



Prevention of Child Neglect Among Infants & Toddlers

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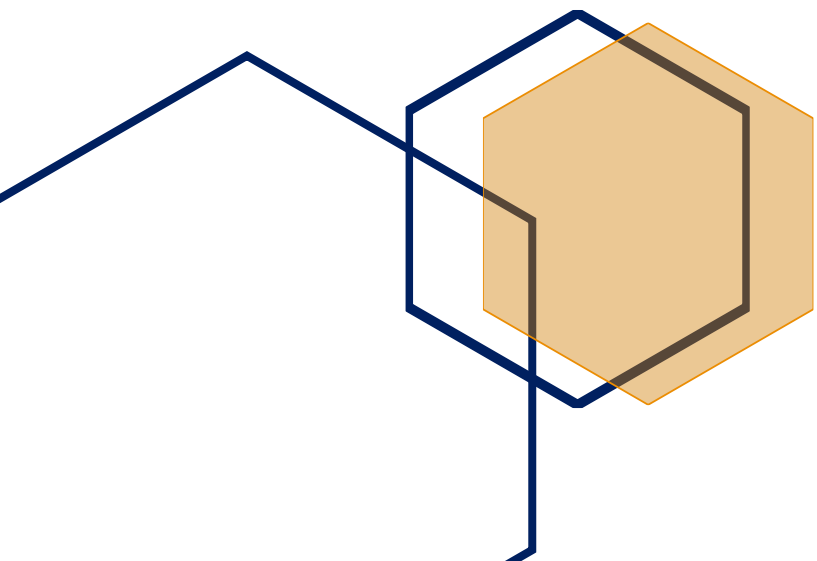




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Executive Summary

Introduction & Problem

Families typically enter the child welfare system following a report of child abuse or neglect. The current system primarily delivers services for families after maltreatment has occurred. Adverse childhood experiences (ACEs) can dramatically harm long-term outcomes for individuals, including adult risk behaviors and physical/mental health problems.

Prevention of child maltreatment needs to move toward an approach that reduces the overall prevalence of maltreatment by addressing the needs of the community. Neglect is no less harmful or dangerous than physical or sexual abuse, and it makes up about three-quarters of all maltreatment cases. Children who experience neglect have similar outcomes to those who are victims of other forms of maltreatment, and they have increased rates of fatalities due to maltreatment.

While physical and sexual abuse can be attributed to choices and actions of the abuser, many of the parent behaviors that result in neglect are a function of structural and situational constraints. When a family faces inadequate resources, parents end up choosing between having too little money for necessities and forgoing caring for their children to work greater hours and earn more money. Parents need support in order to meet all of the needs of their families.

The prevalence of maltreatment among children under one year old is more than double that of any other age, and most deaths due to neglect occur in children under three. Given the challenges of identifying which specific children are going to be victims of neglect, as well as the potential damage that a single ACE may cause, the national strategy to address child neglect for infants and toddlers must be focused on primary prevention. Enacting policies that change the structures of community-level risks, like poverty and access to child care, can drastically reduce the national incidence of neglect for our youngest and most vulnerable children.

Currently, the United States has too few programs that provide adequate support for families to ensure that all children have access to the fundamental building blocks of well-being, and the child welfare policies today are too reactive to address the structural determinants of child neglect. This policy environment has led to our youngest children being at the highest risk for neglect and having the highest incidence of death due to maltreatment.

Criteria, Alternatives, & Evaluation

This report evaluates three policy proposals to address the high incidence of neglect among children age three and under. Each proposal is evaluated on the same dimensions: cost,





efficacy, consistency in national implementation, preventative timing, and the length of time until families benefit from the program.

The three proposed policies are:

- Cash transfers – direct payments to parents, modeled after the expanded Child Tax Credit from the American Rescue Plan.
- Investment in the child welfare workforce – a national, coordinated effort to recruit and train social workers to help improve the child welfare system.
- Universal child care – voluntary, subsidized child care for all children in the U.S. based upon a proposal by the National Academy of Science, Engineering and Medicine.

Ultimately, the cash transfer proposal scores the highest across the criteria. The program receives the maximum points in three of the five criteria (consistency, prevention, and time to benefits). While it does not have the highest efficacy rating, and the cost is not insignificant, cash transfers are overall a practical, impactful way to reduce the national prevalence of child neglect among children age zero to three.

Implementation

In order to implement cash transfers as a long-term program to address chronic neglect, APHSA and its partner advocacy organizations should immediately begin to reframe the Child Tax Credit expansion passed in March 2021 as an anti-neglect measure. Prior to debate on the next fiscal year's spending, there should be a coordinated effort to advocate for continuing cash transfers to families. The five following steps will be crucial to succeed in this effort:

1. Identify and develop relationships with potential external advocacy partners.
2. Proactive messaging about the child tax credit expansion as a policy that can prevent maltreatment.
3. Highlight family, community, and national success stories.
4. Collect data and look for patterns.
5. Identify and connect with important legislative and executive branch figures.





Introduction

With the 1935 Social Security Act (SSA), the United States created a national program to protect children from harm in their homes. The child welfare system is the collective child protective services that include reports, investigations, foster care, and adoptions. The intended work of the child welfare system is to identify children in harmful situations and subsequently remove the child from those circumstances.

Typically, families enter the child welfare system due to a report of child abuse or neglect. The current orientation of the system is reactive and provides services after a report of maltreatment has been made (Raz, 2020). Estimates show that one-third of all children have been the subject of an investigation in the U.S (Raz, 2020), though many of these investigations conclude that the report is unsubstantiated. Being investigated by Child Protective Services (CPS) can be a cause of trauma, regardless of the ultimate findings of the investigation.

The overall goal of child welfare services is that every child has a stable, safe home environment that will best allow them to develop and grow in healthy ways. As psychology, neuroscience, and child development researchers have learned more about the impact of traumatic experiences on long-term life outcomes, child advocates have called for a proactive, preventative child welfare framework.

Title IV-E of the SSA is the primary source of funding for the child welfare system. Title IV-E was initially designed to provide states with funding to maintain their foster care system, but over time it has started to include additional services. Beginning in 1997, the Department of Health and Human Services (HHS) enacted a program that allowed states and localities to experiment with new child welfare programs. HHS granted waivers to allow flexibility in how child welfare administrators used their federal funds. By shifting investment to preventative programs, HHS and administrators hoped that they could reduce the population of children in foster care – thus generating savings. The child welfare administrators were then able to reinvest any savings into preventative programs.

Most recently, the Family First Prevention Services Act (FFPSA) was passed by Congress in 2018 and replaced the waiver program. FFPSA allows child welfare agencies to invest in prevention that reduces the need to remove children from their homes. Family First emphasizes clinical services such as mental health and substance abuse counseling for parents, intended to reduce the likelihood of future maltreatment.

Child maltreatment encompasses physical abuse, sexual abuse, and neglect. While physical and sexual abuse have historically received more public attention, neglect accounts for roughly three-quarters of substantiated maltreatment across the United States. Given the large role that





neglect plays in the overall incidence of child maltreatment, this report focuses on preventing child neglect and does not address prevention efforts for physical or sexual abuse.

Background

Adverse Childhood Experiences

In 1998, the first study of Adverse Childhood Experiences (ACEs) found statistically significant relationships between experiences of early trauma and adult risk behaviors and health problems (Felitti et al., 1998). The impact of ACEs on individuals ranges from increased prevalence of alcoholism, depression, drug abuse, and suicide attempts to heart disease, cancer, lung disease, skeletal fractures, and liver disease.

ACEs include 10 categories of traumatic experiences that a person may encounter prior to becoming an adult. Half focus on individual experiences: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. The other half focus on the family context: a parent with alcoholism, domestic violence, divorce, a family member incarcerated, and a family member with mental illness.

The impact of ACEs are cumulative. The more ACEs a child experiences, the higher their probability for negative long-term outcomes will be. The number and frequency of adverse experiences changes the neurochemistry for a child, ultimately resulting in lifetime impacts on how their body responds to emotions and situations.

Toxic stress refers to sustained physiological reactions that repeatedly trigger the fight-or-flight response in the brain and body (Frederiksen, 2018). Repetition of this type of stimulus is what initiates rewiring in the brain. When this happens, the body's survival reaction becomes the default for stressful or negative situations (Frederiksen, 2018). Toxic stress can result in death due to increased stress on the brain and body. While death is less common, toxic stress causes memory loss, physical deterioration, impaired mood, and impaired impulse control. Ultimately, this can make it difficult to complete school, have normal relationships, or maintain a job.

Children experiencing ACEs endure this toxic stress reaction at a time when their brains are most plastic, or in other words, most adaptable to reorganizing their neural pathways. Higher ACE scores increase the degree to which the brain changes. Adults who experienced seven or more ACEs are six times more likely to develop a disability than an individual with zero ACEs. There is also a correlation between maltreatment and the likelihood of juvenile delinquency/criminal activity (Felitti et al., 1998).

Toxic stress and its adverse effects can be passed down from a parent to their child as intergenerational trauma. Moreover, there is an increased likelihood that children with a parent





who experienced child maltreatment will also experience maltreatment as a child – even if the parent is not the perpetrator.

Researchers at the National Institute of Health evaluated the lifetime costs of child maltreatment by combining estimates on the value per statistical life (VSL) and monetized quality-adjusted life years (QALY). They estimate, in 2008 U.S. dollars, a child maltreatment-specific VSL at approximately \$14.8 million (Peterson et al., 2018). The QALY estimate is based on differences in self-reported health quality of life between those that self-reported maltreatment and those that did not. They estimate a decrease of 0.028 QALY per year for victims of maltreatment.

Taking into account medical costs, public support, criminal justice involvement, and quality of life, they calculate that the per-victim-per-year cost of nonfatal maltreatment is approximately \$830,000. Additionally, they estimate that the per-victim-per-year cost of fatal child maltreatment is about \$16.6 million. When combined with the incidence of maltreatment, the lifetime economic cost the US incurs each year as a result of child maltreatment is \$428 billion.

Primary Prevention Framework

The traditional child welfare system is built around reacting to children who are in danger. Child welfare agencies rely on reports to initiate an investigation, which can lead to services if the report is substantiated. However, the child at the center of the investigation has already experienced maltreatment, if substantiated.

If someone has credible reason to believe that the child welfare agency should intervene, the child has likely already experienced at least one traumatic event. The services that child welfare agencies can provide are designed to prevent the recurrence of trauma; however, it cannot undo what the victim has already experienced.

Primary prevention is a significant shift from the existing system. Primary prevention does not wait to respond but instead addresses system-level factors that lead to issues down the line. The key to primary prevention is recognizing that social, economic and political systems impact a significant proportion of how individuals behave (L. Cohen et al., 2010). Without addressing these systems, individuals face constraints in the types of choices and changes they are able to make.

Prevention of child maltreatment needs to move toward an approach that reduces the overall prevalence of maltreatment by addressing the needs of the community. By focusing on the root problems that frequently result in maltreatment, primary prevention aims to improve outcomes across the full population (Larry Cohen & Chehimi, 2010).

Further, primary prevention is more economically efficient, saving local, state, and federal agencies money in the long-run. A 2008 study of preventative efforts in public health revealed





an overall 5.6 to 1 return on investment for prevention programs. The researchers estimate that a \$10 investment per person per year to promote health and wellness could result in \$16 billion of reduced health system costs (Larry Cohen & Chehimi, 2010). The potential for a much higher return on investment was the logic behind the earlier waivers program that HHS offered to states.

Primary prevention services reduce the impact of maltreatment on our children and will decrease the financial and societal costs of child maltreatment. These improvements create more opportunity to invest in our communities and our families, improving well-being across the spectrum of needs.

Child Neglect

Defining Neglect and its Root Causes

The term “maltreatment” refers broadly to physical, sexual, and emotional abuse in addition to neglect. The simplest definition of neglect is failure to provide for a child’s basic needs (*What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms [Fact Sheet]*, 2019). Neglect, as a subcategory of maltreatment, has five identified types: emotional, medical, educational, physical and supervisory.

Neglect is no less harmful or dangerous than physical or sexual abuse. Children who experience neglect have similar outcomes to those who are victims of other forms of maltreatment: poor physical health, mental health problems, more risky behaviors, and cognitive or developmental problems (Chiang, 2019). About 75 percent of all substantiated cases of maltreatment are neglect cases, and more than 80 percent of child deaths due to maltreatment are caused by neglect (Kelly, 2021).

Despite the prevalence of neglect cases, there is little consensus on what actually constitutes neglect or how to identify it (Hearn, 2011). Researchers have attributed this to a number of potential causes: physical and sexual abuse are more visible, the consequences of abuse are clearer, images of violence are attention-grabbing for the public, and pervasive bias against the families most likely to be found neglectful (Hearn, 2011; Scannapieco & Connell-Carrick, 2002). Abuse is an action on the part of the perpetrator that harms the victim. The subtleties of whether inaction does or does not result in harm is significantly more challenging to identify until medium- or long-term impacts are observable.

Neglect is commonly associated with families experiencing poverty, a relationship which generates difficult and complex political dynamics. While physical and sexual abuse can be attributed to choices and actions of the abuser, many of the parent behaviors that result in neglect are a function of the parents’ lack of access to resources and limited social capital (Hearn, 2011).





Abuse is defined in the affirmative; someone has to do something that results in harm. Neglect is the opposite – it is an assessment of a failure to act to ensure the well-being of a child (Scannapieco & Connell-Carrick, 2002). Much of the child welfare system is designed to improve upon parents' personal characteristics and inadequacy as caregivers. However, in situations of neglect, the parents' innate capacity to be loving and nurturing is often irrelevant. The family's circumstances limit the parent's choices, contributing to the situation of neglect (Hearn, 2011).

When a family faces inadequate resources, they are forced to choose among options that are all insufficient or unsatisfactory. A parent may see their options as not having enough money or income for the necessities to raise their child or leaving their child at home while working more hours to increase their income. Parents are human, and they face the same daily limitations on time that anyone does.

The American Association of Pediatrics (AAP) recommends that children under the age of five be given constant supervision, and elementary school-age children should be given near-constant supervision (Anderst et al., 2012). Children need to be supervised in some way, meaning parents, particularly low-income parents, may ultimately be faced with a choice between providing the supervision their child requires or working to bring home income for other necessities. Parents need support in order to meet all of the needs of their families.

This is reflected by the most common reasons for initial reports of neglect: inadequate guardianship/lack of supervision and inadequate food, clothing, or shelter (*Chronic Child Neglect*, 2019). Children from economically insecure families experience maltreatment between three and nine times more often than economically secure families (Conrad-Hiebner & Byram, 2020). They have limited time and energy to split between their many responsibilities, and the tradeoffs are far steeper than they are in affluent families.

Across 26 longitudinal studies, there are repeated significant connections between economic hardship and likelihood of maltreatment. As public assistance decreases or becomes more difficult to obtain, child maltreatment increases (Conrad-Hiebner & Byram, 2020). In addition, families that experience a single material hardship also experience 9.58 times more maltreatment substantiations in the future. The impact becomes more drastic as families face additional hardships, and families experience heightened maltreatment substantiations by 111.36 times if they have four or more material hardships. Addressing economic insecurity and helping families build stability are crucial prevention efforts to improve child welfare.

It is important to note that the circumstances of family poverty themselves are *not* adequate to warrant a substantiated case of neglect. There are affluent families that do not provide a nurturing family environment for their child, and there are low-income families that do provide everything their child needs to thrive. The focus of this report is on the substantially different prevalence of neglect across the income and wealth spectrum.





The Developmental-Ecological perspective on children's growth emphasizes the shared impact and cumulative influence of factors at the individual, family, community, and societal levels. None of these levels on their own is sufficient to fully explain a family's neglect or lack of neglect, but each is necessary to inform our understanding of why situations of neglect occur. The social determinants of health and well-being are a complex, interrelated web of inputs and outputs. Prevention efforts need to reflect the messiness of reality and avoid trying to put families into categories that oversimplify their needs.

Infants / Toddlers and Neglect

The AAP states that children require constant supervision until the age of five (Anderst et al., 2012), and at the same time, children zero to five do not have access to structured care or education parallel to the public schools available to children five to adulthood. Family dynamics are different for the youngest children due to the lack of alternate care options.

Parents either must care for their young child themselves, find a trusted adult to care for them for free, or pay an individual or child care center to care for the child. If the parent chooses to care for the child themselves, they are forgoing time that could be spent earning income. If they choose to pay for the care their child receives, they face prices that are not realistic for many families to pay.

With infants and toddlers requiring constant supervision, parents face a steeper cost for care. Child care centers are required to have more staff per infant or toddler than they are for children just a bit older. There are also many situations in which, regardless of the price, parents simply do not have any options for child care. The Center for American Progress found that 80 percent of counties in the U.S. are "child care deserts," a location with at least three times the number of infant and toddler age children than licensed child care spot available, and there are numerous counties in the United States with zero licensed childcare options (Jessen-Howard et al., 2020).

Child care costs 41% of the median income for one working parent in the U.S. (Bovino et al., 2017) and exceeds public college tuition in 33 states (Jessen-Howard et al., 2020). The federal Child Tax Credit provides parents a \$1,400 per child refund. The average cost in the US is over \$200 per child per week – 5 times greater than the tax credit.

There are very few US programs targeted at helping families cover the cost of having children. The programs that do exist are not funded and administered at levels that meet the actual needs of American families: Early Head Start and Head Start, plus the Child Care Development Block Grant. Unfortunately, Early Head Start and Head Start do not have sufficient availability to serve all children or families that qualify. In 2020, Early Head Start served only 11 percent of eligible children, and though Head Start is larger, it still serves only 36 percent of the eligible





population (*Head Start & Early Head Start*, n.d.). Just barely one-in-five eligible children receive assistance through the Child Care Development Block Grant (Chien, 2020).

This leaves families with difficult choices that put caring for their child into conflict with earning the income to cover the costs of caring for their child. There is evidence that families are being forced to choose between these options around the country. Counties with fewer child care spots available have significantly lower maternal labor force participation rates (Jessen-Howard et al., 2020). This is a sign that women are unable to work if child care is not available. This problem has been highlighted throughout the COVID-19 crisis, with significant numbers of mothers exiting the workforce in order to provide child care.

Studies have repeatedly found that interventions that reduce the individual or family tradeoff between providing care and income result in significant changes in the prevalence of neglect. Programs such as child care subsidies (Yang et al., 2019), concrete or material support services (Hearn, 2011), increasing the number of child care spots and access in a community (Merritt, 2009), and improving community or social support (Connell-Carrick & Scannapieco, 2006) have been successful at decreasing community prevalence.

Neglect is the most common form of maltreatment among children ages zero to three (Connell-Carrick & Scannapieco, 2006) and the prevalence of maltreatment among children under one year old is more than double that of any other age (Kelly, 2021). Across age groups, neglect is more common among children between zero and five than it is for older age groups (Raissian et al., 2014). Children under five are about 10 percentage points more likely to be referred to child protective services for neglect relative to school-age children and nearly 15 percentage points more likely than adolescents/teens.

The measurement of prevalence derived from the number of reports that are received. For older children, the majority of reporters are professional sources (teachers, medical personnel, social workers). They are individuals who have received some form of training in the signs of maltreatment and how to report them. In comparison, the majority of reports for children five and under are from nonprofessionals, like neighbors, family members, or friends (Raissian et al., 2014). The youngest children have fewer interactions with professionals who would be able to intervene, which could result in underreporting of neglect.

The significantly higher rates of neglect among our youngest children is evidence that the relationship between the barriers to accessing child care and infants' and toddlers' need for care and supervision matters when it comes to neglect. We have a system that is not working for families, and it is at its worst for our youngest children.

The Problem

Given the challenges of identifying which children are going to face neglect as well as the potential damage even small ACEs may cause, the system for prevention of neglect must





change. The national strategy to address child neglect for infants and toddlers must be focused on primary prevention. Enacting policies that change the structures of community-level risks can reduce the incidence of neglect for our youngest and most vulnerable children.

Currently, the United States has too few programs that provide adequate support for families to ensure that all children have access to the fundamental building blocks of well-being, and the child welfare policies in place today are too reactive to address the structural determinants of child neglect. This policy environment has led to our youngest children being at the highest risk for neglect and having the highest incidence of death due to maltreatment.

Criteria for Evaluation

To address the fundamental causes of neglect, the child welfare system needs to be given more resources to support family well-being. This section focuses on how policy proposals will be evaluated for their strengths in reducing the population incidence of neglect. While there are many potential criteria, these five represent some of the most significant tradeoffs that stakeholders will need to consider when moving forward on an effort to help support families.

Cost

Cost is an important factor in deciding how to prioritize policies for reducing neglect. The primary measure of cost in this report is the dollar amount of funds that would be necessary for Congress to appropriate in order to enact the policy. Using information from previous research or existing programs, each alternative will have an estimate calculated in 2021 U.S. dollars. To create a score for cost, the estimate will be considered relative to the most recent annual federal non-defense discretionary spending: \$914 billion. Each cost estimate will be reported as a proportion of the \$914 billion appropriated in 2020. From the proportion, the alternative will be ranked on a scale of zero to five with points assigned as follows: 0 to 1% receives 5 points, >1% to 5% receives 4 points, >5% to 10% receives 3 points, >10% to 20% receives 2 points, >20% to 30% receives 1 point, and >30% receives 0 points. Given that cost estimates are from different sources, there will be a half-point penalty for alternatives with unclear or otherwise uncertain estimates.

Consistency

There are potential benefits to flexibility, however inconsistent execution across the country could reduce the impact of a program. Significant variation in implementation and potentially mixed results will complicate assessments of the policy's impact and erode confidence in its efficacy. This criterion focuses on the ability to implement the policy evenly across the country, with all families receiving the same support. The nature of decentralized government is that there will be variation, so this criterion will be evaluated through an assessment of how many





points of potential variation exist. Consistency will be scored out of two points, with high consistency receiving the highest score, and no consistency receiving a score of zero.

Preventative Timing

As outlined in the above sections, primary prevention is both more effective and more efficient than other programs. The policies in place within child welfare overwhelmingly act as secondary and tertiary prevention. Given the lack of existing primary prevention interventions, alternatives that focus on community-level and population-wide efforts will score the highest for preventative timing. This criterion will evaluate where in the stream of risk the intervention occurs. Timing will be scored on a three-point scale: 0 – reactive, 1 – tertiary preventions, 2 – secondary prevention, and 3 – primary prevention.

Efficacy

The projected likelihood of reducing the incidence of neglect is one of the most important pieces of this evaluation. Given the theoretical and empirical framework described above, all proposals offer promising paths for reducing the incidence of neglect. For some alternatives, there are prior empirical findings which serve as the basis for estimated reductions in cases of neglect. There are very few empirical estimates of direct causal relationships, though. Given this, multiple relevant empirical estimates will be applied to each proposal to estimate the associated case reduction, and an average of all estimates for a single policy will be used as the measure of efficacy.

Empirical references and assumptions will be documented in the evaluation of each alternative. The base population numbers used for estimation are the reported numbers from the 30th annual Child Maltreatment Report, published by the Administration for Children and Families. The status quo case count for the purpose of the analysis is 173,508 cases per year of neglect among children three years old and under.¹ Using the average of estimated reduction in cases, the alternatives will score between zero (not at all effective) and three (most effective) points. A policy that is estimated to reduce the overall caseload by 3 percent or greater per year would receive 3 points, 2 percent through 2.99 percent would receive 2 points, 1 percent through 1.99 percent would receive 1 point, and less than 1 percent would receive 0 points.

Time to Benefit

While long-term investments are important, there is an urgent need for community-level action. The pandemic has destabilized every aspect of families' economic well-being. From food and housing security, to education and workforce opportunities, people are in need of support now more than ever. For this reason, I am taking into account how quickly families will be able to realize the benefit of each proposal. Immediate benefits (within one year) will be scored 3 points, while long-term benefits (greater than 5 years in the future) will be score 1 point. Medium-term or a combination of immediate and long-term benefits will receive 2 points.





Proposed Alternatives & Evaluation

The following three proposals are aimed at large-scale, systems-level changes that will help improve family stability and well-being. The section proceeds with a description of a proposed program, followed by the evaluation of that program according to the criteria above. A summary table is provided at the end of this section to give an overview of the evaluations.

Cash Transfers to Parents

Description

Direct transfers of funds would help families stabilize their financial situations. Since cash is fungible, they would have the opportunity to choose how to use it. This means some families could choose to spend the funds on child care in order to increase the amount of time they spend working, while others could choose to spend less time working in order to have more time with their children.

This proposed alternative would send families with children a monthly, direct cash transfer. This policy has already taken shape in President Biden's \$1.9 trillion American Rescue Plan. That version, which was only authorized and appropriated for one year, would expand the value of the credit that families receive and change the credit to a monthly payment of \$300 per child under the age of seven. Previously, families would only receive the credit as a partial refund once they filed their income taxes.

The payments will phase out for higher incomes, but the value of the tax credit is fully refundable (as opposed to a deduction-only credit) to ensure the marginal benefits will be greatest for those who need it most. This proposed alternative would make the expanded Child Tax Credit permanent. The credit is administered by the U.S. Treasury Department/Internal Revenue Service (IRS).

Research studies have shown that material supports (i.e., cash transfers and subsidies) are associated with reducing the probability of involvement with the child welfare system (Pelton, 2015). A natural experiment in Wisconsin that resulted in randomized differences in child support income demonstrated a significant reduction in the risk of maltreatment for families that received greater financial support (Cancian et al., 2013).

A randomized controlled trial in Milwaukee, called Project Gain, gave participating individuals emergency stabilization funding, financial counseling and planning services, and eligibility evaluation with referral services to other public and private support programs. The Wisconsin Child Abuse and Neglect Prevention Board has preliminarily found a reduction in the number of





substantiated reports of maltreatment within participating families (*Child Abuse and Neglect Prevention Board Project GAIN*, n.d.).

Additionally, using evidence from state-level differences in the Earned Income Tax Credit (EITC), research has demonstrated that increased EITC benefits are statistically significantly related to decreases in neglect, with the largest effect size among children ages zero to five (Kovski et al., 2021). The EITC benefits did not have the same impact on other types of maltreatment, like physical or emotional abuse.

Evaluation

Cost:

Given that this alternative uses the framework of the expanded Child Tax Credit in the American Rescue Plan Act, the Congressional Budget Office (CBO) has produced an analysis of the policy's costs to the federal government. Since the expanded Tax Credit was passed only for one fiscal year, it provides us with a one-year appropriations estimate.

The CBO estimates that the policy change will add an additional \$85 billion in tax credit expenditures, bringing the total annual cost of the Child Tax Credit to \$205 Billion (*Detailed Tables, "Title IX,"* 2021). This is calculated based upon the benefit (\$250 per child over 7, \$300 per child 7 and under) and the eligible population. This is an annually incurred cost which may fluctuate in the future depending upon population distribution and tax liability. As the U.S. population is shrinking with fewer children per person, it is possible that the cost of this tax credit will decrease over time.

\$205 billion is a very high cost. The additional \$85 billion per year represents a 70% increase on tax expenditures related to the Child Tax Credit. The tax credit is already in existence and the government already has experience estimating the budget impacts, so this estimate of cost has a high level of certainty. Additionally, the cost estimate was performed by career economists and analysts at the CBO, which lends the greatest level of credibility.

- \$205 billion is approximately 22.4 percent of the most recent fiscal year's non-defense discretionary spending. This places the cash transfer proposal with 1 point for cost. There is no penalty for uncertainty given the CBO evaluation and general fixed-cost structure of the program.

Consistency:

This alternative receives the highest possible score for consistency. The policy would be implemented nationally, with the same benefit rate across all states. There is no potential for administrative differences.

- 2 out of 2 for consistency





Preventative timing:

Material supports for families improve the economic stability of all families, regardless of their individual risk status. Financial hardships are one of the strongest predictors of chronic neglect, and the marginal value of a cash benefit will be highest for our lowest community members. The proposed alternative is a primary prevention program, as it focuses on lowering the overall population risk.

- 3 out of 3 for timing

Efficacy:

The relationship between cash and neglect is complex given that the money can be used by the family in nearly infinite ways. The important mechanisms that research has focused on is the increased ability to provide physical/material necessities (i.e., housing, food), reduction of parenting-related stress, and less volatile or unstable financial position. Several studies that leverage natural experiments provide reasonable estimates that I extrapolate to assess this policy.

The estimates of the relationship between cash transfers and neglect are:

- 3-4 percent reduction in the probability of neglect associated with an additional \$1,000 payment (Berger et al., 2017)²
- A 59 percent increase in cash benefits yields a 10 percent reduction in the probability of maltreatment (Cancian et al., 2013)³; and
- A reduction of approximately 5 cases per 1,000 associated with the expansion from \$1,400 in refundable credit to \$3,600 (Kovski et al., 2021)⁴.

Applying these estimates to the proposal, a \$3,600 annual benefit, the estimated outcomes range from approximately 2,200 to about 10,000 fewer cases per year. The average estimate drawing from the various estimates is 4,500 fewer cases, a 2.1 percent reduction in the overall rate of neglect among children zero to three years old.

- Cash transfers receives 2 points for falling within the 2-2.99 percent reduction range.

Time to benefit realization:

The benefits of cash transfers are as close to immediate as could be expected for a federal policy. As we have seen in 2020 and 2021, the Treasury and IRS are able to move fairly quickly to provide funds to individuals and families. The temporary expanded Child Tax Credit will begin providing monthly payments to families in July 2021 – only 4 months after the legislation passed. As soon as the payment is received by families, they are able to use it as they choose. This is a much faster benefit than any other proposed policy.

- 3 out of 3 for time to realization.





Investing in the Child Welfare Workforce

Description

Caseworkers are the frontlines of child welfare, charged with making critical, life-altering decisions about a family's situation (Edwards & Wildeman, 2018). High caseloads and workloads harm the child welfare workforce's capacity to help families.

The National Child Welfare Workforce Institute (NCWWI) summarizes the impact of overworking those on the frontlines: high turnover, increased recurrence maltreatment, decreased case plan completion, decreased provision of services, and increased time to respond (*Caseload/Workload Workforce Resource [One-Pager]*, 2011). The result of this is that children and families do not receive adequate services to support their well-being, at high cost to the families and the child welfare agencies.

Child Welfare League of America (CWLA) recommends a maximum of 12 investigative or 17 ongoing cases per case worker. In practice, 61 percent of ongoing caseworkers exceed the recommended level, and 86 percent regularly work overtime in order to keep up with their workload (Kim et al., 2019). Despite this amount of work, only 20 to 35 percent of caseworker time is spent on providing direct services to clients (*Caseload and Workload Management*, 2016).

Ensuring a reasonable caseload/workload improves a wide range of child welfare outcomes. It allows caseworkers to spend more time engaging with families and delivering services and has been linked to better performance on Federal Child and Family Services Reviews (*Caseload and Workload Management*, 2016). Expanding the child welfare workforce is a challenge due to budget constraints, but in reality it can cost child welfare agencies upwards of \$50,000 to lose one employee given the costs of recruitment and training (*Caseload and Workload Management*, 2016). An additional hurdle is finding qualified applicants.

To address the macro-level barriers to improving provision of services, the federal government should consider national investment in the education, training, and recruitment of new child welfare caseworkers. By providing a national incentive in the form of child welfare-specific tuition coverage and training, people will have incentives to enter the workforce.

Four-year degrees such as a bachelor's or master's in social work has been associated with higher quality of service and lower turnover (Trujillo et al., 2020). A university partnership program in Colorado paid stipends to individuals working towards degrees in social work in exchange for one year of work within a child welfare agency for every year that a stipend is received (Trujillo et al., 2020). Those selected for stipends have a secured job in child welfare and are able to participate in the Fundamentals of Child Welfare training – increasing students' probability of immediate certification and employment upon graduation.





Of those offered a stipend to complete their social work degree, 92 percent completed the required payback period, while only 5 percent chose to pay the money back. Of those who were still actively working in a child welfare position, the average experience was six years in child welfare. On the other hand, those who were no longer working in child welfare still had spent an average of 4.8 years in the child welfare workforce prior to exiting (Trujillo et al., 2020). This is compared to a median duration of only 1.8 years for child welfare workers across the country (Edwards & Wildeman, 2018).

Based on these findings, a proposed national strategy to invest in the child welfare workforce would have the following elements:

- Full tuition coverage for those completing a qualifying degree in social work;
- A stipend for students while they work toward their degree;
- A requirement that students, upon graduation, work for a public child welfare agency for the equivalent number of years that they received tuition assistance and a stipend, or they must repay the full value; and
- Intentional expansion of the staff of public child welfare agencies on a national scale.

The aim of this program would be to add an additional 20,000 caseworkers across the country in order to adequately serve the needs of children and families without over-burdening workers.

Evaluation

Cost:

Relevant cost factors include education costs, recruitment, high turnover rates, and compensation for the individuals. It is difficult to know how a large number of people entering the workforce through grants for education would impact retention, and whether it would impact employee compensation. The current turnover rate ranges from 20 percent up to 54 percent (specifically reported for new hires); the actual turnover rate varies by location, year, experience, and management or administrative climate.

While Trujillo and her co-authors found less than 10 percent of recipients defected, national turnover for new individuals is around 50 percent. Averaging these two rates, we can expect a turnover rate of around 30 percent per year.

The national average salary is around \$47,000 to \$50,000 per year for a child welfare case worker. An additional 20,000 employees paid full-time and retained would add approximately \$1 billion in annual costs.

Training and education costs are more variable depending on location. Using the existing Behavioral Health Workforce Education Training (BHWET) program, annual costs are estimated





around \$30,000 per individual – an additional \$1 billion for at least four years while degrees are completed.

The National Center for Education Statistics (NCES) data shows that the majority of students in a bachelor's level program for a human services-related field paid at least \$8,000 per year, with 21 percent paying more than \$20,000 per year, and a median around \$10,000 per year. This leads to approximately \$160 to \$500 million per year in education costs. The stipend, in previous research, paid approximately \$12,000 per year, adding an additional \$250 million in total.

Finally, recruitment and the costs to scale the program to reach 20,000 additional caseworkers is the most challenging to estimate. There are similar programs which focus on recruitment; however, they are much smaller in scale, graduating only about 3,000 people each year. Using past estimates for the cost of recruitment (approximately \$50,000 for each qualified new hire), recruitment would add around \$1 billion to the cost of this program. It is extremely costly for child welfare administrators to bring in new employees because they will need significant on the job training and introduction to case systems and their new cases, in addition to the normal new-hire orientation needs.

In total, investing in the workforce would have an estimated annual cost of at least \$5 billion up to \$20 billion or greater, assuming that the above figures are accurate on a national scale. There are many unknown factors, such as the scalability of investment in students, whether there are decreasing returns to investment, which students will persist, and whether national investment at any of these levels will distort the future costs of each factor. There are too many variables that are unknown at this time. The cost estimate of \$5 to \$20 billion comes with very low confidence in the validity of the prediction.

- The high-end cost estimate would be 2.2 percent of federal non-defense spending, meaning it would receive 4 points for cost. Despite the low estimated costs, this alternative also has the highest degree of uncertainty in the measures used to reach the estimate, so it receives a half-point penalty. Investment in case workers receives 3.5 out of 5 for cost.

Consistency:

This alternative receives the lowest possible score for consistency. Education and training will be implemented differently across states, schools, and even faculty. Positions and roles will also vary, and the impact of more staff will be specific to child welfare agencies, their leadership, and the supporting resources available. Research consistently shows that workplace climate is a significant predictor of effectiveness (Edwards & Wildeman, 2018). There is high potential for administrative differences, with implementation decisions being made in numerous points in the process.

- 0 out of 2 for consistency





Preventative timing:

Case workers currently are overwhelmed and do not have enough time to dedicate to their existing cases. While investment in case workers could be preventative given adequate capacity, the national system is not in a position to implement such programs at this time. This proposed alternative would invest in the child welfare workforce in order to allow them to dedicate the needed time for each case they are assigned. The proposed alternative would fall within the secondary prevention time frame given that they would still be reacting to children and families identified as at-risk in some form. Investing in the workforce is a crucial piece of allowing the child welfare system to work as it was designed to, but it still does not pre-emptively provide support to families.

- 2 out of 3 for timing

Efficacy:

There is consensus in the literature that services provided directly by caseworkers – such as referrals to mental health or employment services, opportunities to discuss parenting practices and challenges, and having the accountability and support of follow ups – substantially improve both child and family outcomes. The mechanisms of improvement that they measure are often indirect well-being indicators rather than presence of neglectful behavior. When a family is engaged and informed, they are able to utilize existing supports and make healthy, positive choices.

Empirical estimates based on several human-intensive programs are utilized as the basis of the projected impact of increasing the number of caseworkers to ensure adequate resources are available in the child welfare system. The first category of intervention is home visitation programs, which require trained staff to check in with families and children a set number of times and offer guidance, skills, and resources as needed. Second, studies of the association between the amount and length of engagement with caseworker services is a proxy for the potential effects of having less-overworked case workers.

The estimates⁵ of the relationship between human-intensive programs and cases are:

- 23 percent reduction in the probability of maltreatment associated with home visitation programs, such as the Nurse-Parent Partnership (Olds, 2006);
- 10 to 25 percent reduction in the probability of maltreatment with additional weeks of social services intervention, as demonstrated in the University of Maryland program, “Family Connections” (DePanfilis et al., 2008; DePanfilis & Dubowitz, 2005); and
- 33 percent reduction in the probability of maltreatment associated with families who were highly engaged and frequently or always attended the services and programs to which they were referred (DePanfilis & Zuravin, 2002).





Applying these is nowhere near perfect, and it is reasonable to say that the relationship between these academic findings and the policy implications is weakest within this alternative. However, the potential reductions are very promising if these estimates are accurate. The estimates range from 3,800 to 12,000 fewer cases each year. The average estimate is about 8,500 fewer children, which would be a 3.75 percent reduction in the overall rate of neglect among children zero to three years old.

- 3.75 percent reduction falls in the highest category for estimates of efficacy. This proposal receives 3 points for efficacy.

Time to benefit realization:

Investing in the child welfare workforce is a crucial long-term step, however there are almost no near-term benefits. 99 percent of case workers have at least a 4-year bachelor's degree, meaning that adding to the workforce, even if a program began tomorrow, would still be years away. Additionally, the process to scale education, training, administration, and leadership to the capacity needed to train and employ an additional 20,000 people will also take years. Realistically, the benefits of this investment would be seen around 5 to 10 years into the future.

- 1 out of 3 for time to realization.

Universal Child Care

Description

Over the last several years universal child care has received widespread attention. Most notably, Senator Elizabeth Warren proposed a plan to provide all families child care and pre-kindergarten during her run for the 2020 Democratic Party's Presidential nomination.

Some of the strongest recent evidence shows that Early Head Start, Head Start, and additional funds to access child care is associated with reductions in maltreatment. While we have a rigorous system of K-12 public education, children age zero to five – where investment is most impactful – only receive enrichment from their home environments and the early childhood program their family can afford, if any. High costs are one of the most prohibitive factors for low-income families looking for child care. The evidence is strongest that early childhood education can make a difference for low-income and minority families (Garcia et al., 2016).

The National Academy of Science, Engineering, and Medicine (NASEM) published a comprehensive guide for transforming and financing early care and education (Allen & Backes, 2018). Rather than trying to selectively target individuals for child care assistance, this proposal is to create universal child care and public pre-kindergarten. This removes administrative burdens of assessing need and monitoring eligibility, as well as the potential disconnect between those who are eligible and those who are aware of the program. It also spreads the costs among a much larger population.





Public child care or pre-kindergarten would not be mandatory; however, it would be available to all interested families. The pre-kindergarten programs will be enacted primarily through existing school systems and programs. Child care will work through federal contracts or grants with providers. This maintains the choice of every family to find a place that works for them, but it expands the opportunity for positive early educational experiences. Though families in general would not be mandated to send their children, it is another tool in the box if child protective services deems that there is a situation of neglect occurring. The access and affordability of child care alone could greatly impact families.

Lack of access to early childhood care and education at community and neighborhood levels has been associated with higher rates of maltreatment (Ha et al., 2015). The Fragile Families and Child Wellbeing Study revealed a connection between the cost of child care and the psychological availability exhibited by mothers (Ha et al., 2015). A longitudinal survey in Illinois indicated that child care subsidies had direct effects on reducing both physical abuse and neglect (Yang et al., 2019).

This is a legislative action that could be passed state by state, or as a federal program. It would require substantial new funding through the appropriations process, but there is bipartisan support for investments in child care and early education.

Evaluation

Cost:

The NASEM report estimates that to provide child care and pre-kindergarten to every child age zero to five would cost about \$74.5 billion, conditional on continuing to pay early childhood educators at the same level they are currently compensated. This pay is significantly less than what K-12 educators are paid. Senator Warren's proposed universal child care program received approximately the same price tag, \$75 billion. NASEM also measures the cost if educators are compensated commensurate with their counterparts teaching in kindergarten classrooms. In this condition, they estimate double the cost at \$140 billion. Currently, the federal government spends \$29 billion on child care, making this program a net increase of \$46 billion to \$121 billion.

- Universal child care would cost about 8.2 percent of federal non-defense spending. The estimates are consistent and computed by experienced professional researchers, so there is no penalty for uncertainty. This alternative receives a 3 out of 5 for cost.

Consistency:

Child care and pre-kindergarten itself will be implemented differently throughout the country, as it is today and as it is in K-12 education. The key mechanism through which child care addresses neglect is the relief for parents of the financial or supervisory burden. Time the child is in care outside the home is time the parent can use for other productive activities, without





neglecting their child. Ultimately, even if the programs are enacted differently in terms of curriculum or activity, the benefit it provides to families should remain mostly constant. Transportation or attendance pose the greatest threat to consistency of implementation. Families who are eligible but do not utilize the service (due to either barriers or personal choice) will not receive the same benefit as other families. There is moderate potential for implementation differences.

- 1 out of 2 for consistency

Preventative timing:

Universal child care would be made available to all families regardless of their individual risk status, and the benefits extend greatly beyond prevention of child neglect. The proposed alternative would fall within the primary prevention time frame given that it focuses on lowering the overall population risk.

- 3 out of 3 for timing

Efficacy:

Child care and pre-kindergarten have been identified as great opportunities to reduce neglect. It poses a huge financial burden on families paying out of pocket, subsidies are difficult to come by, and without reliable child care options, children may be left alone or in unsatisfactory conditions.

The estimates of the relationship between child care and neglect are:

- 18 to 29 percent reduction in the probability of neglect associated with both the direct and indirect (reduced parent stress, increase to household income) effects of receiving a child care subsidy (Yang et al., 2019);
- 8 to 16 percent reduction in the probability of neglect associated with the financial savings created by child care subsidies (Berger et al., 2017; Forry, 2009); and
- 31 percent reduction in the probability of neglect associated with a community-level reduction of the child care burden (Merritt, 2009)⁶.

Applying these empirical findings to the national incidence of neglect among children ages zero to three yields an estimated low-end decrease of 2,200 and a high-end decrease of 8,700 fewer children suffering from neglect each year. The average estimate is about 5,700 fewer cases, which would be about a 3.1 percent reduction in the overall rate of neglect among children zero to three years old.

- The estimated reduction in cases of neglect associated with universal child care (3.1 percent) is the highest in the category for estimates of efficacy. This proposal receives 3 points for efficacy.





Time to benefit realization:

The child care sector is robust, and this proposal focuses on using the existing infrastructure to build additional capacity. There are many families that will benefit from access to child care within the first year, and as the program is enacted over time, scale and quality will improve. As investments are made, the number of families will increase until all families have access to child care. In the NASEM report, they indicate a 12-year time horizon to reach full access for all families with children ages zero to five (Allen & Backes, 2018). There is a mixture of short-term and long-term benefit realization.

- 2 out of 3 for time to realization.

Conclusion

While each criterion is an important factor in the final decision, there are some factors that weigh more heavily on the evaluation than others. Cost, while important, is weighted by $\frac{1}{2}$ the points received because (a) programs reducing neglect will have an extremely high rate of return on spending and (b) the unseen economic burden of child neglect is extremely high. Public spending focused on pregnant women and infants generates the highest social benefit out of the 133 social insurance, education and job training, tax and cash transfer, and in-kind transfer policies that have been in place in the United States since the 1950's (Hendren & Sprung-Keyser, 2019). Spending on these programs is an investment, not just transfer-payments, and are some of the best uses of tax dollars in terms of the benefits communities receive as a whole.

Preventative timing is weighted by 2 times the points received because it is important that the primary prevention framework is prioritized. Efficacy is also weighted by 2 times the points received because one of the most important factors is whether or not the program would actually help children to have better home situations. Finally, the amount of time to realizing benefits of the program is weighted by 1.5 times the scored points. While this is not the most important factor, recognition that families need support *now* should be included in the evaluation of these policies in a substantial manner.

Based on the scores awarded for each criterion and the overall weighting of the criteria, the best policy to implement at this time is cash transfers to parents in order to support overall stability and well-being.





Evaluation Matrix

Criteria	Cash Transfers	Workforce Investment	Universal Child Care/Pre-K
Cost (Max: 5; Weight: 0.5x)	<ul style="list-style-type: none"> Highest cost (1 pt) 	<ul style="list-style-type: none"> Least confidence in estimate, many unknown variables, could be lowest cost (3.5 pts) 	<ul style="list-style-type: none"> Moderate costs with a reasonably certain estimate (3 pts)
Consistency (Max: 2; Weight: 1x)	<ul style="list-style-type: none"> High consistency (2 pts) 	<ul style="list-style-type: none"> Low consistency (0 pts) 	<ul style="list-style-type: none"> Moderate consistency (1 pt)
Preventative Timing (Max: 3; Weight: 2x)	<ul style="list-style-type: none"> Primary prevention (3 pts) 	<ul style="list-style-type: none"> Secondary prevention (2 pts) 	<ul style="list-style-type: none"> Primary prevention (3 pts)
Efficacy (Max: 3; Weight 2x)	<ul style="list-style-type: none"> Approximately 4,500 fewer infants / toddlers per year 2.1% reduction in cases for this age group (2 pts) 	<ul style="list-style-type: none"> Approximately 6,500 fewer infants / toddlers per year 3.75% reduction in cases for this age group (3 pts) 	<ul style="list-style-type: none"> Approximately 6,500 fewer infants / toddlers per year 3.1% reduction in cases for this age group (3 pts)
Time to Benefit Realization (Max: 3; Weight: 1.5x)	<ul style="list-style-type: none"> Immediate (3 pts) 	<ul style="list-style-type: none"> Long-term investment (1 pt) 	<ul style="list-style-type: none"> Partially immediate, partially longer-term (2 pts)
Overall Assessment	18	13.25	17.5





Recommendation & Implementation

Cash transfers were successfully passed as part of President Biden's \$1.9 trillion stimulus package, the American Rescue Plan, in March 2021. The authorization and appropriation of an expanded child tax credit only lasts for one year. This legislation expands the amount of the credit, and the credit will be paid monthly to families, rather than as a lump sum when they file their 2021 taxes.

Given this legislative development, the real challenge for implementing the proposal will be ensuring people see that this has a benefit to families beyond the pandemic. Raising children is expensive, stressful, and challenging – but providing families with support will give parents the opportunity to be more nurturing and attentive to their children's needs. By investing early, through primary prevention measures, neglect can be reduced, lives can be improved across the country, and money can be saved at the local, state, and federal levels.

In order to implement this as a long-term program to address chronic neglect, APHSA and its partner advocacy organizations should immediately begin to reframe Child Tax Credit expansion as an anti-neglect measure. While it was passed in a moment of dire economic need, the political willpower for large, progressive cash transfers is likely to decrease over time.

The current one-year authorization provides a short time to organize, communicate, and evaluate the program. When it comes time for debating the next fiscal year's spending, there should be a coordinated effort to advocate for continuing the increased cash transfers to families.

The following initiatives will be central to prepare for this coordinated effort:

1. **Identify and develop relationships** with potential external partners – starting with allied advocacy groups, build partnerships through mutual goals on reducing maltreatment. ZEROTOTHREE, ChildTrends, and similar peer groups are likely to be great collaborators, and all groups will be more impactful as a united front.
2. **Proactive messaging** about the child tax credit expansion as a policy that can prevent maltreatment – putting out Op-Eds, social media posts, and other public communications that emphasize that there is more to these tax credits than just giving people money. By repeatedly communicating this to individuals, the association will continue to strengthen over time.
3. **Highlight family, community, and national success stories** – qualitative profiles that provide the stories of the impact of these payments on real people. These will humanize the effects of the spending, making it more of an emotional connection to the policy.
4. **Collect data and look for patterns** – providing information on changes in cases of neglect will help to strengthen the connection between the payments and the improved outcomes that our research predicts.





5. **Identify and connect with important legislative and executive branch figures** –there are key individuals (ex., Joe Manchin, Mitt Romney, Susan Collins, Krysten Sinema, as well as the majority and minority leaders in both Houses of Congress) that hold significant power over the success or failure of legislation. Consulting with them early and with frequency throughout the year is an important step to ensuring that the expanded tax credit continues. On the Executive branch side, coordination with the Secretary of Health and Human Services, the Administration for Children and Families/the Children's Bureau, and the Biden White House can strengthen the likelihood of the expansion becoming a priority on the federal policy agenda.

While these five initiatives do not guarantee the continuation of the program, they are targeted at influencing public opinion and public awareness. From a moral and ethical standpoint, there are very few people who would argue against a policy that is designed to prevent babies and toddlers from experiencing neglect. The critical result is that the public and our lawmakers view this policy as prevention for babies and toddlers experiencing neglect.

It is possible to reduce the incidence of neglect and to make sure that children never become victims. Community prevention has been successful in public health fields in the past, and expanding to child well-being is an ideal next step. In addressing the structures that cause neglect, we can protect thousands more children every year.





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End Notes

¹ The 2019 Child Maltreatment Report, as published by the Administration for Children and Families, does not provide proportions of types of maltreatment within age group. The reported number of victims three years old and under for any type of maltreatment is 224,670. The proportion of maltreatment cases involving neglect across all ages is approximately 77 percent. Assuming this proportion is consistent among the target age group of birth to three years old, there are an estimated 173,508 cases of neglect within this group. While it is likely that the proportion of neglect cases is not evenly distributed among all ages, this is the best available information.

² Given that the expanded Child Tax Credit will provide a total of \$3,600 per child per year, and assuming constant returns, this yields an estimate of 7.8 to 10.4 percent reduction in the rate of neglect. It is reasonable to question whether returns would be constant. It is likely diminishing marginal returns, though there is no avenue to estimate the rate at which the impacts might diminish. For the purposes of this analysis, the assumption of constant returns suffices.

³ This paper only estimates the relationship between increased cash benefits from child support payments with overall substantiated maltreatment reports. No findings are provided to estimate the specific relationship with neglect. While this particular measure is imperfect, it is mediated by additional empirical findings specific to neglect.

⁴ In this study, Kovski and her co-authors measure the generosity of state EITC benefits as a percent of the federal EITC benefit. They find a 3.24 cases per 1,000 reduction associated with an increase in benefits. The proposal calls for 1.57 times increase the benefit, yielding approximately a 5 case per 1,000 children reduction in the incidence of neglect.

⁵ These papers only provide a quantitative estimate for maltreatment as a whole, rather than by splitting the estimate between abuse and neglect. While this is unideal, the majority of maltreatment cases are for neglect and this is the best proxy we have to estimate the impact of human services-focused interventions on neglect.

⁶ This paper only estimates the relationship between child care burden and maltreatment and does not provide findings specific to neglect. The other estimates for this alternative are specific to the relationship between child care and neglect. While this particular measure is imperfect, it is mediated by additional empirical findings specific to neglect.

