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# Title IV-B Plays an Important Role in Preventing Child Welfare System Involvement

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Published  
Wednesday, October 19, 2022  
10:00am

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Child Evidence Brief  
No. 15 (2022)

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**CHILD EVIDENCE BRIEF**

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**MATERIALS**

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**Of the 7.1 million children referred to state child welfare systems annually due to alleged child maltreatment (e.g., physical abuse, sexual abuse, or neglect), nearly half are screened out and do not receive child welfare services despite potential markers of maltreatment risk.** Due to Title IV-B of the Social Security Act's flexibility and capacity to target root causes of maltreatment, Title IV-B services offer a critical strategy for preventing maltreatment and subsequent child welfare system involvement. Emerging evidence suggests that community response and differential response programs funded by Title IV-B are important initiatives to prevent child maltreatment. Evidence on the effectiveness of programs external to the child welfare system that prevent child maltreatment (e.g., income supports, parenting interventions, and early care and education programs) suggest Title IV-B should be used to provide case management and facilitate families' access to supportive programs. Increasing Title IV-B funds while continuing flexibility of services would allow states to expand access to preventive services, decreasing the number of children experiencing maltreatment and child welfare involvement.

## **Many Children and Families Experience Ongoing Risks for Child Maltreatment**

Child maltreatment, which is experienced by over 600,000 children in the United States,<sup>1</sup> is associated with a range of adverse outcomes, including physical illnesses and injuries, developmental delays, academic challenges, and mental health problems.<sup>2-5</sup> Of the more than 7 million children who were referred to state child welfare systems in 2020 due to perceived risks of maltreatment, only 1.1 million received ongoing child welfare services, leaving a large number of children and families at continued risk of child maltreatment.<sup>1</sup> Several factors are associated with increased risk for maltreatment, including family member substance abuse and intimate partner violence as well as structural factors such as poverty, food insecurity, and housing instability.<sup>1,6-9</sup> Due to the large number of children at risk for maltreatment and its negative consequences, it is critical to deliver services to prevent maltreatment and child welfare system involvement.

## **Title IV-B Provides Modest Yet Flexible Funding to Prevent Child Maltreatment**

Title IV-B provides a relatively small allocation of flexible funds to states to deliver a wide range of family-based services to prevent child maltreatment.<sup>10,11</sup> This limited funding for prevention stands in contrast to the far (more than 14 times) greater federal funding for Title IV-E, which covers the costs of foster care.<sup>10,11</sup> The funding imbalance between these two programs has long been a national concern, only partially addressed by the Family First Prevention Services Act (FFPSA) that funds a limited set of evidence-based practices to prevent foster care placement.<sup>12,13</sup> The flexibility of Title IV-B complements the rigorous standards of FFPSA, and combined, these programs offer a vital array of services to address family needs that may lead to child maltreatment.

## **A Variety of Title IV-B Services are Effective in Preventing Child Maltreatment**

Due to its flexibility, Title IV-B can be used to support families' access to a variety of programs and financial supports that help to prevent child maltreatment. Title IV-B increasingly has been used to fund two types of direct prevention and diversion approaches, including "community response" and "differential response."

**Community response** (CR) programs focus on families reported to Child Protective Services (CPS) who do not meet criteria for maltreatment substantiation (i.e., finding that maltreatment occurred).<sup>14</sup> Common features of these programs include case management, emergency financial assistance, housing assistance, and parent training. Emerging evidence points to the effectiveness of CR programs in preventing child maltreatment and further child welfare system involvement. For example:

- In Illinois, families who participated in the CR Parent Support Outreach program experienced fewer CPS reports and out of home placements and were more likely to receive adult mental health services than similar families with an open child welfare case.<sup>14</sup>
- A rigorous study in Wisconsin documented that CR participants were less likely to have subsequent CPS involvement than families who declined participation in the program.<sup>15</sup>

**Differential response** (DR) programs provide the option of receiving services without having a formal CPS investigation or a determination of substantiated maltreatment. DR programs assess family needs and deliver a continuum of services including parenting, mental health, and substance abuse interventions.<sup>16</sup> Emerging evidence points to DR's benefits in reducing child maltreatment and child welfare system involvement. For example:

- A recent study found that, compared to states without DR programs, states with DR programs had 19% fewer substantiated reports of child maltreatment, 25% fewer children substantiated for neglect, and a 17% reduction in foster care services.<sup>16</sup>
- A state-specific DR randomized evaluation documented reductions in substantiated maltreatment reports, child removals, and unsafe home environments (e.g., parental substance abuse) for families who received DR compared to control families.<sup>17</sup>

### **Title IV-B Funds Help Connect Families to Effective External Programs**

Title IV-B funds are also used for case management services to connect families to an array of external programs with evidence of preventing maltreatment, such as:

**Income support programs** of various types have been associated with reduced rates of maltreatment.<sup>18</sup>

- Lower maltreatment rates have been found in states with state-level Earned Income Tax Credit programs<sup>18-20</sup> and greater participation in Temporary Assistance for Needy Families<sup>18,21</sup> compared to states with lower participation in such programs.
- Expanded access to child care subsidies,<sup>18</sup> Medicaid,<sup>22</sup> SNAP,<sup>18,23</sup> and WIC<sup>23</sup> has been associated with reduced maltreatment rates.

**Parenting programs** show benefits for families at risk for child welfare system involvement.

- Evidence-based home visiting programs have been found to reduce child maltreatment<sup>24-26</sup> and child welfare system involvement,<sup>27,28</sup> as well as improve parenting behaviors and child health and behavioral outcomes.<sup>29-33</sup>
- Parenting interventions, including relationship-based programs,<sup>29,31,34</sup> parent management programs,<sup>28,35-37</sup> and comprehensive multi-component programs,<sup>38-40</sup> have been documented to reduce risk for child maltreatment.

**Early childhood education programs** with strong family support components have been found to reduce maltreatment risk.

- Children who participated in Early Head Start had fewer substantiated reports of physical and sexual abuse and foster care placements than children in the control group.<sup>41,42</sup>

- Children who participated in Title I Child-Parent Centers had significantly lower rates of maltreatment over the course of their childhood and adolescence than children in a control group.<sup>43</sup>

This evidence suggests that case management services facilitating parental access to effective financial, parenting, and early education supports is an appropriate role for Title IV-B programs to help prevent child maltreatment.

### **It is Critical to Expand Funding and Use of the Title IV-B Program**

There is a glaring imbalance between the large numbers of children at risk for maltreatment and the structure of the federal child welfare system, wherein funding is tilted strongly towards intervention systems (after children experience maltreatment) rather than towards prevention of child maltreatment. An increase in Title IV-B funding would allow states to access additional federal funds and leverage state funds to expand preventive services, including community response and differential response programs, as well as case management services and the provision of income, parenting, and early education programs. The inherent flexibility of the Title IV-B program allows states to target their investments toward the root causes of child welfare system involvement and the needs of their state populations, decreasing the number of children experiencing maltreatment and entering foster care placements.

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