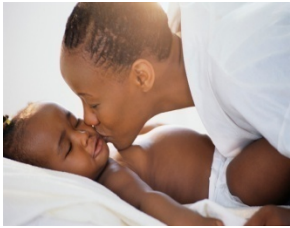
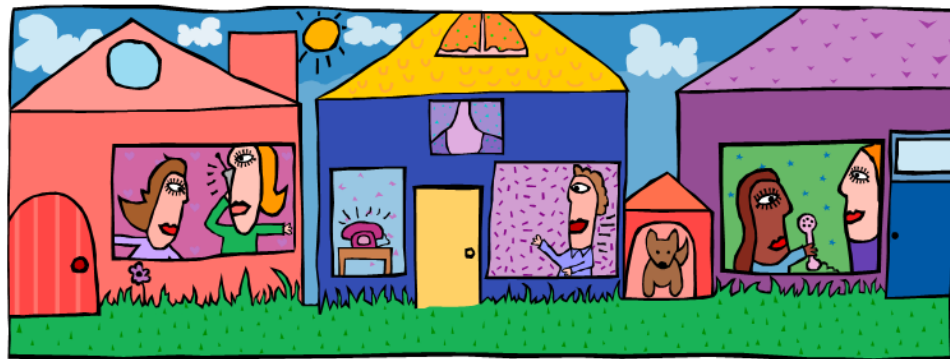


Long-term System Impact of Child Neglect: Childhood Services Use & Consequences



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Sample

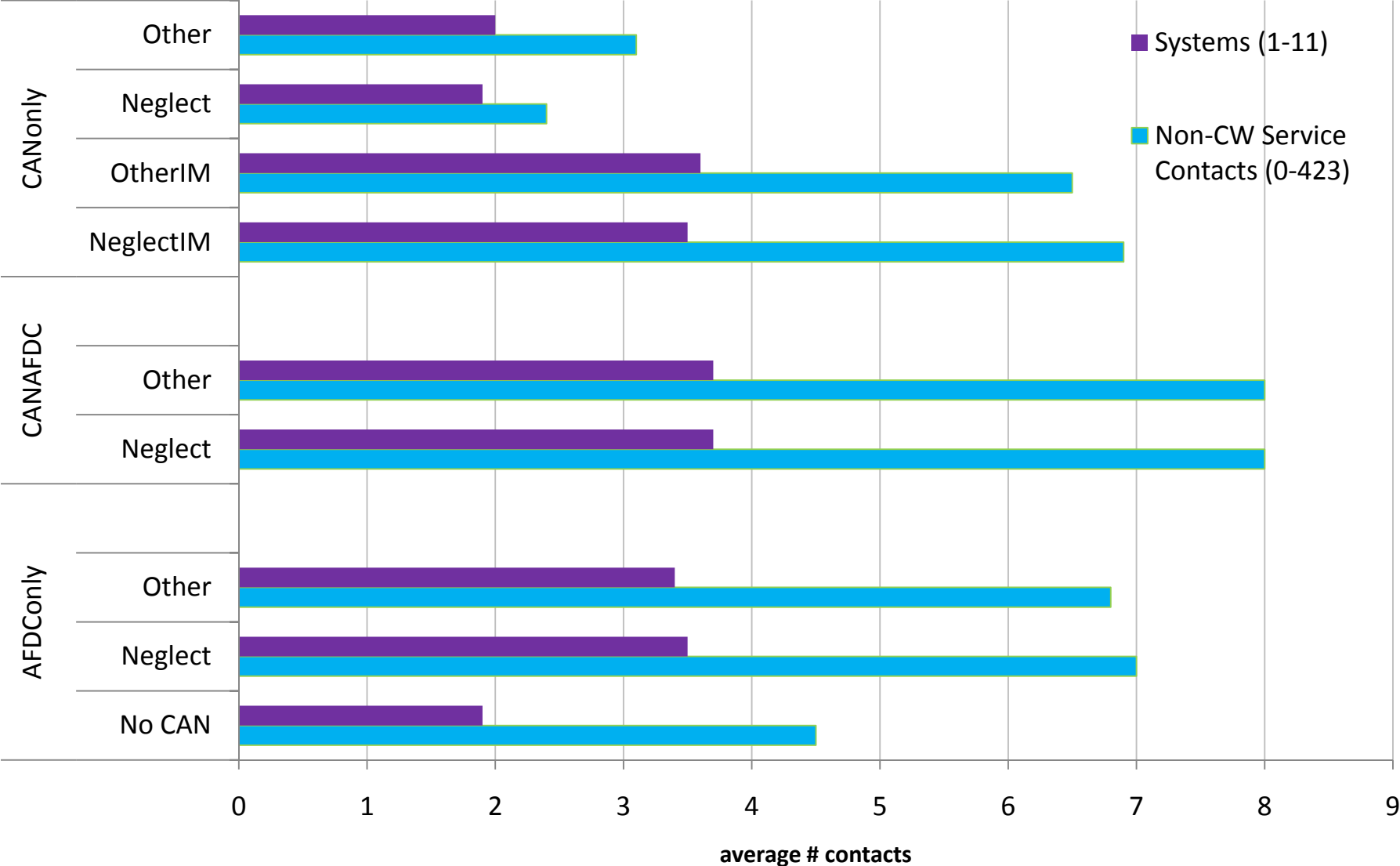
- Our sample includes three groups, all originally from the City or County of St Louis. Data were geocoded and linked to census tract information.
- All sample children were born from 1982 through 1994 (under the age of 12 at time of sampling).
- The sample was selected based on age and the presence or absence of a first report of abuse or neglect from 1993-1994.

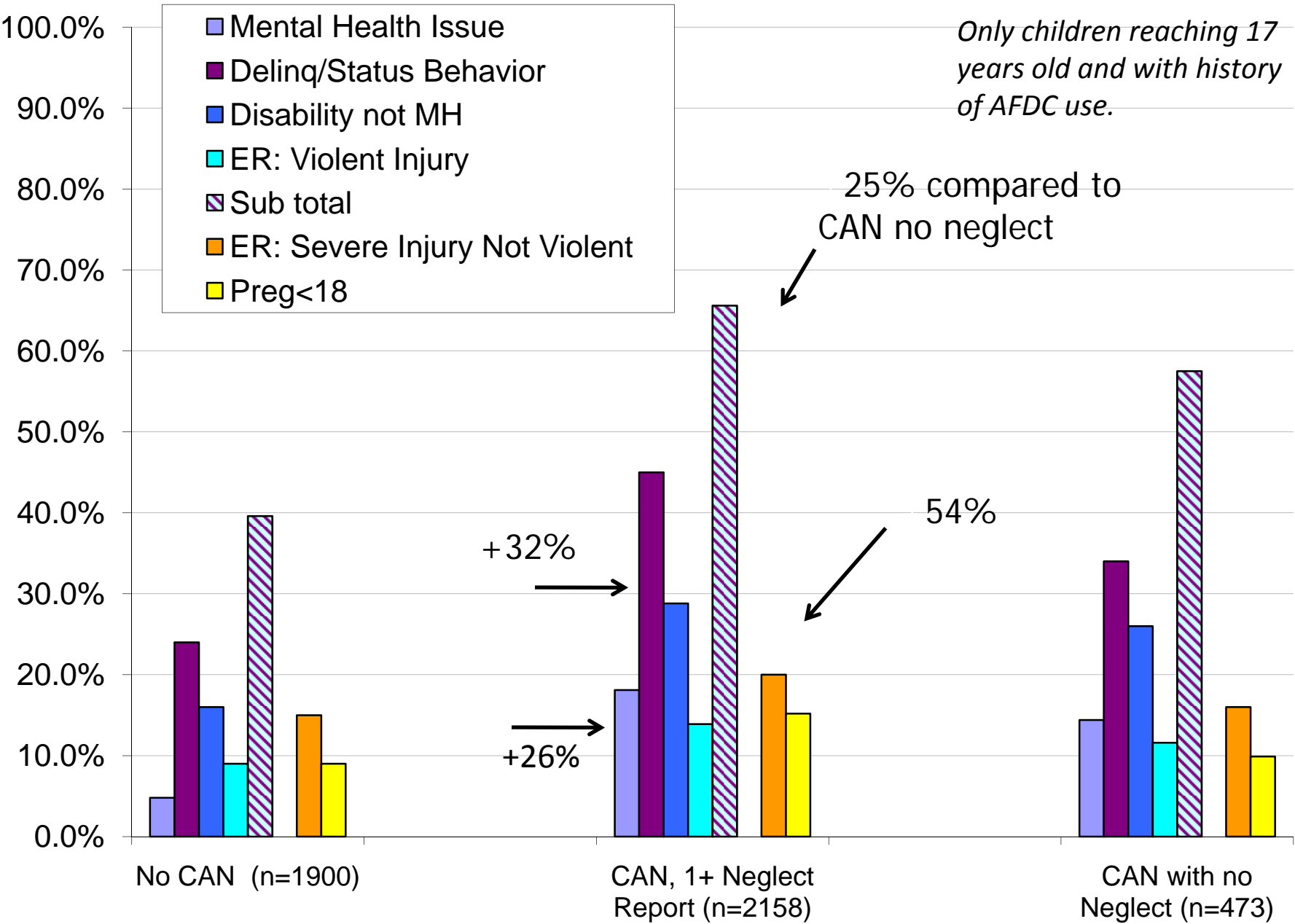
The sample includes three groups of children:

- **CAN/AFDC**: AFDC involvement and Child Abuse or Neglect reports
- **AFDC Only**: AFDC involvement but no reports at study start
- **CAN Only**: Child Abuse or Neglect reports but no AFDC involvement at study start

Children are followed across 14 data sets from 12 agencies. Data are linked in state systems by a common ID.

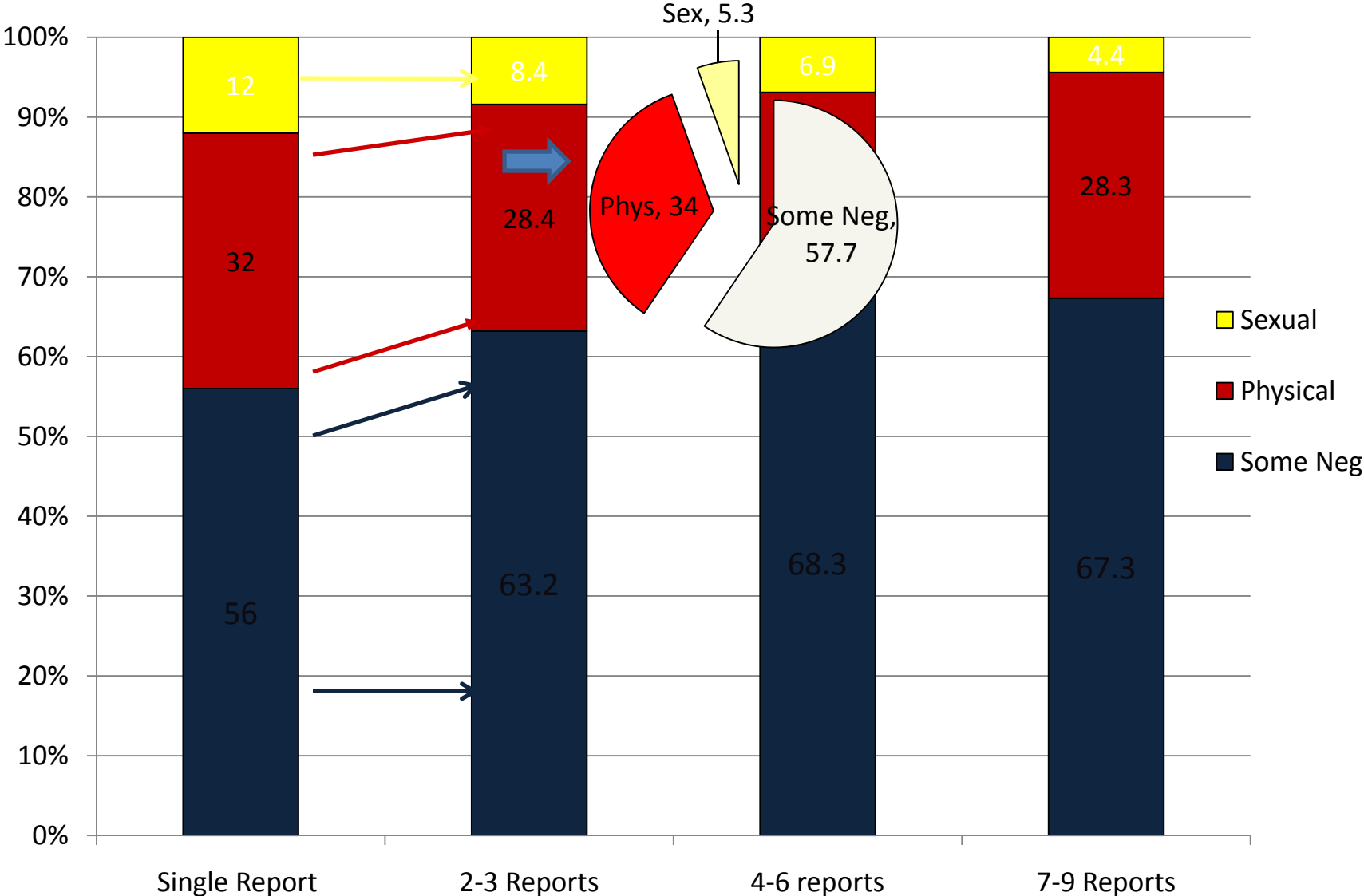
Average System Contacts by Changes in Groups Over 13 Years



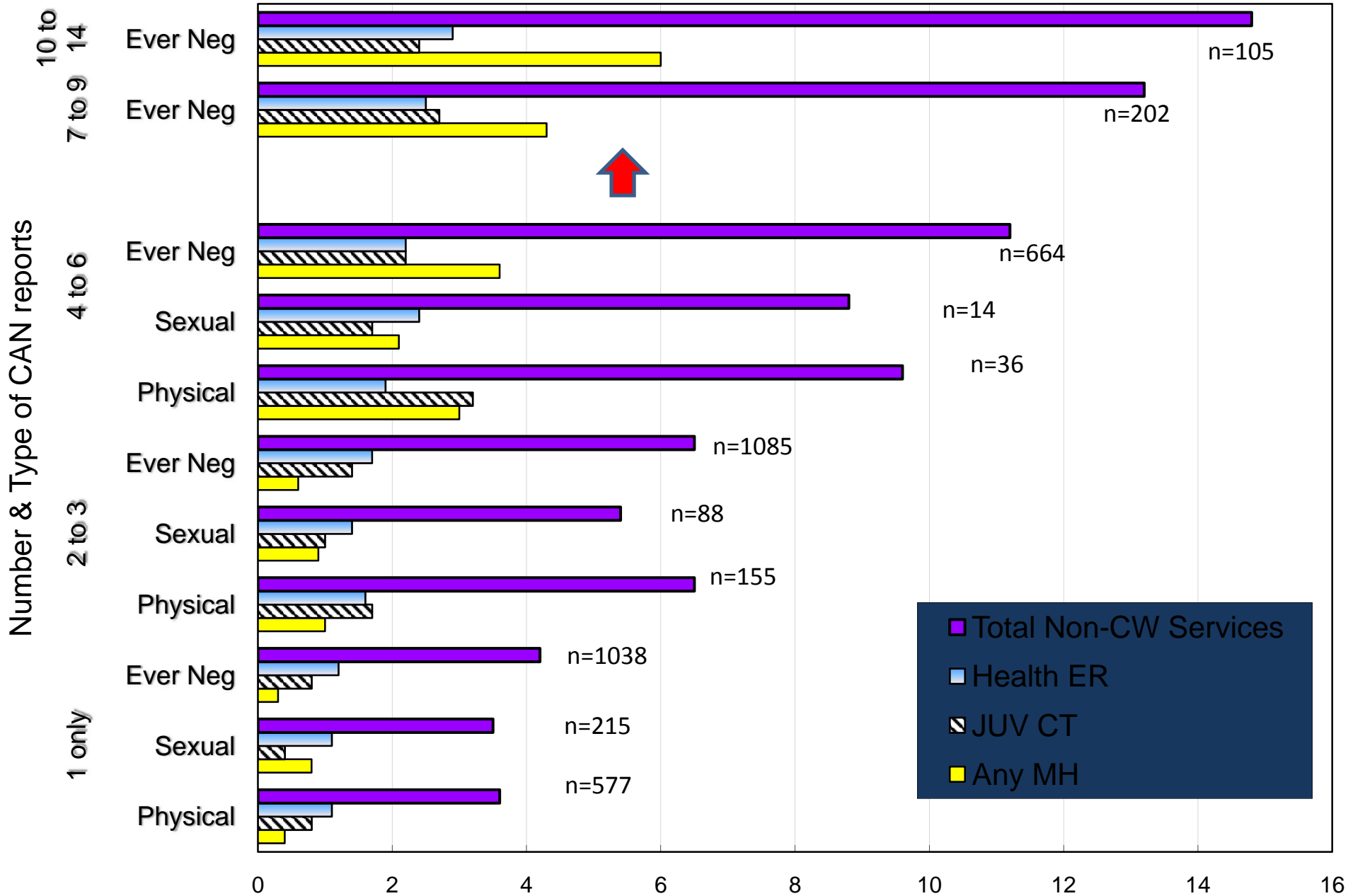


Percentage of Children with System Contact Indicative of Untoward Condition or Behavior

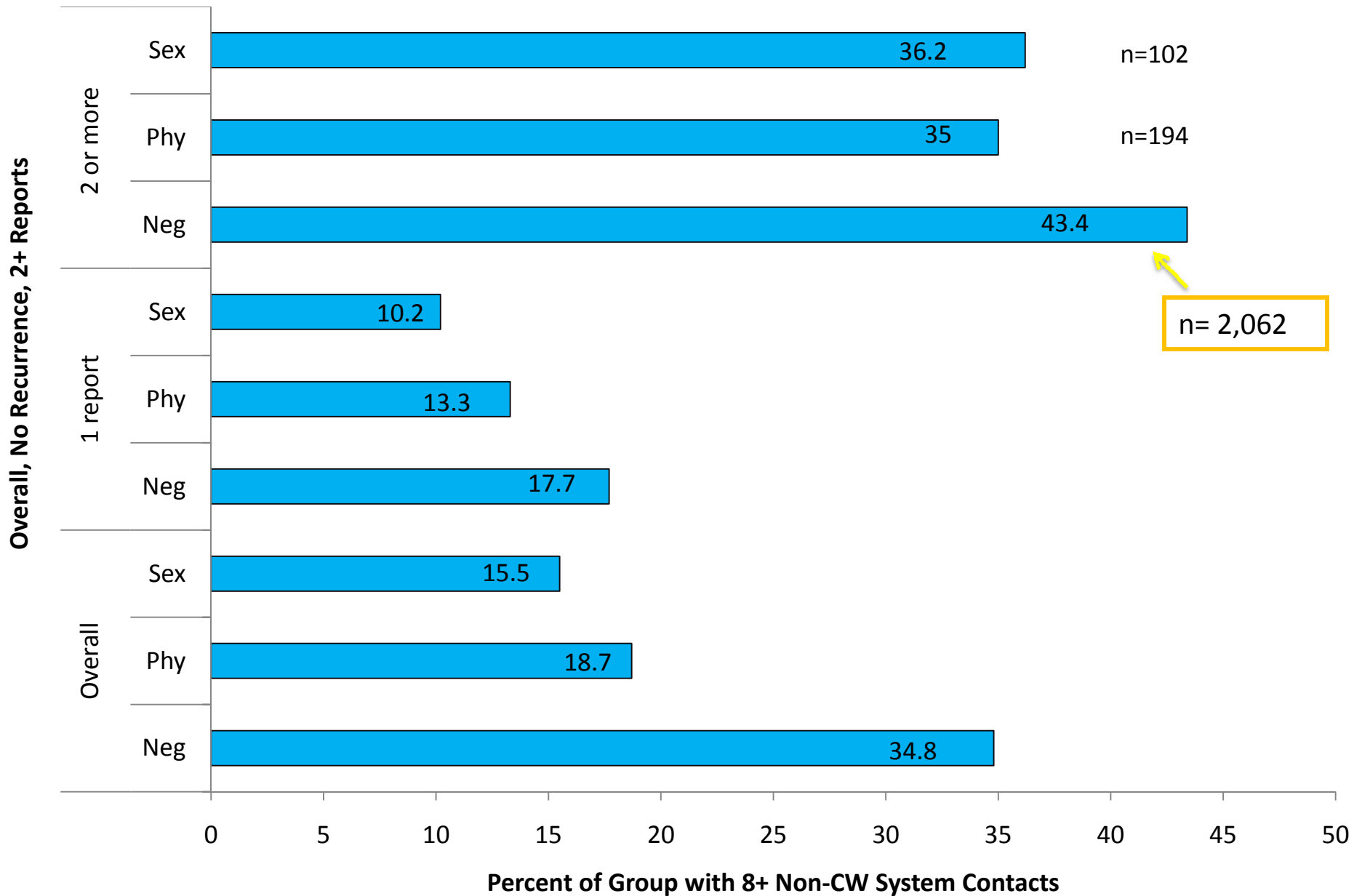
CAN AFDC: Recurrence and Neglect Over Time



CAN AFDC: Average System Contacts (excluding Child Welfare) & Neglect



Neglect and High End Services Use



Why Should We Care About High End Childhood Service Use?...Entering young adulthood

Young Adult Outcomes thus far....

- Although the mean age of young adult subjects in this analysis is only 20.2 years, about 26% have already experienced at least one of the following after age 18:
 - arrest (7.3%),
 - alleged perpetrators of maltreatment (3.5%),
 - Hospital care due to injury from violent crime (4%),
 - new or ongoing mental health services (7.2%),
 - received hospital care for a serious health condition (cancer, diabetes or heart disease-1.3%),
 - are receiving TANF (12.3%).

Usual Care: What Really Happens When We Look At Services

- Childhood Death: Children who later died , died outside typical time frame of CW case (avg 9 mo), typically had reports of neglect, and almost never had had an CW case to services. Deaths were primarily “accidental”
- Special education: Children often came to the attention of CW during early childhood (often for neglect) but did not get assessed for possible delay until 4-8 years later. ED children more likely to become delinquent—only about half of students categorized as ED receive any specialized mental health services.
- Poverty: Regardless of subtype of maltreatment, children in families that have no history of poverty as measured by AFDC/TANF have much lower likelihood of recurrence.
- Juvenile court: Despite the fact that the children who began status offending or delinquency petitions had histories of child welfare involvement, few cases received any sort of service following the petition through the juvenile court—most common was a letter or phone call to a parent.
- Recurrence:
We have found that even after 36 months an additional 20-25% of children have a first recurrence. Its highly unlikely that information is available to workers that such cases are not first events.

For example in a sample of low income children ages 10 or less at first report, recurrence was lower for children reported for neglect who received in-home services after a first report (69% not served v. 52% FCS). Among substantiated cases, cases receiving in-home and out of home services had lower recurrence rates than those who received no services after a first report.

In our sample about 80% of first reports were unsubstantiated. Although Missouri does provide services to unsubstantiated neglect cases, few such cases receive services after the first report (about 9.8%) while over half of substantiated first reports receive in-home services or have children placed in care. This means the vast majority of children reported for neglect will not receive services through child welfare until or unless they are re-reported.

What can research do?

- Carefully consider the role of various service systems in designing intervention that maximizes existing resources and is sustainable.
- Use cross-sector services work to raise awareness of what is actually being delivered and bring other agencies to table and to assess the cost benefit of change.
- Combine services research with risk/protective in-person data collection and intervention work to disentangle usual care from intervention and need.