



The U.S. spends over [\\$29 billion](#) each year to identify and protect victims of child abuse and neglect through various Child Protective Services (CPS) processes and programs. Isolated allegations of child neglect (without concurrent abuse allegations) account for [60%](#) of substantiated CPS allegations (confirmed as true). About [61%](#) of foster care placements involve neglect (alone *or* in combination with other factors). Yet, widespread confusion and misinformation about child neglect and its impacts have hindered effective policy development.

What Is Child Neglect?

Neglect is generally defined as “the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child’s health, safety, and well-being are threatened with harm.” States define neglect in their civil statutes (CPS laws) and have specific policies and procedures governing the reporting, assessment, and response to concerns about neglect. States vary in their [definitions of neglect, both in breadth and specificity](#).

Is Child Neglect the Same as Poverty?

There is bipartisan concern that well-meaning providers report children, which CPS then investigates, and removes from their homes for “neglect” that stems solely or predominantly from poverty. Neglect *is linked* to poverty.

- [85% of families](#) investigated for neglect have incomes below 200% of the poverty line and neglect referrals are disproportionately concentrated among families who are not employed, receive public assistance, and live in impoverished [neighborhoods](#).
- Anti-poverty programs, such as the Earned Income Tax Credit, and policies, such as a higher minimum wage, appear to [modestly reduce CPS reports](#), suggesting that reducing poverty may prevent some forms of abuse and neglect or prevent non-maltreating low-income families from inappropriate CPS reports.
- Barriers to healthcare contribute to neglect by reducing access to treatment for substance use and mental health. The majority of families involved with the child welfare system are Medicaid recipients.

But neglect *is distinct* from poverty. [Over half](#) (29) of U.S. states have explicit statutory exclusions for involuntary neglect (neglect occurring ‘due to poverty’) from their definitions of neglect. This means that CPS cannot investigate or intervene with families when a child has unmet needs that are solely attributable to lack of resources (e.g., homelessness resulting from unemployment), but CPS has authority to investigate and intervene when a child has been deprived of minimally adequate care for other reasons (e.g., homelessness resulting from a methamphetamine lab fire).

- [Research](#) shows few families are *investigated* by CPS for reasons of lack of food, housing, or clothing. Where those concerns do initiate a report, they are nearly always in conjunction with concerns related to concurrent physical or sexual abuse, lack of supervision, parental substance use, mental illness or domestic violence.
- Agencies screen out over [2 million](#) referrals each year which may disproportionately reflect poverty-related hardships rather than neglect or abuse.
- [Qualitative research](#) and [media interviews](#) with parents investigated for neglect highlight accounts of perceived bias and unfair treatment related to their economic status and/or racial/ethnic identity.
- Wide variability and lack of transparency in CPS practice across jurisdictions likely contributes to public distrust and complicates efforts to identify and reduce unnecessary or inappropriate investigative processes.

How Neglect Harms Children

- The vast majority (73%) of child maltreatment fatalities involve neglect, and many children are killed after prior “unfounded” allegations of neglect.
- Neglect reduces long-term life functioning. More [adverse outcomes](#) occur even among children with unsubstantiated neglect investigations where no formal intervention took place.
- Children exposed to neglect face [equal or greater risks](#) (health and social outcomes) as those who are physically or sexually abused.

Long term risks associated with neglect after accounting for poverty

Physical Health	Mental Health	Risky Behaviors	Economic Burden
Failure to thrive	Aggression	High school drop-out	Less skilled jobs
Obesity	Attachment	Incarceration	Unemployment
Vitamin deficiencies	Anxiety	Teen parenthood	Fewer assets
Injuries	Impulsiveness	Risky sexual behaviors	Lower earnings
Untreated Illnesses	Withdrawal	Sexually transmitted infections	Increased social service utilization
Poison ingestion	Depression	Drug & alcohol use	Sickness/disability pension
Brain development	Psychosis		
Death	Suicide attempts		

Polyvictimization: Maltreatment types tend to co-occur (e.g., sexual, physical abuse)
Intergenerational Transmission: Maltreated children are more likely to perpetuate maltreatment later in life when they become parents

Prevention and Intervention Efforts for Child Neglect

Given the substantial human and economic costs associated with child neglect, high-quality programs that prevent neglect or the recurrence of neglect show a strong return on investment (e.g., [SafeCare- Cost-Benefit Analysis](#)). Because child neglect cases vary by context and contributing risk factors (e.g., substance abuse, domestic violence), there are no known evidence-based primary prevention or treatment programs that can address all forms of neglect. However, some prevention and treatment programs show modest impacts on both neglect and abuse. Many of these programs focus on caregiver skills and resources; fewer focus on promoting positive child development following neglect experiences. Examples of evidence-based programs with implications for the prevention and treatment of neglect are below.

Nurse-Family Partnership (NFP)	SafeCare	Safe Environment for Every Kid (SEEK)	Triple P
<ul style="list-style-type: none"> • Home-visiting program for first-time, low-income mothers to improve pregnancy outcomes, promote child health and development, and help to create economic self-sufficiency in families • Has demonstrated reductions in child abuse and neglect in the first two years of life 	<ul style="list-style-type: none"> • Home visiting early childhood intervention to improve parent-child interactions, child safety, and health, and prevent child abuse and neglect • Has demonstrated reduced child maltreatment recidivism among families compared to those receiving typical child welfare services 	<ul style="list-style-type: none"> • Primary-care based program for preventing child abuse and neglect that trains primary care physicians to screen for and address risk factors for child maltreatment (e.g., parental depression, substance use) • Associated with fewer CPS reports of child abuse and neglect and less medical neglect 	<ul style="list-style-type: none"> • Parenting program that provides parenting education and support to increase parenting competence, skills, and use of positive parenting practices • Has demonstrated modest reductions in substantiated child maltreatment cases

More neglect-specific programming is needed. This programming should target proximal risk factors for neglect (i.e., parental substance use, mental health, and domestic violence). One example is [Families Actively Improving Relationships \(FAIR\)](#), designed specifically for families involved in child welfare for substance use and neglect. While neglect is distinct from poverty, addressing material needs may hold promise in reducing certain forms of neglect. More research is needed to see if the combination of attention to poverty with evidence-based programming may enhance preventive effects.

However, even evidence-based interventions will not fully eliminate new cases of neglect and they do not fully offset the effects of neglect that children have already experienced. To break the cycle of child maltreatment and enable victims of child neglect to “rebound” developmentally, higher utilization of compensatory interventions is needed. [Attachment and Biobehavioral Catch-up \(ABC\)](#) is an attachment-based home-visiting program for caregivers and their young children following adversity, including child maltreatment. ABC focuses on building caregiver skills to promote nurturing care, responsive, predictable, and warm environments, and decrease problematic caregiving behaviors. ABC increases caregiver sensitivity, secure child attachment and normative child stress physiology. ABC has been recently [modified](#) to work with mothers with opioid dependence.

Services targeting parents have low rates of [uptake](#) and [retention](#) despite high levels of need. However, evidence-based services that directly serve children and youth, such as [Fostering Healthy Futures](#), have high uptake and retention rates and can prevent adverse outcomes.

Federal Policy Recommendations

- Target funding to research projects that clarify the nature and causes of neglect and best practices for accurate detection and assessment, as well as evaluations of methods for accurately identifying neglect (reducing unnecessary reports and missed cases)
- Improve the quality, reliability, and utility of data collection efforts through the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS) by (1) adding detailed and accurate subcategories of neglect (e.g., lack of supervision); (2) improving the quality and reliability of indicators of family conditions and service needs (e.g., parental substance use, homelessness); and (3) ensuring data quality checks via funding and management of state [Comprehensive Child Welfare Information Systems \(CCWIS\)](#)
- Incentivize rigorous evaluation efforts to understand processes that increase the rate of engagement in CPS intervention programs and refine evaluation criteria to discern which programs are most effective for common contexts of neglect (e.g., substance use)
- Consider strategies to facilitate access to high-quality providers for substance use and mental health services through healthcare (Medicaid) with attention to increasing (1) the number and quality of providers who accept Medicaid; (2) appointment options for telehealth and after hours/weekends to limit interruptions to work/school and mitigate [transportation barriers](#); (3) access to healthcare for low-income caregivers irrespective of custodial status
- Scale up evidence-based child maltreatment prevention programming to broaden access
- Consider how economic opportunities (e.g., workforce development) or [supports for families](#) (i.e., increased wages, childcare, housing) can prevent or mitigate the impacts of child neglect

Policy Recommendations for State and Local Policymakers

- Develop resources for mandatory reporters that (1) help them determine whether a CPS call for neglect is appropriate and necessary; and (2) promote their capacity to redirect families with needs not appropriate for CPS intervention to relevant community resources
- Ensure families are receiving all social assistance and tax benefits for which they qualify
- Encourage [collaborations between CPS agencies and organizations that address economic insecurity](#) (e.g., housing, social assistance, job agencies). This should include data linkage to be able to track service uptake and impact on CPS reports for neglect over time
- Standardize [investigation and assessment protocols](#) to consider the role of poverty and economic conditions in the manifestation of neglect. Use this information to ascertain whether neglect was “involuntary” and to identify other proximal contributors (e.g., parental substance abuse) that necessitate non-economic intervention or treatment
- Actively connect families with social or economic risk factors for neglect but are not eligible for CPS intervention to relevant community resources (“warm hand-off”); increased utilization of targeted prevention services may reduce chronic re-reporting and prevent escalation of maltreatment risk
- Address poverty-related family and caregiver-specific barriers to intervention engagement (e.g., childcare, scheduling around employment, transportation, conflicts with work hours)
- Engage in systematic developmental screening of children referred for neglect to facilitate treatment of developmental delays and mitigate adverse consequences of neglect