

Neighborhoods and communities provide the physical and social context for the lives of children and their families. The quality of those neighborhoods can support or threaten child well-being. Stressors like extensive poverty and high unemployment can isolate families and elevate the risk of child maltreatment, particularly neglect. Children in Michigan are much more likely to live in a high-poverty community than their national counterparts (14% versus 11%). Communities with limited resources compound the deprivations experienced by children in families with income below the poverty level.¹¹

¹¹ High-poverty areas are defined as census tracts where the poverty rates for the total population are 30% or above.

The physical environment of high-poverty neighborhoods is often compromised by the blight and safety issues which limit community support and outdoor activity. Children living in dangerous neighborhoods have been found to be at higher risk for severe neglect and physical abuse than children from safer neighborhoods. Social supports and community resources play a vital role in strengthening families and providing children with opportunities to develop positive relationships and effective social skills.

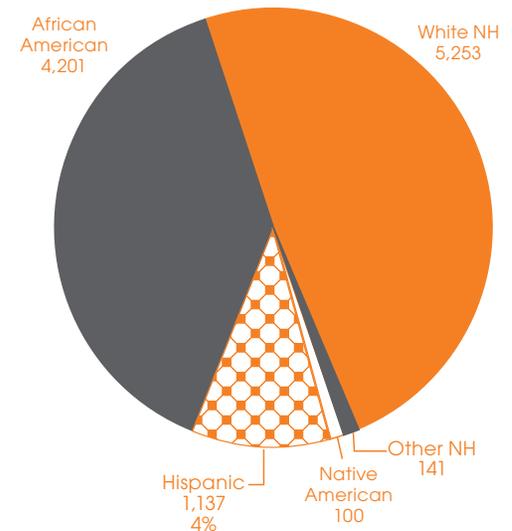
To address these issues, professionals in several disciplines, including health, child care and child welfare, are integrating the “strengthening families” approach into their programs. Based on research conducted by the Center for the Study of Social Policy, this approach focuses on five “protective factors”: helping parents to be strong and flexible, develop positive social support networks, learn parenting skills, get the help they need for basic needs and promote positive communication with their children.

New mothers are particularly vulnerable as are their children; early intervention has the greatest potential to make a dramatic impact. Through federal funding in the Affordable Care Act, Michigan has been able to expand research-based home visiting programs to new mothers in some of the highest risk communities in the state. The state and the local communities involved are working to coordinate and document the impact of these programs. Teen moms are often a target group for these efforts as most will struggle emotionally and financially to balance their roles as parents and students. Most of their pregnancies are unintended, and they lack the education and training to secure jobs with adequate wages to support themselves and their children.

The teen birth rate dropped only slightly (5%) between 2005 and 2010—from 34 births among every 1,000 teens to 32.

- While the state rate continues to remain below the national average (39 per 1,000), a substantial number of teens and babies are affected—roughly 11,500 teenage girls in the state become parents each year.
- Among 82 counties, most (53 counties) experienced an improvement in their teen birth rates.
- A teenager in Luce County was four times more likely to have a baby than one in Livingston County—56 births per 1,000 female teens versus 13 births per 1,000.

Most teen births in Michigan are to white teenagers.



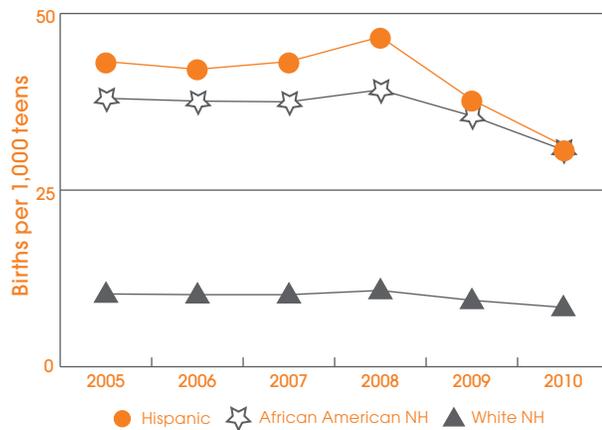
NH non Hispanic

Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

Birth rates for high school girls ages 15–17 are roughly one-third those to teens, ages 18–19.

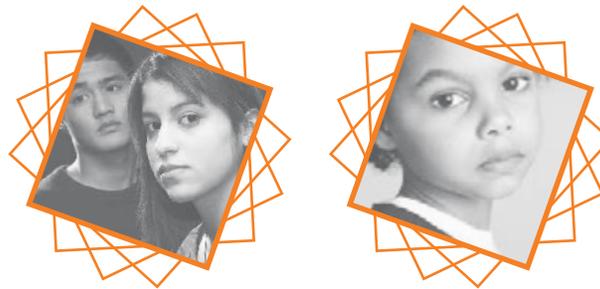
- The birth rate among white high school girls ages 15-17 dropped into the single digits (8 per 1,000 girls) while those for African American and Hispanic high school girls were almost four times as high—31 per 1,000 high school girls.¹²
- After being the highest birth rate for high school girls most of the decade, the Hispanic rate dropped to match the African American rate in 2010.

Birth rates among Hispanic high school girls ages 15-17 dropped dramatically at the end of the last decade.



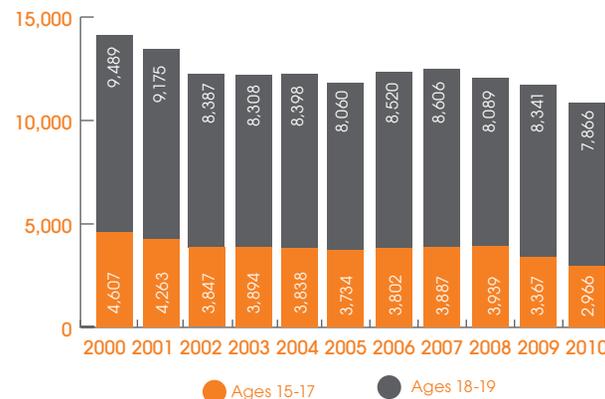
NH non Hispanic
Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

- Older teens ages 18-19 have birth rates roughly triple those of high school girls for all racial/ethnic groups.



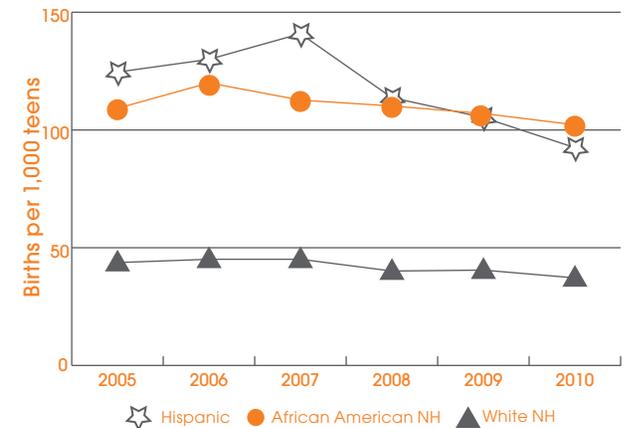
- The birth rates for older teens in almost all racial/ethnic groups fell between 2005 and 2010 with Hispanics experiencing the most dramatic decrease among the three largest racial/ethnic groups.
- By 2010 the highest birth rates for this age group occurred among African Americans.

Births to older teens ages 18-19 accounted for almost three of four teen births in 2010.



Source: Michigan Department of Community Health, Vital Records and the Health Data Development Section

Birth rates among Hispanic older teens ages 18-19 declined sharply by the end of the last decade.



NH non Hispanic
Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

More child abuse and neglect was reported and confirmed in Michigan in the last half of the decade, but fewer children were placed into foster care.

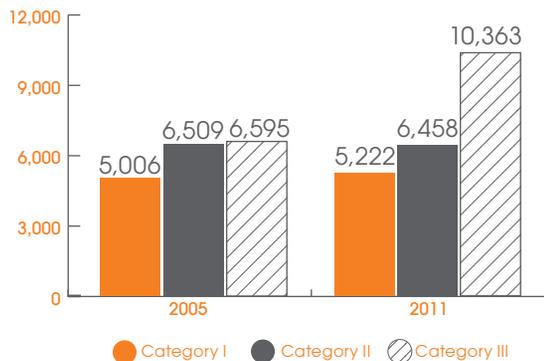
- Children in Michigan were 14% more likely to live in a family investigated for abuse or neglect in 2011 compared with 2005.
- Roughly 7% of children in Michigan lived in a family investigated for alleged abuse or neglect—a total of 171,200 children—almost 10,000 more than in 2005.
- Most Michigan counties (63) experienced rising rates of children in investigated families.
- The rate of children confirmed as victims of abuse or neglect in Michigan rose by over one-quarter (28%) between 2005 and 2011.

¹² All racial groups, such as white and African American, include only those identified as non Hispanic.



- Over 33,000 children were confirmed victims in 2011—a number equal to the entire child population in Calhoun County. Over 80% of cases involved neglect, often a by-product of poverty, which escalated dramatically throughout Michigan during this same period.
- Most counties (67) experienced rising rates of confirmed victims. Children in Roscommon were eight times more likely to be confirmed victims of abuse or neglect than those in Ottawa (5 victims per 1,000 children vs. 42 victims per 1,000).

All growth in cases of confirmed child abuse/neglect between FY2005 and FY2011 occurred in lowest risk category.



Source: Michigan Department of Human Services

THE CATEGORY SYSTEM IN MICHIGAN'S CHILD PROTECTIVE SERVICES

Based on the review of the evidence, a protective services worker must decide if the majority of the evidence indicates that abuse or neglect occurred, and assign one of three categories based on future risk to the child or children.

Confirmed Abuse or Neglect by 51% of the evidence

- **Category I** cases need or require a court petition to ensure family cooperation or to remove the perpetrator or the child(ren) from the home. Services must be provided by CPS (or foster care), in conjunction with community-based services.
- **Category II** indicates a high or intensive risk. Services must be provided by CPS, in conjunction with community-based services.
- **Category III** indicates a low or moderate risk. A referral to community-based services must be made by CPS. Once referred most of these cases are immediately closed.

Abuse or Neglect NOT confirmed

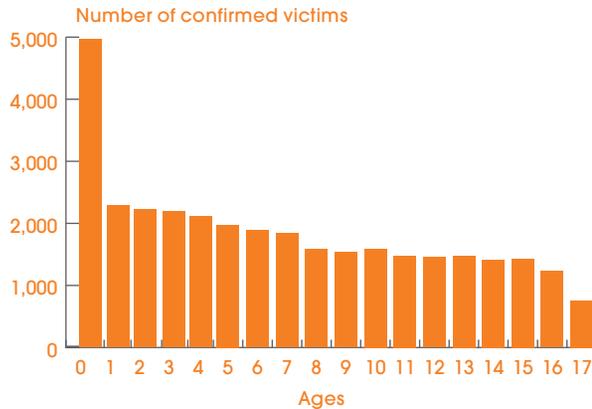
- **Category IV** represents the outcome of the vast majority of investigations—two of every three—due to insufficient evidence of abuse or neglect. Workers must assess the level of future risk to the child and “assist the child’s family in voluntarily participating in community-based services commensurate with risk level.”
- **Category V** includes those cases in which CPS is unable to locate the family, no evidence of child abuse or neglect is found or the court declines to issue an order requiring family cooperation during the investigation.

Note: When a case is placed in Category I or II, the perpetrator’s name is listed on the Child Abuse and Neglect Central Registry. Potential employers in child care, early childhood services, education and other fields routinely check the Central Registry to screen applicants.

- Young children, especially infants, faced the greatest risk of abuse or neglect. Almost 5,000 babies were determined to be victims of maltreatment in 2011.
- Prevention and family preservation services will be expanded for families with young children who are at high or intensive risk of abuse or neglect in a pilot project in

three counties—Kalamazoo, Muskegon and Macomb—as a result of an approval by the U.S. Department of Health and Human Services to use federal Title IV-E funds to test innovative strategies to prevent occurrence or reoccurrence of abuse or neglect.

Infants are at the highest risk of abuse or neglect in Michigan

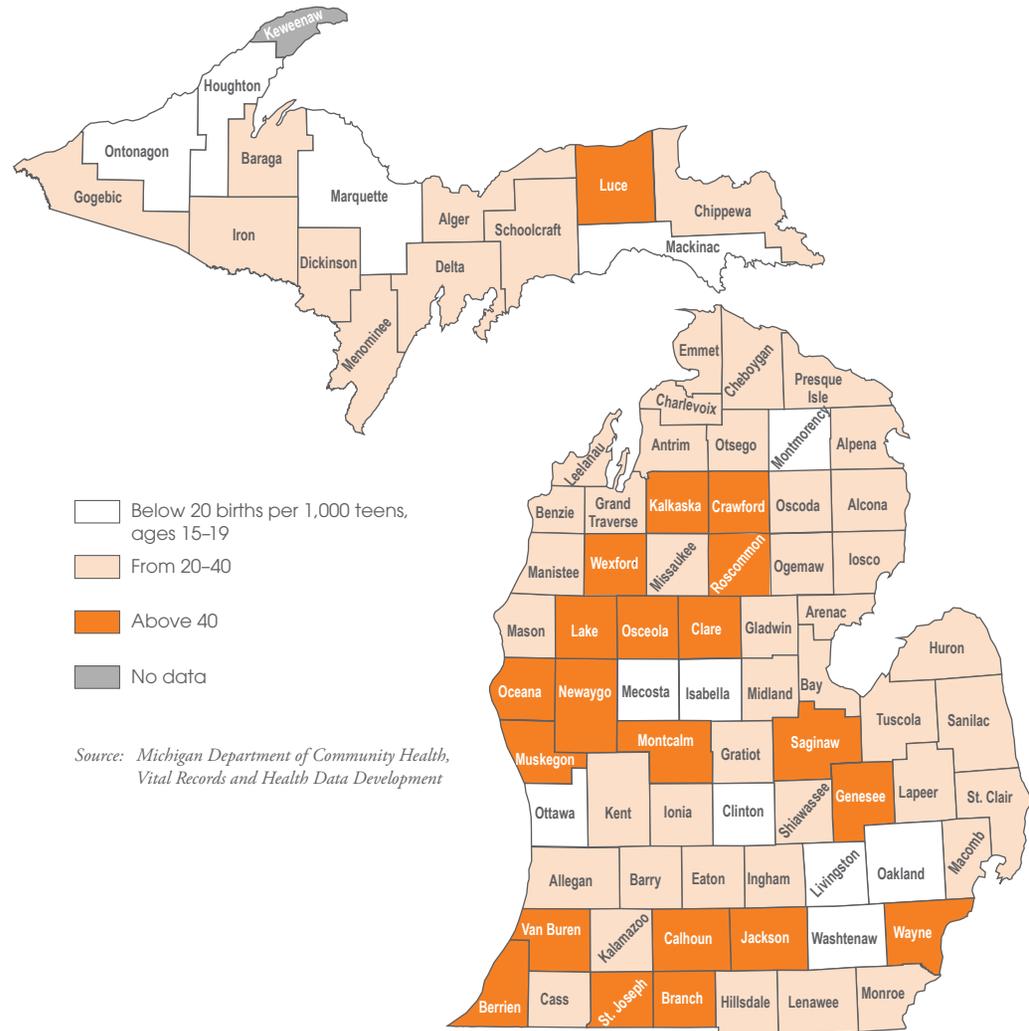


Source: Michigan Department of Human Services

- The rate of children in out-of-home care—in the homes of foster parents or relatives—due to abuse or neglect dropped by almost one-third (31%) in Michigan over the trend period.
- Over half of the 78 counties with a rate in both years experienced a decline in their rate of children in out-of-home care.
- Dramatic differences occurred across counties. Children in Crawford County were 12 times more likely to be living in foster care for abuse or neglect than those in Oceana County (1 child per 1,000 vs. 12 children per 1,000).
- Roughly 11,000 children were in foster care at the end of Fiscal Year 2011 compared with almost 17,000 in 2005.

Teen Birth Rates in Michigan Counties (2008–2010)

Michigan - 31.9 Births per 1,000 Female Teens, Ages 15–19





WHAT CAN WE DO TO STRENGTHEN FAMILIES AND COMMUNITIES?

Maintain support for evidence-based programs to prevent teen pregnancy. Michigan offers *Talk Early & Talk Often*[®] workshops year-round at no charge to parent groups in schools, communities and churches across the state. This nationally recognized program helps parents talk about abstinence and sexuality with their middle and high school youth. The Michigan Department of Community Health also coordinates several federally funded programs including the *Teen Pregnancy Prevention Initiative*,¹³ the *Taking Pride in Prevention Program* (TPIP),¹⁴ and the *Michigan Abstinence Program*.¹⁵ Unfortunately proposed federal budget cuts could significantly limit these programs, which educate adolescents on both abstinence and contraception to prevent pregnancy and HIV/Sexually Transmitted Infections in mostly high-need communities.

Program cuts will result in substantial costs to taxpayers, local communities, the teenagers who become parents and their at-risk children. These children are more likely to grow up in poverty and in a single-parent family than their counterparts born to older parents. Costs to communities include lower academic achievement, unstable employment and higher incidence of child maltreatment. Support for comprehensive evidence-based programs to lower the number of births to teens should be a national and state priority.

Invest in primary prevention to bring help and support to all families. Such an approach helps young children get off to a good start in life and lays the foundation for success in school, community and work. The cost of child maltreatment is high for individuals and communities, and prevention not only averts suffering and damage to children and their families, it also saves significant dollars at the local, state and federal level. A broad range of evidence-based community programs such as home visits from a network of knowledgeable resource persons, early childhood interventions, parent support groups, respite and crisis care, domestic violence shelters, substance abuse treatment facilities and family resource centers all play vital roles in helping to keep children safe and families strong.

Reduce poverty. (See economic security section.)



13 Michigan Department of Community Health. *Teen Pregnancy Prevention Initiative*. Available from http://www.michigan.gov/mdch/0,16707,7-132-2942_4911_54150_54151---,00.html

14 Michigan Organization on Adolescent Sexual Health. *Taking Pride in Prevention*. <http://tpip.moash.org>

15 Michigan Department of Community Health. *Michigan Abstinence Program*. Available from http://www.Michigan.gov/mdch/0,1607,-132-2942_4911_4915-13679--,00.html