



Child welfare supervised children's participation in center-based early care and education



Sacha Klein ^{a,*}, Darcey H. Merritt ^b, Susan M. Snyder ^c

^a Michigan State University, School of Social Work, 655 Auditorium Road, East Lansing, MI 48824, United States

^b New York University, Silver School of Social Work, 1 Washington Square North, New York, NY 10003, United States

^c Georgia State University, School of Social Work, P.O. Box 3995, Atlanta, GA 30302-3995, United States

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ABSTRACT

Research suggests that early care and education (ECE) services, particularly center-based ECE, may help prevent child maltreatment and also mitigate some of the negative developmental outcomes associated with child maltreatment. There is also preliminary evidence to suggest that ECE could reduce the likelihood that maltreatment allegations will be substantiated by child welfare authorities and/or result in children being placed in out-of-home care. However, little is known about rates of ECE participation among children receiving child welfare services, nor the factors that determine ECE participation for this population. Data from the first wave of the National Survey of Child and Adolescent Wellbeing II, a nationally representative sample of children referred to the United States (U.S.) child welfare system (CWS) for suspected maltreatment, were used to measure the frequency with which 0–5 year olds participate in center-based ECE. Additionally, logistic regression analyses explored the effects of maltreatment type, substantiation, and children's living arrangements (i.e., with parents, relatives, or foster parents) on this outcome, controlling for a range of child and family covariates associated with ECE participation in the general population. Results indicate that less than a third of 0–5 year olds receiving child welfare services in the U.S. are participating in center-based ECE. Among the various categories of maltreatment type measured, being reported to the CWS for suspected physical abuse was associated with decreased odds of center-based ECE participation; however, other types of maltreatment, substantiation, and living arrangement were unrelated to center-based ECE participation. These findings suggest that, despite recent efforts by the U.S. federal government to promote ECE participation for CWS-supervised children, the vast majority of young children in the U.S. CWS are not receiving center-based ECE, and physically abused children are particularly disadvantaged when it comes to accessing these services.

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1. Background

In the United States, young children birth to five years old, are more likely than any other age group to come to the attention of the public child welfare system (CWS) because of maltreatment by a parent or caregiver (USDHHS, 2016a; Wildeman et al., 2014). In federal fiscal year 2014, there were 702,208 confirmed victims of child maltreatment in the U.S., 40% of whom were younger than five years old (USDHHS, 2016a). Cumulative analyses of child welfare administrative data suggest that early child maltreatment and CWS involvement are even more prevalent than this annualized data indicate. It is estimated that nearly 6% of all U.S. children will become confirmed victims of child maltreatment before they reach their fifth birthday (Wildeman et al., 2014).

Child maltreatment at any age can and often is harmful, but abuse and neglect that occurs during early childhood is associated with particularly adverse developmental, behavioral, and academic outcomes for victims (Fantuzzo, Perlman, & Dobbins, 2011; Stahmer et al., 2005; Zimmer & Panko, 2006). Maltreated infants and young children are also substantially more likely than older maltreated children to be seriously harmed or killed as a result of abuse or neglect (Montgomery & Trocme, 2004; USDHHS, 2016a). In response to the growing numbers of infants and young children entering the U.S. CWS and their vulnerability, a number of experts have begun to call for CWS practice and policy reforms that take into account the unique developmental needs and vulnerabilities of this age group (Berrick, Needell, Barth, & Jonson-Reid, 1998; Harden, 2007; Harden & Klein, 2011; Wulczyn & Hislop, 2002).

One promising opportunity for creating a more developmentally responsive system of care for the CWS's youngest charges is to increase these children's participation in early care and education (ECE) programs. ECE refers to any regular child supervision arrangement provided by someone other than a child's parent or primary caregiver. An

* Corresponding author.

E-mail addresses: kleinsa@msu.edu (S. Klein), darcey.merritt@nyu.edu (D.H. Merritt), smsnydersu@gmail.com (S.M. Snyder).

emerging body of research points to several ways in which ECE may benefit children in the CWS. This literature was recently detailed in a research-to-practice brief (Klein, 2016) published by the U.S. Administration for Children and Families that surveys peer-reviewed studies about the effects of ECE on the U.S. CWS's three primary goals for the children it serves: to ensure their (1) *safety* from future abuse and neglect and ability to remain safely in their parents' home when possible, (2) *permanency* (i.e. a consistent living arrangement with an appropriate caregiver and remaining connected to family members), and (3) *well-being*, as indicated by receipt of appropriate physical, mental health, and educational support services (Adoptions & Safe Families Act of 1997; USDHHS, n.d.). The brief concludes that the bulk of available research evidence indicates that ECE services can help the CWS achieve its safety and well-being goals for young children, with the most consistent evidence pointing to the potential benefits of *center-based* ECE programs.

Center-based ECE' refers to a specific type of ECE for children that is provided in an institutional or school-like setting usually for children too young to attend Kindergarten. Also commonly referred to as 'nursery school', 'pre-kindergarten', or 'center-based child care', this service is typically provided with the primary goal of promoting positive early child development and school readiness. While it holds many things in common with other types of ECE, it is distinct from ECE provided in caregivers' homes (e.g., 'home-based daycare') or children's homes (e.g., by a nanny) that are often provided with the primary goal of facilitating parental employment or respite from caregiving responsibilities. Center-based ECE programs vary considerably with respect to curricula, program length (part or full year, part or full day), organizational auspice (for profit, non-profit or public), and quality (Laughlin, 2010; Saluja, Early, & Clifford, 2002). Because of this variability, research on ECE center outcomes should not be over-generalized, however, as detailed in Klein (2016), a growing literature suggests that at least some types of center-based ECE can help prevent child maltreatment (*safety*) (Garbarino, 1976; Garbarino & Crouter, 1978; Green et al., 2014; Klein, 2011; Kotch & Thomas, 1986; Mersky, Topitzes, & Reynolds, 2011; Reynolds & Robertson, 2003; Zhai, Waldfogel, & Brooks-Gunn, 2013) as well as improve developmental outcomes for maltreated children (*well-being*) (Kovan, Mishra, Susman-Stillman, Piescher & LaLiberte, 2014; Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Merritt & Klein, 2015). Additionally, research on the separate but related topic of child care subsidies raises questions about whether ECE may also help prevent the need for foster care removal (*safety*) and stabilize foster care placements for maltreated children who are removed from their parents' custody (*permanency*) (Lipscomb, Lewis, Masyn, & Meloy, 2012; Meloy & Phillips, 2012). We recapitulate here the findings from Klein (2016) that specifically pertain to center-based ECE.

1.1. Center-based early care and education and child safety outcomes

Several studies suggest that access to or participation in ECE services can reduce child maltreatment risk. It has been theorized that ECE services may help prevent child abuse and neglect by offering parents respite from the sometimes stressful demands of caring for young children (Klein, 2011) and parenting support (Small, 2006). In some cases, parents also receive education on optimal child development and child rearing practices (Administration on Children, Youth & Families, 2001). Center-based ECEs can help children reach their developmental potential and enter Kindergarten ready to learn, which can lead to a reduction in parent-child conflict around school transitions and achievement that could otherwise escalate into maltreatment (Mersky et al., 2011; Reynolds & Robertson, 2003). At the neighborhood level, rates of preschool utilization among three- and four-year olds and the availability of licensed child care within the community (both center-based/preschool and home-based care) relative to the number of 0–5 year old residents have been found to predict lower rates of child maltreatment (Garbarino, 1976; Garbarino & Crouter, 1978; Klein, 2011). Additionally,

participation in Head Start, Early Head Start (EHS), and the Chicago Child-Parent Centers preschool programs has been associated with lower rates of at least some types of child maltreatment or CWS involvement, especially when these outcomes are measured after children complete these programs (Green et al., 2014; Mersky et al., 2011; Reynolds & Robertson, 2003; Zhai et al., 2013).

If center-based ECE helps prevent maltreatment, it follows that allegations of maltreatment involving young children who are enrolled in ECE centers would be substantiated (i.e., confirmed by child protection authorities) less often than allegations involving young children not enrolled in ECE centers. This particular hypothesis has not been tested before, but there is evidence that participation in 'child care' services, which could include ECE centers, is associated with lower substantiation rates. One study of children reported to child welfare authorities for suspected maltreatment in a North Carolina county found that families whose youngest children were not receiving child care services were five times more likely to have reported maltreatment 'substantiated' than families whose youngest children were receiving full time child care (Kotch & Thomas, 1986). The authors interpret this finding to mean that either full time child care services reduce child maltreatment risk or that investigating caseworkers are less compelled to substantiate maltreatment allegations, irrespective of their veracity, when children are receiving regular child care (Kotch & Thomas, 1986).

In addition to these studies linking center-based ECE to lower rates of child maltreatment and substantiation of maltreatment, research on the distinct but related topic of child care subsidies raises the possibility that center-based ECE may further contribute to the CWS's safety goal by helping children remain in their parents' care (Klein, 2016). Child care subsidies are government vouchers that parents use to pay their ECE fees, and they have been associated with greater participation in ECE, particularly participation in center-based ECE programs (Ertas & Shields, 2012; Greenberg, 2010). An observational study of CWS-supervised children in Oregon documented lower rates of child care subsidy use among children who were in foster care, compared to those protected in their homes (Lipscomb et al., 2012). Additionally, a study of states' child care subsidy regulations found that states with more "accommodating" Child Care Development Fund (CCDF) program rules for offering foster families and birth families supervised by the CWS subsidized child care had, on average, significantly fewer child removals (into foster care) than other states (Meloy, Lipscomb, & Baron, 2015). Because these studies focus on subsidy rather than service receipt (irrespective of payment source) and child care subsidies can be used to pay for many different types of ECE arrangements not just center-based ECE, these findings are not conclusive with respect to center-based ECE's potential to reduce foster placements; however, they are provocative.

1.2. Center-based early care and education and permanency outcomes

The research on child care subsidies also raises a question about whether ECE programs might help the CWS achieve its permanency goals for children. In Illinois, children (1–5 years old) whose foster parents received child care subsidies placement disruptions than those who foster parents did not receive subsidies (Meloy & Phillips, 2012). Relatedly, Oregon children who remained in their parents' care while under CWS supervision had a higher probability of receiving child care subsidies than children placed in foster care (Lipscomb et al., 2012). Contrariwise, states with more "accommodating" CCDF rules for children in the CWS actually have a higher average number of placement changes within a given foster care removal episode than states with less 'accommodating' CCDF rules for families in the CWS (Meloy et al., 2015). In other words, state policies that facilitate foster children's access to child care subsidies were associated with higher rates of placement disruption. Taken together, these studies suggest that there may be a link between access to ECE (including center-based services) and permanency for foster children, but additional research is needed to confirm this given that

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