

**CHILDREN'S JUSTICE ACT TASK FORCE  
CHILD NEGLECT STUDY**

**FINAL REPORT AND STRATEGIC PLAN**

**SUBMITTED BY THE  
CHILD WELFARE PARTNERSHIP  
PORTLAND STATE UNIVERSITY**

**JUNE 2005**

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**INTRODUCTION**

The multiple and extreme needs of families experiencing neglect pose a considerable challenge for child welfare systems. The Children’s Justice Act (CJA) Task Force appropriately identified the issue of Child Neglect as a major area of focus. In order to thoughtfully develop a plan to address this issue, task members determined it would be necessary to first gain a comprehensive understanding of current policies, practices, programs and research regarding child neglect in the state and across the nation, with special attention paid to input from key community informants. The Child Welfare Partnership at Portland State University was awarded the contract to conduct the study from July 2004 through June 2005.

The Neglect Study consisted of five components: a statewide assessment, review of national literature and practices, synthesis of state and national findings, development of a strategic plan, and the web-based publication of all results and products. Specific project tasks included two statewide surveys, two different analyses of statewide administrative child protective services data, and the development of a web page. Additionally, the Child Welfare Partnership hosted a working conference on child neglect during June 2005 and although the conference was not supported with CJA funds, the event provided researchers and the CJA Task Force members in attendance with further information about the issue of neglect in Oregon and Washington.

It is the hope of the researchers who conducted this study that it will provide the CJA Task Force and other key stakeholders with much-needed information on the characteristics of neglectful families in Oregon, challenges to intervening with these families, promising programs and directions for future planning.

## **REVIEW OF LITERATURE**

Partnership researchers conducted a thorough review of national research regarding child neglect cases and models of intervention, examining published literature as well as program evaluation reports between 1995 and January 2005. (A selected annotated bibliography was developed as part of this study and is attached to this report as Appendix A.) In the review of literature, the following major themes emerged:

### **“Neglect of Neglect”**

Neglect is considered the over-looked form of child maltreatment, a situation often referred to as the “neglect of neglect.” Although nationally it is the largest category of CPS cases and is increasing more rapidly than other forms of maltreatment, comparatively little is known about best or promising practices with families referred for neglect (DePanfilis, 1999; Gaudin, 1993). Child neglect is insufficiently studied and little is known about the differences between families experiencing neglect and families experiencing other forms of child maltreatment. Few studies examine the effectiveness of child maltreatment intervention models for neglectful families as separate from families dealing with the various types of child abuse. Difficulty in defining neglect, the perceived complexity these cases, the challenge of engaging neglectful families in services, and the commonly held misperception that neglect is less harmful to a child than physical or sexual abuse offer some explanation for why so few rigorous studies have been conducted (Connell-Carrick, 2003; DePanfilis, 1999; Gaudin, 1999; Harrington et al, 2002; Straus & Kantor, 2003).

### **Challenges in Defining Neglect**

Many challenges exist in defining neglect. Because child neglect is an act of omission, it is not as clearly defined as physical abuse or sexual abuse (Zuravin, 1999). Researchers, CPS field staff, administrators and lawyers continue to debate whether a definition of neglect should be based on measurable harm to a child or on the actions of the parents or caregivers, regardless of whether a child is harmed (Straus, & Kantor, 2003). Furthermore, variations in community standards impact the community’s perception of what is or isn’t child neglect. Several states specifically exclude families who are unable to provide for a child’s basic needs because of financial inability from their definition of neglect (Connell-Carrick, 2003).

## **Risk Factors**

A number of risk factors are associated with the children and families who enter child protective services due to neglect. Poverty, low educational achievement, and unemployment or under-employment are clear risk factors for neglect (Connell-Carrick, 2003; DiLauro, 2004). Although most families living in poverty are able to meet the basic needs of their children, “neglectful families are the ‘poorest of the poor,’ often lacking adequate housing, health care, and child care” (Morton and Salovitz, 2001). Single motherhood, young maternal age, and maternal depression are also caregiver characteristics associated with neglect. (Connell-Carrick, 2003, DePanfilis, 1999; Gaudin, 1999). Neglectful families are generally believed to be more chaotic, less organized, less expressive of positive feelings and have higher rates of parental conflict. The number of persons in the home increases a family’s risk of neglect (Gaudin, 1999; Smith and Fong, 2004). As with other forms of child maltreatment, substance abuse is highly associated with child neglect cases (Ondersma, 2002). Neglectful families tend to have smaller social networks with fewer social interactions and receive less positive support. The literature also indicates that neglectful caregivers have fewer parenting and social skills (Connell-Carrick, 2003, DePanfilis, 1999; Gaudin, 1999; Morton and Salovitz, 2001). In Oregon, the methamphetamine epidemic is believed to have greatly contributed to the problem of neglect because addiction to the drug and consequent inability to parent occur so rapidly after a caregiver first begins use.

## **CPS Response to Neglect**

Little is known about child protective service system’s response to neglect separate from other forms of child maltreatment. In fact, evidence suggests that child protective service systems make no practical distinctions between the assessment and treatment of neglect and other types of child maltreatment. Concern exists that the threshold for intervention in neglect cases is too high and, because of limited resources in child welfare agencies, physical and sexual abuse are given a higher priority. Studies indicate that children who have experienced neglect receive fewer mental health services than victims of physical or sexual abuse even though the consequences of neglect – particularly chronic neglect – are often more severe (Burns et al, 2004; Garland et al, 1996). The high rate of concurrent issues such as substance abuse, mental illness, domestic violence and poverty, create many barriers to working with families experiencing

neglect (Gaudin, 1999; Morton & Salovitz, 2001). The literature suggests that families who neglect their children are likely to have many chronic and severe service problems, all of which may need to be addressed simultaneously. Thus, the high level of intervention required by neglectful families and the limited resources of child welfare agencies pose a considerable challenge to implementing successful interventions.

### **Promising Practice**

A number of studies have been conducted examining the effectiveness of interventions aimed at neglecting families; however, few of these studies have been rigorous enough for any clear program models to emerge. Nevertheless, a number of promising practices are indicated. These include:

- In-home services
- Concrete services, including flexible funds
- Early intervention aimed at ameliorating the impact of neglect on child development, rather focusing solely on improving parent behavior
- Employment and job skills training
- A mix of individual and group interventions aimed at improving caregiver's parenting skills and social networks
- Multidisciplinary & interagency teams
- Improved substance abuse assessment, treatment and aftercare

(Berry et al, 2003; DePanfilis, 1996, 1999, 2005; Fong & Smith, 2004; Gaudin, 1993, 1999; Morton & Salovitz, 2001)

### **CONFERENCE AND TRAINING OPPORTUNITIES IN CHILD NEGLECT**

Along with the national review of literature, the researchers developed a list of available conferences and trainings related to child neglect. This list may be found in *Appendix B*.

## **SURVEYS OF KEY INFORMANTS**

One of the first components of the CJA Task Force funded Child Neglect Study was to survey DHS child welfare and self-sufficiency staff, as well as other community agency staff who work with families who have neglected their children or are at risk for neglect. The purpose of the survey was to gather information regarding working definitions of neglect and to identify critical issues which need to be addressed in successful intervention, successful programs throughout the state, and challenges to practice. An additional component of the survey was to gather names of individuals and agencies that work with families regarding neglect so that a condensed version of the survey could also be sent to a select and knowledgeable group of professionals currently working in the state. Both surveys were accessed primarily through a website. We received 148 responses to the first survey from a number of types of agencies and from a variety of professionals and 24 responses to the second survey from a more limited group. (See *Appendix C: Survey I Report* and *Appendix D: Survey II Report* for further detail).

### **Key Findings from Surveys**

**Definition of Neglect:** Most respondents felt the general definition of neglect provided<sup>1</sup> matched their own definition. However, one-third of the respondents felt that the definition lacked clarity regarding a child's basic needs; that the definition did not address the social, emotional and mental health needs of a child nor a child's need for safety.

**Responding to Neglect:** When asked whether the challenges in responding to neglect cases were different from those in responding to cases of other forms of maltreatment, 45.3% of respondents felt there was no difference, 18.2% were unsure whether a difference existed and 36.5% felt a difference did exist.

**Most Important Issues to Address in Neglect Cases:** When respondents were asked to rank the most important issues to address in cases of neglect, the following issues were selected most often:

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<sup>1</sup> "Neglect is the failure to provide basic physical, emotional, educational and medical needs of a child, including neglectful supervision and abandonment" was the general definition of neglect used by the surveys.

- Domestic Violence
- Social Supports
- Mental Health of Parent
- Substance Abuse
- Parent Education
- Parent Development Delay
- Concrete Services / Financial Supports

**Challenges to Successful Intervention:** When asked to describe the challenges in successfully intervening with neglectful families in Oregon, the following were most commonly cited:

- Lack of funding and resources
- Lack education and training for professionals regarding neglect
- Lack of community education about neglect
- Lack of collaboration and communication between agencies
- Inability to address systemic issues, including poverty and widespread substance abuse

#### **ANALYSIS OF STATEWIDE PROGRAMS**

Another important aspect of the two surveys was to gather a listing of agencies and/or programs serving families who have neglected their children or are at risk for neglect throughout the state. (See *Appendix E – Oregon Programs Recommended by Key Informants*). These programs were then geographically mapped along with the number of unduplicated victims of neglect and/or threat of harm: neglect during FFY 2003. It is important to note that the list of programs is undoubtedly incomplete and does not attempt to represent the total number of programs in Oregon working to address the issue of child neglect specifically. (This is both because of limited number of informants who responded and the number of who did not provide program names) However, it can nevertheless be used to inform future decision-making regarding the need to develop interventions for families confronting issues of neglect. A map displaying the geographic placement of the number of recommended programs by county, along with neglect victimization rates as calculated by this study, may be found in *Appendix F*.

#### **ANALYSIS OF ADMINISTRATIVE DATA**

Partnership researchers conducted two different analyses of administrative data on founded incidents of neglect and/or threat of harm—neglect during FFY 2003 (Oct. 1, 2002 – September

30, 2003). The first analysis examined all incidents for victim demographics, case history, and number and rate of incidents throughout the state.

**KEY FINDINGS FROM DATA ANALYSIS I**

According to the administrative data we examined, there were a total of 6,285 founded incidents of neglect (28% of all incidents) and 4,631 founded incidents of threat of harm—neglect (37% of all TOH incidents), for a combined total of 10,916 incidents or 48% of all incidents. It is important to note that the proportion of neglect incidents is approximately 15% lower than national figures. Because there is no reason to presume that Oregon has a lower proportion of neglect cases, this indicates that further work must be done to determine which additional sub-categories of threat of harm should be included in a broader category of neglect for purposes of a nationally comparable sample. A more detailed breakdown of founded incidents of neglect is outlined in the following table:

**Table 1: Sub-Categories of Founded Incidents of Neglect, FFY2003**

<b>Sub-Category</b>	<b>Incidents</b>	<b>Percent</b>
<b>Desertion</b>	90	.8 %
<b>Failure to Provide Food / Clothing</b>	494	4.5 %
<b>Inadequate Shelter</b>	1,104	10.1 %
<b>Lack of Supervision and Protection</b>	3,106	28.5 %
<b>Medical Neglect</b>	384	3.5 %
<b>Other Neglect</b>	4,631	10.1 %
<b>Threat of Harm: Neglect</b>	1,107	42.4 %

**Child Fatalities:** Of the 14 child fatalities during FFY 2003, 6 of these were attributed to neglect (CAFS, 2004). In three of the six neglect fatalities, lack of appropriate supervision was a factor.

**Regional Differences in Neglect Incidents:** A wide range of variation was found when incidents of neglect and threat of harm—neglect were examined by county. *Table 2* lists the ten counties with the highest proportion of neglect incidents.

**Table 2: Incidents of Neglect and Threat of Harm: Neglect as a Percentage of All Incidents by County**

Rank	County	% of Incidents
1	Wallowa*	78.8%
2	Polk	66.5%
3	Marion	65.7%
4	Douglas	64.9%
5	Coos	63.6%
6	Morrow	62.5%
7	Grant	58.2%
8	Umatilla	57.9%
9	Gilliam*	57.1%
10	Malheur	53.8%
	<b>Statewide</b>	<b>48.4%</b>

\* Very small counties (n=52, 14 respectively)

(Note: See Appendix C for a complete ranking of all Oregon counties.)

Variation also existed among the counties when the victimization rate for neglect and/or threat of harm—neglect was examined. Table 3 lists the ten counties with the highest neglect victim rates. (See Appendix D for a complete ranking of all Oregon counties by victim rate.)

**Table 3: Victim Rates per Thousand Children for Neglect and/or Threat of Harm—Neglect by County**

Rank	County	Victim Rate
1	Coos	13.8
2	Baker	12.2
3	Harney	11.2
4	Union	7.8
5	Morrow	7.0
6	Yamhill	5.9
7	Marion	5.8
8	Wasco/Sherman	5.8
9	Douglas	5.7
10	Josephine	5.3
	<b>Statewide</b>	<b>3.3</b>

Counties where neglect victims  $\leq 50$  are excluded from ranking

**Victimization by Race / Ethnicity and Culture:** The literature offers mixed findings on victimization by race, ethnicity and culture for neglect. These victim rates for Oregon mimic the

over-representation of African American, Native American and Hispanic populations in child protective services for other types of maltreatment.

**Table 4: Victim Rates for Neglect and/or Threat of Harm: Neglect by Race, Ethnicity and Culture**

Race / Ethnicity	% of Neglect	% of Other Maltreatment	% Oregon Children	Neglect Victim Rate (per 1,000)
Native American	9.2 %	7.1 %	1.4 %	54.5
African American	4.3 %	5.5 %	2.0 %	17.9
White	66.1 %	65.2 %	74.7 %	7.3
Pacific Islander	0.3 %	0.3 %	0.3 %	7.1
Hispanic (Any Race)	10.5 %	11.5 %	14.5 %	6.0
Asian	0.8 %	0.7 %	3.2 %	2.1
Unknown	19.2 %	21.2 %	n/a	n/a
Two or More Races	n/a	n/a	3.8 %	n/a

*Note: Caution is advised when interpreting child welfare data on race/ethnicity and culture as much of these data are missing.*

**Age of Neglect Victims:** Nationally, victims of neglect are younger than victims of other types of maltreatment. This is also true of victims of neglect and/or threat of harm—neglect in Oregon. 56% of victims were 6 or younger, compared to 45% for all other types of maltreatment. The mean age of victims in our sample was 5.6. *Table 5* provides a more detailed comparison of victim age by type of abuse.

**Table 5: Comparing Ages of Victims by Abuse Type**

Age	Victims of Neglect and Threat of Harm: Neglect	Victims of All Other Types of Maltreatment
0-2	26.9 %	20.0 %
3-5	22.5 %	19.0 %
6-8	17.6 %	18.0 %
9-11	14.4 %	17.1 %
12-14	11.5 %	14.9 %
15 & older	7.2 %	11.1 %

**Gender of Victims:** Gender of victims is more evenly split between male and female for victims of all types of neglect than for other types of maltreatment, indicating that comparatively there are slightly lower rates of neglect for females and slightly higher rates for males.

**Table 6: Comparing Gender of Victims by Abuse Type**

	<b>Victims of Neglect and Threat of Harm: Neglect</b>	<b>Victims of All Other Types of Maltreatment</b>
<b>Female</b>	49.7 %	54.0 %
<b>Male</b>	50.3 %	46.0 %

**Major Family Stressors:** Some differences in rates of major family stressors were found for families with founded incidents of neglect and/or threat of harm—neglect. Families with founded incidents of any type of neglect had higher rates of substance abuse, unemployment, heavy child care, inadequate housing and mental illness. Rates of single parenthood as a stress factor were marginally higher, while rates of domestic violence and law enforcement agency (LEA) involvement were lower. *Table 7* provides a detailed comparison.

**Table 7: Comparing Stress Factors by Abuse Type**

<b>Stress Factor</b>	<b>Neglect and TOH: Neglect</b>	<b>All Types of Maltreatment</b>
Drug/Alcohol Abuse	58.2%	43.3%
Unemployment	45.4%	35.3%
Single Parent	44.9%	43.8%
L.E.A. involvement	36.5%	38.7%
Heavy Child Care	28.3%	18.7%
Inadequate Housing	25.6%	13.8%
Mental Illness	24.3%	16.3%
Domestic Violence	19.4%	25.7%

*Note: Comparison in this chart is between Neglect / TOH: Neglect cases and all cases, not all other cases Therefore, any differences in this chart are expected to be even greater in a comparison with cases for all other types of maltreatment.*

Even though social isolation and inadequate social networks are often cited as a risk factor for neglect in the literature, social isolation as a stress factor was indicated for only 6% of all types of neglect cases, a similar rate as for all cases of maltreatment.

**Previous Case History:** In this analysis, referral number was used a means of examining previous case history. The majority of founded incidents of all types of neglect for FFY 2003 were for families with multiple previous referrals in the system. The neglect cases in our sample had a mean referral number of 7.2 and 69% had 3 or more previous referrals, compared to 64% for all other types of maltreatment.

**Table 8: Comparing Referral Numbers by Abuse Type**

<b>Referral Number</b>	<b>Neglect and TOH: Neglect</b>	<b>All Other Types of Maltreatment</b>
<b>1</b>	14.1 %	19.5 %
<b>2 - 3</b>	21.6 %	21.7 %
<b>4 – 5</b>	16.9 %	14.8 %
<b>6 or higher</b>	47.4 %	44.0 %

*Referral number is from first founded incident of each type of maltreatment for a case during FFY 2003.*

#### **KEY FINDINGS FROM DATA ANALYSIS II**

The second analysis was a closer examination of a stratified random sample of 100 cases with founded incidents of neglect and/or threat of harm—neglect during FFY 2003 to provide insight into co-occurring types of abuse, case history, services (limited to those tracked in IIS data), placement history, family characteristics, and typical “flow” through the child welfare system. Cases were randomly selected based on referral number and the sample was comprised of:

- 25 cases with a referral number of 1 (**Group A**);
- 25 cases with a referral number of 2 or 3 (**Group B**);
- 25 cases with a referral number of 4 or 5 (**Group C**);
- and 25 cases with a referral number of 6 or higher (**Group D**).

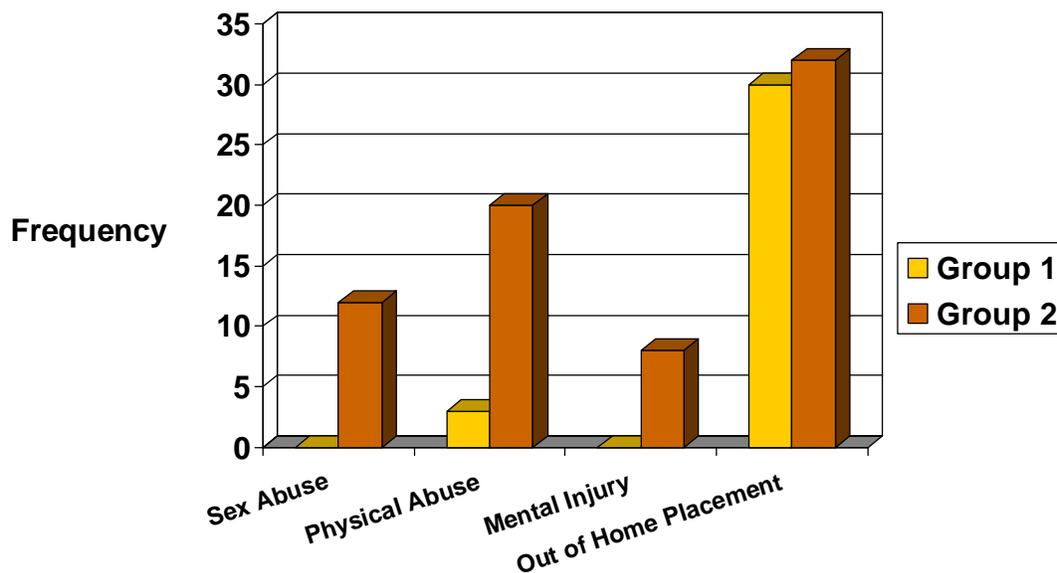
The most significant differences in this analysis occurred when Groups A and B were combined (**Group 1**) and compared to Groups C and D (**Group 2**).

#### **Significant Findings:**

**Co-occurring Types of Abuse:** Significant differences were found between the two combined groups (Groups 1 and 2) in co-occurring types of abuse. Group 2 had significantly higher rates of sexual abuse, physical abuse and mental injury. However, rates of out-of-home placement were only slightly higher for this group. Reasons for the less than expected placement rates for cases with longer histories of maltreatment are unclear, though it is possible that the Group 2 cases

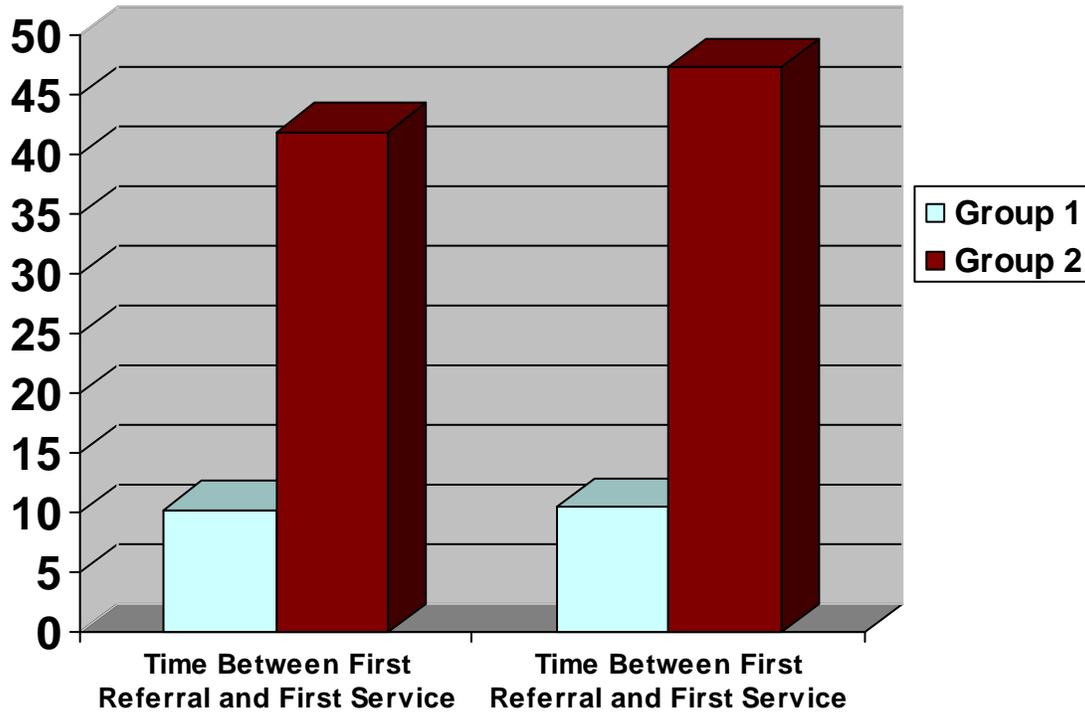
represent chronic neglect cases – families who repeatedly enter the system for issues of neglect, but for whom cps determines the threat to safety is not imminent, though the literature clearly indicates the cumulative harm of chronic neglect has serious consequences.

**Chart 2: Number of Cases with Co-Occurring Types of Abuse by Group**



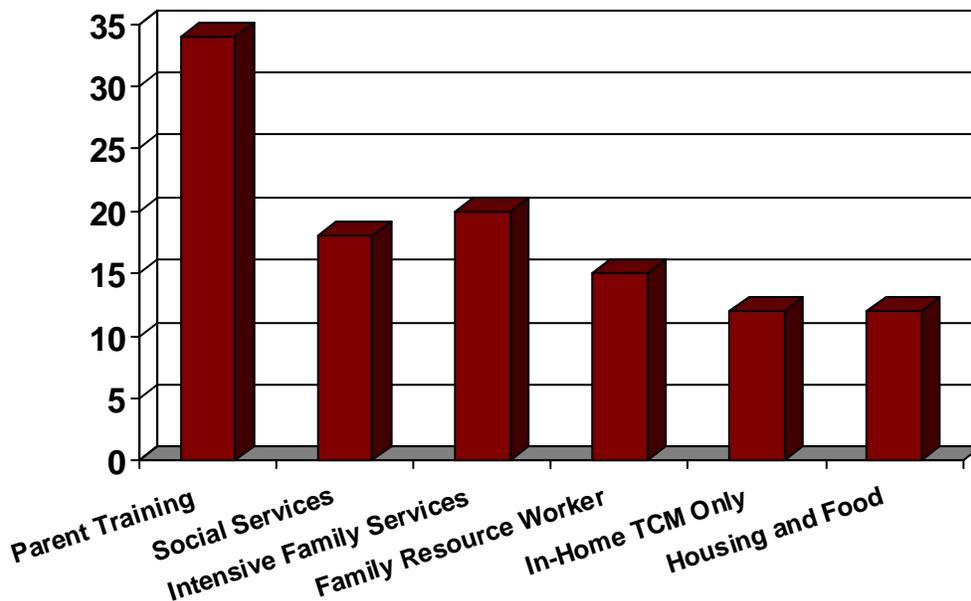
**Length of Time for System Response:** Significant differences between Groups 1 and 2 were also discovered when the length of time between first referral to the system (for any type of abuse, though for all cases the first referral included neglect and/or threat of harm—neglect) and first service and again with first founded incident. Group 2 experienced significantly longer lengths of time between the first referral and both first service and first founded incident. (See *Chart 4* below.) This may be attributed in part to the recent changes in screening and assessment that have resulted in quicker responses and decision-making by both screeners and assessment workers. Because Group 2 has a longer case history with Child Protective Services (CPS), much of their history was prior to these changes in child welfare practice. However, the chronicity of the Group 2 cases may also be a factor in the longer lengths of time for a cps response to occur. Chronic cases of neglect are often perceived as “low-level” cases of maltreatment because the harm to a child is cumulative rather than immediate.

**Chart 3: Length of Time (in months) Between First Referral and CPS Response by Group**



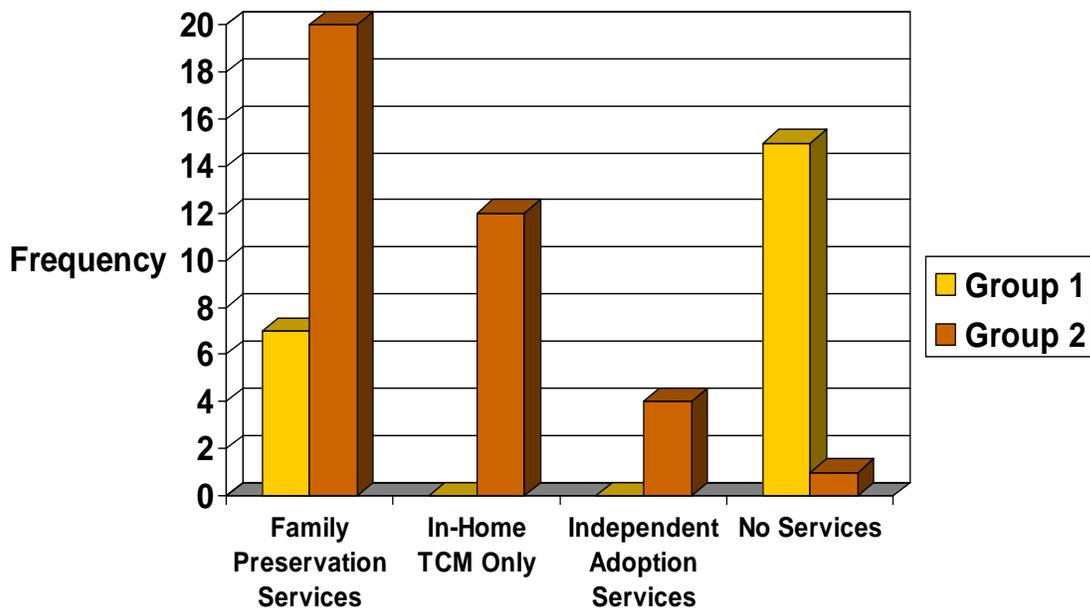
**Frequently Used Services:** Service data are limited and do not provide a full account of the services provided to child welfare cases. However, a brief examination of IIS service data was conducted. Parent training was found to be the most common service provided to neglect cases.

**Chart 4: Frequency of Most Commonly Provided Services**



Some significant differences in services were found between Groups 1 and 2. As expected, Group 1 received no services more often than Group 2. Furthermore, Group 2 cases were significantly more likely to receive In-Home Total Case Management, Family Preservation Services, and Independent Adoption Services.

**Chart 5: Significant Differences between Groups in Services**



**Analysis of Case Flow:** Part of the second-phase analysis of neglect data included the development of a visual representation of typical “case flow” for neglect cases. Charts were developed for a typical case from each of the combined groups and may be found in Appendices E and F.

**CHRONIC NEGLECT WORKING CONFERENCE**

As mentioned in the introduction of this report, the Child Welfare Partnership hosted a Working Conference on Chronic Neglect during the last month of the CJA Neglect Study. This replaced the proposed interviews and focus group with key informants. Project researchers and CJA Task Force members participated in the conference. Conference participants consisted of child welfare

field staff, CPS administrators, and child welfare researchers from Oregon and Washington. The preliminary findings from this project helped inform the proceedings, and the working agendas developed during the conference can help inform and guide the CJA Task Force in future planning around neglect. Conference participants decided upon three main directions for future work: the development of a research agenda, CPS practice guidelines and innovative models, and models for systems-level change including models for partnerships between advocacy groups, interested and committed legislators and public and private child welfare agencies.

### **THE CHILD NEGLECT WEB**

As part of the project, Partnership researchers developed a website as a means of furthering community education regarding child neglect. Websites are an excellent and inexpensive vehicle for distributing information to a wide audience. However, it is important to note that the site will need to be updated to retain its usefulness. The website address is: <http://neglect.pdx.edu> .

(Please note that “www” should *not* be typed in as part of the web address.)

### **RECOMMENDATIONS FOR STRATEGIC PLANNING**

In light of the above findings, the researchers suggest the following components be incorporated into long-term strategic planning efforts to address the issue of child neglect in Oregon:

- **Further analysis of neglect cases and practice in Oregon:** Although the analyses conducted for this project provided useful information, much is unknown about the families who enter the child welfare system for neglect, the services with which they are provided and case outcomes. Furthermore, it is important for researchers to determine what sub-categories of threat of harm should be included in a broader neglect category for purposes of comparing Oregon neglect cases with other states.
- **Regular Reporting on Neglect Cases:** Our understanding of neglect as separate from child abuse is impaired because neglect is typically not reported on or examined as a distinct type of maltreatment. The researchers recommend that the CJA Task Force include annual reporting on neglect, including threat of harm: neglect cases, as separate from other forms of child maltreatment as part of a long-term strategy for better understanding neglect in Oregon and raising awareness of the incidence and effects of neglect.

- **Outreach and Education:** Because neglect is not well-understood and misperceptions abound regarding the impact of neglect and effective intervention for neglectful families or families at-risk of neglect, outreach and education should be a central component to a strategic plan. Maintenance and further development of the Neglect Website created by this project is one recommended method. Other recommendations include further conferences on neglect; trainings specifically on intervention in neglect; and education campaigns for the general public, CPS field staff and community agencies.
- **Development and Evaluation of Model Neglect Intervention Programs:** Few rigorous studies have been conducted on interventions designed for neglect; therefore, no true promising program models exist. It is imperative that models be developed based on the promising practices identified by the literature and that these programs be replicated and evaluated throughout the state.
- **Collaborative Approach to Neglect:** As the June 2005 *Working Conference on Chronic Neglect* illustrated, there is much to gain from a collaborative approach to addressing the issue of neglect. Facilitation of continued and expanded collaboration will be vital to the ultimate success of any long-term strategic plan. The CJA Task Force itself is a fine example of a collaborative effort, as task members represent a variety of agencies. The researchers recommend that continued and expanded collaboration with other agencies, community groups, substance abuse and mental health intervention systems, as well as legislators, advocates and academics be included in continued efforts. As representatives from Washington state agencies appear to be willing to work jointly with Oregon to learn more about and develop successful intervention models for neglect, a regional effort between the two states should be considered.

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## APPENDIX A: SELECTED ANNOTATED BIBLIOGRAPHY ON CHILD NEGLECT

### Assessing, Defining and Correlates

**Burke, J., Chandy, J., Dannerbeck, A., & Watt, J. W. (1998). The parental environment cluster model of child neglect: An integrative conceptual model. *Child Welfare*, 77(4).**

The authors developed a theoretical model of child neglect based on a review of the literature in an attempt to explore causal factors related to neglect. The working definition of neglect that was used was “a unique pattern of parental behavior sustained by deficiencies in the parent's capacities to utilize knowledge, support, and resources in carrying out the parental role” The foundation for the model is that understanding parents' interactions with their environment is necessary to provide a clear understanding of the situation in context and to intervene appropriately. The parental environment cluster model provides three “clusters” of environmental factors that affect the ability to parent with factors contributing independent influences in addition to interaction effects of the three clusters. The three clusters are (1) the parent skills cluster—parenting knowledge and skills, (2) the social support cluster—social interaction skills and peer support, and (3) the resource management cluster—appropriate use of financial, material and social-emotional skills. The authors suggest that future research could use the model to provide a framework for research regarding risk factors and interaction of risk factors and intervention designs and efficacy research.

**Bugental, D. B. & Happaney, K. (2004). Predicting infant maltreatment in low-income families: The interactive effects of maternal attributions and child status at birth. *Developmental Psychology*, 40(2), 234-243.**

This study of 73 high-risk families attempted to identify parent and child characteristics that interact to predict “harsh parenting” or neglect. Risk was measured using Kempe’s Family Stress Checklist. Seventy-one out of the 73 families were Hispanic and newly immigrated to the US; in 50% of the families no father was present. Children were identified as medical risk if they had a 5 minute Apgar of 8 or lower and/or if they were 2+ weeks premature. Parents’ attributions were measured using the Parent Attribution Test. Safety neglect was measured using Framingham Safety survey which has a low alpha with the participant population of .45 and the Accidental Injury Interview, which also has a very low alpha of .37, though high inter judge agreement between mothers and fathers of  $r = .72$ . They also measured maternal depression with Beck Depression I inventory as possible mediator.

A significant interaction effect was found between power attributed to self and power to child in terms of safety neglect; highest safety neglect was found by mothers with low perceived power who gave birth to high risk infants. Program participation in home visitation program, specifically those in the problem solving group, produced a moderating effect of parental attributions on safety neglect. Depression was not seen as a mediator of safety neglect. Authors suggested that possibly low perceived power contributed to “low patterns of investment in the

protective care of the young” (p. 241). Limitations of the study include moderate sample size and use of neglect scales that showed limited validity.

**Casady, M. A., & Lee, R. E. (2002). Environments of physically neglected children. *Psychological Reports, 91*, 711-721.**

A secondary data analysis of previously collected data from Gaudin, Polansky, Kilpatrick & Shilton (1996) to test an ecosystemic model specifically regarding provision of adequate physical care. The sample consisted of 205 families—102 control families from AFDC and 103 families with substantiated neglect cases. Over half of the families lived below the federal poverty level; the average number of children per family was 3 with an average age of 7 years old. Sixty-four percent were African American, 2% were Hispanic, and 34% were Caucasian.

Physical environment was assessed using the Child Well-being Scales; demographic information and stressful life events were assessed using a questionnaire developed for the study, and oral interview was used to gather information about social support and depression. Social support was measured using the Social Network Assessment Guide and depression was assessed using the General Contentment Scale. Family interactions were measured using the Beavers Interactional Scales.

Caucasian families received more support services and reported more stressful life events than African American families and Caucasian primary caregivers had higher depression scores—due to some of the differences, ethnicity was controlled for in the multiple regression. Results showed that positive family affect was a significant predictor of adequate physical care; caregiver's education predicted more adequate care and more adult problems predicted less adequate physical care. Participating in fewer support services also predicted adequate care. The authors also found no significant relationship between income and adequacy of physical care.

**Cash, S. J. & Wilke, D. J. (2003). An ecological model of maternal substance abuse and child neglect: Issues, analyses, and recommendations. *American Journal of Orthopsychiatry, 73*(4), 392-404.**

Using secondary data analysis, authors tested an ecological model of maternal substance abuse and neglect to determine predictors of both incidents of child neglect and frequency of neglect incidents. The sample was a subset of participants from the Drug Abuse Treatment Outcome Study (DATOS) and included 1,404 women with children under 18 years old. All participants were interviewed as they entered substance abuse treatment, which included both community-based, hospital-based, county-funded, modified therapeutic and criminal justice substance abuse treatment programs. \

Neglect was measured through a self-report, “yes/no” to five questions—used as a dichotomous variable and then used as a continuous variable in terms of number of signs of neglect. Hierarchical regression analysis (using alpha = .10) found the following significant predictors in the model (1) sexual abuse as child before age 15, (2) history of an alcoholic parent and (3) reports of history of substance abuse in extended family. In the second step of the model, alcoholic parent dropped out of significance—using cocaine or heroin, severity of drug use and

anxiety were predictive factors, as was being African American; reduced odds were related to mother's perceiving selves as a good and fair parent. In the final step, which added community risk factors, all step 2 factors remained significant, and the additional factor—difficulty finding childcare—was significant.

Another regression was done to assess predictors regarding the total number of signs of neglect. In the first step the following factors were significant--(1) parents sexual abuse history, (2) history of parental or extended family member's substance abuse, (3) use of cocaine and/or heroin as primary drug of choice, (4) severity of drug use, and (5) being African American. Greater levels of family interaction and positive perceptions of parenting reduced total number of signs of neglect. When community risk factors were entered into the regression, only sexual abuse history and history of substance abuse in extended family remained significant for total number of signs of neglect.

**Connell-Carrick, K. (2003). A critical review of the empirical literature: Identifying correlates of child neglect. *Child and Adolescent Social Work Journal*, 20(5), 389-425.**

Review of studies focused on the correlates of child neglect from 1990-2002. The criteria for neglect in this review did not include educational or medical neglect unless these forms of neglect were included in an overall neglect variable. Twenty-four articles met all criteria--(1) study focused on correlates of neglect, (2) physical, neglectful supervision or neglect as aggregate criterion variable and (3) published between 1990-2002. Most articles failed to state any theoretical construct regarding neglect and all but one of the studies were non-experimental. In defining neglect, the studies primarily used state definitions of neglect. Fourteen studies used child welfare administrative data and 10 also conducted interviews.

Some of the limitations noted in the studies included (1) different operational definitions of neglect, (2) lack of probability sampling, (3) geographic location of samples—with only 4 of 24 studies including national samples, (4) use of existing data, limiting number/choice of variables, (5) atheoretical, and (6) lack of age-specific indicators.

Four broad areas of correlates were identified: (1) child characteristics, (2) home environment, (3) parental factors, and (4) social support. In five studies there were mixed findings regarding ethnicity with three significant for ethnicity and neglect. Child gender inconsistent as predictor—two out of five indicated a significant association with females and neglect and three out of five with boys and neglect. In terms of children's age in three out of 24 studies, young age increased risk, including risk of fatal neglect.

Three studies included sociobehavioral characteristics of children; one study found higher risk to children whose mothers rated them as temperamentally difficult, to children with early childhood anxiety and withdrawal and to children with low verbal IQ.

Eight out of eight studies that included either poverty or socioeconomic status found an association between neglect and lower SES status. Six studies found an association between greater number of people in the home and greater risk of neglect. In terms of marital factors, single parenthood was the most prominent factor in four studies. One study by Dubowitz found

the presence of the father in the home to decrease neglect. Two studies included measures of family functioning with one study finding that the more chaotic, less well organized and less positive affect expressed, the higher the risk of neglect. The other study found that lack of (1) warmth, (2) mothers' empathy, (3) an open and positive environment, (4) family leadership, (5) closeness, (6) negotiation skills, (7) willingness to assume responsibility for feelings and (8) more unresolved family conflict were all significant predictors of neglect.

Regarding parents' childhood factors, two studies included childhood history with one study finding that mothers were more likely to have been sexually abused (adolescent mothers) and overall neglecting mothers were more likely to have been abused as adults. Three studies identified unemployment and underemployment as predictors and four studies that included maternal age all showed significant associations between younger age and neglect.

In seven studies that assessed the mental health of caregivers, four out of five showed a relationship between depression and neglect, one found no relationship, one found no relationship if social variables and substance abuse was controlled for and the other study found various other mental health correlates. Three studies found associations between substance abuse and neglect and maternal education and neglect. Parenting skills appeared to be one of the least studied aspects, with only two studies including measures of parenting skills. Three studies found lack of social support related to risk of neglect.

**DiLauro, M. D. (2004). Psychosocial factors associated with types of maltreatment. *Child Welfare*, 83(1), 69-99.**

An explanatory, descriptive study focusing on identifying whether psychosocial factors and parents/caregivers behaviors are related to maltreatment type. The study compared neglect, physical abuse and neglect and physical abuse cases using a chart review of 140 cases referred for psychological evaluation, primarily by New Jersey Division of Youth and Family Services. The author identified a number of independent variables including demographic characteristics such as gender, educational level, income, substance use, and childhood history of abuse. Stress was measured using the Parenting Stress Index (PSI), which included a Total Stress Scale, Parent Domain Scale and Child Domain Scale. Analysis was done using multinomial logistic regression with a number of findings significant for the neglect only group.

The Parent Domain scale of the PSI was significantly different for the neglect only group compared to physical abuse only group, yet was not different from the mixed group. Domestic violence victims were more likely to neglect while perpetrators who also identified as domestic violence victims were more likely to physically abuse and neglect. Substance use was more likely in the neglect group than physical abuse or mixed group. Additionally, there were higher rates of neglect for women, parents with lower educational levels and single parent families. The number of child victims in home was higher in neglect only cases than in mixed or physical abuse only cases.

**Gershater-Molko, R. M., Lutzker, J. R., & Sherman, J. A. (2003). Assessing child neglect. *Aggression and Violent Behavior*, 8, 563-585.**

A comprehensive look at possible tools for assessment in which the authors suggest comprehensive yet tailored assessment for neglect. The lack of standards by which to measure minimal parenting competence is noted as a problem in the area of assessment. In lieu of standards, the authors suggest that assessment is most often based on individual criteria and focuses primarily on environmental factors and other factors that have been shown to have some correlation with child neglect such as substance abuse, domestic violence and social networks. Additional factors in assessment include determining whether the neglect is chronic or acute and the form of neglect, such as physical neglect versus psychological neglect.

Gershater-Molko et al. suggest that to comprehensively assess for neglect four areas of assessment as suggested by Lutzker et al., risk assessment, parent factors, child factors and social factors need to be considered. They also suggest that a comprehensive assessment includes structured measures, self-report measures, direct observation by trained observers and interviews. The authors review the most commonly used structured measures and include a table that reviews the focus of the measure and major areas measured, type of score and established reliability and validity.

**Harrington, D., Zuravin, S., DePanfilis, D., Ting, L. and Dubowitz, H. (2002). The Neglect Scale: Confirmatory factor analyses in a low-income sample. *Child Maltreatment*, 7(4), 359-368.**

The Neglect Scale developed by Straus et al (1994) was tested using confirmatory factor analysis due to findings from a literature review that suggested that child welfare case records and caseworkers may be limited in their ability to provide adequate definitions of neglect. The authors suggest that the paucity of research on neglect could, in part, be influenced by the lack of a brief, valid psychometric measure that can be used in epidemiological research.

Using a sample of 151 maternal caregivers who were self-referred as at-risk for neglect the authors found a very high internal consistency reliability ( $\alpha = .96$ ) for the 40-item version of the scale and moderate reliability for the 5-item subscales with  $\alpha =$  (1) .85 for Emotional, (2) .82 for Physical, (3) .78 for Cognitive, (4) .81 for Supervisory. Using Straus' four-factor structure yielded a poor fit between the sample and the model. A revised four-factor model improved the fit with the sample. The authors suggest that the sample used could provide a more appropriate gauge for the factor analysis than the Straus sample given that Straus used a college student sample in contrast to the Harrington et al. study which used low-income, inner city, at-risk mothers.

**Hartley, C. C. (2004). Severe domestic violence and child maltreatment: Considering child physical abuse, neglect, and failure to protect. *Children and Youth Services Review*, 26, 373-392.**

Using a cross-sectional sample of confirmed child maltreatment cases within the Iowa Department of Human Services system in Cedar Rapids, Iowa between December 1995 and February 1998, the authors examined the co-occurrence of domestic violence (DV) with neglect and physical abuse. The sample of neglect cases included 94 families. The study sought to answer the following research questions, (1) Are there differences between families with co-

occurring DV and maltreatment and maltreatment only regarding demographic characteristics, (2) Are there differences between the two groups regarding parental and/or family stressors and characteristics such as substance use and (3) Are there differences between the two groups regarding characteristics of the actual maltreatment incident?

Using descriptive statistics, Breslow-Day statistic for homogeneity of odds ratios for dichotomous variables and a 2 x 2 factorial ANOVA the authors found that families with co-occurring neglect and DV had (1) more single parent households, (2) fewer married parents, (3) fewer biologically related fathers in the home, (4) older mothers and children, (5) more mothers with a history of substance use and/or mental health problems and (6) more mother-only perpetrators when compared to the neglect only families.

**Hartley, C. C. (2002). The co-occurrence of child maltreatment and domestic violence: Examining both neglect and child physical abuse. *Child Maltreatment*, 7(4), 349-358.**

The authors investigated whether the co-occurrence of either physical abuse and DV or neglect and DV reveal different demographic characteristics than the maltreatment only groups; whether parental problems or family stressors different between groups and whether groups differ regarding characteristics of the maltreatment incidents. The sample was a cross-sectional sample of Iowa DHS cases between 12/95-2/98; neglect sample = 94 families; physical abuse sample = 86 families. The neglect sample included 35% founded cases for denial of critical care, 60% founded cases for lack of supervision and 5% founded cases for both denial of critical care and lack of supervision. The chi-square results that were significant included—co-occurrence and neglect and single parent households (greater number), less likely to be married, greater likelihood of mother's substance abuse and mental health history, father less likely to be biological parent of all children and mother only perpetrator of the neglect.

**Ondersma, S. J. (2002). Predictors of neglect within low-SES families: The importance of substance abuse. *American Journal of Orthopsychiatry*, 72(3), 383-391.**

A secondary data-analysis using data from an earlier study by Gaudin et al (1993) which has become part of the National Data Archive on Child Abuse and neglect. Using logistic regression four risk factors, substance abuse, depression, perceived social support and negative life events were used to determine prediction of neglect. Neglect cases in the sample consisted of 103 families who had, at the time of the previous study, involvement with the Georgina Department of Family and Children Services which were compared to a matched control group of 102 families (matched on SES, race and single parent status).

Substance abuse was measured by self-report and was very broad, including any family history of substance abuse. Depression was measured using the Generalized Contentment Scale (GCS), perceived social support was measured using the Revised UCLA Loneliness Scale and negative life events were measured using a checklist of possible negative life events that occurred within the past year.

Family substance abuse and negative life events were significant predictors in the model. Substance abuse was not found to be significant in predicting family interactions—education and depression contributed to a total of 9% of the variance in this outcome.

**Ovwigbo, P. C., Leavitt, K. L., & Born, C. E. (2003). Risk factors for child abuse and neglect among former TANF families: Do later leavers experience greater risk? *Children and Youth Services Review, 25*(1/2), 139-163.**

Discrete time event history analysis was used to analyze risk factors for maltreatment in a sample of 8,900 families who exited Temporary Assistance to Needy Families (TANF) between October 1996 and March 2001. The focus of the study was on “later leavers” to determine if the risk of maltreatment was higher for children in these families. Although neglect was not a separate variable, the impact of welfare reform on families is an important issue to consider given that families involved with child welfare are often also involved with TANF. The outcome variable was the odds of a substantiated child welfare investigation for abuse or neglect. The primary outcomes of the survival analysis revealed that risk of maltreatment increased for families with a longer history of using TANF. Past child welfare history also increased risk while there was less risk for families who left TANF due to employment, client’s request or no reapplication; there was also less risk with greater income. After controlling for a number of variables, the analysis also found that later leavers did have a higher risk with children from families leaving in year two of welfare reform having a 14.2% greater risk and children from year three having a 28.4% greater risk of a substantiated maltreatment event.

The authors also conducted a separate discrete-time logit model for each of the four year exiting cohorts to determine if there was unobserved heterogeneity among the four cohorts that could explain the differences in maltreatment risk. They found that there were different significant predictors in each cohort with child welfare history the only consistent predictor in each cohort.

**Scannapieco, M. and Connell-Carrick, K. (2002). Focus on the first years: An eco-developmental assessment of child neglect for children 0 to 3 years of age. *Children and Youth Services Review, 24*(8), 601-621.**

The authors provide a framework for assessing neglect using both child development and attachment theory. Incorporating Bronfenbrenner’s ecological model and Belsky’s contributions to create an ecological context for assessment of four levels, (1) ontogenic, (2) microsystem, (3) exosystem and (4) macrosystem, the authors include a focus on the attachment relationship between parents and children using Bowlby’s attachment theory. They provide a schematic for assessment of neglect in younger children by incorporating the ecological model and developmental indicators.

**Straus, M. A. and Kantor, G. K. (2003). Definitions and measurements of neglect: Some general principles and their application to self-report measures. Retrieved January 28, 2005 from <http://pubpages.unh.edu/~mas2/NS2m.pdf>**

The authors provide a basic review of the difficulties conceptualizing/defining neglect and suggest that measurement will remain a challenge until a common definition is used. The authors

indicate that it is important to define neglect in the context of caregiver behavior rather than harm to child given that the harm to a child is often not immediately visible. They go on to review the Multidimensional Neglect Scale-Child Report (MNS-CR), a child self-report measure for neglect that they developed to include four neglect domains, emotional, cognitive, supervision and physical. They distinguished risk assessment and child self-report from neglectful behavior, suggesting that risk assessment in particular may identify potential risk factors but does not necessarily identify actual neglect behavior. Suggestions for increasing validity and for testing reliability of measures are given.

## **Impact**

**Battle, C. L., Shea, M. T., Johnson, D. M., Yen, S., Zlotnick, C., Zanarini, M., Sanislow, C. A., Skodol, A. E., Gunderson, J. G., Grilo, C. M., McGlashan, T. H., Morey, L. C. (2004). Childhood maltreatment associated with adult personality disorders: Findings from the collaborative longitudinal personality disorders study. *Journal of Personality Disorders, 18*(2), 193-211.**

An assessment of self-reported history of childhood abuse and/or neglect with a sample of 600 adults 18-45 seeking mental health treatment and who were diagnosed with borderline, schizotypal, avoidant or obsessive-compulsive personality disorder or a major depressive disorder without a personality disorder. Personality disorder participants reported higher rates of childhood abuse, including higher rates of four types of neglect—caretaker inconsistent treatment, caretaker’s denial of feelings, lack of real relationship and failure to protect. Logistic regression analysis resulted in four types of neglect significant for Borderline Personality Disorder—physical neglect, emotional withdrawal, failure to protect and denial of feelings.

**Hilyard, K. L. and Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect, 26*, 679-695.**

The authors present an overview of impact of neglect on children using studies from the early 1980s through 2000. The review used data from the Minnesota Mother-Child Project (N = 267), as a primary study that followed the development of children in which participants were identified as either “neglectful” or “psychologically unavailable.” Reviewing the impact of neglect on children from infancy through adolescence, the authors covered cognitive, moral, social, emotional and behavioral development for each age range.

Studies have suggested that for neglected infant and preschoolers’ cognitive development is impaired—especially for emotionally neglected preschoolers; also, “poor impulse control and less flexibility and creativity in problem solving” is found in neglected infants/preschool age children. Lower IQ’s have been found and problems with both expressive and receptive language functioning in young children with some moral development differences identified. No differences were identified between abused and neglected children regarding disorganized attachment with the authors indicating that studies have found that neglected children are as likely as abused children to have a disorganized attachment style. Low levels of positive self-representation, fewer social interactions, more withdrawn behavior and greater social isolation was also identified for neglected children.

In terms of the impact of neglect on school-age children, they demonstrated similar cognitive difficulties as the preschool children. They also continue to be somewhat isolated, less popular and engage in less social interaction. School-age children who are neglected also appear to increase in internalization problems.

The authors report there is less information on the impact of neglect on adolescents with only two studies identified, one of which had a sample size of only 15. The information to date has identified increased risk for personality disorders, delinquency and violent criminal behavior for adolescents and young adults with a history of neglect.

**Kingree, J. B., Phan, D. & Thompson, M. (2003). Child maltreatment and recidivism among adolescent detainees. *Criminal Justice and Behavior*, 30(6), 623-643.**

This study examined recidivism in a group of adolescents who were detained at a holding facility in Atlanta, GA due to a status offense such as truancy or running away or a delinquent offense such as assault or theft. The sample of 217 youth had been charged with one primary offense at baseline. Data collection was done on site by interviewers with eligibility criteria based on availability of same-sex research interviewers with time that interviewers were on site varied to improve variability of sample. Background information for youth who were not asked to participate was not available which makes analysis somewhat limited given that no comparison can be made between participants and non-participants.

Recidivism rate was followed up at nine months from enrollment in the study with “relatively high rates of recidivism” found for participants who indicated a history of emotional neglect—yet reported OR was 1.1. Participants who reported a history of physical neglect showed less than expected recidivism with an OR of .83. An additional model analyzing number of times recidivated versus dichotomous variable of recidivism, showed similar results with emotional neglect  $t = 2.36$  and physical neglect  $t = -2.11$ .

**Olivan, G. (2003). Catch-up growth assessment in long-term physically neglected and emotionally abused preschool age male children. *Child Abuse & Neglect*, 27, 103-108.**

A longitudinal 7-year study in Spain (N = 20) to assess catch-up growth of children who experienced long-term physical neglect and emotional abuse. The sample consisted of males only given that there were no female children that met the inclusion criteria. At baseline the participants showed significant height and weight differences from norm while after a one-year period the participants growth rate did catch up to normal. All participants remained in foster placement for the one-year period from the baseline measure (initial placement) to follow-up.

**Teicher, M. H., Dumont, N. L., Ito, Y., Vaituzis, C., Giedd, J. N., & Andersen, S. L. (2004). Childhood neglect is associated with reduced corpus callosum area. *Biological Psychiatry*, 56, 80-85.**

A medical record review was done for 115 pediatric patients admitted to a hospital in Belmont, MA between 1988 and 1989. Hospital intake records and Department of Social Service investigative reports were used to determine history of physical and/or sexual abuse and/or

neglect. Neglect was a dichotomous variable (present/absent) and was defined as “the chronic failure of a parent or caretaker to provide a minor with basic needs, such as food, clothing, shelter, medical care, educational opportunities, protection, and supervision” (p. 81). The neglect-only sample consisted of 13 boys and 7 girls. Specific to neglect in boys neglect had greatest impact on reduction of corpus callosum relative to physical or sexual abuse or PTSD with a marked decrease in four regions of the corpus callosum.

**Wark, M. J., Kruczek, T., and Boley, A. (2003). Emotional neglect and family structure: Impact on student functioning. *Child Abuse & Neglect, 27, 1033-1043.***

A study to determine whether there was a relationship between retrospective reports of child neglect, family of origin functioning and levels of current psychological distress. The sample consisted of 91 undergraduate students from a Midwestern U. S. public university. Participants with history of sexual and/or physical abuse were screened out of the sample. Time spent in care of others was significant demographic variable and was used as a covariate in the MANCOVA. Results showed that if female caregiver was identified as neglectful there was a significant relationship between neglect and higher current levels of psychological distress as measured by the Global Severity Index (GSI). Additionally, if female caregiver was identified as neglectful, a significant relationship between emotional neglect and low levels of family cohesion and low levels of familial adaptability was found.

### **Intervention**

**Ethier, L. S., Couture, G., Lacharite, C., & Gagnier, J. P. (2000). Impact of a multidimensional intervention programme applied to families at risk for child neglect. *Child Abuse Review, 9, 19-36.***

A voluntary sample of 15 at risk families were recruited from a community services center in Quebec. Inclusion criteria for the families included the presence of at least four risk factors (out of 22), no previous involvement with protective services and at least one child under 6 years old. A comparison group of 14 families was also recruited from the same community center. The treatment group participated in the Personal Community Help Programme (PFCHP), a prevention program for families at risk of neglect.

The PFCHP included four components, home visiting family assistance, group meetings for parents, educational activities for children and individual counseling “on demand” for families over a period of 18 months. The PFCHP was compared to conventional treatment, which included parenting skills and referrals. Outcome measures included the Social Support Questionnaire, Parenting Stress Index, Beck Depression Inventory, Child Abuse Potential Inventory, Interview on Family Evolution and field notes. Using repeated measures ANOVA, results found that both interventions were successful in reducing risk but the PFCHP program appeared to support families to use outside supports more than professional supports; qualitative results indicated that PFCHP parents were more involved with kids, were better disciplinarians, had better marital relationships, more extensive social networks and engaged in more self-improvement.

## **Neglect Demonstration Projects 1996-2001**

**The Child Protection Center, Division of Community Pediatrics, Montefiore Medical Center (2001, November). *Final report for OCAN neglect grantees (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39385). Washington, DC: National Clearinghouse on Child Abuse and Neglect.***

The target population for the intervention were teen mothers from Bronx, New York who were at risk for neglect who participated in a parenting program with a focus on increasing social support and access to medical care. The Parent Empowerment Program (PEP) combines a psychosocial parenting model with support/advocacy training and was initially created for 12-20 year old mothers but was expanded in the second year to include 12-30 year olds due to both referrals issues and recruitment/retention issues. The program included two home-based family assessments, a six-month parenting education program, daycare, aftercare and crisis intervention and referrals. The program enrolled 250 enrolled mothers; 195 started the program, 87 completed with 17 of the 195 continuing in program as of the date of the final report.

Data were collected primarily using a pre/post test design and included the Maternal Social Support Index (MSSI), the Child Well-being Check List (CWBC), the Child Abuse Potential Index (CAPI) and the Knowledge of Infant Development Scales (KIDS). The final report indicated few significant changes and did not report actual statistical analyses and/or any significant results. Preliminary analysis of the MSSI showed a negligible change for the 75 pre- and post-test scores available. The KIDS pre and post-test scores (for 81 families) showed no significant overall improvement, although subscale scores for the infant section did reveal substantial improvement. The CAPI results for 79 participants showed a slight downward trend (statistical significance was not noted).

Additional measures included self-assessment regarding goals with participants choosing a number of goals out of 20 total and reporting progress throughout the program and during the aftercare tracking period. The final report lists all 20 goals and indicates number of women choosing, attaining, partially attaining and not attaining the selected goal.

**Family Network Project (2002, June). *Family Network Project final report (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39384). Washington, DC: National Clearinghouse on Child Abuse and Neglect.***

The Family Network Project, based in Erie County, NY included a 24-hour crisis intervention and support counseling program; family focused assessments, home-based support and concrete services and parent education and parent support groups. Target enrollment for the grant period was 200-250; 126 were referred with complete data available for 92 families. Families were referred to the program by the local child welfare agency and had at least one substantiated report of child neglect and by the Parents Anonymous help line after assessment.

Using a pre/post test design and a paired samples t-test, the authors report that there was a significant change in pre to post safe housing acquisition (measured using six scales from the Child Well-being Scale). There were not statistically significant results for the program's second

objective of mastering skills “necessary to ensure appropriate activities of daily living” as measured by eight scales from the Child Well-being Scale (CWB). Using the CWB to measure mastery of “skills necessary to ensure psycho-emotional needs,” the paired samples t-test showed a significant difference from the pre- to post-test scores.

**Family Reclaim (2002, June). *Family Reclaim’s final report to the Office of Child Abuse and Neglect* (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39383). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

Family Reclaim is a collaborative program providing family preservation and mentoring using intensive, customized services for each family. The primary referral source for the program is Alameda County Social Services Agency (ACSSA) (CPS); additional referral sources include hospitals and other community organizations and direct referrals to lead agency—Family Support Services of the Bay Area. The demonstration grant targeted 50 adults per year to participate in an orientation, 36 adults per year to complete Life Choice seminar. (Note: Life Choice seminars were not offered in years 3-5 due to changes with contract agency), and 48 families per year to participate in family preservation services.

Using a pre/post-test design levels of neglect were measured with the Child Well-being Scale (CWB). The final report indicated that 86% or more of the families showed improvements from pre-test scores, although there were no inferential statistical analyses included in the report. The authors also report that 97.5% of the children who participated in the family preservation services remained with their families. Results also indicated that 95% of the youth improved in academic performance and 86% improved in school attendance.

The authors also report that the services provided by the Family Reclaim program were cost effective compared to two alternatives for families involved with ACSSA, either receiving 12-18 months of ACSSA case management services or out-of-home placement.

**Healthy Families DC. (2002, November). *Neglect grant demonstration final report*(National Clearinghouse on Child Abuse and Neglect Information Publication CD-39382). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

Healthy Families DC is a prevention program providing long-term in-home support targeting at-risk families, primarily during pregnancy. The Healthy Families Program includes intensive home visitation combined with parenting and playgroups. Referrals for the program were received from local health providers (85%) and hospitals (15%); the primary source of referrals were collaborative partners who employed Family Support Workers, Family Assessment Workers and Site Coordinators for the Healthy Families Program. During years 3-4 of the grant period the program enrolled 235 children/203 mothers/230 fathers. At close of grant period 118 families continued in the program with most families having been enrolled for over 7 months.

The outcome evaluation for the program was a quasi-experimental repeated measures with no comparison group. Outcomes related to birth outcomes, child health and child school readiness all met or exceeded the project target. Increases were shown on the Knowledge of Infant Development Inventory (KIDI), although no statistical analyses were included. Self-sufficiency

was measured using self-reported goal attainment with authors reporting that in years 3 and 4, 89% of the families reported achieving one or more of their goals. The project also met or exceeded their goal that 95% of the families would not have a substantiated abuse or neglect case with child protective services.

Qualitative measures of participant satisfaction were taken using an annual survey. Seventy-one surveys collected for two years showed consistent, positive experiences with the program.

**The Homefriends Program (n.d.). *The Homefriends Program Final Report* (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39386). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

The Homefriends Program is a collaborative project between Temple University's Center for Intergenerational Learning (CIL) and the Supportive Child-Adult Network (SCAN). The program uses older volunteer mentors to work with families with special needs children who either have been reported for abuse/neglect or are at risk for abuse/neglect. Referrals from SCAN included families that had been referred by child protective services and families referred through the Health Intervention Program (HIP)—these families either have a family member with compromised health/a disability or are at risk for neglect. During the grant period, 151 families were referred to CIL and 98 were included in study.

The outcome evaluation portion of the project was an experimental design with families randomly assigned to the Homefriends program or a comparison group. The experimental group received mentor services in addition to the services provided through SCAN while the comparison group did not receive the additional mentor services. Data were collected at baseline and during a follow-up interview at nine months post-baseline. The survey consisted of the Parenting Stress Index (PSI) and the Social Support Network Inventory (SSNI) and an additional index of knowledge and use of community resources that was created specifically for the study. The Child Well-being Scale was also included to comply with grant requirements, which allows for cross-site analysis.

Outcome results include statistically significant improvements in the intervention group regarding lack of foster care placements. The intervention group also showed results approaching significance for change in perceptions of parenting and improvement in parental teaching and stimulation of child (CWB scale). The intervention group gained greater knowledge of parenting community resources than the comparison group, although neither group improved significantly regarding increase of knowledge regarding childcare resources or medical resources. Neither group showed significant changes in scores from the SSNI. Both the intervention and comparison group showed decreases in parental stress scores from pre- to post-test. Participants rated their experience with their mentors as either good or excellent.

**Mt. Hope Family Center (2002, June). *Family support and intervention for neglected preschool children: Research grantee status report* (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39379). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

The program at the Mt. Hope Family Center in Rochester, New York, is an early intervention program (EIP) for families identified as neglectful. A pre-existing preschool program for high-risk children incorporated the EIP program and referrals for the program came from the local children's protective services office. Participation in the program was voluntary for the families. The project included 125 families in the evaluation with 46 in the EIP group, 39 in the community standard (CS) group and 43 in the comparison group.

The EIP includes bi-monthly home visitation and multiple family groups in which parenting techniques are learned and the children then join their parents during which time a structured activity takes place and parents are encouraged to use the techniques they learned.

Measures used for the pre- and post-test evaluation included the Home Observation for Measurement of the Environment, preschool version (HOME), the Parenting Dimensions Inventory (PDI), the Adult Adolescent Parenting Inventory (AAPI), the Childhood Trauma Questionnaire (pre-test only), the Interpersonal Support Evaluation List (ISEL), the Perceived Stress Scale (PSS), the Daily Hassles Scale of Parenting Events, the Weschler Preschool and Primary Scale of Intelligence (WPPSI-R), the Child Behavior Checklist (CBCL), the Developmental Indicators for the Assessment of Learning-Revised (DIAL-R), the Preschool Symptom Self-Report (PRESS) and Semi-Structured Free Play.

Preliminary results indicated that the intervention may have been effective in producing significant results, yet at the time of the final report, analysis was not complete. Mothers who participated in the EIP appeared to improve parenting skills and to increase their social support systems. The children in the EIP program appeared to have improved in terms of conceptual understanding and language abilities as compared to the CS and comparison groups.

**Project Healthy Grandparents (2002, January). *Neglected children in intergenerational kinship care: Project Healthy Grandparents* (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39379). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

The Project Healthy Grandparents program provided a range of supportive and tangible services to grandparent caretakers of grandchildren who had been previously abused and/or neglected. The primary referral sources for the program were a public Atlanta hospital, well-child clinic and community day care centers located within public housing projects. The population served by the program included both abuse and neglect cases for a total of 92 families who completed the program.

Quantitative and qualitative data were used in the outcome evaluation, with quantitative measures collected pre- and post-intervention. Qualitative data were collected during three focus group sessions, primarily addressing program satisfaction and support system enhancement. Statistically significant findings were obtained on a number of measures with CBCL external and internal subscales lower at post-test than baseline. Improvement in child well-being was found using the Child Well-being scale. Families scored higher at post-test on the Family Resource Scale indicating a significant gain in family resources at the end of the intervention. Families also scored significantly higher on the Family Empowerment Scale and the Family Support Scale

from pre- to post-test. Additionally, there was a statistically significant reduction in the Global Severity Index of the BSI after the intervention.

**Valley Youth House Family Intervention Project (2001, December). *Final report Children's Bureau demonstration grants* (National Clearinghouse on Child Abuse and Neglect Information Publication CD-39381). Washington, DC: National Clearinghouse on Child Abuse and Neglect.**

The Valley Youth House Family Intervention Project included prevention and intervention services for at-risk families and neglect cases that were open with the local child protective services. The prevention services included parenting skills education, resource referrals for food, clothing and furniture, housing assistance services, transportation services, employment and training services, program graduate peer mentor services and medical resource referrals. The intervention services included substance abuse interventions, referrals to substance abuse and 12-step programs, emergency residential services, emergency and respite foster care, family homeless shelter services, emergency financial assistance, mental health services (individual, family and child), and medication monitoring. The program enrolled 22 at-risk families (referred by schools, other social service agencies), 107 referred by protective services and 23 additional families with chronic neglect/past placement issues referred by other social service agencies.

Preliminary outcome findings indicate that mental health problems decreased in severity for intervention families (as measured by the Problem Type and Severity Scale). Other outcome objectives that were reached, yet significance was not noted, were improved child health, some positive academic change for school age children, mental health improvement for children and prevention of out of home placement. Additionally, the Family Risk Scale "other" category, in which poor coping systems and lack of social support were often recorded, statistical significance was noted for intervention families at discharge.

**DHS collaborations/innovations**

Ehrle, J., Scarcella, C. A., & Green, R. (2004). Teaming up: Collaboration between welfare and child welfare agencies since welfare reform. *Children and Youth Services Review*, 26, 265-285.

The authors review services offered for dual system clients of Temporary Assistance to Needy Families (TANF) and child welfare to explore the extent of collaboration in various states. Examples of collaborative policies included--19 state TANF agencies that they had certain child welfare plan activities that they counted towards work requirements and 6 states in which clients could meet work requirements by participating only in required child welfare services. Thirty-one state offices offered support to local TANF offices to coordinate with child welfare plans and a number of offices incorporate into TANF and child welfare requirements into one combined plan.

Seven states have combined TANF/child welfare offices and a number of agencies coordinate with child welfare to support transition from welfare due to noncompliance or lifetime limits being reached. A number of state TANF offices offer additional financial support for relative caretakers of children from families involved with child welfare. In terms of counseling services,

25 states offer DV services through the TANF offices and 8 states created group homes or “second chance” homes for teen parents if their own parents are abusive so that they can leave their parents homes and continue to receive TANF benefits. Twelve states jointly contracted with substance abuse providers and 8 states jointly contracted with child welfare to use mental health providers.

The authors conclude their review with a brief discussion regarding the need for careful planning regarding collaboration between TANF and child welfare and the need for caseworkers in each system to be well trained in the services being provided by the other agency. Additional concerns about communication, confidentiality and disclosure were noted as other areas that need to be explored to create a collaborative system to effectively support clients.

**Jones, L., Packard, T., & Nahrstedt, K. (2002). Evaluation of a training curriculum for inter-agency collaboration. *Journal of Community Practice, 10(3), 23-39.***

A report of a university based training program for child welfare and community social service staff in substance abuse, DV and mental illness to support those working in child welfare and social services to increase their understanding of compounding issues and to increase collaboration between systems. The Interdisciplinary Training Model for Collaborative Practice is a five-day series of trainings designed to educate service providers and to increase positive attitudes towards working in collaboration. The study design was a quasi-experimental, pre/post design with a sample of 119 trainees—42 from child welfare and 77 from community agencies. Paired samples t-tests showed an increase in positive attitudes towards collaboration and gains in knowledge regarding compounding factors in child welfare cases.

**Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I., & Weil, M. (2004). Increasing cultural responsiveness of family group conferencing. *Social Work, 49(2), 291-300.***

Based on family group conferencing (FGC), the authors describe a possible model to provide culturally competent child welfare services to African American, Cherokee and Latino/Hispanic populations in North Carolina. Six focus groups with three different populations were held to ascertain whether FGC model would be an appropriate model to use within child welfare system. Each population group had were represented in two focus groups, one rural and one urban group. All of the groups emphasized the need to attend to cultural traditions and individual group differences when implementing the FGC model. They suggested it would be important to embed the FGC within the community of concern, using elders as major players in the implementation and convening of the conferences. Additionally, many focus group members reported a lack of trust in the child welfare system and suggested that ongoing positive communication and partnership would be an important component of outreach and trust-building within the communities represented in the focus groups.

## **Appendix B: List of Neglect Conference and Training Resources**

National Clearinghouse on Child Abuse and Neglect Information webpage for conferences:

<http://nccanch.acf.hhs.gov/profess/conferences/index.cfm>

### **13th Annual Children's Justice Conference**

Sponsoring Organization: Department of Social and Health Services Children's Administration,  
Children's Justice Interdisciplinary Task Force

**Dates of Conference: 03/21/2005 - 03/22/2005**

Location: Seattle, WA

Contact Information: Thomasenia James

1115 Washington Street SE

Olympia, WA 98504-5710

Phone: (360) 902-7966

Fax: (360) 902-7903

For more information, contact: [jamt300@dshs.wa.gov](mailto:jamt300@dshs.wa.gov)

Website: <http://programs.regweb.com/csnw/cjc2005>

### **2005 Child Welfare Performance Conference**

Sponsoring Organization: The Performance Institute

**Dates of Conference: 03/30/2005 - 04/01/2005**

Location: San Diego, CA

Contact Information: The Performance Institute

1515 North Courthouse Road

Suite 600

Arlington, VA 22201

Phone: (703) 894-0481

Fax: (703) 894-0482

Website: <http://www.performanceweb.org/pi/events/index.htm>

### **Unifying Family Support Programs: Creating Policy, Power, Voice, Skills, Results**

Sponsoring Organization: Family Support America

**Dates of Conference: 04/03/2005 - 04/05/2005**

Location: Jacksonville, FL

Contact Information: Guy Schingoethe

Family Support America

205 W. Randolph St.

Suite 2222

Chicago, IL 60606

Phone: 312/338-0900

Fax: 312/338-1522

For more information, contact: [gschingoethe@familysupportamerica.org](mailto:gschingoethe@familysupportamerica.org)

Website: [http://www.familysupportamerica.org/content/conf/upcoming\\_conf.htm](http://www.familysupportamerica.org/content/conf/upcoming_conf.htm)

### **6th National Conference on Family and Community Violence Prevention**

**Navigating Pathways to Violence Prevention: Exploring & Strengthening Links between**

### **Families & Communities**

Sponsoring Organization: Family and Community Violence Program (FCVP)

**Dates of Conference: 04/06/2005 - 04/09/2005**

Location: Honolulu, HI

Contact Information: Family and Community Violence Program (FCVP)

Central State University

1400 Brush Row Road

Wilberforce, OH 45384

Phone: (937) 376-6219

Phone: (888) 496-2667

Fax: (937) 376-6180

Website: <http://www.fcvp.org>

### **The 24th Annual National CASA Conference "Growing a Better Tomorrow....For Every Child"**

Sponsoring Organization: National CASA Association

**Dates of Conference: 04/16/2005 - 04/19/2005**

Location: Atlanta, GA

Contact Information: Tracy Flynn

National CASA Association

100 West Harrison Street

North Tower, Suite 500

Seattle, WA 98119

Phone: (800) 628-3233

### **15th National Conference on Child Abuse and Neglect "Supporting Promising Practices and Positive Outcomes: A Shared Responsibility"**

Sponsoring Organization: Children's Bureau, Administration for Children and Families, U.S.

Department of Health and Human Services

**Dates of Conference: 04/18/2005 - 04/23/2005**

Location: Boston, MA

Contact Information: Nhu-My Nguyen

Phone: (703) 528-0435

Fax: (703) 528-7957

Website: <http://nccanch.acf.hhs.gov/profess/conferences/cbconference/index.cfm>

### **23rd Annual "Protecting Our Children" Conference**

#### **National American Indian Conference on Child Abuse and Neglect**

Sponsoring Organization: National Indian Child Welfare Association (NICWA)

**Dates of Conference: 04/24/2005 - 04/27/2005**

Location: Albuquerque, NM

Contact Information: Kim Just

Conference Coordinator

5100 SW Macadam Avenue

Suite

Portland, OR 97239

Phone: (503) 222-4044  
Fax: (503) 222-4007  
For more information, contact: [justkim@nicwa.org](mailto:justkim@nicwa.org)  
Website: <http://www.nicwa.org>

**The Governor's 12th Annual Conference on Child Abuse and Neglect  
Making "Home Sweet Home" Reality for All of Maryland's Children**  
Sponsoring Organization: The Governor's Office for Children, Youth and Families  
**Dates of Conference: 04/25/2005 - 04/25/2005**

Location: Baltimore, MD  
Contact Information: Glenda Harriis  
The Governor's Office for Children, Youth and Families  
301 West Preston Street  
15th Floor  
Baltimore, MD 21201  
Phone: (410) 767-6242  
Fax: (410) 333-5248  
For more information, contact: [gharris@ocyf.state.md.us](mailto:gharris@ocyf.state.md.us)  
Website: <http://www.ocyf.state.md.us/>

**5th Annual Systems of Care Conference**

Sponsoring Organization: Choices, Inc.  
**Dates of Conference: 05/02/2005 - 05/03/2005**  
Location: Indianapolis, IN  
Contact Information: Janet McIntyre  
Choices, Inc.  
4701 N. Keystone Avenue  
Suite 150  
Indianapolis, IN 46205  
Fax: (317) 726-2130  
For more information, contact: [jmcintyre@ChoicesTeam.org](mailto:jmcintyre@ChoicesTeam.org)  
Website: <http://www.kidwrap.org/page/home/>

**Finding Better Ways: Addressing the Mental Health Needs of Children, Youth and Families**

Sponsoring Organization: The Child Welfare League of America  
**Dates of Conference: 05/02/2005 - 05/04/2005**  
Location: New Orleans, LA  
Contact Information: The Child Welfare League of America  
440 First Street, N.W.  
Third Floor  
Washington, DC 20001-2085  
Phone: (202) 638-2952  
Fax: (202) 638-4004  
Website: <http://www.cwla.org/conferences/2005fbwrfp.htm>

### **3rd Annual Violence in the World of Our Youth Conference: Partners In Prevention**

Sponsoring Organization: The Family Violence & Sexual Assault Institute

**Dates of Conference: 05/05/2005 - 05/07/2005**

Location: San Diego, CA

Contact Information: The Family Violence & Sexual Assault Institute

6160 Cornerstone Court East

San Diego, CA 92121

Phone: (858) 623-2777

Fax: (858) 646-0761

For more information, contact: [fvtrain@alliant.edu](mailto:fvtrain@alliant.edu)

Website: <http://www.fvsai.org/Training/Workshops/YV%202005/2005YouthViolenceCall.doc>

### **A Second Chance for Children: Embracing the Future**

Sponsoring Organization: Georgia State University Freddie Mac Foundation Healthcare Georgia Foundation Hasbro Children's Foundation

**Dates of Conference: 05/11/2005 - 05/12/2005**

Location: Atlanta, GA

Contact Information: Anika Doggett

Georgia State University

Post office Box 3995

Atlanta, GA 30303

Phone: 404-651-1049

Fax: 404-651-3231

For more information, contact: [adoggett@gsu.edu](mailto:adoggett@gsu.edu)

Website: [http://chhs.gsu.edu/national\\_center/](http://chhs.gsu.edu/national_center/)

### **NDACAN Summer Research Institute**

Sponsoring Organization: National Data Archive on Child Abuse and Neglect (NDACAN)

**Dates of Conference: 06/01/2005 - 06/05/2005**

Location: Ithaca, NY

Contact Information: Andrés Arroyo

Administrative Assistant

National Data Archive on Child Abuse and Neglect

Beebe Hall - Family Life Development Center

College of Human Ecology

Ithaca, NY 14853

Phone: (607) 255-7799

Fax: (607) 255-8562

For more information, contact: [NDACAN@cornell.edu](mailto:NDACAN@cornell.edu)

Website: <http://www.ndacan.cornell.edu>

### **2005 Conference on Family Group Decision Making**

Sponsoring Organization: American Humane Association

**Dates of Conference: 06/08/2005 - 06/11/2005**

Location: Long Beach, CA

Contact Information: Lisa Merkel-Holguin

American Humane Association  
63 Inverness Drive East  
Englewood, CO 80112  
Phone: (303) 925-9421  
For more information, contact: [lisa@americanhumane.org](mailto:lisa@americanhumane.org)  
Website: <http://www.americanhumane.org>

**APSAC's 13th Annual Colloquium**

Sponsoring Organization: American Professional Society on the Abuse of Children (APSAC)

**Dates of Conference: 06/15/2005 - 06/18/2005**

Location: New Orleans, LA

Contact Information: American Professional Society on the Abuse of Children (APSAC)

P.O. Box 26901, CHO 3B3406

Oklahoma City, OK 73190

Phone: (405) 271-8202

Fax: (405) 271-2931

For more information, contact: [tricia-williams@ouhsc.edu](mailto:tricia-williams@ouhsc.edu)

**2005 Building on Family Strengths Conference**

Sponsoring Organization: Research and Training Center on Family Support and Children's Mental Health at Portland State University

**Dates of Conference: 06/23/2005 - 06/25/2005**

Location: Portland, OR

Contact Information: Lyn Gordon

Research and Training Center on Family Support and Children's Mental Health at Portland State University

PO Box 751

Portland, OR 97207

Phone: 503-725-4114

Fax: 503-725-4180

For more information, contact: [gordonl@pdx.edu](mailto:gordonl@pdx.edu)

Website: <http://www rtc.pdx.edu/pgConference.shtml>

**New England Region Training Conference & National Child Care and Development Conference "Sparkling a Renaissance: Making Children a National Priority"**

Sponsoring Organization: Child Welfare League of America

**Dates of Conference: 09/28/2005 - 09/30/2005**

Location: Providence, RI

Contact Information: Angela Fisher

Child Welfare League of America

440 First Street, NW

Third Floor

Washington, DC 20001-2085

Phone: (202) 638-2952

Fax: (202) 638-4004

For more information, contact: [afisher@cwla.org](mailto:afisher@cwla.org)

Website: <http://www.cwla.org/conferences/2005newenglandrfp.htm>

**Mid-Atlantic Conference on Child Abuse and Neglect**

Sponsoring Organization: Maryland Children's Alliance, National Center for Missing and Exploited Children, American Prosecutor's Research Institute, Southern Regional Child Advocacy Center, Northern Regional Child Advocacy Center

**Dates of Conference: 10/03/2005 - 10/06/2005**

Location: Ocean City, MD

Contact Information: Sgt. Dave Betz

Phone: 410-638-4979

For more information, contact: [info@mcaca.org](mailto:info@mcaca.org)

Website: <http://www.mcaca.org>

**Bridging Culture In A Changing World**

Sponsoring Organization: National Black Child Development Institute (NBCDI)

**Dates of Conference: 10/16/2005 - 10/18/2005**

Location: Orlando, FL

Contact Information: National Black Child Development Institute (NBCDI)

1101 15th ST NW, Suite 900

Washington, DC 20005

Phone: (202) 833-2220

Website: <http://www.nbcdi.org/ac/cfp/05/>

**ZERO TO THREE 20th National Training Institute**

Sponsoring Organization: ZERO TO THREE

**Dates of Conference: 11/04/2005 - 11/06/2005**

Location: Washington, DC

Contact Information: ZERO TO THREE

National Center for Infants, Toddlers and Families

2000 M Street, NW, Suite 200

Washington, DC 20036

Phone: (202) 638-1144

Website: <http://www.zerotothree.org>

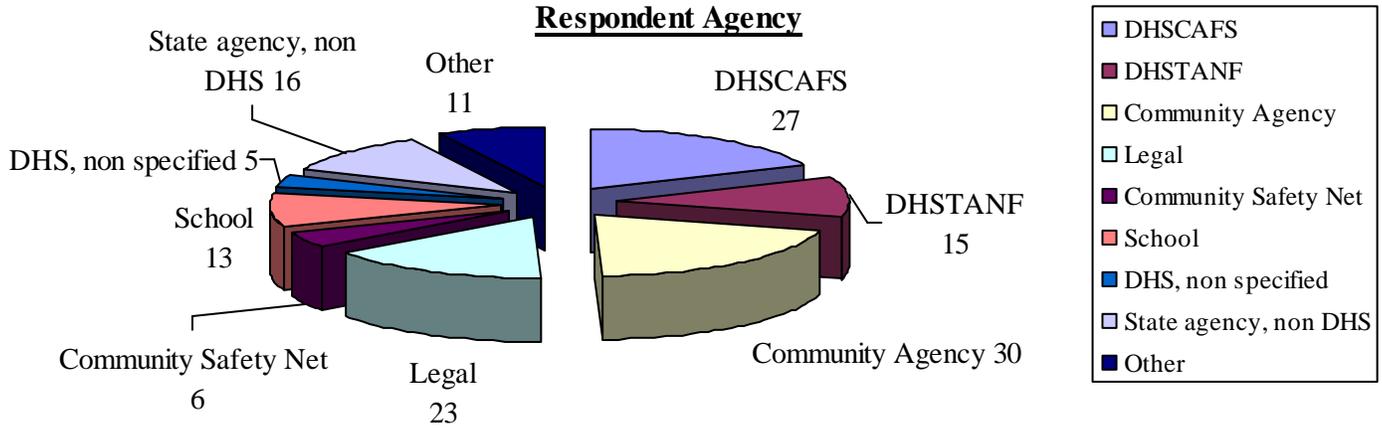
## Appendix C: Children's Justice Act Task Force Child Neglect Study

Survey I Report  
January 3, 2005

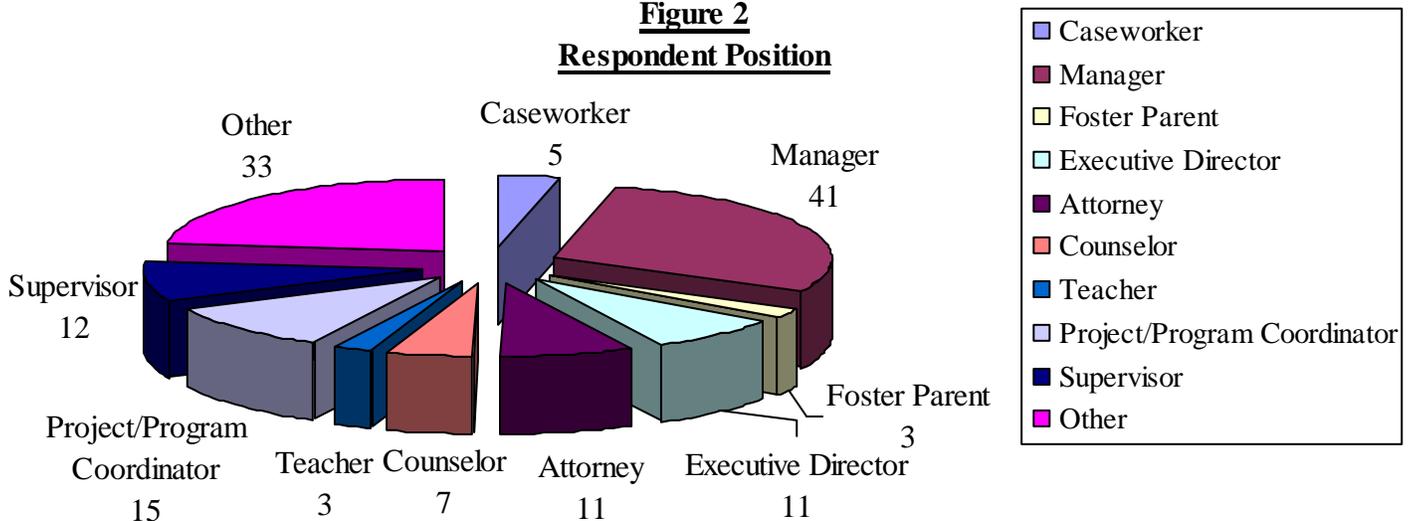
One of the first components of the CJA Task Force funded Child Neglect Study was to survey DHS child welfare and self-sufficiency staff in addition to other community agency staff who work with families who have neglected their children or are at risk for neglect. The purpose of the survey was to gather information about working definitions of neglect and to identify issues that professionals believe are most critical to address when intervening with cases of neglect. An additional component of the survey was to gather names of individuals and agencies that work with families regarding neglect so that a condensed version of the survey could also be sent to a broader group of professionals throughout Oregon.

The survey was accessed primarily through a website and took place from October 15, 2003 to November 30, 2004. We received 148 responses to the survey from a number of types of agencies and from a variety of professionals. Figures 1 and 2 show the breakdown of agency type and position of respondents.

**Figure 1**  
**Respondent Agency**

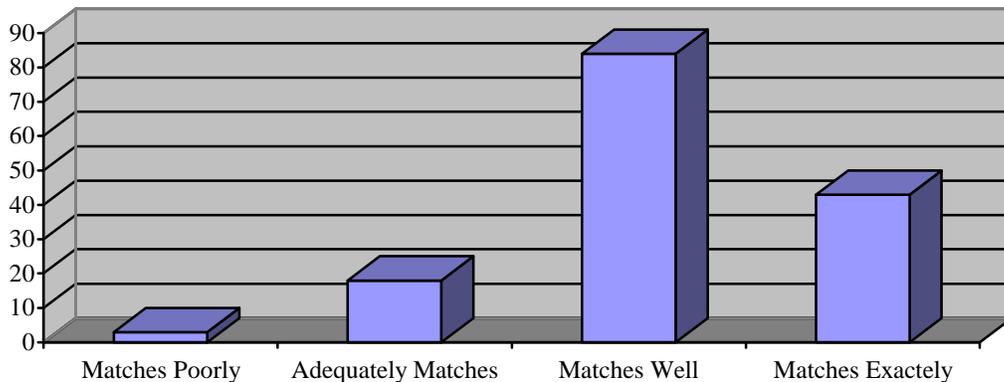


**Figure 2**  
**Respondent Position**



The survey presented respondents with a definition of neglect—“Neglect is the failure to provide basic physical, emotional, educational and medical needs of a child, including neglectful supervision and abandonment” and asked whether the definition matched respondents’ definition of neglect. Figure 3 presents the results of this question.

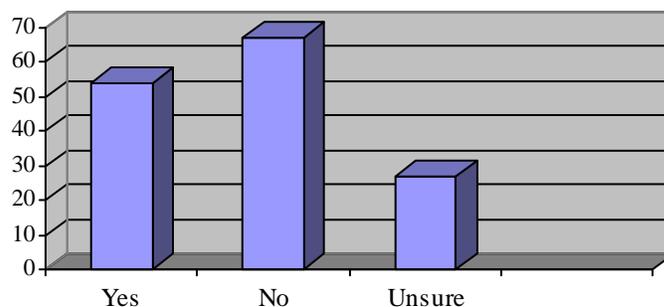
**Figure 3**  
**How Definition Matches Your Definition**



Respondents were also asked to indicate if they thought there was anything missing from the definition of neglect that was presented. A third of the respondents who answered this question suggested that additions be made to the definition with the most frequently mentioned additions being issues of social, emotional and mental health needs of the children. There were also a number of suggestions regarding the specificity of the definition with suggestions to specify what is meant by “basic” needs and to include safety in the definition.

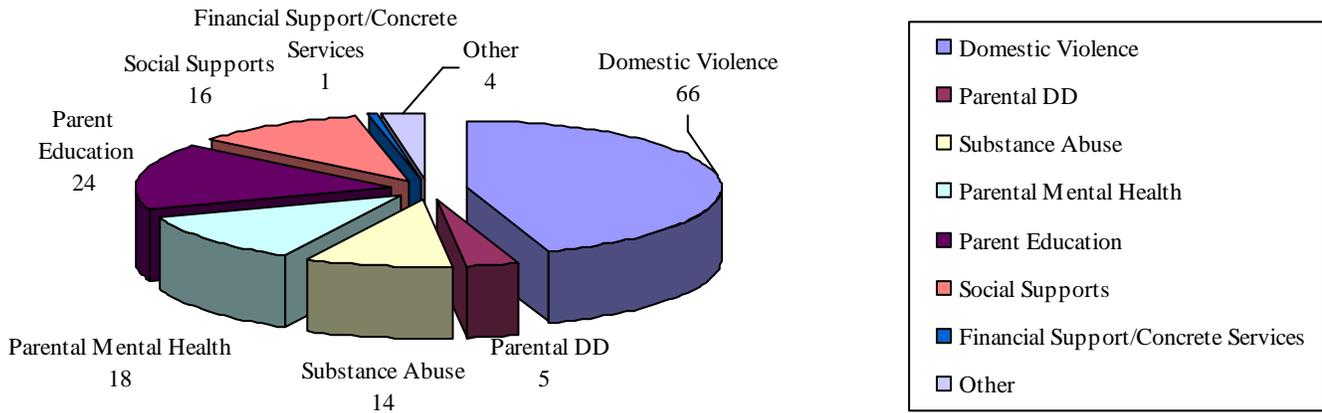
Respondents indicated whether they believed that the challenges associated with responding to neglect are the same as the challenges associated with responding to other types of child abuse with the following results (Figure 4):

**Figure 4**  
**Are Challenges the Same as Abuse?**

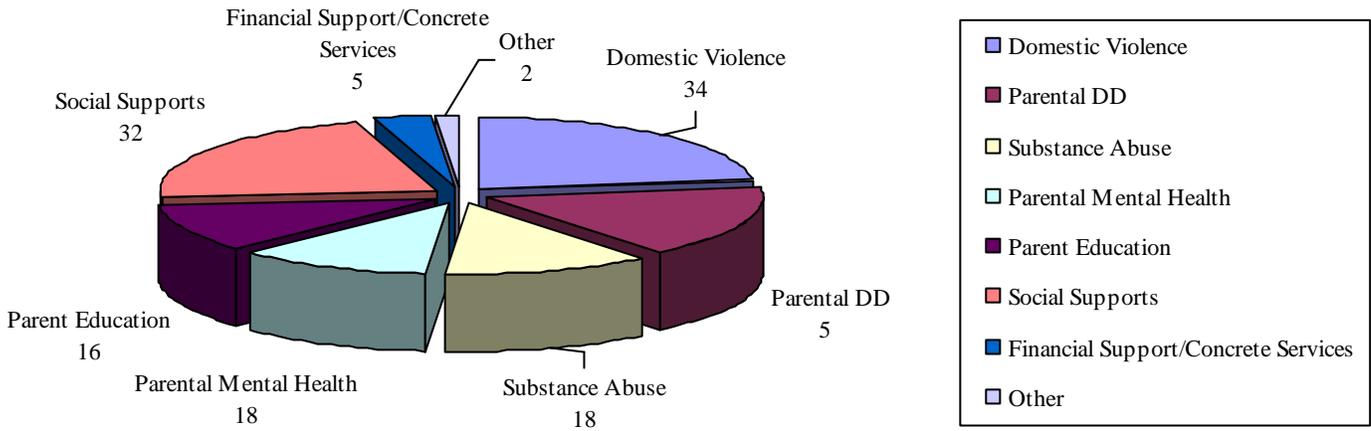


The survey also asked participants to rank the five most important issues to address in successful intervention with neglectful families. The rankings for the top three most important issues are included in Figures 5-7.

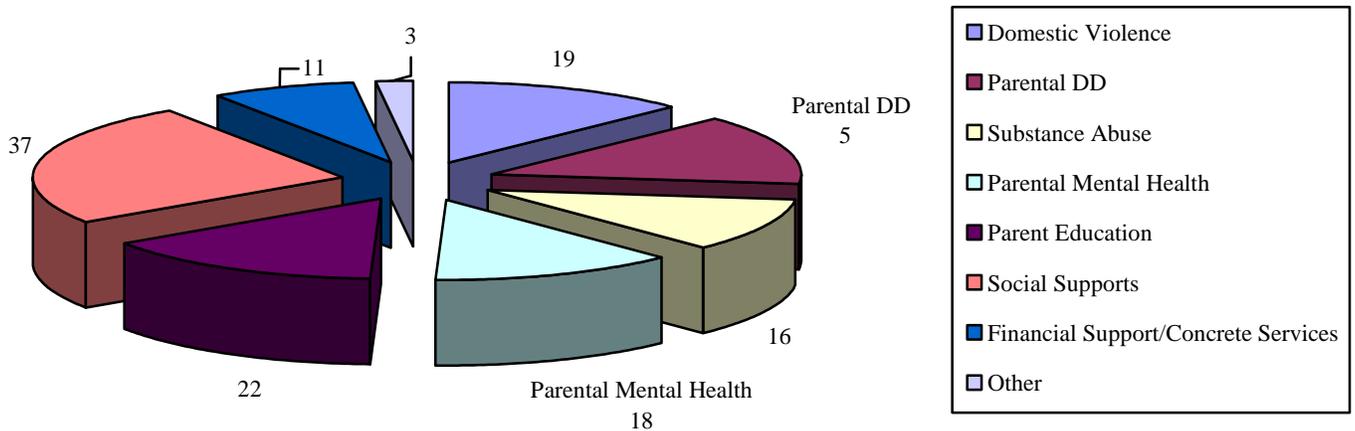
**Figure 5. 1st Most Important Issue to Address in Successful Intervention**



**Figure 6. 2nd Most Important Issue to Address in Successful Intervention**

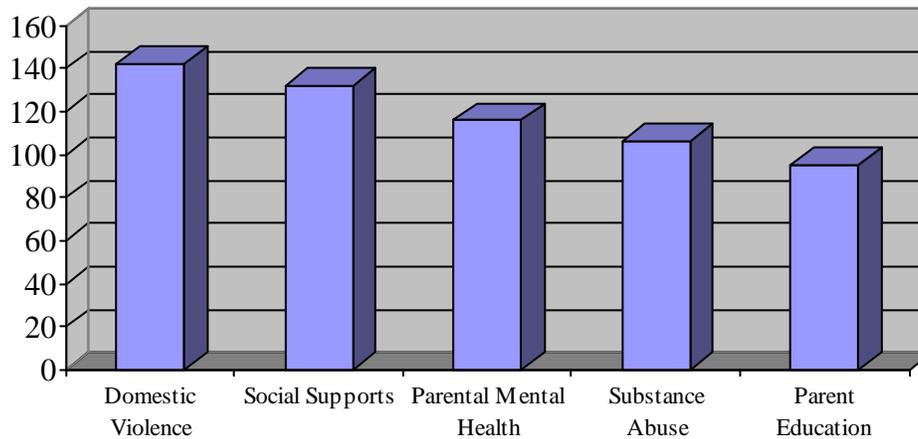


**Figure 7. 3rd Most Important Issue to Address in Successful Intervention**



The top five issues that were mentioned by all respondents are shown in Figure 8.

**Figure 8**  
**Top Five Issues Mentioned as Important Issues to Address**



Responses to additional questions regarding challenges to addressing/intervening in neglect, gaps in services and “other information about neglect” were relatively similar with a number of predominant themes emerging. The three themes that were mentioned with the highest frequency were issues of lack of funding and resources, need for community education and definitional issues regarding neglect. Within the category of funding and resources there was frequent mention of lack of funding for staffing, services such as alcohol and substance abuse and mental health services and tangible resources such as housing and medical insurance. There was also mention that there is often a lack of resources at the community level to intervene with families prior to intervention through DHS—including a significant lack of prevention and early intervention programs.

The community education concerns included educating both the lay community and community professionals about early signs of neglect, assessment, referral processes and the impact of neglect on children. There were also concerns about lack of collaboration and communication between community agencies to provide comprehensive, consistent services, especially for clients who fall below the DHS threshold for neglect. Additionally there was frequent mention of the lack of prioritizing neglect at all levels including federal, state and local levels.

The other primary issue that was raised was the issue of either unclear or inconsistent definitions of neglect which can lead to inconsistent interventions, lack of clear statutes to support intervening with at-risk families, difficulty prosecuting cases of neglect and problems with assessment and referral to services. Often this concern was tied directly to the need for increased community education and an increase in the priority given to issues of neglect.

Additional issues that were raised included some concerns specifically about DHS in terms of training to assess and intervene in neglect, lack of respect for parents’ rights, returning

children to unsafe situations and inconsistent responses. Some respondents also indicated that intervening with at-risk families is a “band-aid” approach, suggesting that systemic issues of poverty, lack of living wage jobs and job training, substance abuse—particularly methamphetamines and a poor educational system are more significant issues in addressing neglect.

In terms of innovative practices being used around the state to intervene with families either at-risk or identified as neglectful, 17% of those who responded to the question reported that they did not know of any. The other responses included:

Parenting mentoring (2)  
Teen parents in foster care with their children  
Early childhood intervention—OR Commission on Children and Families (5)  
CSN (though some say, too little too late)--13  
Healthy Families 4)  
Head Start (6)  
Birth to Three (2)  
Insights Teen Parents Program  
VOA  
Family support teams (if they still exist)  
FIT team (Multnomah Co)--2  
Waiver program—continue of TANF up to 120 days if children placed as long as they follow through with service plan (Coos Co)  
SOC money  
Shepard’s Door (shelter/skill building)  
Homebuilders  
Family Development Center  
MDT approach  
Relief Nursery (3)  
CAFA (Christians addressing family abuse)  
Scar  
Success by Six  
Healthy Start (7)  
Original Family Empowerment program  
In-home services (7)  
Lane County Teen Team (may no longer be in existence)  
Kidshare (Corvallis School District)  
Service integration  
Recent laws regarding meth labs (though should “go farther”)  
CARE team Programs  
Parents as Teachers  
SOC through mental health system  
Family Youth Service Teams  
Project Bond—Building Our Capacity for Nurturing and Development (Marion County)--2  
Safe Schools/Healthy Student—Salem  
One Stop Program

40 Assets Framework (for community education)

Family Resource Network and Family Access Network (Bend)

Wrap around

Babies First through Health Dept.

Mid-Valley Partnership Early Childhood Team

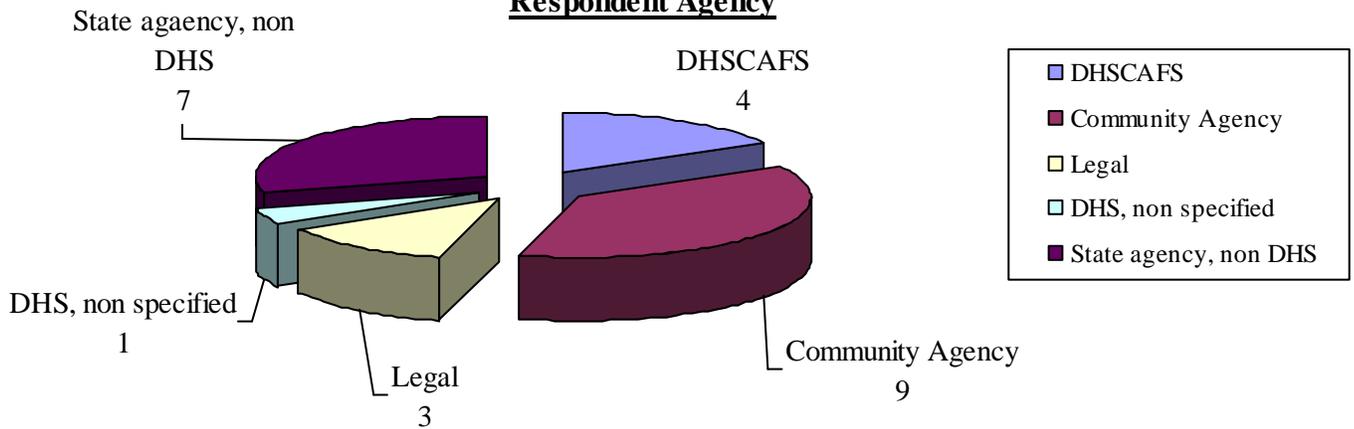
CASA—potential not fully utilized or used as best meets family needs (2)

FAST programs

**Appendix D: Children’s Justice Act Task Force Child Neglect Study**  
 Survey II Report  
 May 9, 2005

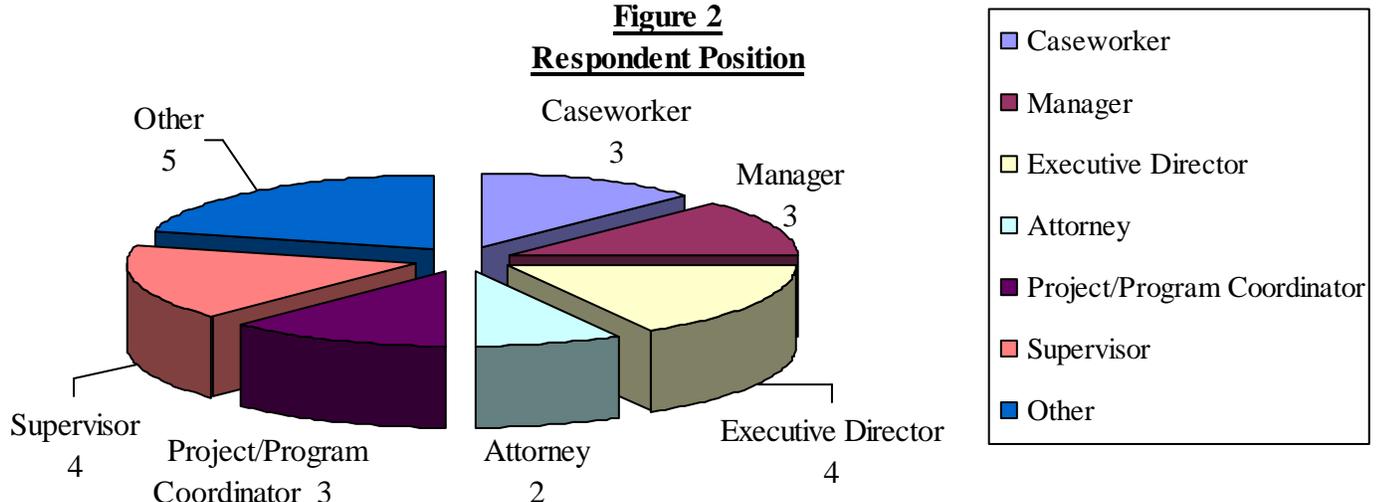
One of the first components of the CJA Task Force funded Child Neglect Study was to survey DHS child welfare and self-sufficiency staff in addition to other community agency staff who work with families who have neglected their children or are at risk for neglect. The purpose of the survey was to gather information about working definitions of neglect and to identify issues that professionals believe are most critical to address when intervening with cases of neglect. An additional component of the survey was to gather names of individuals and agencies that work with families regarding neglect so that a condensed version of the survey could also be sent to a broader group of professionals throughout Oregon. This survey report details the results of the second survey sent out to the key individuals that were identified in Survey I.

**Figure 1**  
**Respondent Agency**



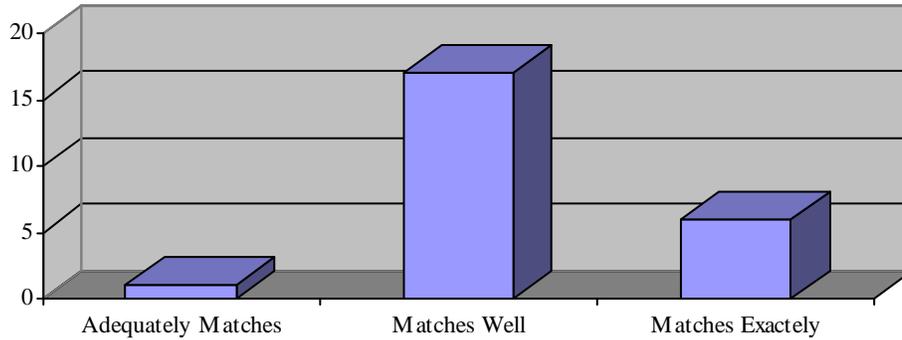
The survey was accessed through a website and took place from XXXX, 2005 to April 30, 2005. We received 24 responses to the survey from a number of types of agencies and from a variety of professionals. Figures 1 and 2 show the breakdown of agency type and position of respondents. The survey presented respondents with a definition of neglect—“Neglect is the failure to provide

**Figure 2**  
**Respondent Position**



basic physical, emotional, educational and medical needs of a child, including neglectful supervision and abandonment” and asked whether the definition matched respondents’ definition of neglect. Figure 3 presents the results of this question.

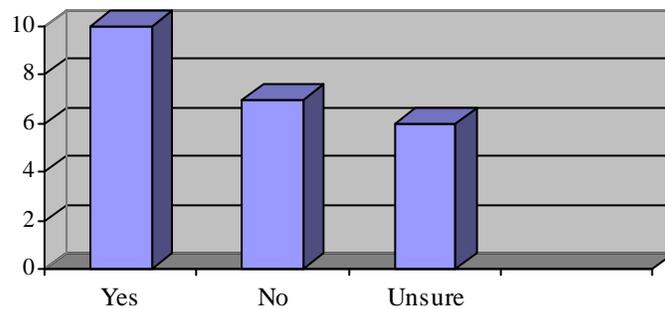
**Figure 3**  
**How Definition Matches Your Definition**



Respondents were also asked to indicate if they thought there was anything missing from the definition of neglect that was presented. A quarter of the respondents who answered this question suggested that additions be made to the definition with a number of suggestions regarding the need to specify what is meant by “basic” needs and to include nurturing, impact on children and nutritional needs in the definition.

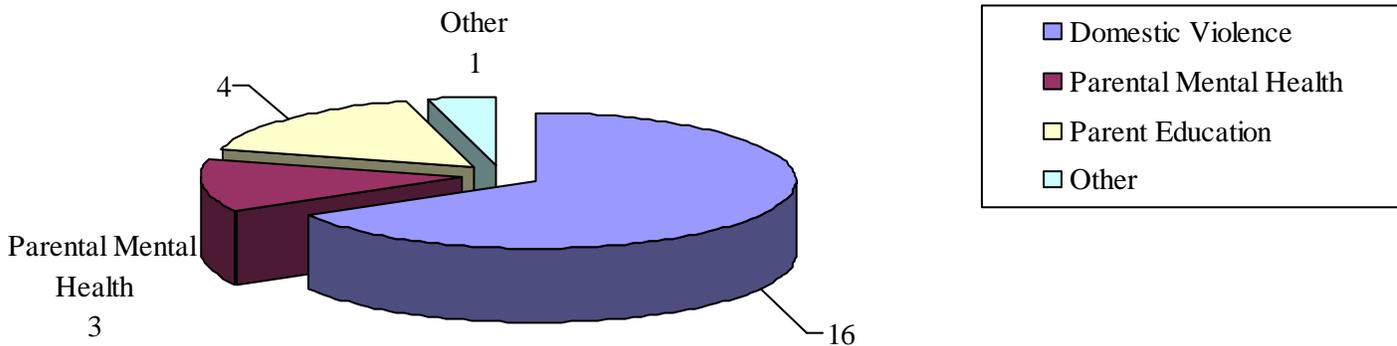
Respondents indicated whether they believed that the challenges associated with responding to neglect are the same as the challenges associated with responding to other types of child abuse with the following results (Figure 4):

**Figure 4**  
**Are Challenges the Same as Abuse?**

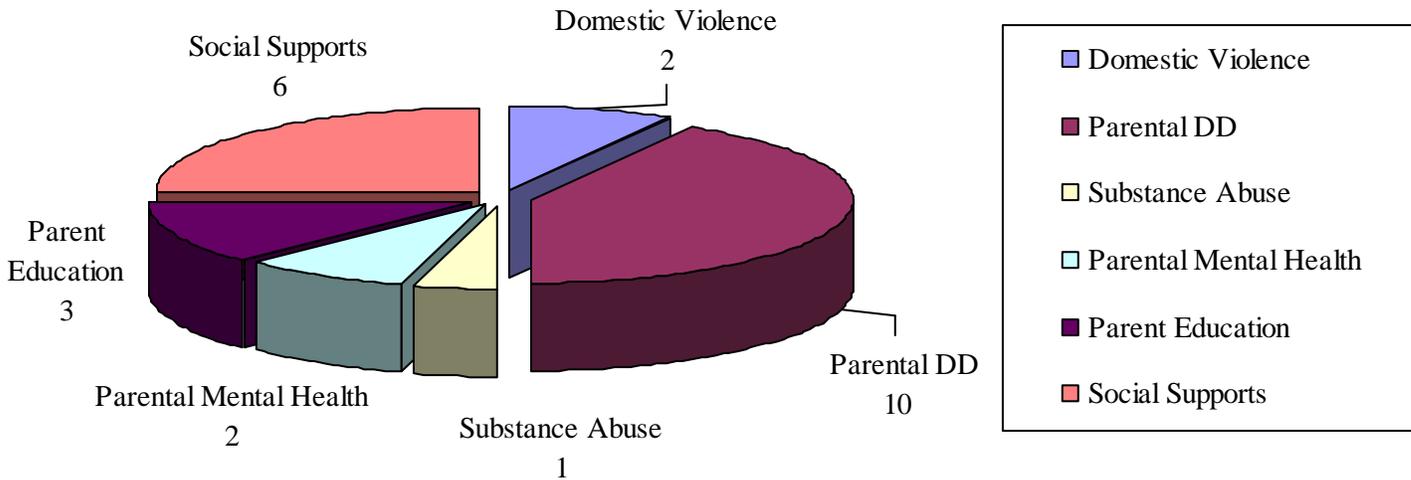


The survey also asked participants to rank the five most important issues to address in successful intervention with neglectful families. The rankings for the top three most important issues are included in Figures 5-7.

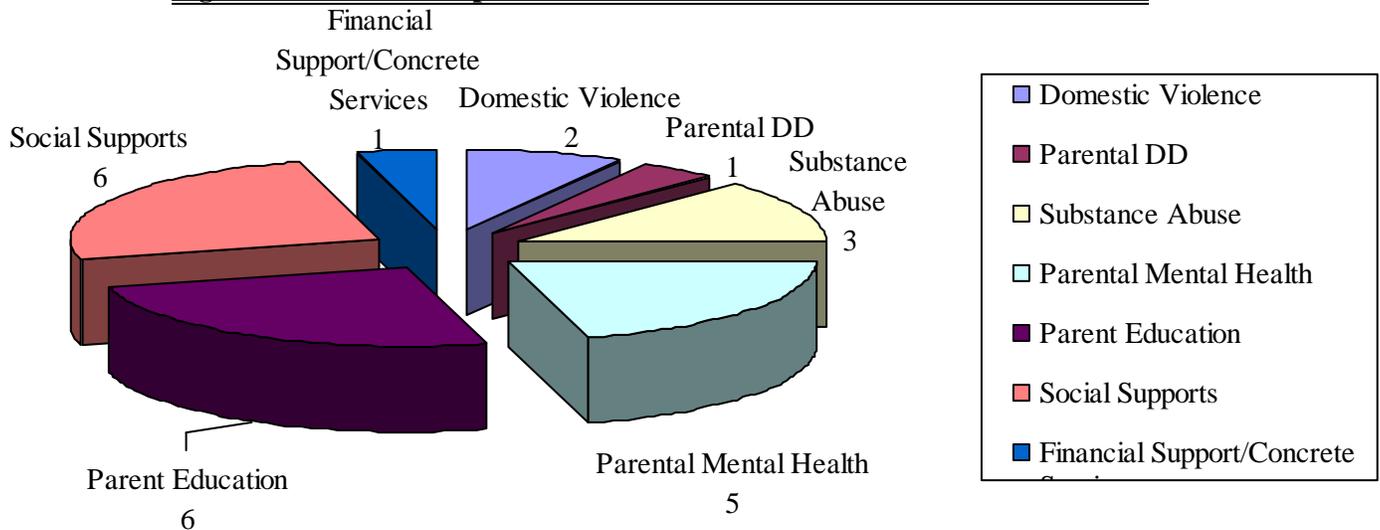
**Figure 5. 1st Most Important Issue to Address in Successful Intervention**



**Figure 6. 2nd Most Important Issue to Address in Successful Intervention**

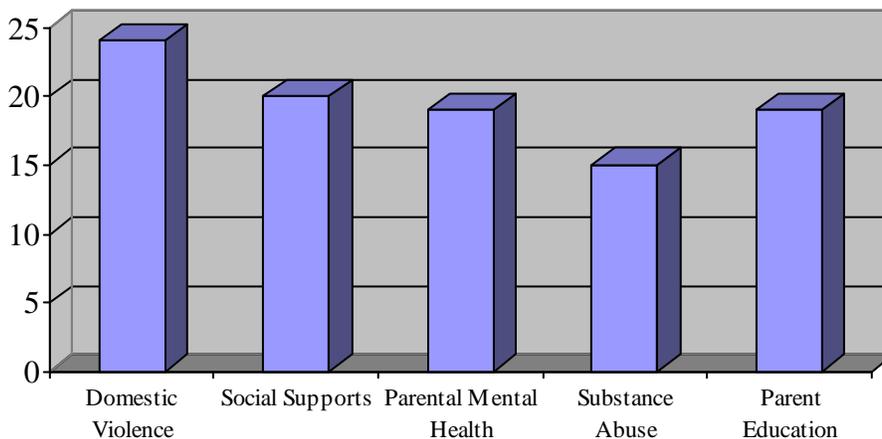


**Figure 7. 3rd Most Important Issue to Address in Successful Intervention**



The top five issues that were mentioned by all respondents are shown in Figure 8.

**Figure 8**  
**Top Five Issues Mentioned as Important Issues to Address**



In response to the question regarding challenges to addressing/intervening in neglect, two predominant themes emerged—lack of funding and resources and definitional issues regarding neglect. Within the category of funding and resources there was frequent mention of lack of funding for staffing, services such as alcohol and substance abuse and mental health services, foster care placements and tangible resources such as housing and medical insurance.

The other primary issue that was raised was the issue of either unclear or inconsistent definitions of neglect which can lead to inconsistent interventions, lack of clear statutes to support intervening with at-risk families and reluctance on the part of the community to refer suspected neglect cases. Often this concern was tied directly to the need for increased community education and an increase in the priority given to issues of neglect.

There were also concerns about lack of collaboration and communication between community agencies to provide comprehensive, consistent services, especially for clients who fall below the DHS threshold for neglect and some concern about lack of trust in the DHS/child welfare system. A number of respondents suggested that both community and professional education were important components to address the challenges mentioned.

Respondents indicated that the primary gaps in services for families coping with issues of neglect were services that were geared towards intervention with specific populations such as developmentally delayed parents and/or children, immigrant families, pregnant women, and children and adolescents. A number of suggestions were made regarding need for increased training to support early identification, the need for early intervention and prevention services and the need for long-term, mentoring programs which could provide frequent ongoing contact with families.

Participants were asked their suggestions regarding effective ways to educate professionals and the community about issues pertaining to neglect. They suggested the use of a

variety of training methods including workshops, one-to-one education, interagency cross-training, open public forums and professional mentoring. They also supported media campaigns that could reach a broad audience and community sponsored events so that the larger community could become educated about neglect and invested in helping recognize, educate and intervene in situations where neglect is an issue.

**APPENDIX E: OREGON PROGRAMS  
RECOMMENDED BY KEY INFORMANTS**

**BAKER COUNTY**

BABIES FIRST PROGRAM  
COUNTY HEALTH DEPT.  
CONTACT: LINDA HUDSON  
3330 POCAHONTAS RD.  
BAKER CITY, OR 97814

CALLING ON MOMS  
CONTACT: DANAE SIMONSKI  
1995 3RD ST.  
BAKER CITY, OR 97814

HOME LIFE SERIES  
LIGHTHOUSE CHURCH  
PO BOX 385  
BAKER CITY, OR 97814  
(541-523-2550)

INTENSIVE HOME-BASED SERVICES  
CHILD WELFARE  
1705 MAIN ST. #200  
BAKER CITY, OR 97814

SCHOOL SITE ONE STOP(SOS)/SUMMER  
FUN  
CONTACT: ALICE LENTZ  
1705 MAIN ST. #200  
BAKER CITY, OR 97814

**BENTON COUNTY**

CHILDREN'S FARM HOME  
4455 NE HIGHWAY 20  
CORVALLIS, OR 97330  
(541) 758-5900  
[WWW.TRILLIUMFAMILY.ORG/INDEX.CFM](http://WWW.TRILLIUMFAMILY.ORG/INDEX.CFM)

LOVE INC  
P.O. BOX 270  
CORVALLIS, OR 97339  
(541) 757-8111  
[HTTP://WWW.YOURLOVEINC.ORG/](http://WWW.YOURLOVEINC.ORG/)

**CROOK COUNTY**

CROOK COUNTY FAMILY EMPOWERMENT  
PROGRAM/SAFETY NET  
CONTACT: KENDRA BOND  
205 NE 4TH STREET, PRINEVILLE  
PRINEVILLE, OR 97754  
(541) 447-3260

FOR THE CHILDREN  
CROOK COUNTY CHILD ABUSE  
PREVENTION  
CONTACT: GARY WILLIAMS  
205 NE FOURTH ST.  
PRINEVILLE, OR 97754  
(541) 447-4158

**CURRY COUNTY COUNTY**

SAFE HARBOR  
CONTACT: WENDY MCDANIEL  
625 SPRUCE  
BROOKINGS, OR 97415  
(541)426-4004

**DOUGLAS COUNTY**

ADAPT  
548 SE JACKSON  
ROSEBURG, OR 0  
(541) 672-2691  
[HTTP://WWW.ADAPTOREGON.ORG/](http://WWW.ADAPTOREGON.ORG/)

**GRANT COUNTY**

FAMILIES FIRST  
401 S. CANYON BLVD.  
JOHN DAY, OR 97845  
(541) 575-1006

**HOOD RIVER COUNTY**

NEW PARENT SERVICES  
KAREN ENNS, COORDINATOR  
CONTACT: KAREN ENNS  
P.O. BOX 665  
HOOD RIVER, OR 97031

**JACKSON COUNTY**

EARLY HEAD START  
804 STEWART AVENUE MEDFORD  
MEDFORD, OR 97501  
(541) 857-9255

ELEMENTARY FOCUS GROUP  
WEST MEDFORD DHS INTEGRATED  
SERVICE TEAM  
1032 W. MAIN ST.  
MEDFORD, OR 97501

KID'S UNLIMITED  
AFTER SCHOOL PROGRAM/KIDS  
PROGRAMS  
1 E. MAIN ST. MEDFORD  
MEDFORD, OR 97501  
541-774-3900

**LANE**

CAFA CHRISTIANS ADDRESSING FAMILY  
ABUSE  
921 COUNTRY CLUB ROAD, SUITE 222  
EUGENE, OR 97401  
(541) 686-6000

OPTIONS COUNSELING SERVICES  
1255 PEARL STREET, SUITE 102  
EUGENE, OR 97405  
(541) 687-6983  
[HTTP://WWW.OPTIONS.ORG/BODY\\_INDE  
X.HTML](http://www.options.org/body_index.html)

RELIEF NURSEY OF LANE COUNTY  
1720 W. 25TH AVE.  
EUGENE, OR 97405  
(541) 343-9706  
[HTTP://WWW.HEAD-  
START.LANE.OR.US/COMMUNITY/RESOUR  
CES/RELIEF-NURSERY.HTML](http://www.head-start.lane.or.us/community/resources/relief-nursery.html)

SCAR JASPER MOUNTAIN  
1030 G. STREET  
SPRINGFIELD, OR 97477  
(541) 746-3376  
[HTTP://WWW.SCAR-JASPERMTN.ORG/](http://www.scar-jaspermtn.org/)

**LINCOLN COUNTY**

LINCOLN COUNTY CHILDREN'S  
ADVOCACY CENTER  
122 N.E. 47TH STREET  
NEWPORT, OR 97365  
541-574-0841  
[HTTP://WWW.CO.LINCOLN.OR.US/CAC/](http://www.co.lincoln.or.us/cac/)

**MALHEUR COUNTY**

LIFEWAYS  
702 SUNSET DRIVE  
ONTARIO, OR 97914  
(541) 889-9167  
[HTTP://WWW.LIFEWAYS.ORG/](http://www.lifeways.org/)

PROJECT DOVE  
BOX 745  
ONTARIO, OR 97914  
503-889-6316

**MARION COUNTY**

ROBERTS AT CHEMEKETA  
4071 WINEMA PLACE NE, BUILDING 50  
SALEM, OR 97305  
503-399-3105

FAMILY BUILDING BLOCKS  
CONTACT: SUE MILLER  
2425 LANCASTER DRIVE NE  
SALEM, OR 97305  
503-566-2132

LIBERTY HOUSE  
CONTACT: GRETCHEN BENNETT  
PO BOX 2613, SALEM  
SALEM, OR 97308  
503-540-0288  
[WWW.LIBERTYHOUSECENTER.COM](http://www.libertyhousecenter.com)

MARION COUNTY CIRCUIT COURT  
"PROJECT BOND"  
CONTACT: ELAINE MARTIN  
P. O. BOX 12869  
SALEM, OR 97309  
503-589-3278

MID-VALLEY PARTNERSHIP FOR SAFE  
SCHOOLS/HEALTHY STUDENTS  
3630 STATE STREET  
SALEM, OR 97301  
503-399-3481  
[HTTP://WWW.MVPARTNERSHIP.ORG/](http://www.mvpartnership.org/)

SILVERTON TOGETHER  
PO Box 114  
SILVERTON, OR 97381  
503-873-0405  
[HTTP://WWW.OPEN.ORG/~SILVTOG/](http://www.open.org/~silvto/)

**MULTNOMAH COUNTY**  
EL PROGRAMA HISPANO  
CONTACT: GLORIA WIGGINS  
451 NW 1ST AVE. GRESHAM  
GRESHAM, OR 97030  
(503) 669-8350  
[HTTP://WWW.CATHOLICCHARITIESOREGO  
N.ORG/503-231-  
4866/SERVICES/HISPANO.ASP](http://www.catholiccharitiesoregon.org/503-231-4866/services/hispano.asp)

CHILDREN OF INCARCERATED FAMILIES  
PORTLAND, OR 0  
(503) 378-6482, EXT. 7136

ALBERTINA KERR  
424 NE 22ND AVENUE  
PORTLAND, OR 97232  
(503) 239-8101  
[HTTP://WWW.ALBERTINAKERR.ORG/DEF  
AULT.ASPX?TABID=1](http://www.albertinakerr.org/Default.aspx?tabid=1)

EASTER SEALS/CHILDREN'S GUILD  
5757 SW MACADAM AVE.  
PORTLAND, OR 97239  
503-370-8990  
[HTTP://OR.EASTERSEALS.COM/SITE/PAGESERVE  
R?PAGENAME=ORDR\\_LOCATIONS](http://or.easterseals.com/site/pageserver?pagename=ORDR_LOCATIONS)

EMO  
CONTACT: PATTI CLOTHIER  
0245 SW BANCROFT ST., SUITE B  
PORTLAND, OR 97239  
(503) 221-1054  
[HTTP://WWW.EMOREGON.ORG/](http://www.emoregon.org/)

FAMILY AND COMMUNITY ALLIANCE  
4531 SE BELMONT SUITE 300  
PORTLAND, OR 97215

LIFEWORKS  
14600 NW CORNELL RD.  
PORTLAND, OR 97229  
503-645-3581  
[HTTP://WWW.LIFEWORКСNW.ORG/](http://www.lifeworksnw.org/)

NW CARES  
2800 N. VANCOUVER AVENUE, SUITE 201  
PORTLAND, OR 97227  
(503) 331-2400  
[HTTP://WWW.CARESНW.ORG/](http://www.caresnw.org/)

PARENTS ANONYMOUS OF OREGON  
MORRISON ADMINISTRATION 830 NE  
HOLLADAY, SUITE 125  
PORTLAND, OR 97232  
503-258-4568  
[HTTP://WWW.MORRISONCENTER.ORG/PA  
O.HTML](http://www.morrisoncenter.org/pao.html)

PARRY CENTER  
3415 SE POWELL BLVD.  
PORTLAND, OR 97201  
(503) 234-9591  
[HTTP://WWW.TRILLIUMFAMILY.ORG/IND  
EX.CFM?FUSEACTION=CONTACT](http://www.trilliumfamily.org/index.cfm?fuseaction=contact)

RELIEF NURSERIES  
8425 NORTH LOMBARD  
PORTLAND, OR 97203  
503-283-4776

SUN SCHOOLS  
421 SW 6TH AVE., SUITE 200  
PORTLAND, OR 97204  
(503) 988-4222  
[HTTP://WWW.SUNSCHOOLS.ORG/](http://www.sunschools.org/)

VOLUNTEERS OF AMERICA  
3910 SE STARK STREET  
PORTLAND, OR 97214  
(503) 235-8655  
[HTTP://WWW.VOAOR.ORG/](http://www.voaor.org/)

**TILLAMOOK COUNTY**

FAMILY YOUTH SERVICES TEAMS  
CONTACT: CHERYL JONES  
COMMISSION ON CHILDREN AND  
FAMILIES  
201 LAUREL AVE.  
TILLAMOOK, OR 97141  
(503)842-1908

**UNION COUNTY**

COMMUNITY CONNECTION  
KIDS CLUB, LA GRANDE OREGON  
104 ELM STREET LA GRANDE  
LA GRANDE, OR 97850  
[HTTP://WWW.CCNO.ORG/](http://www.ccno.org/)

INTENSIVE FAMILY SERVICES KINDRED  
SUPPORT SERVICES  
CONTACT: MARIAN GOLDBERG  
105 FIR ST. #209  
LA GRANDE, OR 97850

SHELTER FROM THE STORM  
PO BOX 173  
LA GRANDE, OR 0  
(541)963-7226

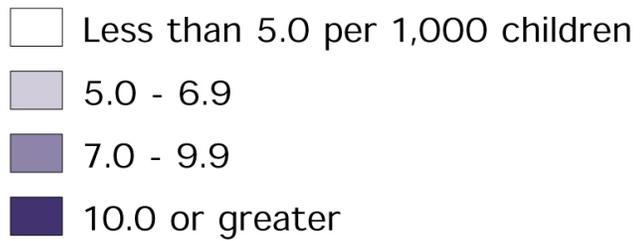
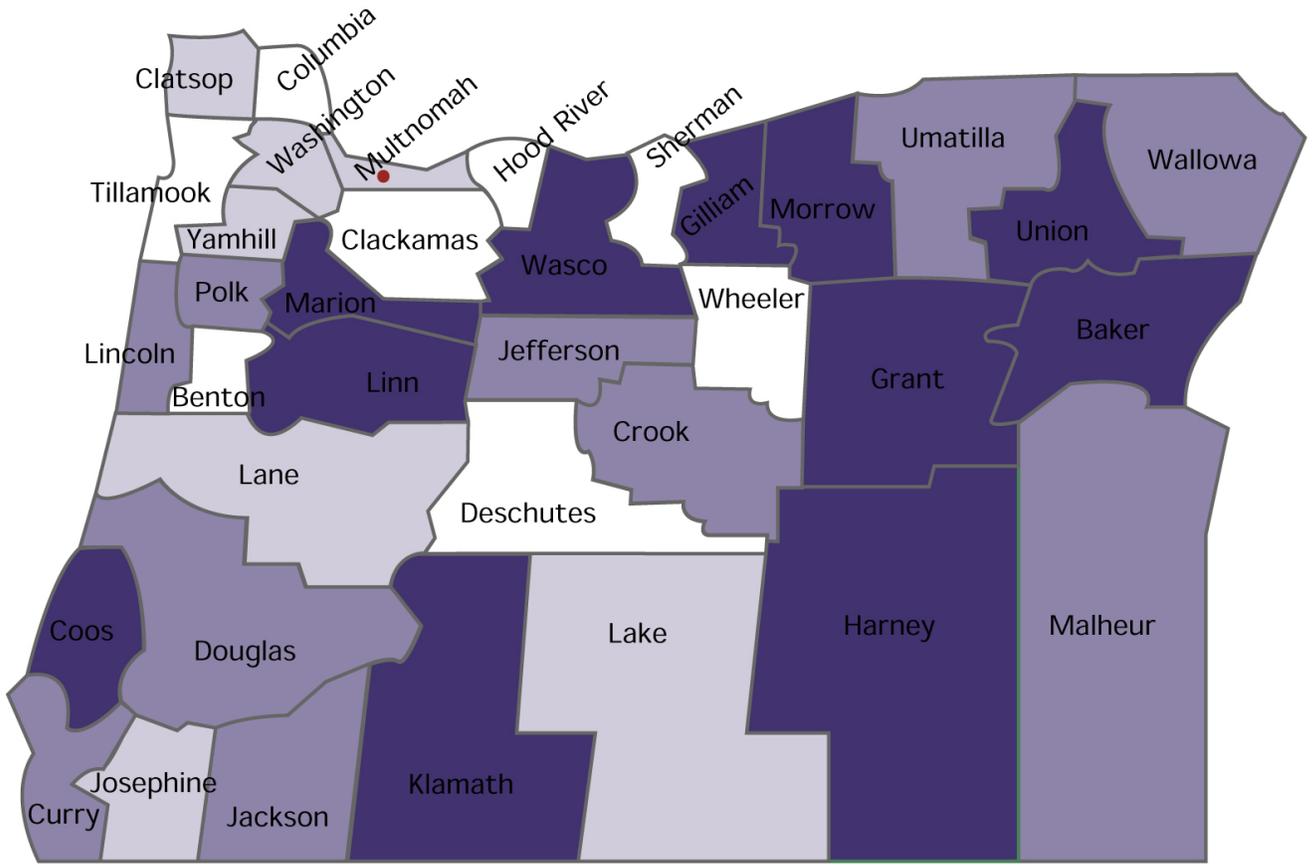
**WALLOWA COUNTY**

BUILDING HEALTHY FAMILIES/ SAFETY  
NET  
CONTACT: ANGIE LUNDE  
ENTERPRISE, OR 97828  
(541)426-9411

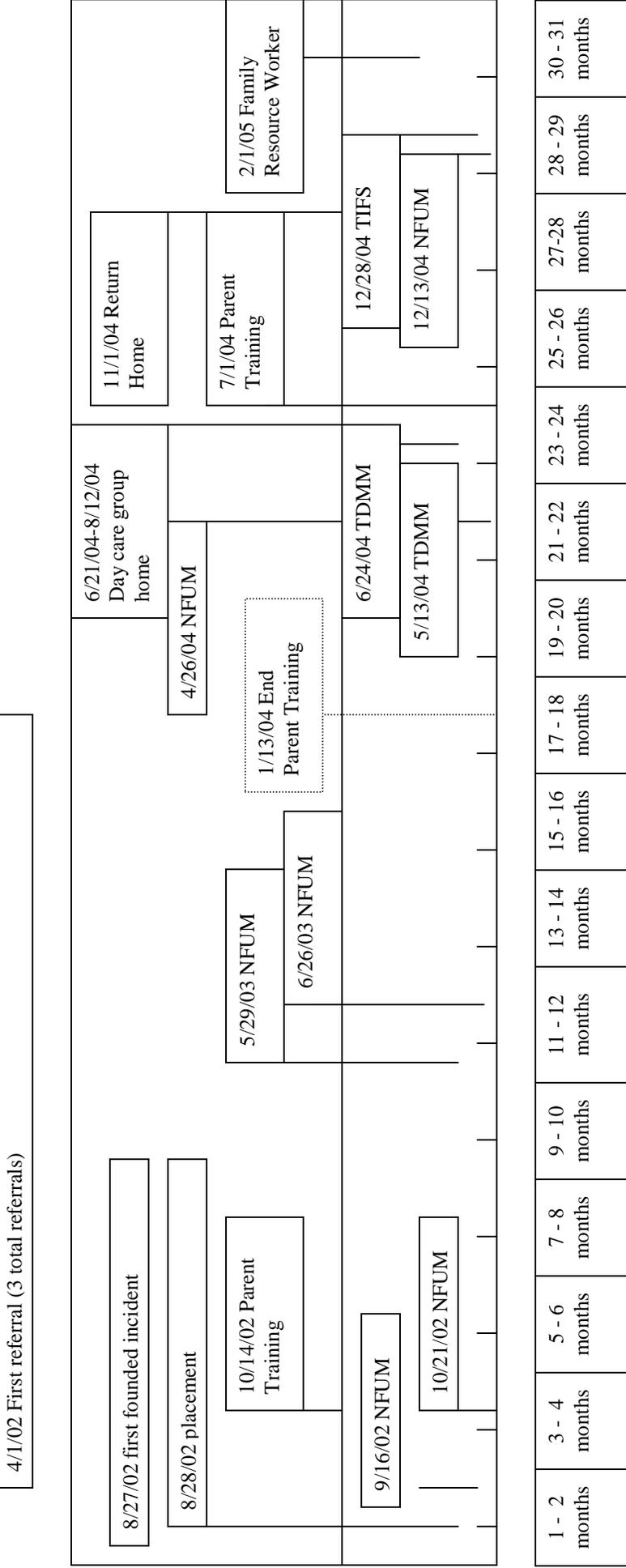
**WASHINGTON COUNTY**

NEW PARENT NETWORK  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES  
155 NORTH FIRST AVENUE  
HILLSBORO, OR 97124

**APPENDIX F: MAP OF NEGLECT AND THREAT OF HARM NEGLECT RATE AND NUMBER OF RECOMMENDED RESOURCES BY COUNTY**



## Appendix H: Flow of Typical Neglect Case for Cases with 5 or More Referrals



## Appendix H: Flow of Typical Neglect Case for Cases with 5 or More Referrals

