

V. CLIENT CHARACTERISTICS

Introduction

In order to meet the training needs of Ohio's public child welfare staff, the Ohio Child Welfare Training Program (OCWTP) must be knowledgeable about the characteristics of the families and children on Ohio's caseloads. As part of the developmental training assessment, many PCSA staff participated in focus groups and were asked about the characteristics of their current child welfare clients. Responses covered two general areas: 1.) demographic and cultural characteristics, and 2.) the issues or problems of child welfare clients. Current research was also reviewed and compared to the responses of the sampled populations.

It is clear from the information presented in this section that Ohio public children service agency staff have a difficult challenge. Families and children in Ohio are becoming more racially and ethnically diverse and, to serve these families, staff must be able to provide culturally sensitive and competent services to increasingly diverse populations. Most families served by the child welfare system are poor, and poverty is a major barrier to strengthening families. Many families and children have multiple and serious problems, over and above abuse and neglect, that contribute to family instability. And, while it is true families and children have many strengths on which to build, families who are involved with children services are vulnerable to a host of significant problems requiring sustained and sophisticated interventions if permanence and safety for children are to be realized.

Demographic and Cultural Characteristics

Because of the differences in how data is reported, it is difficult to determine with certainty the race, ethnicity and age of children involved in the Ohio child welfare system. Reports from the state can be unreliable because data is not entered for every case in every county. Furthermore, different definitions are used to report data about children in various stages of the system, making cross-tabulation impossible. For this reason, data was reviewed from multiple state and national sources to obtain as accurate a picture as possible of the children who are involved in Ohio's child welfare system.

FINDINGS:

Race and Ethnicity:

According to the 2000 U.S. census report, white persons comprise 85 percent of Ohio's population. African Americans comprise 11.5 percent, and 2 percent are Hispanic. Approximately 1 percent are Asian Natives, and less than 1 percent are American Indian or Alaskan Natives.¹

The National Child Abuse and Neglect Data System (NCANDS) collects data from all the states that receive the Basic State Grant from the federal government. Ohio data was reviewed for substantiated cases in 2000. The following racial/ethnic data on child victims was provided.

- 62 percent of substantiated maltreatment cases involved white children
- 31 percent involved black or African-American children
- less than 1 percent involved Hispanic or Latino children
- less than 1 percent involved American Indian, Asian, Native Hawaiian, or other Pacific Islander children
- 6 percent were unknown

The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects data on children in placement. Interim reports for 1999 provide the following information on the race and ethnicity of children in foster care.

- 34 percent were white non-Hispanic
- 39 percent were black non-Hispanic
- 17 percent were Hispanic
- 2 percent were American Indian or Alaskan Native
- 1 percent was Asian
- 7 percent were unknown

The Ohio Department of Job and Family Services (ODJFS) provided Family and Child State Information System (FACSIS) on children maltreated for the first time in a calendar year. This information, referred to as "first allegation cases," was provided for the years 1997 through 2001. In both 1997 and 2001, roughly 67 percent of children involved in first allegation cases were white, and 28 percent

¹ Racial and ethnic terminology changes depending upon the source. For example, census data in 1990 used "black," "white," and "Hispanic." FACSIS data reports use the words "African American," "Hispanic/Latino," and "white." In this report, terminology is consistent with the source used.

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were black African American/black.” FACSIS also provided data on Hispanic children; however, it was not reliable; 626 Hispanic first allegation cases were reported in 1997 but only 10 in 2001.

In phone interviews, when asked how their clients had changed demographically over the past five years, most executive directors/designees from small, medium and large counties reported no demographic change. The exceptions were found in small counties in the southwest and central regions, a medium county in the central region, and a large county in the east central region, all of which reported increases in Hispanic clients on their caseloads.

In contrast, executive directors from Lucas, Greene, Summit, Cuyahoga, and Franklin counties (metro counties) did report racial and ethnic demographic changes in their client populations in the past five years. Lucas, Greene, and Summit counties all reported increases in Hispanic client populations. One metropolitan county each also reported increases in the following client populations: Arab, Russian Jewish, Somalian, Southeast Asian, West Indian, and Pacific Rim.

Supervisors and caseworkers who participated in focus groups also reported increases in Hispanic populations in the same counties, as well as Cuyahoga County. A small southwest county reported an increase in Mexican families, including Mexican youth who are not with their families. This county also reported an increase in migrant workers with children. (See Table 1).

**Table 1
Reported Increases in Ethnic/Racial Populations in Last Five Years**

Increase in Hispanic populations in the past five years	Lucas, Greene, Summit, and Cuyahoga Counties additional southwest, central, and east central region counties
Increase in Somalian population	Franklin County
Increase in Arab population	Cuyahoga County
Increase in Russian Jewish population	Cuyahoga County
Increase in Southeast Asian population	Franklin County
Increase in West Indian population	Greene County
Increase in Pacific Rim population	Summit County

ODJFS technical assistance specialists (TASs) also reported increases on Ohio’s caseloads in Latino, Muslim, Somalian, and Asian clients.

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FACSIS data for first allegation cases in 2001 indicated 30 percent of Hispanic clients resided in metropolitan counties and 30 percent in large counties. FACSIS reports did not include enough data in this category to sort by region.

FACSIS data for 2001 indicated 71 percent of African American clients (for first allegation cases) resided in metropolitan counties, with Cuyahoga County having the largest percentage of African American clients. FACSIS further reported African Americans comprised 17 percent of first allegation cases in Franklin County, 14 percent in southwest, 13 percent in northeast, and 9 percent in both northwest and west regions.

Immigration has had a major impact on the changing demographics in Ohio's client populations. Executive director/designees from southwest, north central, and central regions all reported an increase in non-English-speaking families. Legal and illegal immigrants are involved with county child welfare agencies and executive directors/designees and caseworkers both discussed the unique problems in trying to serve these families. Directors/designees indicated illegal immigrants were not eligible for state or federally funded services. Still, some counties provide services to illegal immigrants using local dollars. Caseworkers found these families' fear of authority to be a barrier to providing services.

Supervisors from counties in the western, central, and east central regions reported significant Appalachian populations on their caseloads. The director of a large southeast county also reported a large Appalachian population on the county's caseload.

Interestingly, when supervisors were asked in focus groups to "identify the groups for which you need more culturally specific information," additional demographic information emerged, including Amish/Mennonite populations in the west and northeast regions, Arabic/Palestinian in the northeast and northwest regions, Native Americans in the northeast region, Japanese in the western region, and people from India, and Native Americans in the northwest region.

Using U.S. census data about the general population to confirm these trends is difficult because the U.S. government changed its racial and ethnic categories between the 1990 and 2000 census reports. However, the following can be concluded:

1. Each of the eight regions has experienced an increase in the number of Hispanic residents between 1990 and 2000. For the southwest, west, northeast, central, and north central regions, the increases were significant.
2. There has been a decrease in the number of white residents in all eight regions.

3. There has been an increase in the number of black residents in every region but the southeast.

There is some evidence in the field that cultural factors may affect children's responses to maltreatment. For example, in an article titled "The Importance of Culture in Treating Abused and Neglected Children: An Empirical Review," published by the *Journal of Child Maltreatment*, Cohen, Deblinger, Mannarino, and de Arellano reported growing evidence that culture influences the seriousness of symptoms among children who have been maltreated (2001). This is because many factors are brought to bear on the outcomes for maltreated children. Cohen, et al. suggest that the way families handle sexuality, nudity, and virginity, for instance, impact their responses to an allegation of sexual abuse. Feelings of shame, and fear of child protection and law enforcement agencies, may result in family members denying or hiding evidence of sexual abuse or other maltreatment.

Age and Gender:

According to NCANDS data for 2000, almost 40 percent of substantiated cases of child maltreatment involve victims five years of age or younger. Thirty percent are six to 10 years of age, and 24 percent are 11 to 15 years of age. Approximately six percent are 16 to 18 years of age.

AFCARS data indicate that as a group, children in foster care are slightly older than children with substantiated cases of maltreatment. Of children in foster care, 29 percent are five years of age or younger, 26 percent are six to 10, 28 percent are 11 to 15, and 16 percent are 16 to 18.

According to FACSIS data for first allegation cases in a given calendar year more children under age five are more likely than older children to have their first allegation of maltreatment. For instance, almost 53 percent of children with their first allegation of maltreatment in a calendar year are five years of age or younger, whereas 24 percent are six to 10 years of age. Table 2 shows the differences in age of children in substantiated cases, children in foster care, and children in first allegation cases.

Table 2
Children's Age, by Substantiated Cases, Foster Care, and First Allegation

Age of Children	Substantiated Cases	Children in Foster Care	First Allegation Cases
0 - 5	40 %	29%	53 %
6 - 10	30%	26 %	24 %
11- 15	24 %	28%	21 %
16 - 18	6 %	16%	Less than 1 percent

Infants, under one year of age, represent the largest number of maltreated children in first allegation cases. FACSIS data indicates that almost 7,000 children under one year of age had their first maltreatment allegation in 2001. Another 8,000 one- and two-year-olds had their first allegations in 2001. The numbers of maltreated children decline with age; less than 2,000 16 year-olds, and less than 1,000 17 year-olds had their first allegation of maltreatment in 2001.

According to FACSIS data, the average age of children with their first allegation of child abuse or neglect decreased from 6.4 years to 6.1 years from 1997 to 2001. The Third National Incidence Study confirms this as a national trend, rather than being unique to Ohio.

Whether looking at data for Ohio children in placement, substantiated cases, or first allegation cases, about half of the children involved in the child welfare system are boys and about half are girls. This also was the case in a review of the available national data.

There is a difference between genders, however, in the type of abuse children experienced. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) found girls were sexually abused three times more often than boys (1996). Boys had a greater incidence of serious physical injury and emotional neglect.

Economic Status:

The primary issue for child welfare families, apart from abuse, may be poverty. Every child welfare source used for this report reflected poverty as a major factor for today's clients. NIS-3 found families with incomes below \$15,000 were 22 times more likely to experience maltreatment than were families whose incomes were over \$30,000 (1996). It also found that children from low income families were 18 times more likely to be sexually abused, 56 times more likely to be educationally neglected, and 22 times more likely to be seriously injured. FACSIS

data also reflects economic difficulties as a significant factor in first allegation cases.

Focus group participants from every sampled population also reported low-income or poor clients as a significant proportion of their caseloads. Supervisors in northeast and northwest regions reported an increase in working mothers as a result of welfare reform. ODJFS technical assistance specialists (TASs) reported that client poverty, combined with the increase in the number of working mothers has contributed to increases in child neglect. According to the TASs, some parents cannot work and adequately ensure the supervision of their children. Poverty also results in clients being unable to obtain affordable childcare, childcare for second or third shift working parents, and childcare that meets the needs of children with acute or chronic medical problems. TASs further indicated the stresses of working have resulted in mothers who are no longer able to take care of their children, particularly when mothers are without extended family or community supports.

Many counties reported that because more child welfare clients are poorer, they had a greater need for “hard” services to meet basic needs. The executive director of Montgomery County reported that families on the PCSA’s caseloads have more economic needs now than a few years ago, and that basic needs, including safe and affordable housing, are not as accessible as they once were.

Caseworkers in a medium sized western county reported needing to purchase gasoline for families so they could get to work. This county reported that in the last six months, more and more families are “living on handouts” in order to manage the expenses associated with working or looking for work and the expenses of maintaining a family.

Family Composition:

The Urban Institute² reported two-fifths, or 41 percent, of all “child welfare involved” children now live in single parent households (1999). FACSIS data found 37 percent of first allegation cases involve single heads of households, with 34 percent being single mothers. Information from county focus groups affirms these findings. For example, the executive director of Lucas County indicated that most of their caseload involves single mothers and their children.

Caseworker focus groups reported seeing more blended families, especially more stepfathers and mothers’ boyfriends. They reported an increase of client families with multiple “fathers” in care taking roles. While the presence of an additional adult can result in help for the single mother, the literature also suggests the need for caution. For example, female children who live with a non-

² The Urban Institute conducted an extensive study of child welfare agencies in 13 states.

related adult male are at significantly greater risk of sexual abuse (Finklehor, 1984).

This trend of children living with a single parent may be stabilizing or even declining. Cherlin and Fomby, in a working paper dated February 2002, found a slight decline in the decades-long rise of children living with single parents.³ They found that the percentage of children living with a single mother, for instance, declined from 57 percent to 54 percent. Other studies also suggest this trend, but more current data must be collected and analyzed.

Caseworkers reported an increase in families on their caseloads where members of multiple generations resided in the same household. In some families, one or both teen parents live with one or both of their parents. Caseworkers also reported an increase in the number of children who live with one or both grandparents. The Ohio Grandparents Raising Grandchildren Task Force reported in *Grandparents Raising Children: Report to the Ohio General Assembly*, that “Grandparents are filling the role of primary parents to their grandchildren in 10 percent of all Ohio households with children.” The report also found that over half of the children are age six or younger, and half of the grandparents care for more than one child.

Children who are living with their relatives, without a parent present, have needs that are underserved. Most children who live with relatives do so through a private family arrangement, without the involvement of a child welfare agency. Regardless of the arrangement, however, these children are at high risk. Ehrle, Green, and Clark (2001) found kinship caregivers were less likely to request or receive foster parent training, respite care, educational or mental health assessments, and counseling or tutoring for the children in their care. Kinship caregivers receive less support from the child welfare agency and less financial assistance.

Supervisors also reported increases in additional gay and lesbian clients in northeast and northwest regions, and deaf clients in the northeast region. ODJFS licensing specialists also reported increases in lesbian/gay and single individuals adopting or fostering.

News media have recently focused attention on the growing number of gay and lesbian parents. While additional sources were not reviewed on the number of gay and lesbian foster parents in Ohio, the literature does confirm single people are increasingly providing foster and adoptive homes to Ohio’s children. Since gay and lesbians are unable to marry in Ohio, it is likely they are responsible for some of this growth.

³ Cherlin and Fomby studied families in three cities: Boston, Chicago, and San Antonio, in 1999 and again in 2000. Interviews were conducted in Spanish and English. 47 percent of the families were Hispanic, 44 percent were African American, and 9 percent were non-Hispanic white.

DISCUSSION:

Ohio's population is becoming increasingly diverse. The increasing ethnic diversity of the state makes culturally competent child welfare practice more difficult. Caseworkers will need additional information and skills to work with the diverse families they serve. Particularly in the area of child rearing, people of varied ethnic, racial, and religious backgrounds have different values, beliefs, and codes of conduct. The ability to accurately interpret behaviors, to determine risk of maltreatment, will require caseworkers to become culturally competent in an increasing number of cultures. (See Section VI, *Culture and Diversity: Providing Responsive Services*.)

Compared to census data, the percentage of African American families represented on child welfare caseloads exceeds their percentage in the general population. This issue is not confined to Ohio. Nationally, it appears that African American families and other families of color are more likely to become involved in the child welfare system. This makes the cultural competence of caseworkers even more important.

About half of all maltreated children are girls, and about half are boys. Sexual abuse is more prevalent against girls; boys are more likely to be seriously physically harmed and emotionally neglected. The field, however, is still struggling to identify male victims of sexual abuse who may be less likely to report sexual abuse, given their socialization. It is, therefore, important for caseworkers to continue to be made aware that child sexual abuse, while more prevalent against females, is also perpetrated against males. The current media attention being given to sexual abuse of boys by Catholic priests is a reminder of this extremely damaging phenomenon.

Poverty is a major problem for Ohio's child welfare clients. The majority of clients are low income or poor. Poverty can result in a lack of or poor quality childcare, substandard housing or homelessness, lack of accessible transportation, inadequate food and nutrition, poor medical, mental, and dental care, to name just a few. These are barriers for families who are trying to stabilize their lives and the lives of their children. Poverty also generates chronic stress that can result in poor coping and parenting skills. Child welfare agency staff need to know the range of services available in the community; have strong cross-system collaboration skills, and understand the wide-ranging implications of poverty on families' well-being.

Problems of Child Welfare Families

Overwhelmingly, focus group participants indicated families and children involved in the child welfare system have more problems, and more serious problems, than families did five or more years ago. Some participants indicated that, while caseloads have not increased, cases are open longer and the severity of families' problems requires multiple and lengthy interventions. The following findings provide insight into the types of problems families and children currently face.

FINDINGS:

Types of Abuse:

It was not possible to accurately determine the current numbers of children victimized by different types of maltreatment, either in Ohio or the nation. Studies collect and analyze data differently, making comparisons impossible. Little data from 2001 was available, and many studies reported data no later than 1999. FACSIS data in many categories was incomplete. This means that the following percentages of types of abuse must be cross-referenced with multiple other data sources to get a realistic picture of child maltreatment in Ohio.

For example, *Child Maltreatment 1996: Reports from the States to the National Center on Child Abuse and Neglect* was released in 1998. About 15 of every 1,000 children were found to be substantiated victims of maltreatment. Of these maltreated children:

- 52 percent were victims of neglect
- 24 percent were victims of physical abuse
- 12 percent were victims of sexual abuse
- 6 percent were victims of emotional neglect
- 3 percent were victims of medical neglect
- 14 percent were categorized as victims of “other types of maltreatment”

According to 2001 FACSIS data⁴ on first allegation cases:

⁴ FACSIS provided data on only 40 percent of the first allegation cases; 60 percent of the first allegation cases reported by FACSIS were missing “type of abuse” data.

- 50 percent of the cases involved neglect
- 23 percent involved physical abuse
- 18 percent involved sexual abuse
- 12 percent involved mental abuse

The Public Children Services Association of Ohio (PCSAO) reported in their 2001-2002 *FACTBOOK*, the following type of case distribution based on FACSIS data from 1999:

- 26 percent were physical abuse
- 37 percent were neglect
- 13 percent were sexual abuse
- 3 percent were emotional maltreatment
- 21 percent were dependent⁵

In just three references, the problems with comparing data are obvious. One study refers to substantiated cases, the other to first allegation reports of maltreatment. Neglect is reported differently in two studies, and unruly/dependency cases are not included in two of the three reports cited. Dependency is only reported by one source. Finally, an unknown number of children are victims of multiple types of abuse and this information cannot be reliably garnered from the data available.

The PCSAO *FACTBOOK* further reported 35,090 children were in custody during 1999. Custody includes temporary custody, permanent custody when parental rights have been terminated, and planned permanent living arrangements for children who will not be returned home, but will continue to have a significant and ongoing relationship with their parents.

Of the children in temporary custody:

- 40 percent of children were removed because of neglect
- 8 percent were removed because of physical abuse
- 3 percent were removed because of sexual abuse
- 28 percent were removed because of dependency

⁵ "Dependent" in the child welfare system refers to children whose parents cannot care for them. This may be because parents have cognitive or mental disabilities, are in jail, or simply no longer want to care for their children. The category of dependency has also become a catchall in Ohio; therefore, some abused and neglected children are labeled "dependent."

- 21 percent were removed because of delinquency or unruliness

The Third National Incidence Study found a significant increase in the incidence of abuse and neglect since the last study was completed in 1986. The total number of children seriously injured and the total number considered endangered both quadrupled during the decade from 1986 to 1996. Likewise, the Urban Institute, in its ongoing study of child welfare in 13 states (1999), found the severity of child abuse and neglect has significantly increased.

A number of national studies report that child maltreatment reports declined after 1996. Ohio's reported abuse for first allegation cases declined in 1999 and some executive directors reported that caseloads have not increased over the past several years.

However, many executive directors/designees and caseworkers reported increases in sexual abuse cases and juvenile sexual offender cases. Some directors indicated juvenile sex offenders were younger than a few years ago, and, therefore, their victims were younger as well. FACSIS data for first allegation cases indicated sexual abuse cases, in general, decreased slightly as a percentage of the whole. Sexual abuse case data involving juvenile perpetrators was not available.

Domestic Violence:

Domestic violence is also on the increase, according to executive directors/designees, supervisors, caseworkers, and TASs who participated in focus groups. Most participants reported seeing more violence in the home. In addition to spousal battering, sibling against sibling abuse was noted, as was abuse by children or teens against a parent. Many participants reported children are more angry and violent in general. First allegation FACSIS reports also indicate family violence, other than child abuse and neglect, as a common problem for families on Ohio's child welfare caseloads. The literature supports this trend, with the Urban Institute reporting significant increases in family violence in the 13 states they studied.

Alcohol and Other Drugs:

Substance abuse is a significant problem for child welfare clients, both children and adults. Besinger, et al. (1999) found 79 percent of children in out-of-home placements had caregivers who met the criteria for substance abuse. The Child Welfare League of America documents substance abuse in at least half of all child maltreatment cases, according to the Urban Institute (1999). In their study of 13 states, the Urban Institute also found child welfare workers reported an

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increase in cases involving substance abuse that resulted in removals of children from their homes, and in cases requiring chronic protective supervision.

According to focus group participants, alcohol and drug use is on the rise for both adults and children in Ohio. Some counties reported increases in the use of alcohol, marijuana, and crack cocaine. Other counties reported increases in the use of OxyContin, amphetamines, glue and gasoline, heroin, Ecstasy, prescription drugs, and methamphetamines. Several counties indicated drug abuse is not more prevalent but the drugs used today are cheaper, more addictive, and more lethal.

The executive director of Cuyahoga County reported 80 percent of their open cases involve adults or children using alcohol and/or drugs. A large southwest county reported 70 percent of its families are using legal and illegal drugs.

The executive director of Hamilton County reported continuing problems with the crack cocaine epidemic which started 10 years ago. Now the agency is serving young people who were “crack babies” a decade before. However, a small central region county reported the use of crack was a new problem in their county. This county had its first case involving a baby addicted to crack cocaine in April 2002.

More infants are exposed to drugs, according to the Urban Institute (1999), often resulting in expensive and long-term hospital care. Technical assistance managers (TAMs) and technical assistance specialists (TASs) also reported increased drug use by clients. TASs reported an increased number of babies with fetal alcohol syndrome and crack addiction.

Many caseworkers and a number of executive directors/designees reported a need to know more about methamphetamines and “meth labs,” which are dangerous, not only to users, but to innocent bystanders as well. Caseworkers, especially, expressed concern for their own safety, and the safety of children who live in homes where methamphetamines are produced.⁶ (See Section III, *Trends in Child Welfare*, for additional information about staff safety.)

Mental Health Issues:

National studies report many mental health concerns related to families involved in child welfare. The mental health of Ohio’s families and children involved with child welfare were a major concern of most sampled populations. Most counties

⁶ “Behind the Drug: The Child Victims of Meth Labs,” published by the American Prosecutors Research Association (2002), documents the dangerous nature of meth for children and caseworkers. Users can become violent, paranoid, and combative. Drug production involves highly toxic, volatile, and explosive materials and equipment. Exposure to the chemicals on the skin or in the air can cause serious health problems.

indicated mental health problems were more numerous and more serious than in past years for both adults and children.

Counties indicated a wide range of client mental health disorders, including attention deficit/hyperactivity disorder (ADHD), bipolar disorder, traumatic stress disorder, intermittent explosive disorder, and depression. Counties also identified more clients who have dual diagnoses and multiple mental health needs. A number of counties reported working with many clients, including children, who take prescription medication for mental health problems. Some counties remarked that many children do not have serious mental health problems, but they do need access to mental health services. Children who have adjustment problems and poor self-esteem were two examples provided by directors/designees.

Several counties also linked client mental health problems to caseworker safety. One executive director remarked that her workers often visit homes where the adults have serious mental health problems in combination with substance abuse and a history of domestic violence. Sampled populations reported some combination of mental health and other problems in their clients, resulting in unpredictable environments for caseworkers.

Two other issues emerged during these discussions: the availability of better mental health diagnoses and increased mental health "labeling," particularly of children. Some counties reported clients are receiving better treatment services because the field of mental health is better able to diagnose a wider range of mental health problems. Conversely, a number of counties expressed concern about children labeled at younger ages because mental health labels can last a lifetime and impact children in negative ways.

Unruly and Delinquent Children:

Eleven of the 16 caseworker focus groups discussed an increase in unruly and delinquent youth on their caseloads. Some counties reported that delinquent youth are younger now than a few years ago; some counties reported parents were unable to discipline their children adequately. In a focus group in a large southwest county, caseworkers indicated an increase in delinquent sex offenders. Several executive directors and supervisors also described an increase in unruly and delinquent youth.

Client Attitudes and Motivation:

A number of caseworkers and executive directors described clients as more "savvy about the system" than previous clients. They reported that many adults and children know the limitations of the child welfare system's authority, as well

as the services that can be offered. The sampled populations saw this improved understanding of the child welfare system as both positive and negative. Some respondents stated clients now try to “use” the child welfare agency to get their needs met without necessarily meeting their own family obligations. Caseworkers also indicated that some children used the child welfare system against their own parents, calling in false allegations. The directors of Lucas and Montgomery counties also reported that some children know what to say to make caseworkers think everything is all right.

Others view the issue more positively, seeing client knowledge of the child welfare system as empowering families to ask for services they need. The executive director of Lucas County believes client education about children's services helps keep the system honest, especially when clients know their rights and the services available to them.

Some staff of children services agencies also described clients as being less resistant and more cooperative, while others described clients as less cooperative and less motivated.

Other Problems/Issues:

There were other themes that emerged in focus groups, but less often. For instance, three county executive directors, (a small east central county, a medium southeast county, and Cuyahoga County) reported that more parents want to relinquish their children to the county agency voluntarily. These directors indicated that parents “don’t want to take care of their children anymore,” or feel that “they can’t handle their children’s problems.” Supervisors in a large northeast county also described this problem.

A number of PCSA staff also described the following changes observed in the last five years:

- increases in adult clients with mental retardation or other cognitive disabilities
- increases in neighborhood gangs and gang violence
- increased isolation of client families who no longer have extended family support, church support, or neighborhood connections
- increased number of families who have disabilities and are receiving disability assistance and SSI
- increases in generational maltreatment, with agencies seeing second and third generation families

- increases in interracial relationships
- increased problems with substandard housing/homelessness
- increased problems with both adults' and children's use of the Internet, including: children who have contact with adults they meet on the Internet; children accessing pornographic websites; mothers meeting men over the Internet and failing to care for their children as a result; and parents neglecting their children because of compulsive use of the Internet

DISCUSSION:

Depending on the source data, neglect is thought to represent as much as half of all child maltreatment cases. Children who are neglected are at high risk of serious physical harm. Children can be neglected physically when their most basic needs for food, clothing, and shelter are not being adequately met; they can be neglected emotionally when their needs for bonding and nurturance are not met; and they can be medically neglected when caretakers fail to obtain necessary medical care. However, neglect does not receive the attention other forms of maltreatment receive. Scannapieco and Connell report in an article "Consequences of Neglect," in the *Journal of Child Maltreatment*, that more attention must be focused on the "scope of neglect and its perilous consequences" (2001).

It is interesting to note the vast majority of information collected and analyzed by the assessment work team about client problems had little to do with the maltreatment of children. Instead, this information describes families and children being served by the child welfare system as having multiple, serious, and chronic issues, in addition to child maltreatment. The etiology of these problems is varied and often not known. Regardless, these problems are significant barriers to child safety and well-being. For this reason, caseworkers need access to a significant body of knowledge about these conditions and their impact on families and children.

When executive directors were asked how clients on their caseloads had changed in the last five years, the following six problems were cited most often:

- increased domestic violence
- increased mental health issues for adults
- increased mental health issues for children

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- increased alcohol and other drug abuse by adults
- increased alcohol and other drug usage by children
- increased juvenile sex offenders

In focus groups, supervisors and caseworkers agreed substantially with executive directors, but they also discussed the following four issues:

- increased sexual abuse cases
- adults and children who are more savvy about the child welfare system
- increased unruly/delinquent populations
- changes in family composition

Taken together, these 10 issues are almost all supported by the national and state literature reviewed during this assessment process. Mental illness and other mental health problems for both adults and children are found to be significant in the research on child welfare clients. This is also true for domestic violence, and drug and alcohol abuse. The literature also indicates juvenile sex offenses are on the rise, although this may be due to better identification of victims and juvenile perpetrators.

The literature does not, however, support the reported increase, by many staff, of sexual abuse cases. The available data on child sexual abuse cases actually reflect a small decrease in the percentage of sexual abuse cases over the last several years. This contradiction may be due to the significant increase in child sexual abuse cases that took place in the late 1980s and early 1990s. When staff was asked, "How have your clients changed in the past five years?" it may be that veteran staff took a longer view of changing client characteristics. For staff newer to the field, it may be that their growing awareness of and skill in identifying sexual abuse cases caused them to believe sexual abuse was on the rise.

Another interesting trend, reported by PCSA staff but not found in the literature reviewed, was the belief that clients are more knowledgeable about the child welfare system. In focus groups, caseworkers reported an increase in families who try to take advantage of the services child welfare agencies offer. At the same time, some caseworkers reported an increase in families unwilling to cooperate on case plan goals. Some caseworkers said more families question the worker's authority and are resistant to change to meet the needs of their family. But an equal number of caseworkers reported seeing an increase in families who are positively engaged in their case plan and less resistant to change.

DECISIONS OF THE OCWTP STEERING COMMITTEE REGARDING CLIENT CHARACTERISTICS

1. **The OCWTP will collect additional information about significant populations of “new arrivals,” by RTC region, and identify resources available to assist RTC coordinators in responding to staff training needs when working with specific client populations.** (This decision is also supported by assessment findings presented in Section IV, *Workforce Characteristics*, Section VI, *Culture and Diversity: Providing Responsive Services*, and Section VII, *Training Content*.)

This assessment found a growing number of culturally diverse client populations in Ohio. An increasing number of clients are Hispanic, a population that encompasses great diversity. In addition, there are a wide variety of immigrant groups throughout the state with distinctly different ethnic and cultural backgrounds. The OCWTP needs better data on the diverse ethnic and racial makeup of clients in order to provide needed training to public agency staff.

2. **The OCWTP will clearly communicate the importance of county public children services staff attending training on the foundational issues regarding culture and diversity prior to attending workshops on specific cultures or diversity issues. Foundational concepts will be trained at the Core level and workshops on specific culture and diversity issues will be developed and trained. The OCWTP will develop strategies for increasing participation in culture and diversity workshops and other learning activities.** (This decision is also supported by assessment findings presented in Section VI, *Culture and Diversity: Providing Responsive Services*.)

The OCWTP’s commitment to culturally competent practice mandates further efforts in ensuring that child welfare professionals are able to serve families and children without bias or prejudice. Complicating this circumstance is the complexity of the subject matter. Cultural competence is not an easy set of skills to master; it requires a commitment to ongoing professional development that many workers may be reluctant to make. The whole subject of culture and diversity is emotionally charged for many people, including child welfare professionals. Given the low numbers of staff who attend the standardized training on culture and diversity, the OCWTP will need to find innovative ways to challenge and motivate Ohio’s staff.

- 3. The OCWTP will review and revise, as necessary, caseworker and supervisor competencies to reflect best practice standards, include additional high-priority topic areas as identified by the Assessment Report, and divide accreted competencies into discrete competencies.** (This decision is also supported by assessment findings presented in Section IV, *Workforce Characteristics*, and Section VII, *Training Content*.)

During this assessment, Ohio's public child welfare staff reported that families with whom they work often struggle with a number of critical issues that impact child safety and family stability including child neglect and increases in juvenile sex offenses, poverty, domestic violence, mental health issues for adults and children, substance abuse for adults and children, and changing family composition including increases in kinship placements. These problems were also cited in literature reviews conducted during the assessment.

The information gathered and analyzed in this section is highly significant because it articulates many of the needs of clients and, by implication, the needs of child welfare staff and those who train them. One of the most important areas of need for these groups, as identified by questionnaires, interviews, and focus groups, has to do with understanding the ethnic and racial characteristics of clients. The next section, *Culture and Diversity: Providing Responsive Services*, addresses that need, including how that information and awareness is translated into the skills required for providing culturally competent child welfare services.