Center for Advanced Studies in Child Welfare

MINN-LINK

Minnesota-Linking Information for Kids

Child Welfare COMPENDIUM

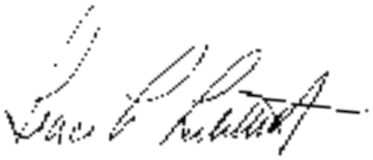
This collection of Minn-LInK research briefs and accompanying discussion guides is designed to inform and engage child welfare professionals and associated practitioners about practice and policy-relevant research. Minn-LInK studies are developed using integrated data crossing multiple systems, with the intent of supporting practice. Findings of each Minn-LInK study are detailed in brief format with accompanying discussion guides created for enhancing conversations about integrating research and practice.

Introduction

Since its inception in 2003, the Minn-LInK project has brought together researchers, policy makers, administrators, educators, and practitioners to explore and better understand the experiences of children and families who are multi-system involved. Using integrated data from multiple service systems (including education, social services, and criminal justice), Minn-LInK staff and collaborative partners have furthered our understanding of the well-being of children and families in Minnesota. We've selected five research briefs and accompanying discussion guides to highlight our collaborative work over the last five years — with a focus on issues critical to child welfare.

Although this compendium includes just a few briefs and their corresponding discussion guides, many others are available on our website. In addition, as we continue in our mission to support the well-being of Minnesota's children and families, new briefs and discussion guides are developed and made available throughout the year.

We hope you find these selections of interest and useful in your work with children and families.



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Center for Advanced Studies in Child Welfare

MINNESOTA LINK
Minnesota-Linking Information for Kids

Brief Issue:
No. 12, Spring 2015
Revised

RESEARCH BRIEF

Parental Disability and Termination of Parental Rights in Child Protection

Purpose of the Study

The purposes of this study were to understand the prevalence of parental disability among Termination of Parental Rights (TPR) cases in Minnesota and to determine whether parents with disabilities were overrepresented in child protection TPR cases. Additionally, this study sought to understand characteristics of parents with disabilities who experienced TPR.

Background & Purpose

The ability to create a family and to parent one's children is an established basic human right grounded in the expectation that children will be provided for and cared for at a standard set by society (United Nations, 1948). When parents fail in their ability or willingness to meet society's parenting standards, the U.S. asserts the State's rights and responsibilities to protect and care for children. In doing so the State can terminate the rights of parents (Child Abuse Prevention and Treatment Act of 1974).

While much is known about U.S. rates of out-of-home placement within child protection services and subsequent termination of parental rights, less is known about the CPS experiences of particular groups of children and families. One such group is parents with disabilities.

While much is known about U.S. rates of out-of-home placement (OHP) within child protection services (CPS) and subsequent termination of parental rights (TPR) (Administration on Children, Youth and Families, Children's Bureau, 2014), less is known about the CPS experiences of particular groups of children and families. One such group is parents with disabilities. While prevalence rates are beginning to be established in other parts of the world (see McConnell, Feldman, Aunos, & Prasad, 2011), U.S. prevalence rates of parents with disabilities involved in CPS are unknown. Information about U.S. parents with disabilities who progress further into the child protection system and experience TPRs are also largely unknown. What is known however, is that the presence of parental disability was identified in 2010 as grounds for TPR in 33[1] states (Lightfoot, LaLiberte, & Hill); therefore it was hypothesized that this group of parents would be disproportionately represented among parents who experienced a TPR.

This study sought to determine the prevalence of parental disability among TPR cases in Minnesota's child protection service system and to assess whether disproportionality in TPR cases existed for parents with disabilities. Specifically the following questions were investigated:

1. What are the characteristics of parents with disabilities who experienced TPR?

2. Are parents with disabilities over-represented in TPR cases? If so, does the overrepresentation begin prior to TPR (i.e., in OHP)?

Methods

Child protection and educational records of parents who experienced an OHP and/or TPR were matched through Minn-LInK; records were used to determine the prevalence of parental disability TPR cases and to describe the characteristics of parents who experienced TPR. Prevalence of disability in TPR cases (and subsequently OHP cases) were compared to the prevalence of disability in the general population from which the sample was drawn.

Through Minn-LInK, 12,554 TPR cases (occurring between 2000 and 2010 for parents of all ages) were identified in Minnesota's Department of Human Services (DHS) child protection records. Following identification of TPR cases, the records of parents who experienced TPR were matched to their own childhood educational records using Minnesota Department of Education (MDE) 2000-2010 data. Educational records were used to ascertain parents' prior disability status (or lack thereof), as disability data was not available for all parents within the DHS data. A total of 435 cases were matched, representing 283 unique parents (some parents had TPRs for multiple children). Match rates appeared low as only parents who were 30 years or younger at the time of TPR could be matched in available educational data[2].

To understand whether disproportionality existed in the TPR outcome or whether it existed prior to that experience (i.e. OHP) a post-hoc analysis of foster care records was completed. Due to the large number of parents whose children experienced OHP during the study time frame, a one year period of time (2001-2002) was used for comparative purposes. The sample of parents whose children experienced OHP in this year was large enough (n=633) to allow for determination of over representation of parental disability.

Variables used for the study (from MDE) included disability label and special education status, an economic indicator (eligibility for free/reduced lunch), race, ethnicity, and gender. Descriptive statistics, risk ratios, and chi-square analysis were used to answer the study questions.

Findings

Findings suggest that parents with disabilities are over-represented among TPR cases as compared to parents without disability; the overrepresentation precedes the TPR (i.e., in OHP). The proportions of parents with disabilities who experienced at least one TPR or who had at least one child in OHP were consistently greater than they were for the general population of non-disabled parents.

Parents Who Experienced TPR

Parents in this study who experienced TPR (n=283) ranged in age from 12-30 years at the time of their most recent TPR as a result of the sampling methodology used in this study. As seen in Table 1, most parents who experienced TPR (n=283) were female (71%), between the ages of 19 and 24 at the time of TPR (66%), and Caucasian (66%). Parents who experienced TPR were also likely to come from impoverished backgrounds (i.e., qualify for free or reduced price lunch; 65%). In addition, of the 283 parents who experienced TPR, 54 (19%) also experienced alleged maltreatment (i.e., involved as an alleged victim in an accepted case of child maltreatment) in their childhood.

Of the 283 parents who experienced TPR, 35% were identified as having at least one disability.

On average, parents in this study experienced 1.4 TPRs (range 1-4); nearly one-third of the parents in this sample had multiple children (see Table 1). As one would expect, older parents within the sample were more likely to experience multiple terminations; for example, parents aged 25-27 years experienced an average of 1.8 TPRs.

Parents with Disability Who Experienced TPR

Of the 283 parents who experienced TPR, 35% (n=98) were identified as having at least one disability; the remaining 65% (n=185) had no identified disability evident in their childhood education records. Demographic characteristics of parents with disabilities who experienced TPR resembled those of the larger sample of all parents who experienced TPR (see Table 1). Most parents with disabilities who experienced TPR were female (66%), between the ages of 19 and 24 at the time of TPR (68%), and Caucasian (68%). Parents with disabilities who experienced TPR were also likely to come from impoverished backgrounds (i.e., qualify for free or reduced price lunch; 69%); 17 of these parents (17%) also experienced alleged maltreatment in their childhood. The average number of TPRs for parents with disabilities was also similar to the larger sample of parents (1.3TPRs).

As seen in Figure 1, emotional behavioral disorders and specific learning disabilities were the most commonly diagnosed disabilities (60% and 18%, respectively) for parents with disabilities who experienced TPR. Developmental cognitive

Table 1: Characteristics of Parents Who Experienced TPR

		All Parents Who Experienced TPR (n=283)	Parents With Disabilities Who Experienced TPR (n=98)
		%	%
Gender	Female	71.0	66.3
	Male	29.0	33.7
Age (years)	12-15	3.5	4.1
	16-18	20.5	18.3
	19-21	39.9	42.9
	22-24	26.5	25.5
	25-27	8.5	9.2
	28-30	1.1	0
Race*	American Indian or Alaskan Native	6.8	8.6
	Asian or Pacific Islander	3.0	1.1
	Hispanic	5.9	6.5
	Black, not of Hispanic origin	18.9	16.1
	White, not of Hispanic origin	65.6	67.7
Eligible for either free or reduced meal		64.7	69.4
Average number of TPRs per parent	1 TPR	70.7	76.5
	2 or More TPR	29.3	23.5
Child Maltreatment	Yes	19.1	17.3

Note. *Race data was available for 270 parents who experienced TPR and 93 parents with disabilities who experienced TPR.

disabilities and other health disabilities were also commonly diagnosed, with 9% of parents with disabilities who experienced TPR being diagnosed in each category.

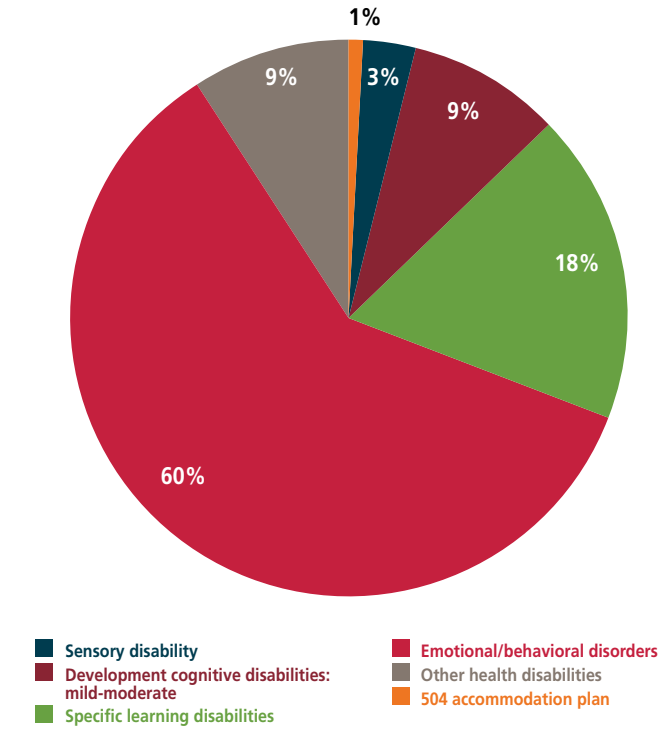
Disproportionality of Disability in TPR (and OHP) cases

As seen in Table 2 the proportion of parents with disabilities that were involved in a TPR case was greater than the proportion of people with disabilities in the general population (as identified through educational records).

In order to measure the potential disproportionality of parents with disability in TPR cases, a risk ratio was calculated on the basis of the following equation:

$$\text{Risk Ratio}^{3} = \frac{\text{Parents w/MDE disability w/TPR} \div \text{all people w/MDE disability}}{\text{Parents w/o MDE disability w/TPR} \div \text{all people w/o MDE disability}}$$

Figure 1: Types of Disabilities for Parents Who Experienced TPR



Findings of this study revealed that parents with disabilities were overrepresented among the parents who experienced TPR based on the risk-ratio calculation previously described. The risk ratio of experiencing TPR for a person with a disability in their MDE records was 3.26. Thus, parents with disabilities were more than three times more likely to experience a TPR than parents without a disability. Chi-square analysis was used to determine whether this pattern reached a level of statistical significance. Parents with disabilities were significantly more likely to experience TPR (z=3.2013, $p<.05$) than parents without disabilities.

> Parents with disabilities were more than three times more likely to experience a Termination of Parental Rights than parents without a disability. Parents with disabilities were more than two times more likely to have a child in out-of-home placement than parents without a disability.

Descriptive statistics and a second risk ratio was used to determine whether the overrepresentation of parents with disability who experienced TPR began prior to TPR. The second risk ratio was calculated on the basis of the following equation for OHP cases:

$$\text{Risk Ratio} = \frac{\text{Parents w/MDE disability w/OHP} \div \text{all people w/MDE disability}}{\text{Parents w/o MDE disability w/OHP} \div \text{all people w/o MDE disability}}$$

The proportion of parents with disabilities who had children in OHP through child protection services was greater than the proportion of people with disabilities in the general population (as identified through educational records; see Table 2). Risk ratios revealed that parents with disabilities were also overrepresented by having children in OHP. The risk ratio for having a child in OHP as a parent for a person with a disability in their MDE records was 2.37. Thus, parents with disabilities were more than two times more likely to have at least one child in OHP than parents without a disability. Chi-square analysis confirmed this pattern; parents with disabilities were significantly more likely to have OHP involvement (z=3.2004, $p<.05$) than parents without disabilities. Thus, the overrepresentation of parents with disabilities precedes their TPR experience.

Table 2: Prevalence of Parental Disability in TPR and OHP Cases

	TPR Cases		OHP Cases		General Population	
Disability	**N**	**%**	**N**	**%**	**N**	**%**
Yes	98	34.6	176	28.0	125,492	14.0
No	185	65.4	457	72.0	771,946	86.0
Total	283	100.0	633	100.0	897,438	100.0

Note: General population from MDE 2000-2001

Conclusion

Using merged administrative data available through Minn-LInK, this study sought to describe characteristics of parents with disabilities who experienced TPR and understand the prevalence and potential disproportionality of parental disability among TPR cases in Minnesota. Further, this study sought to determine whether any disproportionality existed prior to TPR in regard to parental disability (i.e., in OHP).

Findings of this study clearly reveal a significant overrepresentation of parents with disabilities in TPR cases as well as an overrepresentation of parents with disabilities who have children in OHP (the pathway to TPR). Parents with disabilities are 3.26 times more likely to be among parents who have their parental rights terminated and 2.37 times more likely to have at least one child in OHP. These findings are apparent despite similar demographic characteristics between parents (regardless of disability status) who experienced a TPR (n=238) and parents with disabilities who experienced a TPR (n=98).

Limitations

While parental disability codes within child protection records were found to be unreliable, largely missing, and lacking clarity[4], reliance on Minnesota education records of parents to identify parental disability status also limited this study. Only the youngest parents (aged 12-30 years) and young parents who attended public school in Minnesota could be included in the study. Parents who acquired a disability after high school (e.g. traumatic brain injury) or whose disability was not recorded in educational records would not be included in the disability group.

This study provides evidence that supports the notion that parents with disabilities are over-represented within TPR cases and that this overrepresentation begins earlier in the CPS system than the TPR experience.

Although Minnesota isn't a state that includes disability as grounds for termination of parental rights (see Lightfoot, Hill & LaLiberte, 2010), overrepresentation of parents with disabilities in TPR cases still exists. What is yet to be fully understood, related to this newly confirmed overrepresentation, is whether or not:

- Parents with disabilities have the parental and community supports they need to aid in parenting and to prevent child protection involvement,
- Workers in the child protection system have the assessment tools and capacity to determine parenting ability for parents with disabilities, and
- Child protection practices and/or policies allow for accommodations and/or modifications for parents with disabilities which may be required for adequate parenting (such as reliance on interdependent parenting practices).

Further research is needed to better understand the contexts in which TPRs occur for parents with disabilities. In-depth case record reviews, worker interviews, and policy analysis are needed to disentangle the complex issues identified in this brief.

Practice Resources

Center for Advanced Studies in Child Welfare (CASCW)
The Intersection of Child Welfare and Disability: Focus on Parents
http://cascw.umn.edu/portfolio-items/fall-2013-cw360/

Disability Child Welfare Collaborative (DCWC)
http://cascw.umn.edu/community-engagement-2/dcwc/

National Council on Disability
Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children
http://www.ncd.gov/publications/2012/Sep272012/

The Association for Successful Parenting (TASP)
http://achancetoparent.net/

Through the Looking Glass
http://www.lookingglass.org/

International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD)
Parenting with Intellectual Disabilities – Special Interest Group
https://www.iassidd.org/content/parenting-with-intellectual-disabilities

Research Resources

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Feldman, M., McConnell, D. & Aunos, M. (2012). Parental Cognitive Impairment, Mental Health, and Child Outcomes in a Child Protection Population. *Journal of Mental Health in Intellectual Disabilities*, 5(1), 66-90. doi: 10.1080/19315864.2011.587632

Lightfoot, E. & LaLiberte, T. (2011). Parental supports for parents with intellectual or developmental disabilities. Intellectual and Developmental *Disabilities*, 49(5), 388-391. DOI: 10.1352/1934-9556-49.5.388

Lightfoot, E., LaLiberte, T., & Hill, K. (2010). Disability in the termination of parental rights and child custody statutes. *Child Abuse & Neglect*, 34(12), 927-934. DOI: 10.1016/j.chiabu.2010.07.001

McConnell, D., Feldman, M., Aunos, M. & Prasad, N. (2010). Child Maltreatment Investigations Involving Parents With Cognitive Impairments in Canada. *Child Maltreatment*, 16(1), 21-32.

Footnotes

1 Since 2010 four states have repealed the use of parental disability as grounds for TPR, bringing the number of states who currently use parental disability as grounds for TPR to 33.

2 Over 80% of parents whose records were matched experienced TPR between 2006 and 2010.

3 Risk ratios of 1.0 indicated that people with a disability (as identified in their MDE records) were at no greater risk of experiencing TPR (or having a child in OHP, as appropriate) than a person without a disability. Risk ratios greater than 1.0 indicated that people with a disability were at increased risk of experiencing TPR (or OHP), and risk ratios lower than 1.0 indicated that people with a disability were at lower risk of TPR (or OHP).

4 While 35% of parents who experienced TPR had an identified disability noted in their educational records, only 15% of those same parents had an identified disability noted in their child protection records. In addition, different coding structures were used to note disability between the two systems.

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Administration on Children, Youth and Families, Children's Bureau,(2014). Preliminary estimates for FY 2013 as of September 2014 (21). Retrieved http://www.acf.hhs.gov/programs/cb/resource/afcars-report-21

Child Abuse Prevention and Treatment Act of 1974, 42 USC §§5101–5106.

Lightfoot, E., LaLiberte, T. & Hill, K. (2010). Disability in the termination of parental rights and other child custody statutes. *Child Abuse and Neglect*, 34, 927-934.

McConnell, D., Fledman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse & Neglect* Volume 35 (8), 621–632. doi:10.1016/j.chiabu.2011.04.005

United Nations (1948). Universal Declaration of Human Rights. Hundred and eighty-third plenary meeting, Resolution 217(A)(III) of the United Nations General Assembly, Retrieved 1/20/15 from http://www.state.gov/j/drl/rls/irf/2008/108544.htm

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Manuscript: LaLiberte, T., Lightfoot, E., & Mishra, S. (2015). Child Protection, Termination of Parental Rights and Parents with Disability.

Note: This brief is a revised version of Minn-LInK Brief No. 12 that was released in 2012. Please use the updated brief and citation when referencing this study.

Center for Advanced Studies in Child Welfare

MINN-LINK

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DISCUSSION GUIDE FOR MINN-LINK BRIEF #12

Parental Disability and Termination of Parental Rights in Child Protection

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we were interested understanding the prevalence of parental disability among Termination of Parental Rights (TPR) cases in Minnesota and in determining whether parents with disabilities were overrepresented in child protection TPR cases. Additionally, this study sought to understand the characteristics of parents with disabilities who experienced TPR. Findings of this study suggested that parents with disabilities are significantly overrepresented in TPR cases as well as out-of-home placement (OHP) cases. The proportions of parents with disabilities who experienced at least one TPR or who had at least one child in OHP were consistently greater than they were for the general population of non-disabled parents.

Discussion on Practice Implications

1. This study found that parents with disabilities were disproportionately overrepresented in TPR and OHP cases. Why do you think it is important to examine potential disproportionality among parents with disabilities involved in Child Protective Services (CPS)? What factors do you believe have contributed to the disproportionate representation of parents with disabilities in TPR and OHP cases? Does this appear to be a systemic issue? How so?

2. What are some ways to reduce the overrepresentation of parents with disabilities in TPR and OHP cases? What are ways we can support parents with disabilities involved in CPS? Are there early intervention services available to support parents with disabilities in your area?

Discussion on Agency- & System-Level Changes

1. Although parents with disabilities are overrepresented in TPR cases in Minnesota, Minnesota is one of the few states that does not include disability as grounds for termination of parental rights. Policies that allow for TPR as a result of parental disability may be unfair for fit parents. What systems are in place in your organization to assist parents with disabilities? What community and systemic supports may be useful for parents with disabilities? How can we advocate for parents with disabilities involved in CPS?

2. What alternatives are available to assess parenting practices? What assessment tools do workers in CPS have to determine parental capacity and ability for parents with disabilities? What changes are needed to better meet the needs of parents with disabilities?

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Brief Issue: No. 15, Summer 2013

REPORT BRIEF

Examining the Association of Children's Academic Performance with Their Exposure to Parental Intimate Partner Violence and Child Maltreatment

Purpose of the Study

This longitudinal investigation explored the association of children's exposure to parental intimate partner violence (IPV) and child maltreatment (CM), as well as combined exposure (IPV-CM), to children's academic achievement and school attendance over time.

Background & Purpose

Studies of children's exposure to both parental intimate partner violence (IPV) and child maltreatment (CM) reveal negative associations with children's social, emotional and behavioral adjustment, health, mental health, and school performance (Evans, Davies & DiLillo, 2008; Kitzmann, Gaylord, Holt & Kenny, 2003; Trickett & McBride-Chang, 1995; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003). However, child maltreatment and exposure to parental intimate partner violence experiences commonly co-occur for children, with over half (56.8%) of children in a recent U.S. national survey experiencing exposure to both IPV and CM in their lifetimes (Hamby, Finkelhor, Turner & Ormrod, 2010). Yet little research addresses the individual and combined associations of children's exposure to IPV and/or CM with their success at school.

Child maltreatment and exposure to parental intimate partner violence experiences commonly co-occur for children, with over half (56.8%) of children in a recent U.S. national survey experiencing exposure to both IPV and CM in their lifetimes.

This longitudinal study addressed this research gap. Specifically, it explored the association of children's indirect exposure to intimate partner violence (IPV) and direct exposure child maltreatment (CM), as well as combined exposure (IPV-CM), to children's academic achievement and school attendance over time. The central question addressed was, "What was the impact over time of children's individual and combined exposure to intimate partner violence and child maltreatment on academic outcomes?" The following research questions were answered:

1. ***Was the type of exposure (IPV only, CM only, IPV-CM) differentially associated with academic achievement and school attendance over time?***
2. ***What combination of factors was significant in determining academic outcomes?***

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Methods

*To understand the associated individual and combined effect of IPV and CM on children's academic outcomes, children's education records were linked to their human service records to create four groups – **CM only**, **IPV only**, **IPV-CM**, and a **comparison group**.*

Through Minn-LInK, four groups were created using Minnesota Department of Human Services (DHS) and Minnesota Department of Education (MDE) 2005-2009 data. The sample totaled 3,572 students (see Table 1) and was divided into three study groups (CM only, IPV only, and IPV-CM) and one comparison group. The ***CM group*** included children who were substantiated victims of child maltreatment but were not exposed to IPV (as measured via the Standardized Decision Making [SDM] Risk Assessment); the ***IPV grou***p included children who were not substantiated victims of child maltreatment but who were exposed to IPV; and the ***IPV-CM group*** included children who were both substantiated victims of child maltreatment and were exposed to IPV. The ***comparison group*** included children in MN who were not involved in child protection; these children were matched to sample groups using propensity score matching based on race, poverty status, grade, and geographical region. Outcome measures included school attendance (annual attendance rate) and reading and math achievement (standardized math and reading tests - Minnesota Comprehensive Assessments [MCA]). Other indicators used in analysis included poverty (eligibility for free/reduced price school lunch), child grade, and child gender. Generalized Estimating Equation (GEE) analysis and multiple regression was conducted in SPSS version 20.

Table 1: Demographic Characteristics of Sample (N=3,572)

Group		n	%
Study groups (n=1,788)			
CM only		1,239	34.6%
IPV-CM		390	10.9%
IPV only		159	4.5%
Comparison group		1,784	50.0%
Initial Grade Level	2nd	627	17.6%
	3rd	630	17.6%
	4th	471	13.2%
	5th	439	12.3%
	6th	456	12.8%
	7th	457	12.8%
	8th	492	13.8%
Race	American Indian/Alaska Native	297	8.3%
	Asian/Pacific Islander	128	3.6%
	Hispanic	311	8.7%
	Black	892	25.0%
	White	1944	54.4%

Findings

All children in the IPV, CM and IPV-CM groups performed significantly worse than the comparison group on standardized reading and math achievement tests, with the IPV only group faring consistently worst across outcome measures. Children in the IPV, CM and IPV-CM groups also attended school at significantly lower rates than those in the comparison group.

School Attendance

A longitudinal analysis using GEE was conducted to assess group differences (CM only, IPV only, IPV-CM, and comparison groups) in annual school attendance rates over three years. Significant differences between groups across time were found (QIC = 191.636, Wald $\chi 2 = 126.637$, $p < .001$). The trajectories for children in each group are shown in Figure 1 below. An examination of pair-wise contrasts indicated that all study groups were significantly different than the comparison group across time periods. Significant differences were not found between the CM only, IPV only, and IPV-CM groups. However, examination of means revealed ascending overall attendance rates from IPV only group (88.98%) to IPV-CM group (90.30%) to CM only group (90.63%), with the comparison group having the highest mean attendance rate (93.51%).

Academic Achievement

Longitudinal analyses, again using GEE, were conducted to assess differences between each group's academic achievement over time as measured by MCA-II reading and math scores. Significant differences between groups across time were found for both reading (QIC = 802.174, Wald $\chi 2 = 95.965$, $p < .001$) and math achievement (QIC = 1095.564, Wald $\chi 2 = 122.382$, $p < .001$). The trajectories for children in each group are shown in Figures 2 and 3.

An examination of overall means indicated reading and math achievement scores in ascending order from IPV only group to IPV-CM group to CM only group, with the comparison group having the highest mean math and reading achievement scores. Average reading achievement scores for each group were 45.96 for IPV only (n=332), 47.46 for IPV-CM (n=833), 49.12 for CM only (n=2,533), and 52.76 for the comparison group (n=3,901). Examination of pair-wise contrasts for reading again indicated significant differences between all study groups and the comparison (see Table 2). Significant differences were also found between the IPV-CM group and the CM only group and between the CM only group and the IPV only group.

Figure 1. Average annual attendance rate for each group over three years

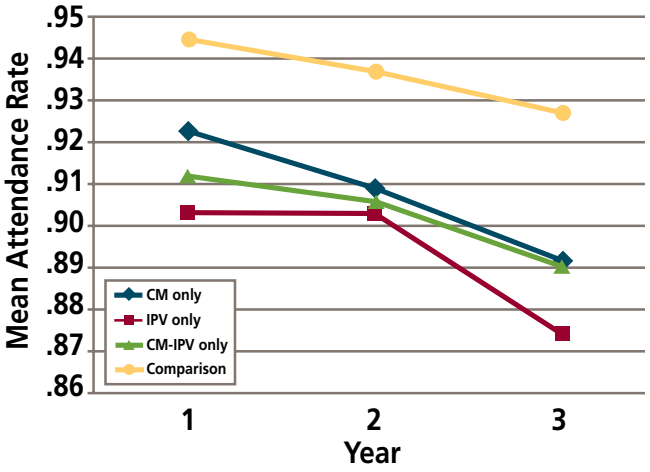

Figure 2. Average reading score for each group over three years

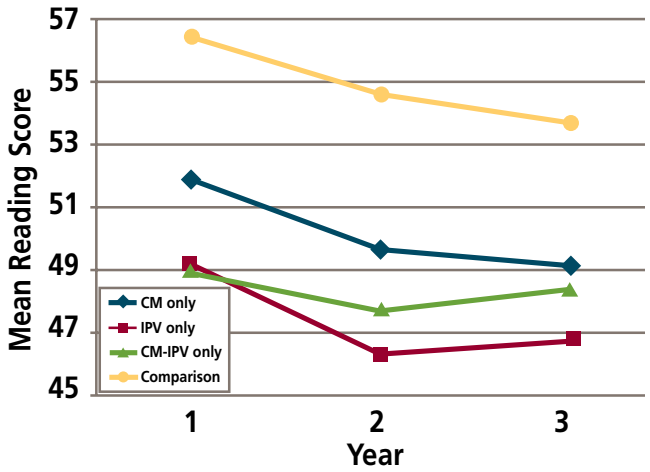

Figure 3. Average math score for each group over three years

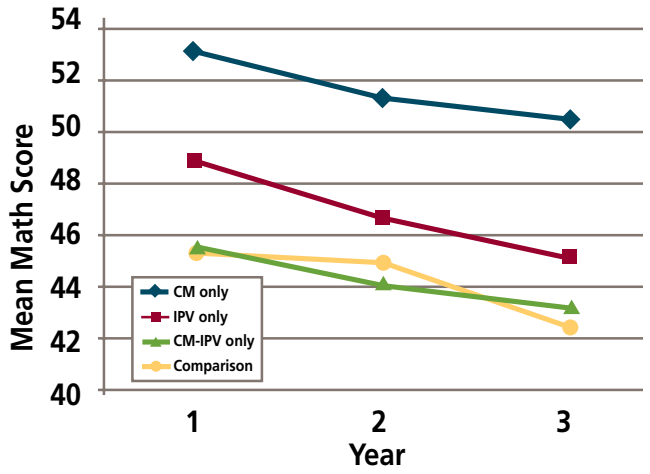

Table 2: Longitudinal Analysis of Group Means, Standard Deviations, and Pairwise Contrasts for Attendance, Reading and Math Achievement.

Outcome	Mean	SD	Contrasts	Mean difference	P value
Attendance	0.92	0.10	Comparison vs. CM	0.03	<.001
			Comparison vs. IPV-CM	0.03	<.001
			Comparison vs. IPV	0.05	<.001
Reading	50.57	13.95	Comparison vs. CM	3.63	<.001
			Comparison vs. IPV-CM	5.30	<.001
			Comparison vs. IPV	6.79	<.001
			IPV+CM vs. CM	-1.66	<.05
			CM vs. IPV	3.16	<.05
Math	46.89	14.76	Comparison vs. CM	4.53	<.001
			Comparison vs. IPV-CM	6.65	<.001
			Comparison vs. IPV	7.84	<.001
			IPV-CM vs. CM	-2.12	<.05
			CM vs. IPV	3.31	<.05

Average math achievement scores for each group were 41.68 for IPV only (n=307), 42.88 for IPV-CM (n=770), 45.00 for CM only (n=2,305), and 49.53 for the comparison group (n=3,444). An examination of pair-wise contrasts for math achievement also indicated significant differences between study groups and the comparison group (See Table 2 below). Additional significant differences were found between the IPV-CM group and the CM only group and between the CM only group and the IPV only group.

Variables Associated with School Achievement

Simultaneous multiple regression analyses were used to determine the best linear combination of group, gender, poverty, and grade level for both average reading and math scores. The models significantly predicted both average reading and math scores [$F(11, 3205) = 34.13$, $p < 0.001$ and $F(11, 3062) = 58.595$, $p < 0.001$] with all variables except grade level significantly contributing to the prediction of each score. R^2 values indicated that 10% of reading and 17% of math scores were explained by the models. These are small but important effects. Beta weights for predicting reading scores suggested that poverty contributed the most to lower average reading scores; being male and violence-exposed also contributed to lower average reading scores. Beta weights for the prediction of average math scores suggested that poverty contributed the most to lower math scores; also important was exposure to IPV only.

Conclusion

This study built upon existing knowledge about the psychosocial, behavioral, and academic consequences of child exposure to IPV and CM and sought to observe these consequences within children's academic experiences. The four group design (IPV only, CM only, IPV-CM, and comparison) revealed differences in academic performance and school attendance. Consistent with prior research, children exposed to both CM and IPV (by themselves or in combination) appear to underperform at school. Research examining why these differences exist suggests several possible factors.

Several authors have stated that the stress of severe domestic violence suppresses children's academic achievement (see Koenen et al., 2003) or that school absences caused by staying home to protect mothers may account for poorer academic achievement (Cunningham & Baker, 2004). The degree of social services intervention may also play a part in these IPV-exposed and non-IPV exposed group differences. Since CM only and IPV-CM violence exposed groups included only children substantiated for CM, further child protection system response was likely mandated. IPV only cases, however, may not have received further services. It is perhaps this loss of intervention that differentiates these children from the others in achievement trajectories. This is not to argue that a child protection intervention is necessary but that perhaps children exposed only to IPV should more consistently receive community-based service interventions of some kind (Edleson, 2006). Screening for adverse childhood experiences, particularly IPV exposure, and devoting greater academic and social service resources to supporting these children may help them recover from the effects of violence exposure and set a more positive course in their future school achievement. In addition, further research may seek to explore more specifically the role of child protection or other service interventions in the outcomes for children exposed to IPV.

Limitations

Data were not collected for the purpose of this research. Human service data was provided by child welfare workers. Because Minnesota has a state-supervised, county-operated system, variations in how information is collected exist. Additionally, it is assumed that some comparison group children were exposed to violence whereas others were not. Finally, effects of grade level on academic achievement scores should be interpreted with some caution because over time test scores decrease for this sample as well as for the entire population of children in the state.

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Center for Advanced Studies in Child Welfare

MINN-LINK

Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #15

Examining the Association of Children's Academic Performance with Their Exposure to Parental Intimate Partner Violence and Child Maltreatment

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined the longitudinal association of children's exposure to parental intimate partner violence (IPV) and child maltreatment (CM), as well as combined exposure, to children's academic achievement and school attendance over time. In particular, we were interested in whether the type of exposure (IPV only, child maltreatment only, or IPV and CM) differentially associated with academic achievement and school attendance over time, and what combination of factors was significant in determining academic outcomes. Overall findings showed that all children those three groups performed significantly worse than the comparison group on standardized reading and math achievement tests, with the IPV only group faring consistently worse across outcome measures. Children in the IPV, CM, and IPV-CM groups also attended school at significantly lower rates than those in the comparison group.

Discussion on Practice Implications

1. In this study, children in families experiencing intimate partner violence fared the worst of all children studied. Why do you think this was the case? What factors may have contributed to these outcomes? Does this appear to be a systemic issue? How so?

2. How do you assesses IPV exposure in your work with children and families? In what ways do you use information about IPV exposure in your practice?

3. What strategies could you (or do you) use to engage school staff and parents in supporting children with traumatic backgrounds? What additional training or support do you need to be more successful in your work?

Discussion on Agency- & System-Level Changes

1. What services and supports are available in your community for victims of IPV? What services and supports are available for children who have been exposed to IPV? Are there gaps in service provision for children and families?

2. Often the relationship between child protection and domestic violence victim advocates can become strained because of differences in roles and policies. What strategies could your agency utilize to strengthen these relationships so that families and children are not caught in the middle?

3. Is trauma-focused training part of your agency's mandatory training? What aspects of this training, if available, are most helpful to you in your work? What additional training or support within your agency is needed?

Center for Advanced Studies in Child Welfare

MINNESOTA LINK

Minnesota-Linking Information for Kids

Brief Issue:
No. 17, Winter 2014

REPORT BRIEF

Examining the Impact of Differential Response on Racial Equity Outcomes

Purpose of the Study

The purpose of this study was to examine the impact of Differential Response (known as Family Assessment in Minnesota) on racial equity and child safety outcomes, focusing on over-represented groups in Minnesota's child welfare system, including African American, Native American and Multiracial children.

Family Assessment Response is a strengths-based, family engaging approach, which is an alternative to the traditional response in child welfare.

Background & Purpose

The growth in child maltreatment reports over the last 5 decades, from 60,000 to 3 million (Waldfogel, 1998), has not been proportional across all racial and ethnic groups, with families of color experiencing disproportionately higher rates of child maltreatment reports (Fluke, Harden, Jenkins, & Ruehrdanz, 2011; Hill, 2006).

In response to overwhelmed child welfare systems, almost half the states in the U.S. have implemented a differential response approach in child welfare with the goal of keeping children safer by better engaging and supporting families (QIC-DR, 2011). Differential response refers to a set of policies that establishes at least two distinct pathways or responses for families who are reported for child maltreatment. One response is the traditional investigative pathway used for cases where there is a high level of risk for the children in the home. The differential response pathway engages low to moderate risk families by setting aside fault-finding (Kaplan & Merkel-Holguin, 2008).

In response to overwhelmed child welfare systems, almost half the states in the U.S. have implemented a differential response approach in child welfare with the goal of keeping children safer by better engaging and supporting families.

Several evaluations have indicated that differential response increases family engagement, improves family and worker satisfaction and may improve child safety by reducing recidivism of child maltreatment (QIC-DR, 2011; Loman & Siegel, 2005; Loman, Filonow, & Siegel, 2010). However, closer examination was needed of the impact of differential response on racial equity in the child welfare system. This study sought to explore whether race was a predictor in the following decision points in Minnesota's approach, called Family Assessment Response:

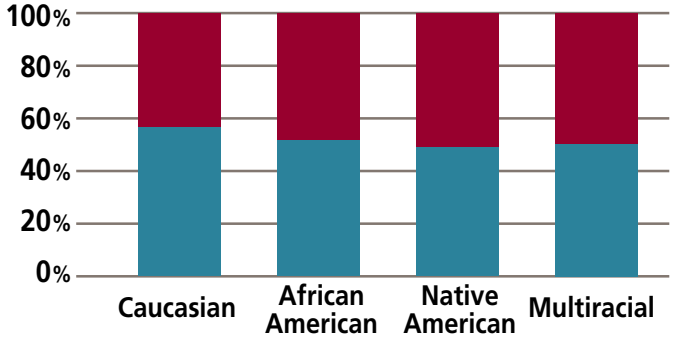
- *Pathway assignment to either (traditional) Family Investigation (FI) or Family Assessment (FA) response; and*
- *Switching pathway assignment from FA to FI.*

Methods

In order to examine racial disparity trends over time, separate analyses were conducted by year with a sample that included all cases reported to child protective services in Minnesota from January 1, 2003 through December 31, 2010. The analysis examined the effect of race on child protection decision-points while controlling for key risk and protective factors.

Through Minn-LInK, data were merged from Minnesota's Department of Human Services' Social Services Information System (SSIS) that included child welfare data, and the MAXIS system, which included data on income maintenance and food support. The sample included all cases reported to child protective services from 2003 through 2010 (N=122,095). The racial disparity questions focused on four over-represented groups in Minnesota's child welfare system – African American, Native American, Multiracial and Latino children (see Figure 1).

Figure 1: Pathway Assignment Percentages by Race



	Caucasian	African American	Native American	Multiracial
% assigned to FI	42.80%	48.20%	50.60%	49.70%
% assigned to FA	57.20%	51.80%	49.40%	50.30%

Separate analyses were conducted by year using a cross-sectional design in order to examine racial disparity trends over time. The analysis examined the effect of race on the following decision-points: pathway assignment to FA (vs. FI); pathway switch; out-of-home placement; and re-reporting of child maltreatment) while controlling for the following factors: poverty (food support), risk (SDM score), age of child, family structure, mandatory investigations, Hispanic ethnicity, county participation in the family assessment pilot, urban or rural location, and percentage of minority population in county. Using logistic regression analyses in SPSS version 20, odds ratios were examined for children in each of the four groups compared to the reference group (Caucasian children) for these decision points. Results for the pathway assignment and pathway switch decision points are outlined in this brief.

Findings

*There is some indication that outcomes for children of color in FA have become more equitable over time, but racial disparities still existed in the later years of the study. Findings were mixed – African American, Native American and Multiracial children were less likely than Caucasian children to be assigned to FA for only **some** years of the study time frame while Hispanic children were more likely.*

Pathway Assignment

The overall findings of the effect of race on pathway assignment were mixed. Figure 2 illustrates statistically significant trends over time for the odds of a child identified as African American, Native American, Multiracial or Hispanic being assigned to the FA pathway compared to Caucasian and non-Hispanic children. The graph illustrates that for the earliest year of the study time frame, 2003, all three racial groups in the study were less likely to be assigned to FA compared to Caucasian children, and in later years of the study these effects had diminished to some extent. To highlight some of these findings, results from 2003, 2009, and 2010 are presented in text. Results of the 2003 data analysis indicated that, overall, there was a significant relationship between pathway assignment and the predictor variables when holding all other variables constant (χ^2=1564.28, *df*=21, *p*<.001). African American children were 13% less likely (OR=.872); Native American children were 17% less likely (OR=.829); and Multiracial children were 29% less likely (OR=.714) than Caucasian children to be assigned to the FA pathway. It should be noted, however, that the 95% confidence intervals for both African Americans (CI=.767 to .991) and Native Americans (CI=.7 to .982) were both very close to 1. This indicates that the odds of African American or Native American, compared to Caucasian children, being assigned to FA are almost equal. There was no effect of Hispanic ethnicity of the child in pathway assignment in 2003 statewide analysis.

For the earliest year of the study time frame, 2003, all three racial groups in the study were less likely to be assigned to FA compared to Caucasian children, and in the later years of the study these effects had diminished to some extent.

In 2009, Native American children were less likely to be assigned to FA, with no effect of race for the other two groups; by 2010, none of the groups were less likely, and in fact, African American children were more likely to be assigned FA compared to Caucasian children. Results of the analysis indicated that in 2009 there was a significant relationship between pathway assignment and the predictor variables (χ^2=8452.379, *df*=21, *p*<.001). The one significant finding in 2009 for race or ethnicity on

pathway assignment indicated that Native American children were 23% less likely (OR=.767, CI=.62-.949) than Caucasian children to be assigned to the FA pathway. Results of the analysis indicated that in 2010, there was a significant relationship between pathway assignment and the predictor variables (χ^2=7599.921, *df*=21, *p*<.001). In 2010, African American children were 21% more likely (OR=1.219, CI=1.03 – 1.441) than Caucasian children to be assigned to the FA pathway. There was no effect of race or ethnicity for Native American, Multiracial or Hispanic children in 2010.

Table 1: Overview of Odds Ratio of Pathway Assignment Compared to Caucasian Children throughout the entire sample time frame, 2003-2010.

	African American	Native American	Multiracial	Hispanic	Total
Lower Odds	3	4	4	0	11
No Difference	4	4	4	4	16
Higher Odds	1	0	0	4	5

The graph illustrates the trends only for those findings that showed a significant effect of race, and so a more comprehensive view of the mixed findings is further illustrated in Table 1. Overall, the results of the statewide data analysis indicate that African American children were less likely to be assigned to FA in three of the eight years and more likely in one of the years. American Indian and Multiracial children were less likely to be assigned to FA compared to Caucasian children for four of the eight years in this study time frame. However, it is interesting to note for all four groups, a child's race or ethnicity was not a significant predictor of pathway assignment for half of the years in the study time frame. Hispanic children also are **more** likely to be assigned to FA compared to non-Hispanic children for four of the eight years.

Pathway Switch from Family Assessment to Family Investigation

Statewide trends in pathway switch from FA to FI indicate that African American and Multiracial children were more likely to experience this switch compared to Caucasian children from 2003 to 2005, but there was no statistically significant effect of race in the later years of the study, as is illustrated in Figure 3.

For example, in the 2003 data analysis there was a significant relationship between pathway switch and the predictor variables (χ^2=1769.544, df=21, p<.001). African American children were 33% more likely, (OR=1.329, CI=1.157 –1.526) and Multiracial children were 60% more likely (OR=1.602, CI=1.334 – 1.923) than Caucasian children to be switched from the FA pathway to the FI pathway. There was no effect of race or ethnicity for Native American children or Hispanic children on pathway switch in 2003.

In 2006, African American children were slightly more likely to experience a pathway switch and Hispanic children slightly less likely. From 2007 to 2010, results of the statewide data analysis indicated no significant differences by race or Hispanic ethnicity for cases that were switched from FA to FI. This was at the same time that the overall numbers of cases of pathway switch also drastically declined with 2.7% of all screened in cases experiencing a pathway switch in 2010.

Figure 2: Odds Ratio Pathway Assignment to FA of Children of Color Compared to Caucasian Children

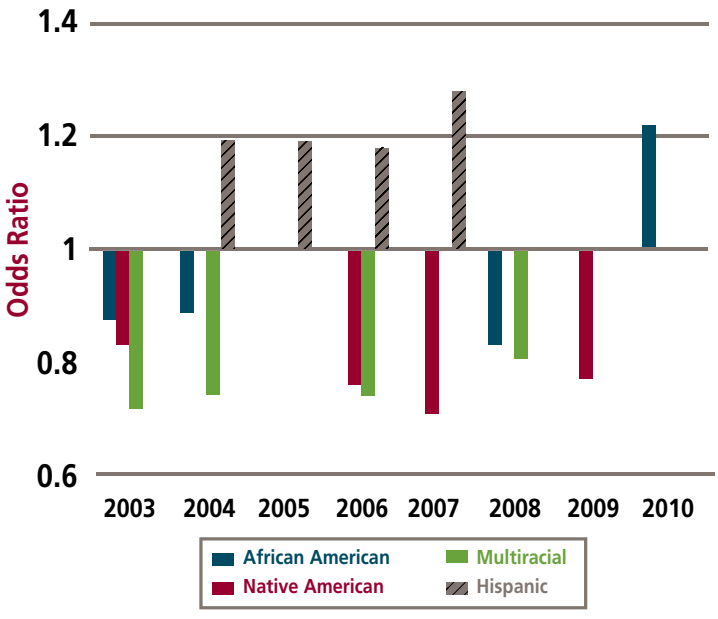
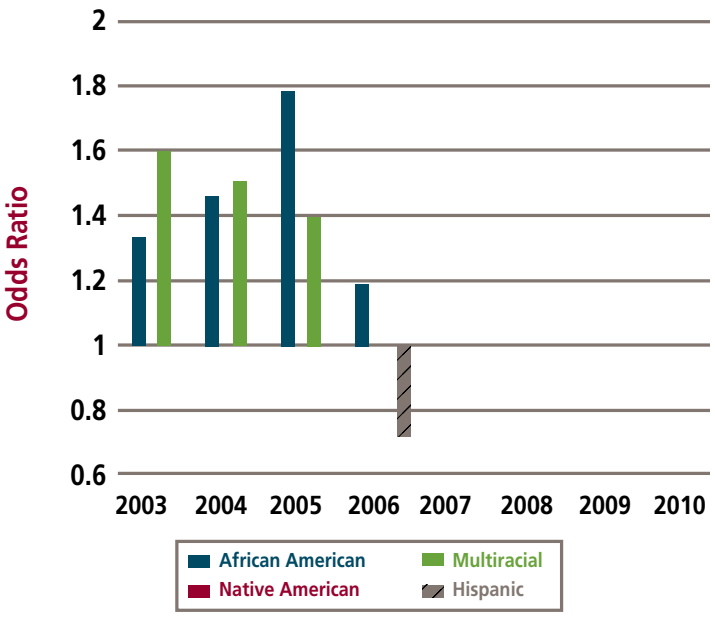


Figure 3: Odds Ratio of Switching from FA to FI Compared to Caucasian Children



Conclusion

This study adds to the understanding of Family Assessment Response and its implementation with diverse populations. In this study, a racial equity lens was used to examine outcomes for children in FA, with a specific focus on outcomes for African American, Native American and Multiracial and Hispanic children. Although the findings of this study indicate that some progress has been made in addressing disparities for African American children in Minnesota's child welfare system, benefits of the FA approach may not be shared equitably across all groups. In this study, multiracial children were at increased risk for poorer outcomes. Cultural and racial identity literature suggests that increased risk for multiracial families may link to unique stressors of discrimination and bias from the larger community, and social disapproval and social isolation from their own families (Fusco, Rauktis, McCrae, Cunningham, & Bradley-King, 2010). The findings in this study highlight the need for more research on the unique experience of multiracial and Native American children, two groups that are underrepresented in the current racial disparity literature.

Limitations

There is variation in data collection when using state-level data in a county administered system. Additionally, some of the risk indicator data had been purged and so was unavailable for this study. For multiracial children, race was identified as "more than one race," but specific races were not identified. Results should be interpreted with caution, as some of the findings were significant, but the effect was small, with odds ratios very close to 1. However, even "small" effects of race provide important information to work towards racial equity.

This study found some effects of race in predicting outcomes, even after controlling for other "risk" factors. This underscores findings of other recent studies on disparities that suggest that at least part of the efforts to reduce disparities must also address other underlying factors, such as poverty, that also increase risk of involvement with the child welfare system (Drake et al., 2011; John D. Fluke et al., 2003; Myers, 2011).

Some studies have found that the use of standardized screening tools helped address disparities at key decision points (Derezotes et al., 2008; Osterling, D'Andrade & Austin, 2008). Using standardized screening and risk assessment tools, such as the Structured Decision Making (SDM) tool even earlier in the process may take more discretion out of the pathway assignment decision. Differential response may be one part of the solution along with other integrated and persistent efforts to achieve racial equity in child welfare.

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Center for Advanced Studies in Child Welfare

MINN-LINK

Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #17

Differential Response on Racial Equity Outcomes

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined the impact of a Differential Response (known in Minnesota as Family Assessment) approach on racial equity and child safety outcomes, focusing on overrepresented groups in Minnesota's child welfare system. This study explored whether race was a predictor in pathway assignment to either Family Investigation (FI) or Family Assessment (FA), as well as trends in pathway switch from FA to FI. Overall findings indicate that outcomes for children of color in FA have become more equitable over time, but racial disparities still existed in later years of the study. Findings were mixed – African American, Native American, and Multiracial children were less likely than Caucasian children to be assigned to FA for only some years of the study time frame, while Hispanic children were more likely.

Discussion on Practice Implications

1. This research brief opens with a discussion on the presence of racial disparities and disproportionality experienced by families of color with higher rates of child maltreatment reports. What factors have contributed to the disproportionate representation of children and families of color in child welfare? Why do you think it is important to understand trends in disparities and disproportionality?

2. Differential Response (Family Assessment) may increase family engagement, improve family and worker satisfaction, and may improve child safety by reducing recidivism of child maltreatment. What are your experiences with Differential Response? How have you seen Differential Response being utilized with families of color?

3. Findings from this study were mixed—African American, Native American and Multiracial children were less likely than Caucasian children to be assigned to the differential response pathway for only some years of the study time frame while Hispanic children were more likely. There is some evidence to suggest that outcomes for children of color assigned to differential response have become more equitable over time, but racial disparities still exist. What are some ways to reduce disproportionate representation of children and families of color in child welfare (in general) and Minnesota's dual-response system?

Discussion on Agency- & System-Level Changes

1. While some progress has been made in addressing disparities for children of color in Minnesota's child welfare system, the benefits of differential response may not be shared equitably across all groups. What other research or best practice are you aware of that may help to reduce racial disparities? How is your agency helping to reduce racial disparities? What are some system-level or agency-level barriers you've encountered in reducing racial disparities? What collaborations and policy changes are necessary to reduce the racial disproportionality evident in Minnesota's child welfare system?

2. Child welfare professionals encounter many decision-making points throughout the life of a case, including those addressed in this study (e.g., assigning a case to a Differential Response/Family Assessment or Family Investigation track). How are those decisions made at your agency? How does your process influence racial disproportionality in your county?

Center for Advanced Studies in Child Welfare

MINNESOTA LINK

Minnesota-Linking Information for Kids

Brief Issue:
No. 27, Fall 2016

RESEARCH BRIEF

Crossover Youth Practice Model (CYPM)

Purpose of the Study

This study examined youth outcomes of the Crossover Youth Practice Model (CYPM) in an urban county in Minnesota. "Crossover youth," or dually involved youth, are maltreated youth who have engaged in delinquency. The CYPM is an innovative conceptual model and guide to systems change through strengthened collaborations and increased family engagement to improve outcomes for crossover youth.

Background & Purpose

The dual involvement of youth in the child welfare and juvenile justice systems can compound vulnerable youth's risks for problematic developmental outcomes

Maltreated youth are at a 47% greater risk for becoming involved in delinquency than youth from the general population (Ryan & Testa, 2005). The dual involvement of youth in the child welfare and juvenile justice systems can compound vulnerable youth's risks for problematic developmental outcomes (e.g., Morris & Freundlich, 2004). The CYPM is a conceptual model and guide to systems change through strengthened collaborations, especially between child welfare and juvenile justice system professionals, in order to improve outcomes for crossover youth. Its overarching aim is to minimize maltreated youth's involvement in the juvenile justice system, primarily through earlier and more appropriate intervention, and increased family engagement. At the time of this writing, the CYPM had been implemented in 88 counties in 20 states (Center for Juvenile Justice Reform, 2014). A number of internal reports suggest improved outcomes for youth involved with the CYPM (e.g., Herz, Lee, Lutz, Stewart, Tuell & Wiig, 2012). Prior to the current study, however, external outcome evaluations of the CYPM by groups not involved in its development or implementation had not been published in peer reviewed journals.

Relative to youth not receiving CYPM services we hypothesized that:

1. ***CYPM youth will be less likely to be adjudicated (i.e., found guilty) and more likely to receive stays-of-adjudications or dismissals.***
2. ***CYPM youth will spend fewer days in out-of-home placements.***
3. ***Of those crossover youth in out-of-home care, CYPM youth will be less likely to be placed in congregate care settings (i.e., group homes, residential centers, and correctional facilities)***
4. ***CYPM youth will be less likely to recidivate (i.e., to re-offend).***

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Methods

We linked administrative data bases to examine child welfare and juvenile justice outcomes for youth participating in the CYPM in Oak County (pseudonym) and those of propensity – score matched comparison groups. We used a quasi-experimental, posttest-only design with independent pretest and posttest samples.

Through Minn-LInK, we linked state-level data from the Minnesota Court Information System (MNCIS) with child protection data from the Minnesota Department of Human Services' Social Service Information System (SSIS) and education data from the Minnesota Department of Education's Minnesota Automated Report Student System (MARSS). This linked data was used to create the groups for this study. Youth from all groups were between the ages of 10 and 17, had open child protection cases and subsequently became involved with the juvenile justice system. All were tracked for 12 months after their target offense date. **The CYPM Oak County[1] treatment group** (*T* in Table 2) was comprised of crossover youth from Oak County who received CYPM services between January, 2011 and August, 2013 (n=57).The **pre-treatment, Oak County comparison group** (C_1 in Table 2, n=57) was comprised of dually involved youth from Oak County who received "services as usual" between June 2008 and December, 2010 (i.e., prior to the implementation of the CYPM; n=57). The **pre-treatment, neighboring county comparison group** (C_2 in Table 2) was comprised of crossover youth from six different counties that share borders with Oak County and who received "services as usual" between June, 2008 and December, 2010 (n=57). The **post-treatment, neighboring county comparison group** (C_3 in Table 2) was comprised of dually involved youth from six different counties that share borders with Oak County and who received "services as usual" between January, 2011 and August, 2013 (n=57). The inclusion of these comparison groups allowed for estimation of the effects of CYPM after controlling for time (pre and post CYPM implementation) and location (Oak or neighboring counties) effects.

Table 1

STUDY DESIGN: A Quasi-experimental, Posttest-only Design with Independent Pretest and Posttest Samples

	Pre-CYPM	Post-CYPM	
Oak County	C_1	CYPM	T
Neighboring Counties	C_2		C_3

Findings

Relative to their counterparts receiving services as usual, youth participating in the CYPM were less likely to re-offend. They were not less likely to be found guilty or be placed in congregate care, nor did they spend less time in out-of-home care.

Across the four groups, a mean of 32% to 61% of all youth had their cases adjudicated (i.e., were found guilty). Multinomial logistic regression analyses indicated that after controlling for time- and locale-effects and the other covariates, CYPM treatment youth were not more likely than comparison group youth to have their cases dismissed (*b*=1.45, S.E.=1.22, *p*=0.23, Exp(*b*)=4.27) or receive a continuance or stay of adjudication (*b*=1.87, S.E.=1.07, *p*=0.08, Exp(*b*)=6.47) rather than be adjudicated.

Table 2

Frequency of Recidivism of CYPM Treatment and Independent Comparison Groups.

	Recidivism	
	#	%
CYPM: Post-Oak	18	(31.6%)
Non-CYPM*	82	(48.0%)
Pre-Oak	31	(54.4%)
Post-Neighbor	26	(45.6%)
Pre- Neighbor	25	(43.9%)

*'Non-CYPM' is the sum of the three comparison groups: pre-treatment in Oak County, post-treatment neighboring counties, and pre-treatment neighboring counties.

Over the 12 month period following their target offense, approximately half of all youth were in out-of-home placements, with means across the four groups ranging from 181-258 days. Multiple regression analyses indicated no significant differences across groups in the expected number of days youth were placed in out-of-home care (*b*=-62.09, S.E.=63.48, *p*=0.33).

Of the 19 CYPM treatment youth in out-of-home care at the target offense date, 16 (84.2%) experienced congregate care within the next year. Logistic regression analysis predicting placement in congregate care indicated no significant difference between treatment and comparison groups after controlling for the effects of time, locale, severity of offense, and type of OHP at the target offense date (*b*=2.95, S.E.=1.66, *p*=0.07, Exp(*b*)=19.06).

[1]To maintain anonymity a pseudonym has been used in describing the results of this study

Over the 12 month period following the target offense, the mean number of days youth in the four groups were in congregate care ranged from 83.95 to 158.21 days. Regression analysis on the days spent in congregate care indicated no significant differences between treatment and comparison groups (b=-62.09, S.E.=63.48, p=0.81).

OVER THE 12 MONTH PERIOD FOLLOWING THE TARGET OFFENSE, THE MEAN NUMBER OF DAYS YOUTH IN THE FOUR GROUPS WERE IN CONGREGATE CARE RANGED FROM 83.95 TO 158.21. REGRESSION ANALYSIS ON THE DAYS SPENT IN CONGREGATE CARE INDICATED NO SIGNIFICANT DIFFERENCES BETWEEN TREATMENT AND COMPARISON GROUPS.

During the year following the target offense, 31.6% of the Oak County CYPM treatment group youth, and an average of 48% of the three comparison group youth were adjudicated for one or more additional criminal charges (see Table 2). Logistic regression analyses indicated significant differences between treatment and comparison groups after considering the effects of time, locale, and other covariates (see Note 2, Table 3). Compared to the pre-treatment Oak County comparison group, the log odds of recidivism versus no recidivism significantly decreased for the Oak County CYPM treatment group (see comparison 1 in Table 3). Compared to the post-treatment neighboring counties comparison group, the log odds of recidivism were also significantly lower for the CYPM treatment group (see comparison 2 in Table 3). In contrast, there were no significant differences in the log odds of recidivism between the pre-treatment neighboring counties and the post-treatment neighboring counties comparison groups (see comparison 3 in Table 3). Finally, after controlling for time (pre- and post-treatment) and location (Oak County and neighboring counties) as well as the other covariates (see Note 2, Table 3), the log odds of recidivism were significantly lower for the CYPM treatment group compared with the combined comparison groups (see comparison 4 in Table 3).

Table 3

Logistics Regression Analysis for the Effect of CYPM on Recidivism

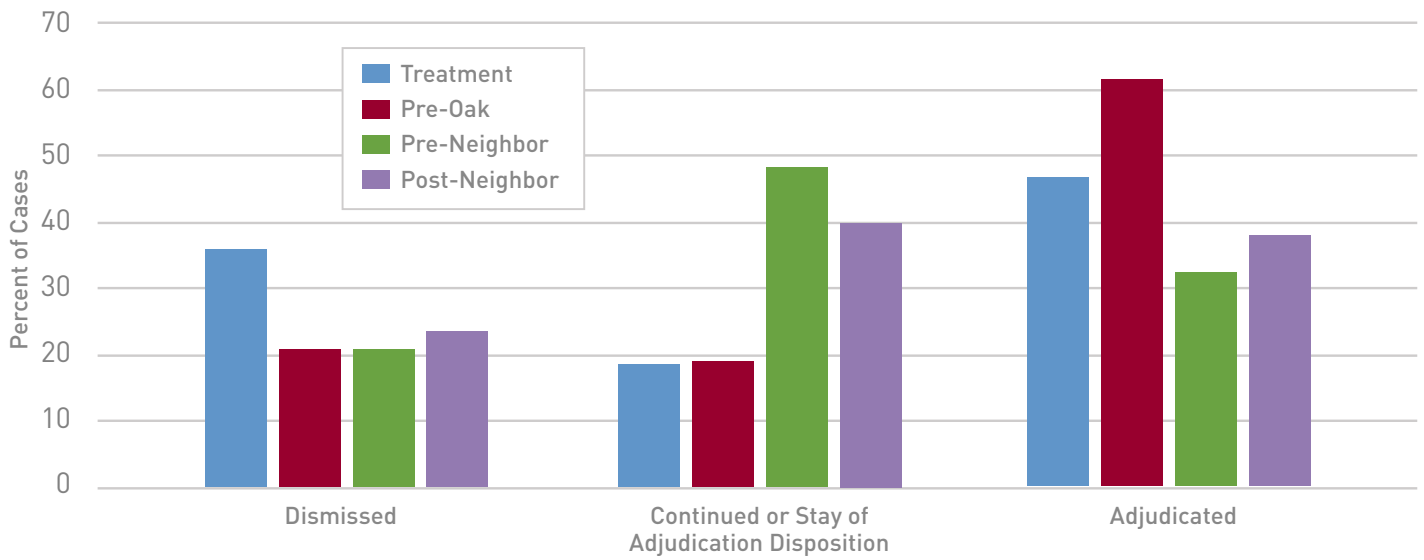
Comparison	Estimate+	S.E.	Exp *(Estimate)*
(1) Treatment *vs.* Pre-treatment Oak	-1.65**	0.56	0.19
(2) Treatment *vs.* Post-treatment neighbor counties	-1.35*	0.58	0.26
(3) Pre Treatment *vs.* Post-treatment neighbor counties	0.24	0.46	1.27
(4) Treatment *vs.* all comparison groups	-1.74**	0.65	0.18

*p< .05; ** p< .01; *** p< .001; +In comparison (1), (2),and (4), the estimates are the coefficient for the variable of 'CYPM' whereas in comparison (3), the estimate is the coefficient for the 'Time: Post'.

Note 1. Dependent variables, recidivism, are dichotomous variables: those who (1) recidivated, (2) and did not recidivate. The reference group is those who did not recidivate.

Note 2. The regression models included control variables: type of offense, number of the child protection service cases prior to the target offense date, out of home placement status at the offense date, degree of offense, gender, age at the offense date, race/ethnicity, economic status, special education eligibility, allegation in child protection service –neglect, physical abuse, and sexual abuse, age at the first offense date, number of the previous juvenile justice cases, age at the first involvement in child protection service. As well as those control variables, the regression model for comparison (4), Post-treatment Oak vs. all comparison groups, also include time and locale effects terms.

Figure 1. Percentage of Sentence Types by Groups



Conclusion

The CYPM is an important effort to change policy and practice to interrupt the negative developmental trajectories of many crossover youth by minimizing their involvement in the juvenile justice system. We conducted an external, outcome evaluation of the early implementation of the CYPM in Oak County (the first 2-1/2 years). We were not involved in the design of the CYPM, or its implementation. In contrast to internal evaluations from other locales (Center for Juvenile Justice Reform, 2012), we did not find that CYPM youth were less likely to be adjudicated or placed in congregate care settings, or spend less time in out-of-home placements. Consistent with internal evaluations (Center for Juvenile Justice Reform, 2012), we did find that involvement in the CYPM reduced youth's risks of recidivism.

Limitations

We evaluated the impact of the CYPM relatively early in its implementation (the first 2-1/2 years). System change and the subsequent impact of such change on clients do not happen quickly. CYPM youth participating during early implementation may not have consistently experienced the full model. If fidelity to the model was compromised for some youth, then outcome analyses would be weakened.

Also, we did not have access to data that would have allowed us to evaluate a primary goal of the CYPM: the immediate diversion of youth from juvenile justice involvement to social services. Our use of court data meant that we only had access to youth who had already "touched" both systems. Subsequent research would be enhanced by access to police as well as court data.

In Oak County, youth involved with the CYPM may be committing fewer subsequent offenses than their counterparts receiving services as usual. This interpretation is consistent with the perceptions of professionals working within Oak County and other counties in Minnesota where the CYPM has been implemented. In a series of qualitative interviews, professionals reported that as a result of the CYPM, youth and their families were more promptly receiving more appropriate services which were improving youth's functioning (Haight, Bidwell, Marshall, & Khatiwoda, 2015). Alternatively, it is possible that CYPM youth are as likely as their counterparts not receiving CYPM to commit subsequent offenses, but because they are targeted in the juvenile justice system as "crossover youth," they are being diverted from juvenile justice to social services. Minnesota does not track such diversion, and thus there was no way for us to determine how many youth were diverted after arrest or initial contact with law enforcement officers. In either case, if CYPM practices are resulting in youth and families receiving effective social and psychological services, maltreated youth's subsequent delinquent behavior should be reduced.

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Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, Casey works in 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live. For more information see http://www.casey.org/about/.

Center for Advanced Studies in Child Welfare

MINN-LINK

Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #27

Crossover Youth Practice Model (CYPM)

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined youth outcomes of the Crossover Youth Practice Model (CYPM) in an urban county in Minnesota. Crossover youth are maltreated youth who have engaged in delinquency. The CYPM is an innovative conceptual model and guide to systems change through strengthened collaborations and increased family engagement to improve outcomes for crossover youth. In this study, we were interested in evaluating whether or not CYPM youth were less likely to be adjudicated, if they spent fewer days in out-of-home placements, and whether they were less likely to recidivate. Overall, findings indicate that relative to their counterparts receiving services as usual, youth participating in the CYPM were less likely to re-offend. However, crossover youth were not less likely to be adjudicated delinquent or be placed in congregate care, nor did they spend less time in out-of-home care.

Discussion on Practice Implications

1. This study found that crossover youth who were served through the Crossover Youth Practice Model were less likely to reoffend. Does your county have CYPM in place? If so, in what ways have you been involved in this effort? What changes to your practice would help you be more successful in your county's efforts? If your county does not have CYPM in place, what information or training do you need to support your work with crossover youth?

2. At the heart of CYPM is coordination and collaboration among human service and corrections professionals resulting in coordinated, comprehensive planning that includes professionals from both systems as well as parents. Regardless of whether your agency has adopted CYPM, in what ways do you work with professionals from other systems to support crossover youth? What strategies do you use to support crossover youth? What additional knowledge or skills do you need to further support your work with crossover youth?

Discussion on Agency- & System-Level Changes

1. This study found that crossover youth who were served through the Crossover Youth Practice Model were not less likely to be adjudicated delinquent or be placed in congregate care, nor did they spend less time in out-of-home care (though other studies have found positive outcomes in these areas). What agency- or system-level factors may have contributed to these findings? Are there agency- or system-level barriers that exist within your agency in supporting crossover youth? How could your agency reduce these barriers?

2. Would changes to agency, state, or federal policies are needed to best support crossover youth?

Center for Advanced Studies in Child Welfare

MINNESOTA LINK

Minnesota-Linking Information for Kids

Brief Issue:
No. 29, Fall 2016

RESEARCH BRIEF

Intergenerational Child Maltreatment and MCA Proficiency among 3rd through 8th Graders

Purpose of the Study

The purpose of this study was to examine whether children in families experiencing child maltreatment across multiple generations differ in MCA proficiency from maltreated children whose parents were not maltreated.

Background & Purpose

Child maltreatment (CMT) is highly prevalent in the United States. In Minnesota, there were 20,167 accepted reports of CMT in 2014 (MNDHS, 2015). A recent study estimated that a child born in the US in 2011 has a one in eight chance of being involved in a child protection report substantiated by child protective services (CPS; Wildeman et al, 2014). However, many reports are addressed via Differential Response – a child protection response not requiring substantiation – which potentially increases a child's chances of CPS involvement (Hughes, Rycus, Saunders-Adams, Hughes & Hughes, 2013). Demographic risk factors are associated with CMT (i.e., race, income, age of child), but identifying direct causes of CMT is complex (MNDHS, 2015; USDHHS, 2016). A parent's history of CMT is considered a risk factor for becoming an offender, also called intergenerational child maltreatment (IMT). Though IMT has been widely studied, little existing research is rigorous enough to support or refute this claim (Ertem, Levanthal & Dobbs, 2000). One approach with potential contribution is to study IMT and its impacts using a public health approach, focusing on populations rather than individual families.

A parent's history of experiencing maltreatment as a child is often considered a risk factor for becoming an offender; also known as intergenerational child maltreatment (IMT). Though IMT has been widely studied, little existing research is rigorous enough to support or refute this claim.

Prior research has studied the association between CMT and educational outcomes in Minnesota (Piescher, Colburn, LaLiberte & Hong, 2014). Studies of associations between CMT and education often focus on later stages of development (i.e., high school graduation, college). Some scholars, however, argue that childhood and adolescence are developmental stages where the strongest potential impacts can be made (Stone 2007).

This study builds upon prior research by examining the association between IMT and MCA proficiency among Minnesota 3rd through 8th graders using linked administrative records. This study addresses the following research question:

Among 3rd through 8th graders, does MCA proficiency vary by the number of generations experiencing CMT?

Methods

Children's education records were linked with child protection records to understand the association between intergenerational child maltreatment and children's academic achievement. Three maltreatment experiences were used in this study – Never maltreated (no CMT), child maltreated (CMT), and both parent and child maltreated (IMT).

Through Minn-LInK, CPS records from 2000 - 2014 were linked to Minnesota Automated Reporting Student System (MARSS) and Minnesota Comprehensive Assessment (MCA-III) records for academic year 2013 - 2014. Maltreatment was defined as involvement in an accepted CPS report between January 1, 2000 and March 1, 2014. Child maltreatment was classified into three levels: never maltreated (i.e., no CMT), child maltreated (i.e., CMT), and both parent and child maltreated (i.e., IMT). The study population was defined as third through eighth grade students with both MARSS and MCA records. MCA scores were categorized based on proficiency for math and reading tests.

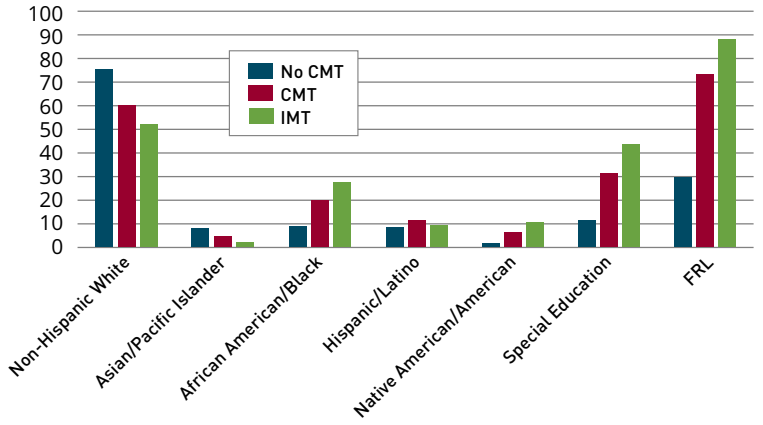
Inverse probability weighting was used to minimize confounding by race, ethnicity, disability, socioeconomic status, and resident school district (Hernán & Robins, 2006). Demographics are presented in Figure 1. Odds ratios from logistic regression models estimated the association between IMT and MCA proficiency in math and reading. Children not involved with CPS were the referent group. Odds ratios represent the relative likelihood of proficiency in one group when compared to another group. For example, an odds ratio of 3.0 means three times greater odds.

Findings

The association between CMT and MCA math proficiency revealed a graded relationship; a child's odds of demonstrating proficiency in math and reading decreased with each additional generation experiencing CMT within the child's family. This association was reduced after adjustment for demographic confounders but remained statistically significant.

Intergenerational Maltreatment & Race, Poverty, and Disability

Figure 1. Demographics of Study Sample



Results showed substantial demographic variability between children in public schools who had contact with CPS and children who did not. Patterns of maltreatment differed across race and ethnicity (see Figure 1). African American and Native American families had the highest probability of experiencing IMT; White and Asian families had the lowest probability; and Latino families had similar proportions of families with CMT and IMT (χ^2=19,000, p<0.001). A comparatively small number of Asian students experienced maltreatment, especially IMT (N=13 with MCA scores). After testing for balance on covariates after analysis, high remaining variability among Asian students suggested that results among Asians were not consistent (potentially due to small sample sizes or high intra-group variability). To avoid presenting inaccurate or biased results, Asian students were excluded from the final analysis.

Patterns of maltreatment differed between levels of socioeconomic status (i.e., eligibility for free or reduced price lunch); low-income families were more frequently represented in both the CMT and IMT groups, while families ineligible for free or reduced price lunch were less frequently in contact with CPS (χ^2(2)=59,000, p<0.001). The distribution of maltreatment did not vary between grade levels, suggesting consistency within this developmental period (χ^2(5)=13.2, p=0.221). Children with a disability during the academic year (i.e., those receiving special education services) were more frequently represented in both CMT and IMT groups; children without a disability status were more frequently represented in the no CMT group (χ^2(2)=21,000, p<0.001).

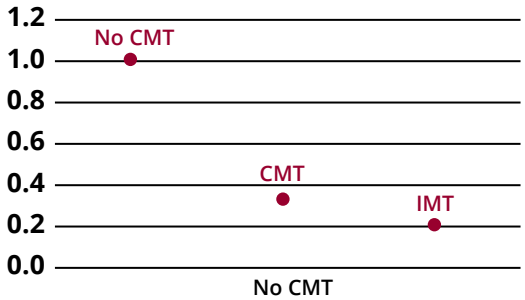
Factors Associated with MCA Proficiency

Prior to adjustment, a significant association between child maltreatment and MCA proficiency was evident (see Figure 2). Compared to public school students with no history of child maltreatment, children who were the first generation to have contact with CPS (i.e., experience CMT) had 66% lower odds of demonstrating proficiency in math (OR=0.34, $p<0.001$); children with intergenerational maltreatment had 79% lower odds of demonstrating math proficiency (OR=0.21, $p<0.001$). For reading proficiency, victims of CMT had 67% lower odds of demonstrating proficiency in reading (OR=0.33, $p<0.001$), victims of IMT had 74% lower odds of demonstrating reading proficiency (OR=0.26, $p<0.001$). After adjustment for covariates, these associations became weaker.

After adjusting for race, ethnicity, socioeconomic status, disability and resident school district, children who experienced CMT had 7% lower odds of demonstrating proficiency in math scores compared to non-maltreated children (OR=0.93, $p<0.001$). Children who experienced IMT had 11% lower odds of demonstrating proficiency in math than non-maltreated children (OR=0.89, $p<0.001$). Children who experienced IMT had lower odds of proficiency than those who experienced CMT, even after statistical adjustment ($\chi^2(1)=4.69$, $p=0.03$). Compared to non-maltreated children, children who experienced CMT had 5% lower odds of demonstrating proficiency in reading (OR = 0.95, $p<0.001$), and children who experienced IMT had 4% lower odds of demonstrating proficiency in reading. Odds of reading proficiency did not differ between children who experienced CMT and children who experienced IMT ($\chi^2(1)=0$, $p=0.955$). In all analyses, standard errors for the IMT group were larger than standard errors for other groups, suggesting that results may be less consistent within this group. This may be due in part to the difference in sample sizes between groups. However, testing suggested that after inverse probability weighting, confounding variables were similarly distributed within each level of maltreatment.

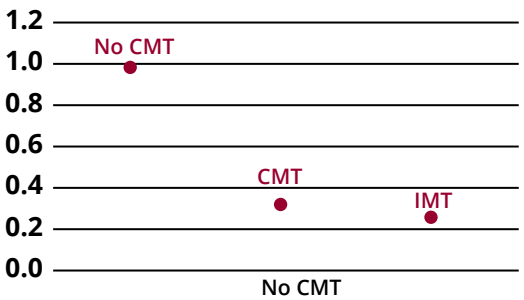
Figure 2: Logistic Regression Results Before/After Adjustment, Intergenerational Child Maltreatment and MCA Math and Reading Proficiency

Unadjusted Odds of Proficiency: MCA Math



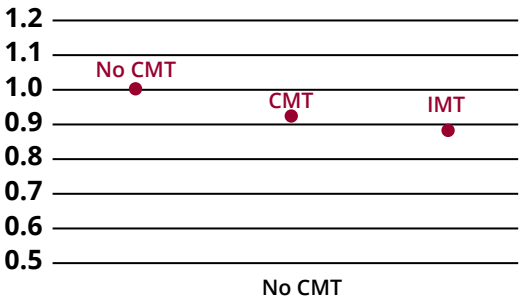
	No CMT (ref)	CMT	IMT
Lower Limit	1.000	0.33	0.177
Upper Limit	1.000	0.34	0.242
● Odds Ratio	1.000	0.337	0.207

Unadjusted Odds of Proficiency: MCA Reading



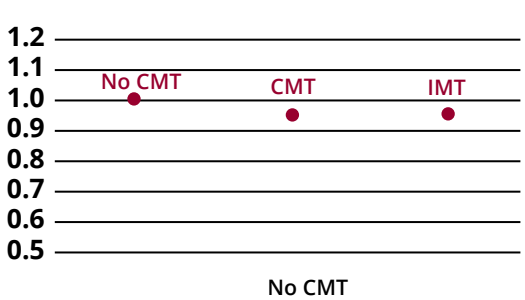
	No CMT (ref)	CMT	IMT
Lower Limit	1.000	0.323	0.221
Upper Limit	1.000	0.337	0.301
● Odds Ratio	1.000	0.331	0.258

Adjusted Odds of Proficiency: MCA Math



	No CMT (ref)	CMT	IMT
Lower Limit	1.000	0.921	0.851
Upper Limit	1.000	0.931	0.922
● Odds Ratio	1.000	0.927	0.886

Adjusted Odds of Proficiency: MCA Reading



	No CMT (ref)	CMT	IMT
Lower Limit	1.000	0.946	0.916
Upper Limit	1.000	0.957	0.988
● Odds Ratio	1.000	0.952	0.961

Conclusion

Results of this study support previous research suggesting that children who become involved with CPS are at an academic disadvantage as compared to their non-CPS-involved peers (e.g., Piescher et al., 2014, Stone, 2007). Further, it appears that IMT experiences are more strongly (and negatively) associated with MCA proficiency than a single generation's experience of CMT. However, interrelation between demographic factors, CMT, and MCA proficiency means these results should be interpreted as preliminary and descriptive.

In light of these findings, it is important for child welfare practitioners to find opportunities to interrupt cyclical adversity. Educators can benefit from understanding that experiences of trauma may transfer across generations and be interrelated with education, health, and behaviors. Incorporating a trauma-aware lens into educational practice and strengthening collaborations between education and child welfare may further support children who are CPS-involved.

Limitations

Data about parents' education was not available. Parents of children without CPS contact were classified as never-maltreated but some may have been misclassified due to age, growing up outside of Minnesota or CPS detection. Unmeasured maltreatment among children in the non-CPS group may exist due to detection bias. The exclusion of Asians from this study prevents any inference to this group. The statistical model may have had unmeasured confounding or been misspecified. Children who opted out of MCA testing may differ from the study population in important ways; students who experienced CMT were more likely to have missing MCA scores ($\chi^2 = 115.9$, $p < 0.001$). The cross-sectional and observational nature of this study prevents causal inference.

This study is the first, to our knowledge, to examine the association between IMT and education in adolescence using administrative records in Minnesota. Strengths of this study include using a statewide sample over 15 years and rigorous statistical methodology. Yet, study limitations should be considered in the light of providing evidence with direct relevance to practice. These preliminary results provide a foundation to build upon in the study of IMT and its impacts. Future research is needed to: 1) examine the association between CMT, IMT, and achievement longitudinally; 2) include a larger number of students, particularly Asian students; 3) examine additional dimensions of wellbeing and education, such as school mobility; 4) more closely examine intrafamilial factors, including more information about caregivers' education; and 5) include maltreated parents of non-maltreated children.

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Center for Advanced Studies in Child Welfare

MINN-LINK

Minnesota-Linking Information for Kids

DISCUSSION GUIDE FOR MINN-LINK BRIEF #29

Intergenerational Child Maltreatment and MCA Proficiency among 3rd through 8th Graders

Translating research to practice may be difficult, yet a better understanding of current research is necessary to ensure child welfare workers engage in best practices when working with children and families. The Minn-LInK Discussion Guide is designed to help facilitate thoughtful discussions about the information presented in the research brief in order to inform practice and enhance discussion surrounding meaningful issues.

In this issue, we examined whether or not children in families experiencing child maltreatment across multiple generations differ in MCA proficiency from maltreated children whose parents were not maltreated. In particular, we were interested in whether MCA proficiency varies by the number of generations experiencing child maltreatment among third through eight graders. Overall findings indicate that the association between child maltreatment and MCA math proficiency revealed a graded relationship; a child's odds of demonstrating proficiency in math and reading decreased with each additional generation experiencing child maltreatment within the child's family. This association was reduced after adjustment for demographic confounders but remained statistically significant.

Discussion on Practice Implications

1. The results of this study suggest that children who experience intergenerational child maltreatment (IGM) tend to have worse educational outcomes than their peers. Child protection workers, school social workers and psychologists, and educators have different roles but common concerns, and often these professionals are very familiar with IGM and its profound effects on children and families. In your role, do you have access to information about whether the children with whom you work have experienced IGM? How could you (or do you) use that information to support the children and families with whom you work? What additional information about children or families would be beneficial to have in your role?

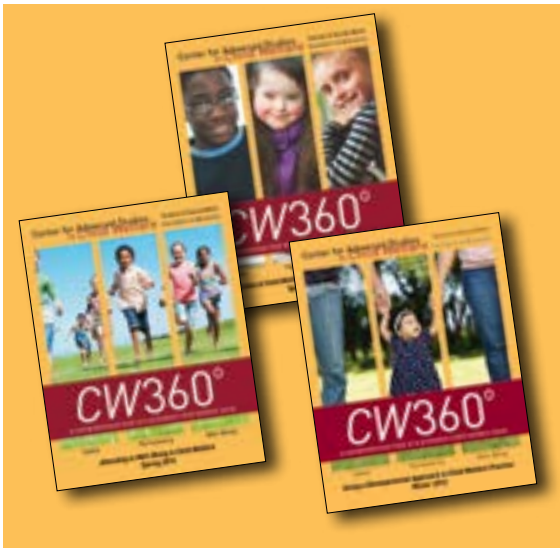
2. While this study focused specifically on IGM, previous research has shown that children who experience maltreatment and other childhood traumas are more likely to struggle academically. What training opportunities were provided to you to support you in your role as you work with children who have experienced trauma? What other training would be helpful in your current role?

3. Collaboration among child protection and educational professionals, and parents is critical. In what ways do you support collaboration in your role? What could you do to improve the collaboration that occurs?

Discussion on Agency- & System-Level Changes

1. Understanding the trauma histories of children and families with whom you work is imperative. What barriers exist in gaining access to this information? What can be done to overcome these barriers?

2. Understanding that breaking the cycle of maltreatment can be difficult, what strategies might your agency or school employ to reduce IGM and/or its effects on children and families? What policies may need to be developed or changed to support this work?



CW360°

a comprehensive look at a prevalent child welfare issue

Child Welfare issues are not one dimensional and cannot be addressed from a single vantage point. CW360º uses a multidisciplinary approach for its robust examination of important issues in child welfare practice. For each issue, CASCW invites articles from key stakeholders, including families, caregivers, service providers, researchers, and child welfare professionals (including legal and medical professionals, educators and others).

Youth Connections Scale

A tool for practitioners, supervisors, & evaluators of child welfare practice

- *Measure permanent, supportive connections for youth in foster care*
- *Guide case planning around strengthening youth connections*
- *Evaluate practices and strategies aimed to increase relational permanence*

Anu family services

Center for Advanced Studies in Child Welfare
University of Minnesota

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The Well-being Indicator Tool for Youth (WIT-Y)

The Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota has partnered with Anu Family Services to develop the Well-being Indicator Tool for Youth (WIT-Y), a self-assessment tool for youth aged 15-21 years. The WIT-Y allows youth to explore their well-being across eight domains: Safety and Security, Relationships, Mental Health, Cognitive Health, Physical Health, Community, Purpose, and Environment.

The WIT-Y consists of three components:
The WIT-Y Assessment, **The WIT-Y Snapshot**, and **The WIT-Y Blueprint**.

For additional information visit: z.umn.edu/wity

Center for Advanced Studies in Child Welfare

Anu family services

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