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*Child Maltreat* published online 23 August 2012

DOI: 10.1177/1077559512456737

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# Multiple Jeopardy: Poor, Economically Disconnected, and Child Welfare Involved

Maureen O. Marcenko<sup>1</sup>, Jennifer L. Hook<sup>2</sup>, Jennifer L. Romich<sup>1</sup>, and JoAnn S. Lee<sup>1</sup>

## Abstract

Although the welfare literature reveals a growing number of parents who are economically disconnected, meaning neither employed nor receiving cash assistance, little is known about the prevalence and impacts of disconnection among child welfare-involved parents. This study took advantage of a statewide survey of child welfare-involved parents to examine economic disconnection in this population and to explore the relationship between disconnection and parent engagement in child welfare. One fifth of the sample reported that they were economically disconnected, with several patterns differentiating disconnected caregivers from those who received benefits or earned income through employment. Disconnected caregivers were younger and more frequently had children in out-of-home placements as opposed to receiving services in home than economically connected caregivers. They also reported higher unmet needs for basic services, such as housing and medical care, but were more likely to report financial help from their informal network. Finally, disconnected caregivers reported lower engagement in child welfare services even when controlling for demographic characteristics, chronic psychosocial risk factors, placement status, and maltreatment type. The findings document economic disconnection among child welfare-involved parents and raise important questions about the implications of disconnection for families and for child welfare outcomes.

## Keywords

child welfare, economics, policy, child maltreatment

Poverty is an enduring characteristic of child welfare-involved families, implicated in child protection referrals, out-of-home placement (Rivaux et al., 2008; Slack, Hall, McDaniel, Yoo, & Bulger, 2004; Slack, Lee, & Berger, 2007), and in slowing the time to reunification (Kortenkamp, Geen, & Stagner, 2004; Wells & Guo, 2003). Recent policy changes heighten the risk of poverty. Like most poor families, those known to the child welfare system derive their financial support from low wage employment, public assistance, or a combination thereof. However, reforms to government cash assistance have led to smaller welfare rolls and more poor parents in the workforce (Loprest, 2012), including parents who are clients of the child welfare system (Wells & Guo, 2006). A persistent and growing number of families that might have been welfare-reliant under the former policies, now neither work nor receive cash welfare, a combination referred to as *economically disconnected* (Acs & Loprest, 2004). Not surprisingly, persons in economically disconnected households experience more material hardship and worse health than other poor persons (Acs & Loprest, 2004; Blank, 2007; Brock et al., 2002). Disconnection in and of itself is a related concern; isolation from work and formal supports limit the ability of families to escape from poverty.

Economic disconnection may be particularly troublesome when considered in conjunction with child welfare involvement. Families living in extreme poverty, presumably like many of

those who are disconnected, have been found to have higher rates of child maltreatment and to be more frequently reported for severe abuse/neglect than poor families with higher incomes (Loman, Filonow, & Siegel, 2010). Furthermore, child neglect, the most prevalent form of maltreatment, is highly correlated with poverty (Connell-Carrick, 2003) and is associated with slower reunification than other forms of maltreatment such as physical abuse (Courtney & Hook, in press). Hence, the combination of deep poverty, economic disconnection, and child maltreatment multiply jeopardizes parents' ability to safely nurture and care for children.

Although there is a long tradition of poverty research in the field of child welfare (Sedlack & Broadhurst, 1996), little is known about the extent and nature of disconnection among child welfare-involved families or its relationship to child welfare outcomes. Discerning the reasons for economic

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disconnection requires attention to the factors that interfere both with employment and with participation in Temporary Assistance for Needy Families (TANF). Barriers to employment typically include characteristics such as low education, few job skills, and learning disabilities (Danziger & Seefeldt, 2002). Psychosocial factors, mental health status, substance abuse, and domestic violence can hinder efforts to find and maintain work or mandated TANF work activities (Corcoran, Danziger, & Tolman, 2004). These same psychosocial factors correlate with child welfare involvement (Marcenko, Courtney, & Lyons, 2011). Furthermore, if children are placed out of home, parents often become ineligible for TANF benefits. The significant overlap between the factors that put parents at risk of economic disconnection and those associated with child welfare involvement led us to expect that the prevalence of economic disconnection will be even higher among parents known to child welfare than the general population of parents who have exited welfare. Additionally, among child welfare-involved parents, we hypothesized that parents with children in out-of-home placement will more frequently be disconnected than those receiving in-home services.

Once under the supervision of the child welfare agency, parents are required to address the issues that led to their involvement. Parent engagement, measured as parents' acceptance of investment in child welfare services, has been found to predict reunification (Marcenko, Newby, Mienko, & Courtney, 2012) and may also decrease the incidence of out-of-home placement among parents receiving in-home supervision from the agency. The relationship between economic disconnection and parent engagement with child welfare services has not been tested, but we hypothesized that disconnected parents will be less engaged with the child welfare system than parents connected either to employment or to TANF. Disconnected parents may be less engaged with formal services generally or they may find it difficult to comply with welfare and child welfare service mandates in the face of other challenges common among parents known to child welfare such as substance abuse and depression. The hypothesized relationship between disconnection and child welfare engagement is more fully articulated in the conceptual model presented later.

Finally, it is instructive to examine if and how parents who are economically disconnected are making ends meet. We compared disconnected parents to those receiving TANF and those connected through employment in their ability to meet basic needs such as housing, food, and medical care, as well as help from family and friends. Lack of access to such basic needs and services can impede a parent's capacity to care for their children, contribute to child welfare involvement (Shook, 1999), and forestall reunification (Courtney, 1994).

To address the gap in our understanding of economic disconnection among child welfare-involved parents, we took advantage of a large statewide survey of child welfare-involved parents ( $n = 809$ ) to examine economic disconnection in this population and to test its relationship to parent engagement. We also explored the relationship between economic connectedness and access to services for basic needs.

### *Economic Disconnection*

In the welfare literature, economic connectedness has been defined by three groups: (1) those who exited to employment, (2) those who continued to receive benefits, and (3) those disconnected from work and benefits. Employment is typically defined as labor market participation of the primary caregiver and/or spouse or receipt of Unemployment Insurance (UI). Benefit connected is defined as receipt of TANF, General Assistance (GA), or Supplemental Security Income (SSI). Food stamps, which are available to welfare eligible families as well as the working poor, are usually excluded as a form of cash assistance when categorizing benefit connected persons (Loprest, 2003; Turner, Danziger, & Seefeldt, 2006; Zedlewski et al., 2003).

Estimates of economic disconnection range from about 10% to 30%, depending on sample, definition, and period of observation. Early studies of welfare leavers report that approximately 10% were initially economically disconnected (Turner, Danziger, & Seefeldt, 2006; Wood & Rangarajan, 2003), increasing to 14% (Loprest, 2003) and 20% (Brock et al., 2002) within a couple of years. More recent studies with longer periods of observation report rates of disconnection among welfare leavers between 20% (Turner et al., 2006) and 30% (Ovwigbo, Kolupanowich, & Born, 2009), with about 10% experiencing prolonged periods of disconnection.

Across several studies, those who exited to employment fare much better than either those remaining on welfare or those disconnected. Rangarajan and Wood (2000) in one of the earliest studies post welfare reform found that disconnected leavers fared less well than employment-connected leavers, but better than those who remained on welfare 30 months after entry. Disconnected leavers had more education and more recent work histories, were younger, and had fewer children than those remaining on TANF. Nonetheless, the disconnected had poorer physical and mental health than those who exited to employment, were more likely to lack health insurance, and report higher rates of extreme poverty and hunger than either the employed group or those remaining on TANF. These results are consistent with other studies that find economically disconnected parents have greater housing instability and food insecurity (Brock et al., 2002) poorer health, including higher disability rates (Acs & Loprest, 2004; Blank, 2007), and less health insurance coverage than other groups of low-income parents.

Turner and colleagues (2006) compared welfare leavers with brief periods of disconnection to those chronically disconnected (disconnected 25% of the study period). They found that chronically disconnected caregivers were more likely to have a physical or learning disability, to use illegal drugs or meet diagnostic criteria for alcohol dependence, and to lack a car or driver license. Demographically, those chronically disconnected were less likely to be married or cohabiting, more likely to be African American, more economically disadvantaged, and less frequently had a child still living with them. Although they were not able to determine if these parents' children were in foster care, they did find that most of the nonresident children were minors.

Taken together, this body of research highlights the growing problem of economic disconnection among low-income parents and raises questions about the relationship between chronic disconnection and child welfare involvement. The consequences of extreme poverty, including difficulties meeting basic needs such as housing and food, pose significant risks to parents and to the development of their children (Duncan & Brooks-Gunn, 2000). Families known to the child welfare system, who also experience high rates of extreme poverty (Marcenko, Lyons, & Courtney, 2011), are at increased risk due to child maltreatment and associated psychosocial factors such as substance abuse and mental health disorders.

### **Conceptual Model: The Pathway From Economic Disconnection to Parent Engagement**

Involvement in the child welfare system is both involuntary and highly stigmatizing, presenting obvious challenges to engaging parents. Promoting parents' participation in services is a strategy to increase family reunification (Kemp, Marcenko, Vesneski, & Hoagwood, 2009). Parent engagement is defined as positive involvement in the helping process, including recognizing the need for help, investing in services, and establishing a working relationship with the social worker (Yatchmenoff, 2005). In addition to the potential behavioral benefits that accrue to parents who fully invest in child welfare services (i.e., improved parenting), engagement is an important factor because it has been shown to predict family reunification (Marcenko, Newby, Mienko, & Courtney, 2012). A primary mechanism by which engagement influences reunification is through worker assessment of parents' active and authentic involvement in the child welfare process (Holland, 2000; Smith, 2008; Yatchmenoff, 2005).

We hypothesized that economic disconnection and parent engagement would be negatively correlated. We speculated that parents without connections to jobs or public assistance programs may eschew formal institutions more generally and hence might be particularly unwilling or unable to engage with social workers and to meet the multiple service demands of the child welfare system. Disconnected parents may be less likely to see the benefit of child welfare services because they experience the system as unresponsive to their material needs, providing little assistance or even impeding efforts at securing or maintaining employment or cash benefits. (Geen, Fender, Leos-Urbel, & Markowitz, 2001). TANF work requirements, untimely and inadequate child care (Geen et al., 2001), conflicting demands of various assistance programs (Currie, 2006), and dissatisfaction with treatment by caseworkers (Latimer, 2008) may also act as barriers to receiving benefits.

Engagement in child welfare services is also made more difficult by what Kemp and colleagues (2009) refer to as common maltreatment *preconditions* such as substance abuse (Sun, Shillington, Hohman, & Jones, 2001), mental health conditions (Burns et al., 2010), and domestic violence (Edleson, 1999). In fact, these same psychosocial preconditions have been shown to predict attrition and lack of enrollment in maltreatment prevention services (Damashek, Doughy, Ware, & Silovsky,

2011). Alternatively, psychosocial problems could interfere with a parent's ability to gain employment or comply with TANF requirements, thus directly influencing disconnection. Given these reciprocal pathways, we controlled for such chronic preconditions when examining the relationship between parent engagement and economic disconnection. We also controlled for maltreatment type in our analysis given the negative relationship between engagement and reunification, and the negative relationship between neglect and reunification.

To summarize, our primary aim was to compare the demographic and psychosocial characteristics of economically disconnected, benefits connected and employment connected parents and to assess the relationship between connectedness status and parent engagement. We hypothesized that among child welfare-involved parents, those with children placed out of home would have higher rates of disconnection than those receiving in-home services. We further hypothesized that disconnected parents would report lower levels of engagement than TANF or employment connected parents, controlling for demographic and chronic psychosocial factors, child placement status, and maltreatment type. Finally, we examined group differences in unmet service needs and social network financial support to explore whether and how disconnected caregivers were making ends meet.

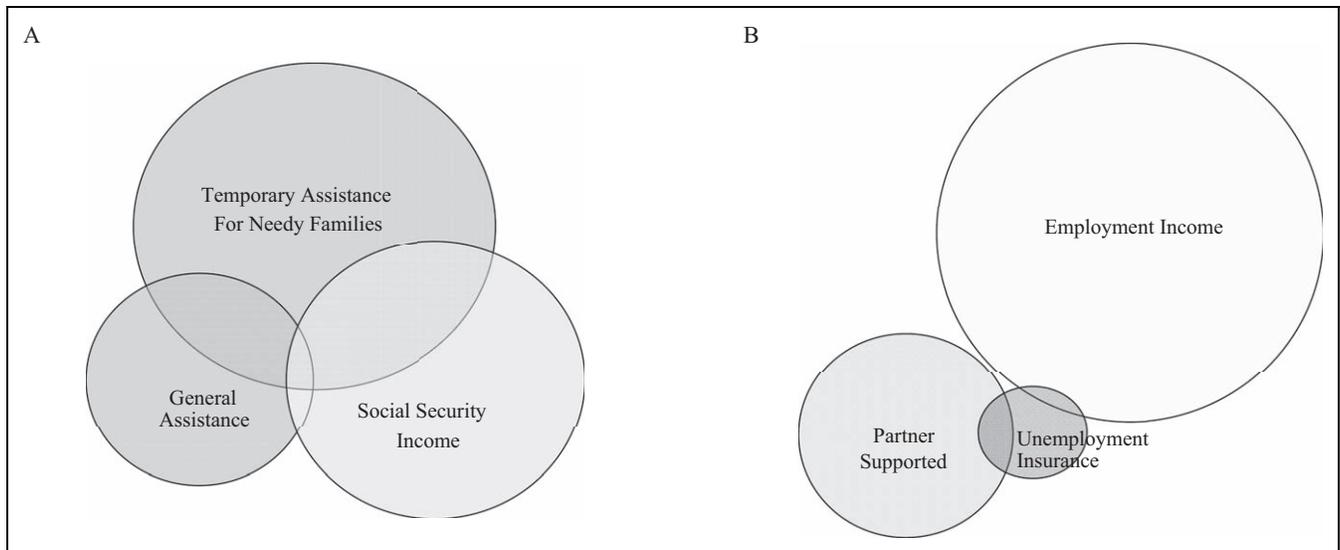
## **Method**

### **Participants and Procedures**

We used data from the Washington Statewide Survey of Child Welfare-Involved Parents (hereafter referred to as the Parent Survey). The child welfare agency's administrative database was used to select the sample of primary caregivers 18 years and older, based on cases opened for in-home or out-of-home services in Washington State in the past 30 to 180 days. Parents unable to communicate in English, and those incarcerated or living outside of the state, were excluded. If two parents were identified within a family, the primary parent was selected. If a primary parent was not indicated, the oldest female caregiver was selected. Parents were initially contacted by the child welfare agency to inform them of the study and to allow them the opportunity to opt out of the study. Those who did not opt out were contacted by the researchers.

Face-to-face interviews were conducted with 809 parents between July and December 2008, with a response rate of 82%. The interview protocol included data on the characteristics, needs and engagement of child welfare-involved families in Washington State. In addition, parents were asked to consent to linking their survey and child welfare administrative data. Parents received an incentive payment of \$50. All protocols were approved by the Washington State Institutional Review Board (for more details, see Marcenko, Newby, Lee, Courtney, & Brennan, 2010).

Analysis was limited to working-age individuals (aged 18 to 65) because expectations for work and opportunities for government benefits change after age 65. This eliminated three



**Figure 1.** A. Benefits-only income sources ( $n = 304$ ). B. Employment-connected income sources ( $n = 317$ ).

caregivers, resulting in 806 cases. We used listwise deletion to address missing data in our multivariate analyses, resulting in the deletion of 33 cases (4.1% of the sample). The majority of missingness is attributable to 24 respondents who did not complete the Mini-International Neuropsychiatric Interview (MINI). We conducted significance tests to compare any possible differences between the dropped and retained cases on economic connectedness, demographic characteristics, care status, and the engagement scale. There were no significant differences between the groups. Our final sample included 773 cases.

## Measures

Data were collected about household income and government benefit receipt, which enabled us to create three categories of economic connectedness. The survey also included demographics, household characteristics, parental engagement, mental health and substance abuse, domestic violence, financial hardship, and unmet service need.

**Economic connection status.** Economic disconnection is defined in a variety of ways in the literature (Loprest, 2002; Ovwigho, Kolupanowich, & Born, 2009; Turner, Danziger, & Seefeldt, 2006; Wood & Rangarajan, 2003; Zedlewski et al., 2003). We followed existing convention in the welfare recipient/leavers studies as closely as possible given the limitations of our own data. Economically disconnected families were defined as those who reported that they currently did not receive cash benefits (including TANF, SSI, GA, and UI); did not currently receive income through employment; and did not appear to be partner supported. Respondents may have been receiving SSI for their own or their child's disability. At the time of data collection, individuals who did not qualify for TANF or SSI may have received Washington State GA if they were physically and/or mentally incapacitated and unemployed for 90 days. Consistent with other studies, food stamps and

housing subsidies were defined as in-kind benefits and did not qualify as a criterion for inclusion in the benefits group. Because the survey did not have a specific question that differentiated partner support from cash help from family and friends in general, we constructed a variable based on marital status, current employment, and reported gross household income for 2007 (the prior tax year). A respondent who reported being married or in a committed relationship, not receiving any income through employment, but having a gross household income over \$20,000 was categorized as living in a partner-supported household. We reasoned that partnered or married individuals who report earning no money themselves but having a household income of \$20,000 were likely to be receiving income through their partners' earnings. This assumption applied to 67 persons. By omitting this rough proxy for partner earnings, we would artificially inflate the number of economically disconnected caregivers by ignoring a substantial source of household support. We believe the income level of \$20,000 is sufficiently high to avoid misidentifying disconnected families as connected. Only 20% of our sample reported earnings above this level and cash assistance is generally far less generous, typically totaling less than \$10,000 per year.

Using this definition, 19.7% ( $n = 152$ ) of the parents in our survey were economically disconnected. Two comparison groups were created: those who reported currently receiving only cash, nonemployment-related benefits (TANF, GA, and/or SSI) and those who reported any employment-related income (currently receiving employment income or UI or those who were partner supported as defined above), regardless of whether or not they also received cash benefits. We referred to the former group as benefits-only and the latter as employment-connected. The benefits-only group comprised 39.3% ( $n = 304$ ) of parents, and the employment group comprised 41.0% ( $n = 317$ ) of the sample.

Figure 1a and b are proportional Venn diagrams that depict income sources for our two comparison groups, benefits-only

and employment-connected, respectively. Almost two thirds (60%) of the benefits-only group receives TANF, almost half receive SSI (42%), and one quarter receive GA (25%). Where caregivers reported receiving more than one type of cash benefit, a combination of only TANF and SSI were most common (13%), followed by only TANF and GA (8%), with only 2% reporting a combination of only GA and SSI, and 2% reporting receipt of all three types of cash benefits.

The majority of the employment-connected group reported employment income (75%), and a little over one fifth were classified as partner supported. The distributions of employment income and partner support did not overlap because respondents are only classified as partner-supported if they are not employed. Only 5% of the sample reported income through UI. There were very few households (2%) that reported UI income in addition to either employment income or partner support. The employment-connected group also reported some income through government benefits: 13% reported that they also received SSI, 10% reported that they also received TANF, and 6% reported that they also received GA.

**Parent engagement.** Yatchmenoff's (2005) measure of non-voluntary clients' experience of engagement in child protective services was used to capture engagement. The instrument consists of 19 items and four subscales measuring parents' investment in working with CPS and expected benefits from their investment. The subscales are (1) recognizing the need for help (Receptivity), (2) believing that the services will be beneficial (Buy-In), (3) having a working relationship with the social worker (Working Relationship), and (4) trusting the intention of the agency (Trust; Yatchmenoff, 2005). Caregivers were asked to assess the social worker they had the most recent contact with and their most recent experience with CPS in general. The items were measured on a 5-point scale (*strongly agree* to *strongly disagree*), and each was coded so that higher scores indicated greater engagement. Like Yatchmenoff, we found high internal consistency on all subscales, with Cronbach's  $\alpha$ s ranging from .75 to .88 and an  $\alpha$  of .93 for the overall scale. Although we estimated models for each of the subscales as well as the overall scale, we only report results for the overall model. The results are comparable for the subscale models, and the intercorrelation between each subscale and the overall scale was quite high ( $r = .77, .94, .83,$  and  $.88$  for receptivity, buy-in, working relationship, and trust, respectively), and the correlation between subscales was also high (ranging between .43 and .77). Full tables are available by request from the authors.

**Demographic and household characteristics.** Demographic information was collected on primary caregivers, including gender, race, age, marital status and highest level of education. Caregivers were allowed multiple responses to the question on race/ethnicity. To create a single race category for each caregiver, we coded respondents based on expected experiences in the child welfare system. Thus, caregivers were coded as Caucasian if that was their only response. If they reported more than one race, they were coded Native American regardless of

other responses, followed by African American and Latino. The remaining caregivers were coded as other or mixed race. The caregiver's education was based on self-reported response to one of six categories, which were collapsed into three categories: some or less than high school, high school graduate or general education diploma (GED), and some college or technical training or a college degree.

**Child welfare status.** We were able to establish, through the administrative database, the reason for referral and whether the respondent had at least one child removed from the home at the time of the interview. We identified a key referral preferring referral dates within the sample window (30 to 180 days). If no referrals were found during the sample window, the most recent referral was used. For cases with multiple referrals within this period, a priority referral was identified based on the investigation finding (founded, inconclusive, or unfounded) and the risk tag assigned to the referral (high to low). Priority was assigned to founded and high risk referrals. For all remaining cases with multiple referrals, the earliest referral in the 30- to 180-day window was identified as the priority case. The final categories for referral reason were based on the administrative categorizations: (1) sexual abuse, alone or in combination with any other type of maltreatment; (2) physical neglect, alone or in combination with other types of maltreatment except sexual abuse (includes emotional abuse and medical neglect); (3) physical abuse only; and (4) no referral. Cases with no referral typically reflect caregivers who actively sought assistance from the child welfare agency. Out-of-home status was based on whether the respondent had at least one child removed from the home at the time of the interview. We distinguished between those who had at least one child removed (out of home) and those who did not have any children removed from the home (in home).

**Chronic maltreatment risk factors.** Standardized measures of common child maltreatment risk factors, mental health disorders, substance abuse, and intimate partner violence were administered to caregivers. Mental health and substance abuse disorders were measured by MINI, a widely used structured diagnostic instrument that has been validated against the Structured Clinical Interview for DSM diagnoses (SCID-P), the Composite International Diagnostic Interview for ICD-10 (CIDI), and against expert opinion (Sheehan, et al., 1997). Research staff was trained to administer the instrument by an approved trainer. The instrument yields a lifetime and past 12-month diagnosis of depression, alcohol and other drug abuse and dependence. Indicator variables were constructed to capture lifetime diagnoses of depressive disorders, alcohol abuse or dependency, and substance abuse or dependency.

Caregivers were also asked 6 selected items from the Conflict Tactic Scale1 (Straus, 1979) to measure intimate partner violence. Caregivers were asked whether they experienced or perpetrated violence in their relationship with their current or most recent partner. Three items pertained to the respondent as victim and three pertained to the respondent as

the perpetrator of aggression. The items asked were, have you or has your partner: (1) threatened to do something violent, (2) grabbed, shaken, slapped, or kicked, and (3) physically hurt each other. A dichotomous variable was created based on these six questions, where *yes* = 1 indicated a yes response to any of the 6 items, and a *no* = 0 indicated a no response to all 6 items. Psychometric testing has supported the reliability and validity of the CTS1 (Straus, 1979). The instrument is designed to be self-administered and Audio CASI was employed given the sensitive nature of the questions.

We considered several additional variables, including time between case open and interview date, partnership status, and household income, but ultimately omitted them because their coefficients were not statistically significant and inclusion did not improve model fit statistics significantly.

### Analytic Strategy

First we examined differences between economic connectedness groups through bivariate analyses. We used *t* tests with continuous variables and chi-square tests with categorical variables to establish statistical differences between the economic disconnected group and the two comparison groups, employment-connected and benefits-only, in demographic characteristics, chronic risk factors, and parent engagement.

Multivariate analyses were then conducted to identify differences in engagement between economic connectedness groups when controlling for demographics and chronic risk factors. We model disconnection with relatively stable characteristics that reasonably precede disconnection. We estimated ordinary least squares (OLS) models to predict parent engagement. We report a base model with only the economic connectedness variable, then add a set of demographic variables, referral reason, and care status (intermediary model), and finally add chronic factors: depression, alcohol abuse or dependency, drug abuse or dependency, and a measure of intimate partner violence (full model). Thus, we were able to observe the behavior of the economic disconnected variable as we added layers of potential risk factors to the models. We assessed the impact of the addition of variables on model fit using the Bayesian information criterion (BIC) and the Akaike information criterion (AIC). Both are indicators of model fit which are calculated by comparing estimated model values to actual values; lower values indicate better fit. The AIC and BIC are differentiated in that the BIC introduces a penalty for the addition of variables, thus favoring more parsimonious models.

Previous analyses indicated significant differences between out-of-home and in-home caregivers (Marcenko, Newby, Lee, Courtney, & Brennan, 2009), which were confirmed by our bivariate analyses. In order to test the hypothesis that these two groups represent two separate populations for whom different processes were at work, we estimated separate models and compared the parameter estimates and associated covariance matrices to see whether a common model would be appropriate for the two groups (StataCorp, 2009). The results of this model comparison indicated a common model was appropriate, with

the inclusion of a dummy variable to establish different intercepts for the two groups. Following the multivariate analyses, we report on group differences in unmet service needs and social network financial support, providing an indication of if and how disconnected caregivers are making ends meet relative to benefits-only and employment-connected caregivers.

## Results

### Bivariate Analyses

**Demographics.** Table 1 shows that there were few demographic differences between economically disconnected and benefits-only caregivers, with the exception of age: disconnected caregivers were younger than both benefits-only,  $t(454) = 2.88, p = .0041$ , and employment connected caregivers,  $t(467) = 4.24, p < .001$ . In addition, disconnected caregivers were more likely than both comparison groups to have a child placed in out-of-home care,  $\chi^2(1, N = 456) = 8.83, p = .003$ , compared to benefits-only,  $\chi^2(1, N = 469) = 25.75, p < .001$ , and compared to employment-connected. Additional demographic differences were observed between disconnected caregivers and their employment-connected counterparts. The employment-connected group reported higher levels of education,  $\chi^2(2, N = 469) = 25.78, p < .001$ , and included more men,  $\chi^2(1, N = 469) = 8.38, p = .004$ .

**Chronic maltreatment risk factors.** As shown in Table 1, this sample reported high levels of mental health and substance abuse disorders. Although there were no difference between economically disconnected and benefits-only caregivers, there were differences between economically disconnected and employment connected caregivers in depression and substance use. Disconnected caregivers reported higher levels of depression,  $\chi^2(1, N = 469) = 6.23, p = .013$ , and substance abuse disorders,  $\chi^2(1, N = 469) = 22.78, p < .001$ , than employment-connected caregivers.

**Parent engagement.** There were significant differences between disconnected caregivers and the other two groups on the extent to which they accepted the need for child welfare services. As shown in Table 1, compared to benefits-only,  $t(454) = 4.04, p < .001$ , and employment-connected caregivers,  $t(467) = 2.13, p = .03$ , disconnected caregivers reported lower levels of engagement. However, there were smaller differences between disconnected and employment-connected caregivers.

### Multivariate Analysis

Table 2 shows the results of the multivariate model predicting caregivers' engagement. The base model including only the economic connection variables explained only a small percentage of the variance in engagement. Adding demographic characteristics increased the amount of variance explained for our intermediary model. Adding chronic risk factors increased the  $R^2$  to a modest amount of variance explained for our full model. The log likelihood ratio indicated improved model fit over the

**Table 1.** Descriptive Statistics, by Economic Connectedness Status ( $N = 773$ )

	Total		Disconnected		Benefits Only			Employment Connected		
	M or %	SD	M or %	SD	M or %	SD		M or %	SD	
Economic connectedness			19.7		39.3			41.0		
Demographics										
Age	32.2	(9.4)	29.6	(8.7)	32.1	(8.8)	**	33.6	(10.0)	***
Female	92.4		96.7		94.1			88.6		**
Male	7.6		3.3		5.9			11.4		
Highest education level <sup>a</sup>										
<High school degree	29.8		38.8		38.2			17.4		***
High school/GED	27.6		22.4		28.6			29.0		
Some college or degree	42.7		38.8		33.2			53.6		
Race <sup>a</sup>										
Caucasian only	61.6		58.6		59.5			65.0		
Any Native American	12.3		16.5		10.9			11.7		
African American	6.5		6.6		8.2			4.7		
Hispanic, Latino	7.6		3.3		9.2			8.2		
Mixed race/Other	12.0		15.1		12.2			10.4		
Referral reason <sup>a</sup>										
Physical neglect	81.0		83.6		87.5			73.5		
Sexual abuse	5.6		4.0		4.6			7.3		
Physical abuse only	10.4		8.6		5.9			15.5		
No referral	3.8		4.0		2.0			3.8		
Care status <sup>a</sup>										
In-Home	42.0		26.3		40.5		**	51.1		***
In-care/Out-of-home	58.0		73.7		59.5			48.9		
Chronic factors										
Depression	46.1		48.7		54.6			36.6		*
Alcohol	11.9		13.8		14.8			8.2		
Drug	24.5		36.2		29.3			14.2		***
Any interpartner violence	34.8		35.5		38.5			30.9		
Engagement										
Overall scale	3.1	(1.0)	2.9	(0.9)	3.3	(1.0)	***	3.1	(1.0)	*

<sup>a</sup>For the variables *highest level of schooling*, *race*, and *referral* only omnibus tests were conducted.

\* $p < .05$ .

\*\* $p < .01$ .

\*\*\* $p < .001$ .

null model for all our models,  $\chi^2(2) = 15.13, p = .0005$ , for the base model;  $\chi^2(14) = 67.60, p < .001$  for the intermediary model; and  $\chi^2(18) = 104.92, p < .001$  for the full model. Although the BIC inflates slightly from the null model when we added all our variables in the full model, there was a reduction in the AIC.

In all three stages of our model, the benefits-only group consistently reported higher levels of engagement than the economic disconnected group, even after demographic and chronic stressors are added to the models. Holding all other variables constant, a caregiver in the benefits-only group scored higher on the overall 5-point engagement scale than a caregiver in the disconnected group ( $p < .001$ ). There were some significant differences between the disconnected and employment-connected caregivers, in our base and full models but not in the intermediary model. In our full models, the coefficient for employment-connected is significant for the overall scale.

Race, educational attainment, referral reason, and out-of-home placement had a significant relationship to the overall engagement scale. Latino caregivers reported higher levels of

engagement than their White peers. Compared to those with some college or more, those with a high school diploma or equivalency reported higher levels of engagement. Caregivers who were not referred to the child welfare system reported higher levels of engagement than those who were referred for physical neglect. Caregivers who reported that at least one child had been removed from the home scored lower on overall engagement than parents who did not have any children removed. Parents who had indicated drug abuse symptoms scored higher on the engagement scale. None of the other three chronic stress factors were significantly related to engagement. As hypothesized, economically disconnected parents reported lower levels of engagement even after controlling for demographic characteristics, chronic risk factors, child welfare status, and maltreatment type.

*Unmet service needs.* We concluded the analysis by exploring if and how economically disconnected caregivers met basic needs. Since engagement has been linked to reunification, we presumed that meeting the service needs of parents was likely

**Table 2.** OLS Regression on Engagement Overall Scale ( $N = 773$ )

	Base model			Intermediary model			Full model		
	B	SE		B	SE		B	SE	
Economic connectedness (disconnected ref)									
Benefits-only	0.38	(0.10)	***	0.34	(0.10)	***	0.35	(0.09)	***
Employment connected	0.20	(0.10)	*	0.14	(0.10)		0.22	(0.10)	*
Female				0.08	(0.13)		0.03	(0.13)	
Age				-0.01	(0.00)		0.00	(0.00)	
Race (White ref)									
Native American				0.12	(0.11)		0.14	(0.10)	
African American				-0.15	(0.14)		-0.11	(0.14)	
Latino				0.22	(0.13)		0.26	(0.13)	*
Mixed/Other				0.03	(0.11)		0.04	(0.11)	
Education (Some college + ref)									
Less than HS				0.06	(0.09)		0.06	(0.09)	
HS diploma or equivalency				0.25	(0.08)	**	0.24	(0.08)	**
Referral reason (Physical Neglect, alone or multiple ref)									
Sexual abuse, alone or multiple				0.15	(0.15)		0.23	(0.15)	
Physical abuse only				-0.05	(0.12)		0.00	(0.11)	
No referral				0.47	(0.20)	*	0.44	(0.19)	*
Out-of-home placement				-0.34	(0.07)	***	-0.40	(0.07)	***
Chronic factors									
Depression							0.07	(0.07)	
Alcohol abuse							0.00	(0.11)	
Drug abuse							0.49	(0.09)	***
Any interpartner violence							0.05	(0.07)	
Constant	2.91	(0.08)	***	3.15	(0.22)	***	2.96	(0.22)	***
$R^2$	0.02			0.08			0.13		

\* $p < .05$ .\*\* $p < .01$ .\*\*\* $p < .001$ .

to affect both engagement and reunification. In the survey, parents were asked if they were receiving services from a list of basic service needs such as housing, food, and employment, if they received the service and, if not, whether they needed the service. If the service was needed but not received, it was considered an unmet need.

Overall, economically disconnected parents had significantly greater unmet service needs than the two comparison groups (see Table 3). The largest group discrepancies were observed in housing,  $\chi^2(1, N = 469) = 42.73, p < .001$ , compared to employment connected;  $\chi^2(1, N = 453) = 4.65, p = .031$  compared to benefits only, medical services,  $\chi^2(1, N = 467) = 42.32, p < .001$ , compared to employment connected;  $\chi^2(1, N = 454) = 85.35, p < .001$  compared to benefits only, and applying for financial aid,  $\chi^2(1, N = 466) = 26.22, p < .001$ , compared to employment connected;  $\chi^2(1, N = 452) = 32.02, p < .001$  compared to benefits only. Almost half of disconnected caregivers report that they are not receiving needed medical services compared to much smaller percentages of benefits-only and of employment connected caregivers. Not surprisingly, disconnected caregivers were about twice as likely to report the need for help applying for financial aid than the other two groups.

**Social network financial support.** Respondents were also asked if they received money from friends, family, or a partner in a “yes” or “no” format. Disconnected parents were almost twice as likely to receive financial help from their social network (49.3%) than were benefit-connected (23.4%) or employment-connected (26.2%) parents,  $\chi^2(2, N = 773) = 35.88, p < .001$ .

### Sensitivity Analysis

Because our criterion for economic disconnection was restricted to cash benefits, we conducted analyses with a stricter definition of economic disconnection that took into account both cash and in-kind benefits. In this second set of analyses, economic disconnection was defined as those who did not receive cash or in-kind benefits. In comparing the full model from Table 2 to this second version, the coefficients predicting engagement increased for both benefits-only ( $B = .43, p < .001$ ) and employment connected ( $B = .35, p < .01$ ). All other results appear comparable to the original model. Our analyses suggest that the differences between the economically disconnected and the other groups become larger when the

**Table 3.** Selected Basic Service Unmet Needs, by Economic Connectedness Status

	Total %	Disconnected (n = 152) %	Benefits Only (n = 304) %	Employment connected (n = 317) %
Finding a place to live (N = 770)	30.8	46.7	36.2*	18.0***
Getting enough food (N = 773)	22.3	29.0	18.8*	22.4
Clothing for you/family (N = 772)	36.4	41.5	41.8	28.8**
Medical services (N = 771)	20.0	46.7	8.9***	18.0***
Finding/keeping a job (N = 769)	25.2	42.1	30.9*	11.7***
Applying for financial aid (N = 768)	25.8	45.3	19.9***	22.2***
Obtaining Ed/GED (N = 771)	26.9	41.1	30.4*	16.7***

\*p < .05.

\*\*p < .01.

\*\*\*p < .001.

classification of economically disconnected is restricted to those receiving neither cash nor in-kind benefits. That is, those caregivers disconnected from all forms of benefits are the most difficult to engage.

**Discussion**

One fifth of a statewide sample of child welfare-involved caregivers reported that they were economically disconnected. This is consistent with recent longitudinal studies of welfare leavers (Turner et al., 2006) and low-income mothers (Blank, 2007) which report about a 20% rate of economic disconnection. Several patterns differentiated economically disconnected caregivers from those who received benefits or were connected to employment income. Disconnected caregivers were somewhat younger and were more likely to have children in out-of-home placements as opposed to receiving services in home. The fact that parents often lose TANF upon child placement may explain their disconnection from cash assistance. It appears that they are unlikely to secure employment to fill the financial gap. Disconnected caregivers also were more likely to report financial assistance from their social networks, perhaps lessening the impact of their lack of access to other financial resources, although higher levels of unmet basic needs suggests the inadequacy of social networks to meet these needs.

As hypothesized, disconnected caregivers reported lower engagement in child welfare services than other caregivers even when controlling for demographic characteristics, chronic psychosocial risk factors, and placement status. We speculate that parents who are less engaged with child welfare services may also be less likely to participate in other public programs such as welfare, although 59% of disconnected parents reported receiving food stamps, suggesting that most disconnected parents are not eschewing voluntary connection to public programs. Alternately, they may be less likely to see the benefit in child welfare services because they experience the child welfare system as unresponsive to their material needs. For instance, they may have lost TANF pursuant to placement or a disruption in benefits and ensuing material hardships may

have precipitated a child welfare referral. Disentangling the relationship between disconnection and engagement is an issue for further study.

Entering the system without a referral and reporting drug abuse are both associated with more engagement. It is intuitively consistent that parents who contacted the child welfare agency for services would report higher rates of engagement than those who had an open case as a result of a child maltreatment referral. However, that those who indicated a drug abuse history were more likely to be engaged than those with no drug abuse history is an unexpected finding. A possible explanation is that a proportion of parents was not forthcoming about their drug abuse and that those who were open were more likely to acknowledge their problem and be actively engaged with the system to address the issue. Another explanation is that the child welfare system is better equipped to address substance abuse problems, so parents with this need may perceive the system as more helpful.

Disconnected parents were more likely than both employment connected caregivers and those receiving benefits to indicate a need for help finding a place to live, finding or keeping a job, obtaining education, and applying for financial aid and medical services. However, their need for medical services was striking. Disconnected caregivers were more than 5 times as likely to report the need for medical services as those caregivers with benefits and about 2½ times more likely than employed caregivers. This level of need can plausibly be linked to lack of access to Medicaid benefits. Caregivers receiving either TANF or SSI are also eligible for Medicaid, explaining their low rates of unmet need for medical services. Employed caregivers may experience better health as reported in other studies (Zedlewski et al., 2003) or they may have health insurance through an employer. In any case, lack of medical coverage could prevent parents from accessing critical services such as substance abuse or mental health treatment, thereby compromising their functioning and impeding their ability to safely parent.

That disconnected caregivers were more than twice as likely to need help applying for financial aid as the other two caregiver groups is interesting because it both offers a partial

explanation for their lack of public benefits and suggests an intervention opportunity. While parents become ineligible for TANF when their children are placed out of home (unless reunification is expected within 180 days), and almost three quarters of disconnected caregivers had children in placement, presumably many would still be eligible for GA and some may meet requirements for SSI. In a previous analysis with the same sample, we found that parents were more likely to prioritize basic material needs than child welfare workers who more often identified families' needs for psychosocial services.

To contextualize our findings and to better understand the implications for families, we met with The Washington State Parent Advocacy Committee, a group of parents who had prior child welfare cases. Parents supported closer collaboration between welfare and child welfare but felt that welfare was not a long-term solution to poverty. They wanted greater access to education and training, which would provide self-sufficiency. Consistent with this feedback, 41% of disconnected parents in our study indicated a need for help obtaining education.

The findings should be interpreted in light of limitations in the design, sample, and data. Our cross-sectional data made it impossible to capture periods of economic disconnection prior to or after observation. Prior research indicating that poor parents often cycle between work, welfare, and disconnection from either status (Turner et al., 2006), suggesting that our point-in-time measure underestimated the extent to which sample members may have experienced some disconnection. Furthermore, this design did not allow us to explore the extent to which our sample experienced the deep and persistent disadvantage of chronic disconnection. We also had no way to distinguish whether the association between economic disconnection and disengagement with services is causal or correlational. Longitudinal data and exogenous variation are required to examine these dynamics.

Other factors limit generalizability. The sample was restricted to mothers with a new entry to the child welfare agency in the past 30 to 180 days; consequently, the findings may not represent the experiences of caregivers with longer or shorter child welfare involvement. Generalization is further limited by the fact that the sample was drawn from one state. The study relies on caregiver self-report, which is open to reporting error and possibly bias due to social desirability or fear that the responses might be shared with the child welfare agency. Furthermore, caution should be exercised when interpreting the findings regarding receipt of public transfer benefits such as TANF and SSI. Economists have found underreporting of these benefit programs in major household surveys (Meyer, Mok, & Sullivan, 2009). Finally, since the survey was conducted (in 2008), the economic conditions for poor parents have likely worsened and a greater proportion of parents have undoubtedly reached TANF time limits.

### *Implications for Policy and Practice*

The intersection between public benefit programs and child welfare deserves special attention due to the chronic

familial problems that lead to entry into the child welfare system combined with substantial economic distress. Child welfare services to this population primarily focus on psychosocial and parenting needs with less attention to material needs. Efforts to assist caregivers in applying for and connecting to financial assistance could improve their economic circumstance and might also increase their investment in child welfare services.

Since 1998, Washington State has allowed parents to continue receiving TANF for 90 days after child removal if the social worker attests that the children are expected to return home within 90 days (WAC 388-454-0015). This is a TANF policy option that few states have elected to institute (Kortenkamp, Geen, & Stagner, 2004). Recognizing that this time period may be too short to achieve family reunification, Washington extended eligibility to 180 days during our data collection period (WAC 388-454-0015, August 2008). However, activating the waiver requires the social worker to coordinate with the welfare caseworker and to attest that reunification is imminent. Additional investigation is needed to see if and how the waiver is being utilized across the state, and the impact that the policy has on economic disconnection.

Calls for greater integration of welfare and child welfare services are rooted in concerns regarding the failure of stand-alone agencies to meet the needs of multiply vulnerable families (Ehrle, Scarcella, & Geen, 2004). Motivated by fears that welfare reform would result in explosive growth in the child welfare population, several states have undertaken programs that establish collaborations between the two programs. To our knowledge, none of these programs has undergone rigorous evaluation. At a minimum, these programs should be evaluated for their potential to reduce economic disconnection and to prevent child welfare involvement or promote reunification when out-of-home placement occurs.

Economically disconnected parents were less likely to positively engage with the child welfare system and were more likely to indicate the need for help accessing medical services and financial assistance. From a practice perspective, addressing families' most pressing needs could increase their engagement in child welfare services, a factor that has been shown to predict reunification and may also prevent placement. Failure to attend to the economic conditions of child welfare-involved families jeopardizes their ability to provide a safe and stable home for their children, with likely significant deleterious effects on children (Hildyard & Wolfe, 2002).

### **Acknowledgments**

The U.S. Department of Health and Human Services/Administration for Children and Families funded this analysis through a grant to the University of Washington West Coast Poverty Center. The authors wish to acknowledge the collaboration with the Washington State Department of Social and Health Services, Children's Administration, the generous support of Casey Family Programs, the contributions of Maureen Newby, and the caregivers who participated in this study.

**Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received financial support from The US Department of Health and Human Services/Administration for Children and Families and Partners for Our Children for the research, authorship, and/or publication of this article.

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