it is the long-term, chronic nature of basic needs deprivation that leads to profound developmental damage. The effects of chronic malnutrition, unsafe housing and living environments, an absence of health care, and a lack of personal interaction and cognitive stimulation are widely documented to undermine children's development, resulting in delays in physical, cognitive, social, and emotional domains. This is especially true for infants and preschool children, for whom deprivation during this most rapid period of brain development can lead to permanent impairments, developmental delays, and developmental trauma (Perry, 2007; van der Kolk, 2005). We strongly caution that regardless of the family context or the reasons children suffer from such deprivation, early intervention is absolutely essential to prevent long-term harm. This is especially difficult when society has not created and sustained robust financial assistance and family support service systems that ensure children the opportunity and the resources to grow up healthy—and when sometimes the only way to acquire needed resources is to be subject to a finding of substantiated child neglect.

## Recommendations

Effective policy solutions must include both anti-poverty and child protection programs—both adequately resourced and supported, but implemented by different organizations that work collaboratively on behalf of vulnerable children and families. This would require a government investment in repairing the damage done by the welfare reform movement of the late 1990s, while allowing CPS to refocus its efforts and resources on its original and still entirely legitimate mission of protecting children who are at high risk of serious harm from all forms of maltreatment, including culpable child neglect.

Society needs to rebuild and sustain a coordinated and accessible intervention system that effectively supports vulnerable families and children. The foundation of this system should be a strong government-funded public assistance and financial support program to address poverty and to make it possible for all

families to meet their children's basic survival and developmental needs. Clearly, TANF has evolved over three decades into a program that undermines both family well-being and child safety and potential. Reinstating programs that recognize the rights of children to a secure base of financial aid and supportive family services is essential to resolve the issues highlighted in this document, and to prevent the unnecessary removal and placement of children.

No intervention or track assignment decisions should be made about any family referred to CPS for suspected culpable neglect without first completing a thorough risk and family assessment. These assessments should be completed by highly qualified and well-trained clinicians who fully understand the many personal, interpersonal, environmental, and community factors that can destabilize vulnerable families and leave children at high risk of harm. They should explore each family's individual needs and circumstances, safety threats to children, children's level of vulnerability, and the strengths and protective capacities in families and their networks that can mitigate risks so children can safely remain at home. Because these assessments are likely to be more accurate and relevant when families are fully involved, they should be completed jointly by assessors and family members whenever possible. Without such an assessment, we can fail to identify children who are at very high risk of serious harm, while potentially over-intervening to protect children who do not need protection and inflicting additional trauma through unnecessary out-of-home placement.

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# Child Maltreatment Policy Resource Center



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The Child Maltreatment Policy Resource Center (CMPRC) was founded and is operated by the Institute for Human Services (IHS) in Columbus, Ohio. The Center was created as a think tank to drive proactive change in both public policy and direct practice in the fields of child maltreatment and child protection. We identify and analyze the most pressing problems and dilemmas confronting the field, and we research and apply the best available evidence to help resolve them.

The Center's leaders and staff members have advanced professional degrees in psychology, social work, child development, public administration, law, medicine, and public policy. Together they have many decades of experience in research, policy analysis, policy development, direct practice, academic education, and inservice training in child maltreatment.

The Center's products include policy white papers, practice guidance, issue briefs and training opportunities for policy makers and practitioners in the professions responsible for serving maltreated children and their families.

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