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Mustering Resources to Prevent Child Neglect: Reflections and Strategies

Dee Wilson

Director, Child Welfare Services, Knowledge Management

Minneapolis, MN

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CPS reports

Nationally, neglect allegations are present in more than 70% of accepted referrals; this percentage has increased in recent years.

Recipe for chronic neglect and chronic maltreatment*(neglect and physical abuse and/or sexual abuse):*

- ❖ Combine a high child poverty rate and high rate of "deep" poverty
- ❖ Add extreme income inequality
- ❖ Mix with early onset mood disorders (depression, PTSD) and low levels of educational achievement
- ❖ Top off with substance abuse and/or family violence

Other factors may contribute to this recipe:

- ❖ Porous social safety net
- ❖ Single parent family structure
- ❖ Racial bias
- ❖ Early trauma
- ❖ Ambivalent, confused attitudes regarding neglect

To what extent can neglect be prevented in a society that will not address its child poverty rate, rate of “deep” poverty and degree of income inequality?

Policy tools exist to address these issues, but use of these tools depends on political will.

Programmatic investments work best in combination with clear unequivocal social attitudes regarding parenting practices and expectations of parents.

There has been a large reduction in founded cases of sexual abuse and physical abuse since the 1990's; the reduction in child maltreatment has been recently confirmed by NIS -4.

Arguably, this decline reflects a social intolerance for sexual abuse and severe physical abuse, along with effective interventions that include law enforcement investigations.

Neglect is a nebulous umbrella concept that covers a broad range of parental omissions, for example, inadequate supervision, hygiene and medical care, failure to protect children from danger/harm and lack of nurture, to name a few.

Neglect has a devastating effect on children's development when:

- (a) poor or erratic care of infants' and toddlers' physical needs is combined with lack of nurturance
- (b) early neglect leads to a combination of cognitive impairments and serious affect regulation problems
- (c) neglect of basic physical needs is combined with psychological aggression or intimate terrorism
- (d) physical neglect is combined with active efforts to corrupt children during their school age years and
- (e) older adolescents are emancipated without concrete support or emotional support.

Public relations campaigns should be framed around these concerns, not neglect per se.

Prevention programs should be designed to promote the positive development of babies and young children in low income families and to help families with substance abuse and mental health problems and interpersonal violence obtain help.

Communities should have a means of offering help to these families before they are reported to CPS.

Prevention programs should be targeted at:

- ❖ Improving the emotional responsiveness and sensitivity of parents' interactions with babies and young children.
- ❖ *Assisting parents in entering and completing treatment programs for substance abuse , mental health and domestic violence.*
- ❖ Helping parents with poverty related services, e.g., food housing, transportation.
- ❖ *Helping children with school readiness.*

Research regarding the effectiveness of home visitation programs in preventing child maltreatment has become almost as contentious as Head Start research, with claims and counter claims based on specific studies.

David Old's Nurse Family Partnerships home visitation program has the most evidence of effectiveness from experimental studies.

Washington State's Parent – Child Assistance Program (PCAP) provides home visitation services to substance abusing women for up to 3 years.

The PCAP program has an impressive track record of preventing births of drug exposed babies, and of helping women with substance abuse problems regain custody of their children.

Home visitors should be trained to use depression screens, and to be able to talk with parents in a helpful way regarding substance abuse and domestic violence.

Chicago's Parent- Child Centers have been found in quasi-experimental studies to have an effect on substantiated maltreatment comparable to the effect of Nurse - Family Partnerships; and to reduce dependency filings by about half for children who completed the program.

Both Nurse –Family Partnerships and Chicago Parent - Child Centers:

- ❖ Are first and foremost concerned with child development or education
- ❖ *Involve families in programs and in helping relationships for several years (longer is better)*
- ❖ Have a wide range of positive effects independent of effects on child maltreatment
- ❖ *Have effects on child maltreatment, especially neglect, that are largely delayed and only identified in research years after parents have completed the programs*

❖ In contrast, parenting education programs such as Triple P or the Nurturing Program are much briefer skill based programs targeted at reducing child maltreatment by improving parent - child interactions.

❖ “Less is more” is a common refrain of evidence based practice proponents.

Prevention programs that serve children and families for several years and time limited evidence based parenting (EBPs) education programs are based on different ideas regarding how and why behavior change occurs.

EBPs aim to develop specific skills and achieve a narrow range of well defined goals.

Long term prevention programs aim to improve parental functioning broadly considered and support families in ongoing efforts to promote child development and school readiness.

Ongoing relationships and sustained parental participation are important factors in long term prevention programs.

There is some fascinating research from Canada that has found much lower rates of adolescent suicide and out of home care in communities that “have taken active steps to preserve and promote their own cultural heritage and to regain control over various aspects of their communal life.” (Lalonde, 2006)

According to Christopher Lalonde, “When communities succeed in promoting their cultural heritage and in securing control of their own collective future – in claiming ownership over their past and future – the positive effects reverberate across many measures of youth health and well – being.”

The possibility that community empowerment and tribal empowerment can lead to measurable improvements in the emotional well being of both children and adults is an exciting possibility that can inform both prevention practice and prevention research.

Role of Public Child Welfare Agencies

It has become possible in the past few years to imagine public child welfare agencies evolving from having large CPS programs (investigations, court actions) with small family support components to having large family support programs with much smaller protective service components.

Slowly but steadily, child welfare agencies in the U.S. are becoming more like publicly funded agencies in Western Europe in their commitment to voluntary family support services.

This process proceeds by fits and starts in child welfare agencies because of high profile child deaths or other perceived failures of child protection, and because of budget crises and resource deficits.

The large and steady decline in foster care around the country has provided an opportunity to accelerate this process.

Differential response (DR) is a step in the right direction, even though DR continues to depend on CPS referrals.

There is evidence from both Minnesota and Ohio that DR leads to an increase in poverty related family support services, and to small but statistically significant reductions in re-referral and out of home placement without compromising child safety.

Guidelines for Early Intervention in Child Welfare:

- Intervene earlier with emphasis on poverty related services.
- Embrace a child development perspective and child well being goals.
- Target families that can benefit from 3-6 months of skill based EBP parenting education programs.
- Collaborate with substance abuse and mental health agencies to sustain long term case management programs for parents with substance abuse and mental health problems.
- Support early childhood education programs or therapeutic child development programs for children 2-5 in low income families referred to CPS.
- Set a policy goal of eliminating intergenerational transmission of child maltreatment.



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