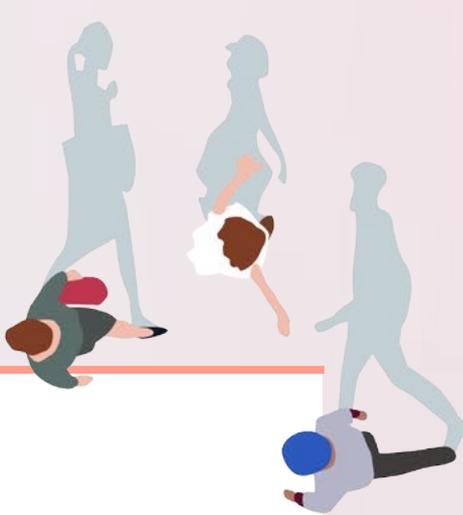




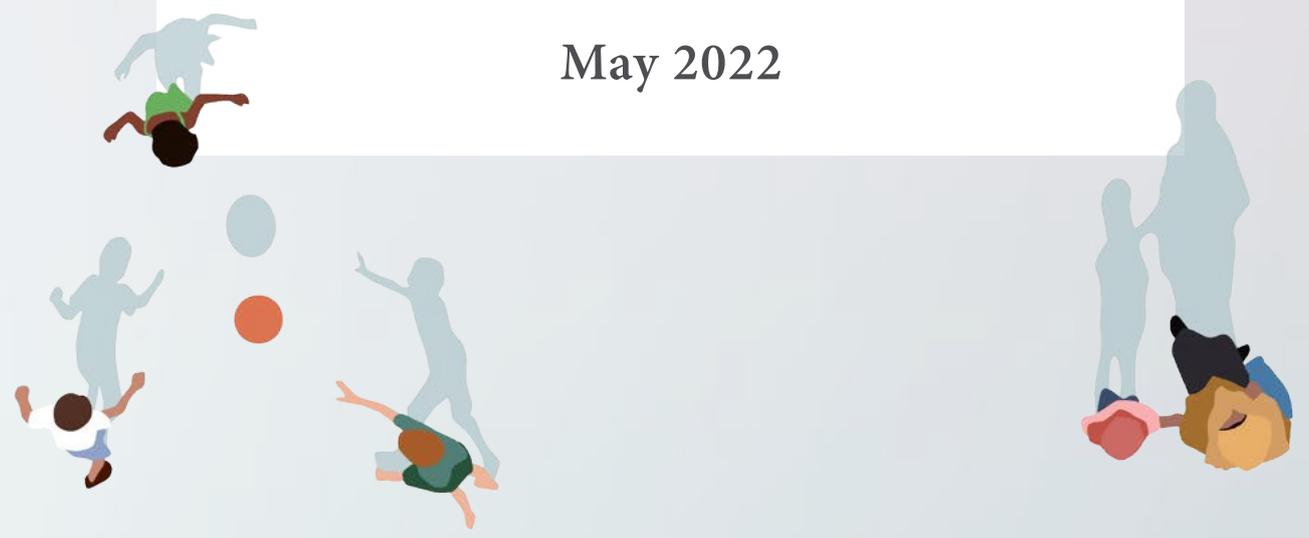
What Works for
**Children's
Social Care**



WHAT IS THE IMPACT OF POLICY INTERVENTIONS ON CHILD MALTREATMENT AND CHILDREN'S SOCIAL CARE OUTCOMES?

EVIDENCE MATRIX

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What Works *for* Children's Social Care

Authors

David Rodriguez, WWCS
Eve Smyth, WWCS
Jessie Gwyther, WWCS
Ella Whelan, WWCS
Aoife O'Higgins, WWCS
Katherine Copperthwaite, WWCS
Rosie Twomey, WWCS
Janae Goodridge-Downer, WWCS

Funding and competing interests

WWCS was commissioned to conduct this research by the Independent Review of Children's Social Care (IRCSC). During the research, we met regularly with the IRCSC, who were involved in formulating the research questions and designing the methodology. The analysis was conducted by the research team and the IRCSC did not influence the reporting of the findings.

About the Independent Review of Children's Social Care

The Independent Review of Children's Social Care was announced in January 2021 and will report in Spring 2022. Josh MacAlister is leading the review which has a wide ranging and ambitious scope. The review is a chance to look afresh at children's social care. It will look at issues through the perspective of children and families throughout their interactions with children's social care, from having a social worker knock on the door, through to children being in care and then leaving care. What Works for Children's Social Care is supporting the review by producing and commissioning evidence summaries, rapid reviews and new analysis.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: info@whatworks-csc.org.uk



INTRODUCTION

What Works for Children's Social Care (WWCSC) was commissioned by the Independent Review of Children's Social Care (IRCSC) to undertake research about the impact of policy interventions on child maltreatment and children's social care outcomes. This research was carried out in parallel to the Early Intervention Foundation's (EIF's) research into 'What works to improve the lives of England's most vulnerable children?', which, in contrast, looks at interventions delivered at the child-and family-level.

For contextual evidence surrounding direct payments interventions included in the Matrix, the accompanying '[Direct Payments Evidence Summary](#)' should be consulted.



METHOD

To identify studies, we conducted a rapid search focusing on readily available resources like clearinghouses, reputable journals that publish in the field, as well as papers that link to these. To avoid overlap, individual studies that were involved in an included systematic review were not reported separately.

We searched the following sources:

- Clearinghouses including the Prevention Services Clearinghouse and the California Evidence-Based Clearinghouse

- Reputable journals that publish in the field, including Trauma Violence & Abuse, Child Abuse & Neglect, Children and Youth Services Review, British Medical Journal
- And databases such as EBSCO, PsycInfo, ERIC, Social Science, Cochrane, and the Campbell Collaboration.

Once studies were identified as relevant, their references were also scanned for relevant articles.

We used the following search strategy

Study Criteria	Inclusion	Exclusion
Population of interest	Parents, Children, or families at risk of being involved in, or already involved in, social care.	Low- and middle-income country studies
Interventions/ risk factors	Policies/interventions that aim to address risk factors of child maltreatment. These can include, but are not necessarily limited to housing, community initiatives/interventions	Interventions that only focus on the individual/family level like CBT, nurse-home visiting, Family Functioning Therapy, Incredible Years, etc.
Outcomes of interest	Child maltreatment (list method of reporting like self-report, CPS records, medical records, etc.), children's social care outcomes (escalation, entry into care, permanency, reunification, CiN plans), parental outcomes when tied to maltreatment or social care outcomes (e.g. substance use, parental mental health, domestic abuse, etc.)	Report on all outcomes so long as at least one of the inclusion outcomes are addressed in the study. E.g. A study that measures 'child wellbeing' or 'parental happiness' should only be included if one of the outcomes of interest is also included
Types of studies	Where possible, we aimed to find systematic reviews, RCTs, or QEDs. Due to the difficulty of finding causal research in this area, and because we also want to find gaps, we included high quality correlational studies or systematic reviews of correlational studies.	Case studies, pre-post studies (unless strong evidence included), modelling or simulation studies



Each study or review was rated for study quality (low, medium, or high) in order to determine how reliable the findings were. We used the following criteria to do this:

- The presence of a well-established control group
- Multiple measurements of the outcome
- Statistical power and significance
- Appropriate study design to determine or approach causality: systematic reviews, randomised controlled trials, quasi-experimental designs (e.g. difference-in-differences, matching, instrumental variables), and longitudinal correlational studies are prioritised in order of potential internal validity
- Where systematic reviews were included, the quality was determined by reported analyses of risks of biases, clearly reported methodology, discussion of contradictory evidence, and clearly mentioned statistical significance.

It should be noted that these ratings are relative to the other studies in the matrix. Studies detected by our search that have significant methodological limitations were

not included in the matrix, so even a rating of 'low' can be considered reliable compared to studies not included at all.

The timing and scope of this project did not allow for a strictly systematic approach of collecting and appraising studies as would be used traditionally, such as the approaches utilised in systematic reviews or rapid reviews. The inclusion of selected studies may therefore be biased. It is possible that relevant studies that met the above criteria may not have been detected, and therefore, were excluded. Rather than interpreting the findings as that of a systematic review, the matrix would more appropriately be interpreted as summaries of the individual relevant studies, not an all-encompassing body of evidence.

We summarised the findings of included studies in table format for ease of presentation.

Key terms:

CPS: child protection system, or children's social care services

Odds-ratio (OR): defined as the percentage of likelihood of an event occurring

Information to extract (when available within a study)

Study methods	Randomised, duration of study, statistical methods used
Participants and settings	Location of study, participant inclusion criteria, general population descriptions (explicitly mention whether measured at the family/parent/child level)
Intervention	Rationale and how it (perhaps theoretically) works, procedures and processes, who is the provider, what is the method of delivery, what is the setting timing and intensity, variation permitted or expected?, fidelity measured?
Outcomes	Outcome domain (child maltreatment, entry to care, escalation of case, reunification, permanency, etc), method of measurement (parent self-report, substantiated CPS reports, unsubstantiated CPS reports), timing of outcome measurement, adverse effects
Results	Odds ratios, regression coefficients, confidence intervals, test statistics, p-values, etc.
Limitations	Flag anything from the previous sections



General socioeconomic conditions

Study:	Location:	Evidence level:*
Lee et al. 2017 General income	Washington State, USA	▼ LOW
Population:	Outcomes:	
Families with children removed from the parent's home into foster care	Reunification	

Programme description:**

Studies the effects of income on family foster care reunification through the instruments of government benefits (food stamps & unemployment benefits) as well as general income from employment.

Results:

Controlling for other factors related to reunification, a birth family with 1% more in earnings than other similar families had an approximately .02 higher probability of reunification.

At the same time, a birth family with 1% more in cash benefits income than other families had an approximately 0.01 higher probability of reunification.

When using the (supposedly) more robust Instrumental Variable (IV) models controlling for covariates, there were mixed results.

Estimates for the impact of cash benefits are statistically indistinguishable from zero, even in the models not plagued by the weak instrument problems.

Results for earnings are slightly more informative. Higher earnings do not consistently positively predict reunification in the IV models used in the study. Instead, higher earners are associated with a lower probability of reunifying with their children in 8 of the 12 models presented. Although this effect is modest in magnitude, we believe it raises questions for both conventional wisdom about the role of employment as well as the current work-contingent safety net for poor families.

Limitations:

- Weak instruments were used in place of randomisation which limits the security of causality
- Lack of consistency between models
- Specific to one particular US state within a particular period.

Discussion and policy implications:

The studies show a negligible impact for birth families (~2 in 10,000 families) in the relationship between higher earnings and subsequent reunification from foster care, as well as negligible impact (~1 in 10,000 families) for higher cash benefits and reunification from foster care. However, the study has admittedly a weak design.



Study:	Location:	Evidence level:*
Conrad- Hiebner & Byram 2018 Economic Insecurity	Primarily United States, one study each from Australia, Japan, and the UK	▲ HIGH

Population:	Outcomes:
Predominantly low-income families and/or families enrolled in welfare programmes	CPS involvement measured through reports of maltreatment, CPS investigations, or substantiated CPS reports. Other outcomes included self-reported physical abuse potential, physical aggression, physical punishment, and harsh parenting.

Programme description:**

Economic security in this study is defined as material hardship, which includes food, bill paying, medical, housing, employment status, debt, income, and income transfers. Material hardship, according to the authors, is considered to be more objective than measures of income when utilising the Family Stress Model to understand child maltreatment. This systematic review looks specifically at studies that use time lags to account for the chronological order of risk factors and subsequent child maltreatment. 26 studies were included.

Results:

Income reduction

Income reductions are associated with future child maltreatment in the 8 studies which looked at reductions of cash assistance, reduced child support payments, and income instability.

Income loss in its entirety

Income losses are associated with increased future child maltreatment investigations and physical abuse.

Losing eligibility for support and penalties (individual basis)

Penalties and reductions in eligibility of cash assistance were associated with increased risk of subsequent child maltreatment.

Welfare cuts (policy basis)

Welfare cuts increased subsequent neglect reports, but not physical and emotional abuse or substantiated maltreatment.

Employment

Employment was found to reduce the probability of child maltreatment in 8 of 10 studies investigating parental employment. The two studies that offered contrary evidence reported weak and nonsignificant associations between increased risk of maltreatment and substantiated reports and employment (rather than unemployment).



Results (continued):

Multiple hardships

Experiencing multiple hardships substantially elevated familial risk for maltreatment, where one indicator increases risk of future maltreatment substantiations by 9.58 times, and facing four hardships increases this risk by 111.36 times. Four of the five studies examining food hardship found that it increased substantiated child maltreatment, substantiated abuse, self-reported physical abuse risk, self-reported CPS involvement, CPS reports, neglect investigations, and physical abuse investigations. One study found significant results where food hardship was associated with a reduced risk of self-reported psychological aggression.

Bill-paying hardship was associated with an increase in self-reported CPS involvement, risk for maltreatment rereports, self-reported child abuse potential, and maltreatment substantiations. By contrast, one study found that caseworker-reported bill-paying hardship decreased child maltreatment investigations.

One contradictory study found that shut-off utilities increased self-reported CPS involvement and decreased self-reported child psychological aggression, while not paying rent decreased CPS involvement and increased self-reported psychological aggression.

Maternal depression

Five of the five studies investigating self-reported maternal depression found that economic insecurity leads to higher risk of maternal depression which in turn leads to higher risk of child maltreatment - ie maternal depression serves as the mechanism in which economic insecurity leads to child maltreatment including self-reported physical punishment, self-reported parenting style, self-reported spanking, self-reported physical abuse risk, CPS reports, and physical abuse or neglect investigations.

Limitations:

- Predominantly US-based studies
- Only a small amount of studies included comparison groups, limiting causal inference.

Discussion and policy implications

Reduction or loss of income

A reduction in or loss of income is associated with future child maltreatment (with the latter also associated with physical abuse).



Discussion and policy implications (continued):

Welfare cuts

A change of welfare benefits on a personal level (e.g. through discipline measures) is associated with increased risk of child maltreatment.

A wholesale change of welfare policy is not associated with physical or emotional abuse, or substantiated maltreatment - but is associated with increased neglect reports. This contrasts with the findings above (whereby reductions in income to individual families who are within the welfare system is associated with increased risk of child maltreatment and (in some instances) physical abuse). This could be due to the lack of surveillance that the state has on families once their welfare benefits are removed due to a policy shift, compared to the surveillance families in continuous receipt of welfare.

Multiple financial hardships

The more financial hardships faced by a family (e.g. food poverty, utility poverty, income loss etc), the dramatically higher the risk of child maltreatment (similar to that of an exponential curve).

Maternal depression

A relationship was identified whereby economic security is associated with higher risk of maternal depression, which in turn is associated with higher risk of child maltreatment.

From the above findings, the systematic review suggests that a family's financial situation should be considered when an agency undertakes a social care assessment in order to identify potential financial avenues for support; and that additional financial support may contribute to the reduction of child maltreatment.



Earned Income Tax Credit (EITC)

Study:	Location:	Evidence level:*
Rostad et al. 2020 State-level refundable and non-refundable EITC	United States (with differences in policies between states)	MEDIUM
Population:	Outcomes:	
General US family population	Foster Care Entry as measured through CPS records	

Programme description:**

The Earned Income Tax Credit (EITC) was introduced at the federal level in 1975 in order to provide income support for low-income working families (see accompanying evidence summary for further information). At the federal level, it is refundable, so if the tax filer owes less taxes than the sum of their tax credit, they receive the difference through a cash refund. 29 states, Washington D.C., and Puerto Rico have all enacted their own state-level EITCs (which is in addition to the federal-level EITCs), with variation across states and over time for refundable and non-refundable implementations.

Results:

Having a state-level refundable EITC was associated with an 11% decrease in foster care entries compared to states without a state-level EITC (incidence rate ratio = 0.89, 95% CI [0.79, 0.99]), or a reduction of 50 children entering foster care per 100,000 children per state on average.

No significant effects were found for non-refundable EITC on foster care entries.

Limitations:

- Does not take into account state generosity of EITC benefit levels, so specific monetary values are not discernible
- Does not take into account variation in general state welfare policies such as SNAP (food and nutrition vouchers), TANF, and public health care.

Discussion and policy implications:

There is a strong relationship between the distribution of annual cash injections (by way of refundable EITC) in addition to the tax credits and a decrease in foster care entries.

There is no relationship found with foster care entries when the family only receives the tax credits (and no annual cash injection).



Study:	Location:	Evidence level:*
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Berger et al. 2017
State and federal level EITC

United States
 (limited to large
 urban areas)

▼ LOW

Population:	Outcomes:
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Unmarried families that earned under \$45,000 USD (under the Earned Income Tax Credit threshold)

Child protective services (CPS) involvement and child abuse and neglect, as measured through self-report

Programme description:**

Measures EITC benefits at both the federal and state levels. The amount of the credit varies by earning, marital status, and number of children, with a possible maximum benefit of \$6,000 USD for a family with three or more children in 2012. 24 states supplement this through their own EITC, which vary as a proportion of the federal credit.

Results:

Results suggest that an exogenous increase in income (i.e. a one-off cash injection) is associated with small to modest reductions in child neglect and CPS involvement, particularly among low-income single-mother families, and to a lesser extent, families with three or more children.

A \$1,000 increase in income is associated with a 3-4% decrease in behavioural neglect and 8-10% decrease in CPS involvement. No significant effects are found for other groups.

Limitations:

- Analysis is limited to non-married families in large urban centres
- Did not include time periods with the largest EITC expansions
- Self-report measures may underestimate maltreatment
- Considerably small to modest effects, low statistical significance across many models, and design does not allow for full causal certainty.

Discussion and policy implications:

A \$1,000 increase in income is associated with a decrease in behavioural neglect and CPS involvement for single mother families and families with three or more children. There was no substantially significant relationship found for other subgroups. The reason that the impact is only seen for the sub-groups of single mothers and families of 3+ children could be because they were more financially constrained prior to the income increase due to the make-up of their family structure (e.g. single parent / multiple children).



Child Support Payments

Study:	Location:	Evidence level:*
Cancian et al. 2013 Child support income	Wisconsin, United States	 HIGH

Population:	Outcomes:
Families headed by an unmarried mother, primarily non-Hispanic Black	CPS investigations

Programme description:**

After the major sweeping federal welfare reforms of 1996, the state of Wisconsin created a cash welfare payment program (W-2) which mimicked work payments in that they were not adjusted for family size and were tied to mandated activities (like employment training). This contrasts with TANF (Temporary Assistance for Needy Families) direct payments, which was implemented in most other states at the time. In contrast with other states, the W-2 cash benefits were not adjusted according to current child support payments - families would not receive reduced payments if they received child support from a child's parents as is the case for TANF.

Results:

As compared to children where the government gives the family only partial or 0% of their child support benefit (due to them receiving other welfare benefits), families who received full child support payments (along with their welfare benefits) were 10% less likely (OR: .88, .89) to be screened in to CPS for child maltreatment, with similar effects in sensitivity tests.

Limitations:

- Cannot identify any causal pathways
- Only looks at outcomes for children with parents who are not married.

Discussion and policy implications:

When the level of child support payments received is unaffected by the level of state benefits received (so the family receives additional income), the child is 10% less likely to have substantiated reports of child maltreatment. The methodology of this study is good and therefore the findings are robust.



Temporary Assistance for Needy Families (TANF)

Study:	Location:	Evidence level:*
Latzman et al. 2019 Integration of TANF with CPS	Colorado, United States	MEDIUM
Population:	Outcomes:	
Families receiving TANF (include TANF eligibility for Colorado, which is not reported in the study)	Substantiated child maltreatment reports, substantiated victimisation rate, hospitalisations for suspected or definitive child maltreatment	
Programme description:**		

For further information on TANF, see the accompanying evidence summary.

Measures the “coordination of TANF and child welfare activities, procedures, and policies that link services across service boundaries for newly identified clients, dual-system clients, or clients with multiple co-occurring needs.” Coordination was measured from complete independence of systems, to cooperation, collaboration, and integration. Integration is defined as becoming a single entity with a shared vision or mission, co-funded/co-located staff, single leadership, blended funding, single data systems, and single case plans.

Results:

There is a spectrum of the level of multi-agency working for the child protection system and the child welfare system, from no integration (i.e. the two systems are entirely separate) up to integrated (i.e. the two systems share the same office, funding and information systems). The study suggests that the higher the level of integration between the two systems, the higher the levels of identifying child maltreatment.

There is a significant positive effect of service integration where a one unit increase in integration for a 1 year lagged effect is associated with an increase of one additional substantiated case per 1471 children ($\beta = .68, p = .01$). Neither unemployment nor two-year lags were significant.

There is a positive effect of integration with a 1 year lag on the substantiated victimisation rate overall ($\beta = 1.36, p = .00$), as well as for substantiated victims of neglect ($\beta = .91, p = .05$). Neither unemployment nor two-year lagged effects were significant.

There were no significant effects of integration on one-year, two-year lags, or unemployment with rate of referrals.

There were no significant effects of integration on hospitalisations due to suspected or definitive maltreatment.



Results (continued)

Limitations:

- Outcome data quality and availability are limited for the beginning years of the study
- Used county-level covariates rather than family-level
- Integration levels may be underestimated due to recall bias and limited documentation.

Discussion and policy implications:

The higher the level of integration between the children protection system and the child welfare system, the higher the levels of identifying child maltreatment. This suggests that multi-agency working can be beneficial by identifying more families in need of support from the social care system.



Study:	Location:	Evidence level:*
Slack et al. 2007 TANF sanctions	Chicago, Illinois, United States	MEDIUM

Population:	Outcomes:
TANF recipients (details of eligibility found in accompanying evidence summary)	Child neglect, physical abuse, indicated reports of child maltreatment

Programme description:**

The Illinois state TANF plan involved a mixture of work incentives and penalties for welfare-rule non-compliance. Incentives include a generous income-disregards policy, where two thirds of earned income is disregarded indefinitely in determining TANF benefit levels, a stopped-clock policy under which the clock for the federal 60-month lifetime limit stops for recipients who work a minimum number of hours, and a broader definition of work activities (like education) compared to other state TANF policies.

Punitive policies include a family cap which was repealed in 2004, reductions in food stamps and loss of medicaid coverage for the head of household, and full-family-grant sanctions for third episode of non-compliance. Sanctions for non-compliance are imposed for work requirements, noncooperation with the child support enforcement process, school truancy issues involving a dependent child, and failure to provide evidence of a child's immunizations. First and second instances of non-compliance result in a 50% grant reduction.

Results:

Sanctions that are not offset by income supplemented from earning or food stamp benefits, are positively associated with the likelihood of having a neglect report (OR = 3.02, SE 1.54), $p < .05$). Other grant reductions, if they are not offset by supplemented income, are positively associated with the rate of having an indicated report of child maltreatment (OR = 3.97, SE 1.54, $p < .01$).

Limitations:

- Utilises a non-experimental design so there may be omitted variable bias
- Focuses on a single state known for a comparatively well-developed child protection system and generous welfare policies
- Does not provide explanation on mechanisms of how the intervention works to achieve the outcomes.

Discussion and policy implications:

Cuts to a family's income (by either financial sanction or grant reduction) are associated with increased likelihood of a report of neglect or of child maltreatment



Study:	Location:	Evidence level:*
Spencer et al. 2021 Sanctions and regulations on benefits receipt	United States	▲ HIGH

Population:	Outcomes:
Mothers between the ages of 20 and 28 who received TANF	Child neglect, physical abuse, psychological abuse

Programme description:**

For further information on TANF, see the accompanying evidence summary.

Variations in the delivery of TANF as measured by cash benefits, time limits, types of sanctions for work non-compliance, diversion payments (like referrals to other services), family caps, and TANF-to-poverty ratio (higher ratios signify higher amounts of eligible families accessing TANF).

Results:

TANF should be available to all families who are assessed as being “in poverty” and meet certain eligibility criteria (See evidence summary for further detail of eligibility criteria). There is a gap between the number of families who are “in poverty” and the number of families who actually receive TANF. The TANF-poverty ratio assesses this gap.

For models that were not adjusted for time effects, \$100 increase in maximum cash benefits and a one unit increase in TANF-to-poverty ratio were associated with a 0.56 (95% CI: -1.09, -.04) and 0.06 (95% CI: -0.11, -0.004) decrease in self-reported physical abuse scores for the ≤high school education level group compared to the >high school group.

For one year lagged models, \$100 increase in maximum cash benefits and a one unit increase in TANF-to-poverty ratio were associated with a 0.52 (95% CI: -1.04, -.005) and 0.05 (95% CI: -0.11, -0.0001) decrease in self-reported physical abuse scores for the ≤high school education level group compared to the >high school education level group.

Compared to states with no or a benefit reduction limit only, lifetime and/or periodic limit of TANF was associated with an increase of 2.76 (95% CI: 0.18, 5.35) in self-reported physical abuse scores for the ≤ high school education level group compared to the >high school education level group.

No statistical significance for limits on TANF receipt related to physical abuse scores, TANF policies with psychological abuse or neglect, TANF policies and race.

When controlling for year fixed effects, a \$100 increase in TANF benefits was associated with a reduction of 1.8 reported physical abuse events (b = -1.80, 95% CI(-3.29, -0.31)

When controlling for year fixed effects, imposing a time limit on TANF receipt was associated with an increase of 2.3 reported physical abuse events (b = 2.27, 95% CI: 0.04, 4.5).



Results (continued):

Limitations:

- Doesn't make clear what amount of money actually has an effect on child maltreatment
- Relies on self-report which underestimates child maltreatment prevalence
- Does not account for geographical differences in policy like minimum wage laws.

Discussion and policy implications:

When TANF is given to more already eligible families and is of a higher financial value (\$100 more), this leads to decreases in physical abuse. Similarly, removing TANF leads to an increase in physical abuse.

This was a well conducted study and therefore the findings are robust.



Welfare reform

Study:	Location:	Evidence level:*
Wildeman & Fallesen 2017 Danish welfare reduction	Denmark	 HIGH

Population:	Outcomes:
Mothers who receive assistance	Child out-of-home placements

Programme description:**

Citizens in Denmark have access to public benefits when they have 'insufficient means' in the context of unemployment, no personal savings, and not being a homeowner. Those whose only problem is unemployment must seek employment or partake in workfare programs to remain eligible in contrast to those who have additional problems such as mental health or substance misuse.

In January 2004, the Danish government introduced time-dependent welfare payment ceilings for those who received social assistance for an unbroken spell of 6 months. This had the effect of reducing welfare payments and some families having significantly reduced income. The effect of this sudden drop in welfare payments is studied.

Mothers receiving welfare payments fell into two groups; one who also had unemployment insurance, and others who had no such safety net. This study exploits this natural experiment to measure the differences between these two otherwise comparable groups.

Results:

For children of unemployment-uninsured (most affected by the reform) mothers, the reform increased the risk for out-of-home placements among mothers with high dependency by 1.2 percentage points, or a 21% increase in the risk of out-of-home placement ($p < .001$). When controlling for covariates, it is a 1.5% point increase.

For children of unemployment-insured mothers (who should theoretically not be affected by the welfare reform), there was a 0.3 percentage increase in time spent in out-of-home placements, which is not statistically significant or substantially associated with the reform. When controlling for covariates, there is a small significant effect ($p < .05$) of 0.2 percentage points.

This suggests that there is a 1.3% increased risk of out-of-home placement due to the welfare reform.

Limitations:

- Denmark has a comparatively significantly generous welfare state that is not as dependent on means-testing as is the UK or US
- The Danish social care system has a comparatively high rate of intervening and placing children out of the home when compared to the US or UK.

Discussion and policy implications:

Reducing parental income, particularly by having parents pay for foster care, significantly delays family reunification.



Study:	Location:	Evidence level:*
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Cancian et al. 2017
Paying for foster care

Wisconsin,
United States

▲ HIGH

Population:	Outcomes:
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Single-parent families whose children are in out-of-home children's social care placements

Reunification, permanency

Programme description:**

This study explored the impact of requiring families to pay for the foster care treatment of their own children.

For single-parent families, child support from the non-resident parent is delivered to the resident parent with whom the child lives. When a child is placed in foster care, these funds are then diverted away from the resident parent, directly to the government to offset costs of foster care. This results in a loss of income for the resident parent.

Federal and state policies in the US typically require child support payments to offset government costs of foster care. Wisconsin's child support system has (almost as random) variation in this requirement, which allowed for a comparison group to estimate the causal effects of this policy.

Results:

Ordering mothers to pay for foster care delays reunification, where a \$100 increase in the monthly cost increases the time to reunification by 6.6 months ($p < 0.01$).

Limitations:

- Only measures variation within a single US state
- Does not differentiate by removal reasons or demographic factors such as race or age.

Discussion and policy implications:

Reducing parental income, particularly by having parents pay for foster care, significantly delays family reunification.



Study:	Location:	Evidence level:*
Wells & Guo 2003, 2006 AFDC	Ohio, United States	▼ LOW

Population:	Outcomes:
Children (ages 0-16) who entered foster care for the first time, from female-headed households	Reunification

Programme description:**

The Aid to Families with Dependent Children Program (AFDC) was a cash benefits programme that was later replaced by TANF in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). The shift from AFDC to TANF included new sets of requirements that set time limits on benefits as well as work-related requirements.

The shift from AFDC to TANF had the effect of many families suddenly losing cash assistance.

Results:

Children whose mothers received AFDC income and did not lose this income reunified 900% faster than families who lost AFDC income but gained income from wages ($p < .01$).

Children who entered foster care after welfare reform were reunified 1.9% more slowly than were children who entered foster care before welfare reform ($p < .05$).

Families who were involved in employment longer before the reform were more likely to reunify faster than those who did not work pre-placement ($p < .001$).

Compared to families who did not lose AFDC payments, families who never received AFDC payments were significantly more likely to spend longer times to reunification ($p < .001$), and families who received and then lost AFDC were also more likely to spend more time to reunification ($p < .001$).

Children post-welfare reform reunified at a speed 48% slower compared to children pre-reform ($p < .01$).

Families who lost a significant amount of income due to reductions in cash assistance were more than twice as likely to remain in an out of home placement after 1 year ($p < .001$).

Limitations:

- Correlation so not able to draw causal conclusions
- Only observes the effects of one particular area of one US state, so not necessarily generalisable to other policy contexts compared to national-level studies.

Discussion and policy implications:

Loss of total income led to slower reunification speeds. Consistent income appears to be the key factor associated with quicker rates of reunification.



Childcare subsidies

Study:	Location:	Evidence level:*
Maguire- Jack et al. 2019 Child care subsidies	Urban centres in the United States	▼ LOW

Population:	Outcomes:
Mothers in urban populations who were eligible for a childcare subsidy, predominantly unmarried and facing economic hardships such as being unable to pay rent or access medical care	Self-reported measures of neglect

Programme description:**

The Child Care Development Fund (CCDF) was established in the 1990s during welfare reform where work involvement became a priority for those who wished to be eligible to receive benefits. Childcare subsidies take the form of vouchers/certificates provided either directly to parents or reimbursements directly to childcare providers. Subsidies were introduced primarily as a means to ensure higher participation in the workforce.

Childcare subsidies reduce the economic burden associated with childcare, provide appropriate supervision for the child, and reduce irregularities in the availability of care. The idea of change is that subsidies directly impact the likelihood of supervisory neglect, and by reducing the economic burden (frees up money otherwise spent on childcare / enables mothers to work to bring in earnings) may reduce other basic needs neglect (food, shelter, clothing, medical care) which are costly.

Results:

Receiving the subsidy is significantly correlated with a substantial reduction in supervisory neglect behaviours (failure to provide adequate protection from harmful people and situations). No support for a relationship between child care subsidy and basic needs neglect (failure to provide adequate food, shelter and clothing).s. No relationship found for child care subsidy and neglect due to mental health or substance use issues.

Limitations:

- No rigorous comparison group
- Lack of significance when controls were introduced (covariates that included marital status, education level, number of children).

Discussion and policy implications:

Receiving a childcare voucher is associated with a substantial reduction in supervisory neglect behaviours - likely because the new access to childcare puts children under the supervision of more adults.

However a relationship was not found between receiving the voucher and meeting a child's food, shelter and clothing needs. This suggests that the subsidy may not be sufficient enough to allow the family to meet all of the child's basic needs through income supplementation.



Neighbourhood and community factors

Study:	Location:	Evidence level:*
Molnar et al. 2016 Neighbourhood social processes	Chicago, Illinois, United States	MEDIUM
Population:	Outcomes:	
Data came from the Project on Human Development in Chicago Neighbourhoods Community Survey	Neglect, sexual abuse, physical abuse, and substance-exposed infant births	

Programme description:**

Previous research identified neighbourhood structural factors like poverty and crime. This newer strategy identifies potentially modifiable social processes, which included the following:

Collective efficacy includes informal social control and social cohesion. Informal social control includes whether a neighbour would intervene if children were displaying antisocial behaviour, and social cohesion is measured as whether neighbours could be trusted.

Intergenerational closure measures the closeness of the relationships between adults and children within the neighbourhood. Neighbourhood social networks measure the presence of friends or relatives within a neighbourhood. Physical and social disorder measure the presence of litter, graffiti, public drinking, and drug use and dealing.

Results:

Neighbourhood clusters receiving TANF were associated with a high, statistically significant likelihood of all four maltreatment outcomes ranging from an odds ratio of 1.35 (95% CI 5.45, 16.13) for child sexual abuse and an odds ratio of 5.24 (95% CI, 3.22, 8.53) for substance-exposed infants.

Percentage of children living in poverty had even stronger associations with maltreatment rates compared to receiving TANF, with an odds ratio of 3.89 (95% CI 1.17, 12.97) for substance-exposed infants to 9.37 (95% CI 5.45, 16.13) for neglect.

Reductions in the odds of neglect ranged from 10% (OR = 0.90, 95% C.I. 0.83, 0.97) associated with a one standard deviation increase in neighbourhood network size, to 20% (OR = 0.80, 95% C.I. 0.72, 0.88) associated with increased collective efficacy.

Changes in the odds of physical abuse in neighbourhood clusters ranged from an 8% reduction associated with a one standard deviation increase in intergenerational closure (OR = 0.92, 95% C.I. 0.86, 0.97) or neighbourhood social network size (OR = 0.92, 95% C.I. 0.87, 0.98) to a 17% reduction associated with increased collective efficacy (OR = 0.83, 95% C.I. 0.77, 0.90).

Although less robust, a relationship between neighbourhood social processes and the odds of infant substance-exposure is evident—a one standard deviation increase in collective efficacy was associated with 17% lower odds (OR = 0.93, 95% C.I. 0.70, 0.98), while an increase in neighbourhood social network size was associated with 13% lower odds (OR = 0.87, 95% C.I. 0.77, 0.98).



Results (continued):

Each standard deviation of perceived physical and social disorder to be associated with higher odds of neglect (OR = 1.27, 95% C.I. 1.10, 1.46), physical abuse (OR = 1.21, 95% C.I. 1.10, 1.33) and sexual abuse (OR = 1.24, 95% C.I. 1.12, 1.37).

Limitations:

- Cross-sectional rather than longitudinal which limits generalisation of changes across individuals over time
- Correlational rather than causal
- Relies only on officially reported and substantiated CPS cases.

Discussion and policy implications:

Maltreatment is higher in impoverished communities that do not receive TANF than impoverished communities that do receive TANF. Nevertheless impoverished communities who receive TANF have higher levels of maltreatment than in communities with lower levels of poverty. This suggests that the less income a community has (whether through TANF or through other means), the higher the levels of maltreatment.

Controlling for poverty levels, different community social processes contribute in varying levels to the reduction of child maltreatment. Community social processes include strong social networks, a shared sense of trust, low amounts of antisocial behaviour and (emotional) closeness between the different generations of residents.

The study suggests that financial investment at the community level (rather than just at the individual or familial level) to improve community social processes could show promise in reducing child maltreatment.



Study:	Location:	Evidence level:*
Lo & Cho 2021 Community-based interventions	South Carolina and Durham, North Carolina respectively	▼ LOW

Population:	Outcomes:
A mix of rural and suburban communities with young families Communities with high rates of reported child maltreatment, low-income pregnant women, and unsubstantiated child welfare cases	Child maltreatment at the community level

Programme description:**

This systematic review examines the effects of community-based child maltreatment interventions that placed emphasis on modifying community environments and demonstrated outcomes at the community level. Only four studies were able to meet the inclusion criteria, of which only two utilised designs that allow for causal inference (which are the focus of this matrix).

Strong Communities for Children targeted families in low and high resource communities with children ages 0-6 by providing 'natural support' for families in their natural community and its resources.

Durham Family Initiative sought to better align and improve services for at-risk families, build support systems within the community, encourage child maltreatment screening, and provide direct family interventions.

Results:

Strong Communities for Children

Outcomes for the Strong Communities for Children intervention included increased community engagement, reduced amount of child maltreatment cases and injuries, improved perceptions of child household safety, improved parenting skills, and increased support from neighbours.

Durham Family Initiative

The evaluation of the Durham Family Initiative saw decreased maltreatment hospitalizations, safer neighbourhoods, increased social support, increased sense of responsibility.

Limitations:

- Separate samples for each wave of data collection
- Novel data collection tool for reported perceptions of social changed that had not been previously utilised
- Only studied in two communities.



Discussion and policy implications:

This systematic review concludes that there is not much robust evidence on community-level interventions explicitly aimed to reduce child maltreatment. These two included interventions show promise but are highly localised and the findings may not be robust.



Housing

Study:	Location:	Evidence level:*
Ports et al. 2018 Housing tax credit	Georgia, United States	▼ LOW
Population:	Outcomes:	
	County rates of total reports of child maltreatment, physical abuse, emotional abuse, sexual abuse, neglect, substantiated child maltreatment reports, and emergency room visits for unintentional injuries	

Programme description:**

The low-income housing tax credit (LIHTC) was created in the 1980's in order to address the shortage of affordable housing nation-wide, and is the largest federal affordable housing production and preservation programme in the United States. The federal government issues tax credits to state governments, where state housing agencies award the credits to private developers of affordable rental housing projects through a competitive process. Owners or developers of projects receiving LIHTC agree to meet an income test for tenants and a gross rent test. This can be met by the following:

- At least 20% of the project's units are occupied by tenants with an income of 50% or less of area median income adjusted for family size (AMI)
- At least 40% of the units are occupied by tenants with an income of 60% or less of AMI
- At least 40% of the units are occupied by tenants with income averaging no more than 60% of AMI, and no units are occupied by tenants with income greater than 80% of AMI.

Results:

The full model (with the strongest assumptions) suggests that there are no associations between the number of low-income rental units and any child maltreatment or injury outcomes.

Limitations:

- Data is limited to Georgia so it is hard to generalise about other states that may have other implementations of the programme
- Lack of outcome data at a granular level which limits sensitivity of the analysis
- Outcomes data is voluntary to report so counties without enough data were excluded.

Discussion and policy implications:

The study suggests that the availability of more affordable housing might not be associated with levels of child maltreatment.

However, this is a relatively poorly conducted study that is very localised, so the findings may not be robust.



Study:	Location:	Evidence level:*
Chandler et al. 2020 Housing stress	United States	▲ HIGH

Population:	Outcomes:
Primarily families involved with CPS. Other sub-populations included families residing in shelters and/or receiving public benefits.	Homelessness or eviction, homeless or emergency shelter stays, foreclosure filing, housing instability, inadequate housing, physical housing risk, living doubled-up, housing unaffordability, composite housing stress indicators

Programme description:**

Housing stress is one particular form of material hardship that does not have a standard definition. For the purpose of this study, it is defined as housing instability, insecurity, and insufficiency. These were operationalised as the outcomes of homelessness, eviction, overcrowding, emergency stays at shelters, foreclosure filing, poor physical housing conditions, frequent moves, and high housing cost relative to income.

Results:

Four studies found that homelessness or eviction is associated with an increased likelihood of investigated CPS reports, child out-of-home placement, and maternal self-reported physical abuse.

Two studies found that homeless or emergency shelter stays are associated with an increased likelihood of child out-of-home placement.

Conversely, four studies found no association of homeless or emergency shelter stays with substantiated CPS reports, child out-of-home placement, or caregiver self-reported CPS involvement.

One study found that foreclosure filing is associated with an increased likelihood of investigated and substantiated CPS reports.

Two studies found that housing instability is associated with an increased likelihood of investigated CPS reports and child or caregiver self-reported maltreatment.

One study found no association of physical housing risk with CPS investigations.

Two studies found that housing inadequacy is associated with an increased likelihood of child maltreatment death.

Two studies found no association of living doubled-up with substantiated CPS reports or maternal self-reported abuse.

One study found that housing unaffordability in childhood is associated with adult retrospective self-report of child maltreatment.



Results (continued):

Two studies found no association of housing unaffordability with child out-of-home placement or maternal self-reported maltreatment.

Four studies found that composite housing stress indicators are associated with an increased likelihood of maternal self-reported maltreatment and investigated and substantiated CPS reports.

Limitations:

- Entirely U.S. based
- Not all evidence is causal
- Does not include grey literature
- Narrative description of results with no meta-analyses conducted.

Discussion and policy implications:

Overall, the studies suggest that eviction and homelessness are strongly associated with child maltreatment and foster care placements.

The findings suggest that including housing support with other welfare packages could reduce the amount of families entering children's social care due to housing instability.

The findings suggest that when undertaking a family assessment, it would be beneficial to consider the financial situation of the family. In particular, the housing stability of the family should be considered as an important factor, in order to determine potential support that would help the family meet their housing needs.



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What Works *for*
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Social Care**

CONTACT

info@whatworks-csc.org.uk
@whatworksCSC
whatworks-csc-org.uk