

Working with Families to Prevent Neglect

Diane DePanfilis

Associate Professor of Social Work

Assistant Dean for Research

Director, Institute for Human Services Policy

Co-Director, Center for Families

University of Maryland

University of Alabama School of Social Work

Colloquium Series

Tuscaloosa, September 15, 2003

Why neglect prevention?

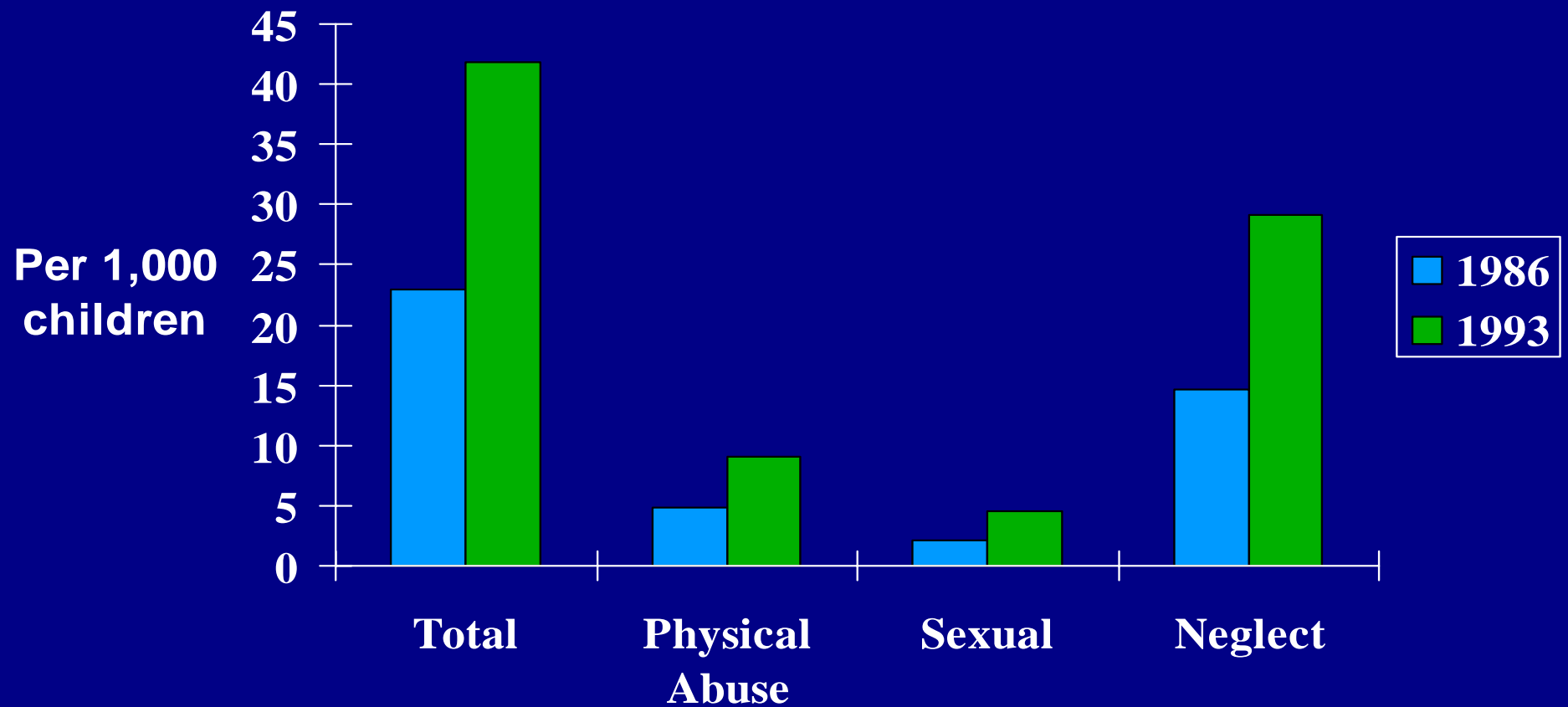
- Many families struggle to meet the basic needs of their children.
- The consequences of neglect are equally, if not more damaging than other forms of child maltreatment.
- Our mandated systems often get involved too late. We need to understand more about what models are most successful to reach and intervene with families early.



Why Child Neglect is Important

- It's common

Incidence of Child Maltreatment in the U. S. 1986 - 1993

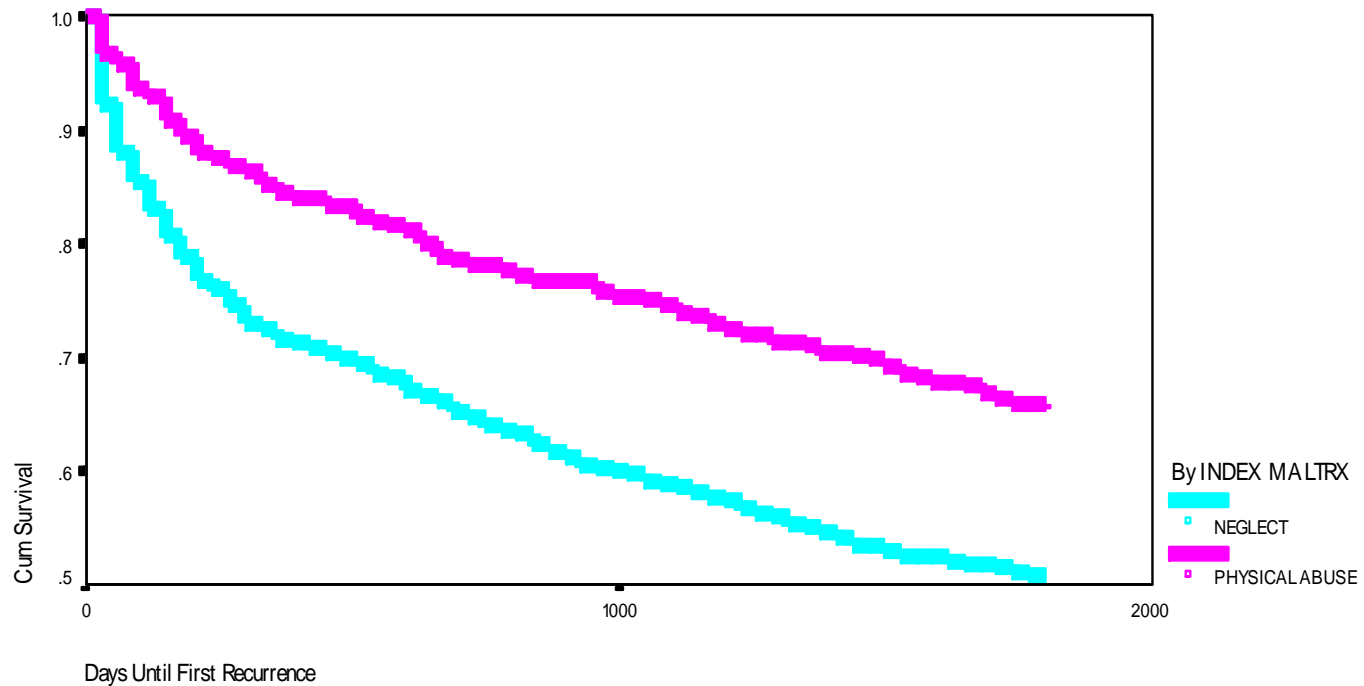


Neglect recurs more often than abuse

Comparison of recurrences over 5 years between neglect and physical abuse cases - n = 1167

Figure 17. Survival (Without Recurrence)

Over Five Years



DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.
Doctoral Dissertation. University of Maryland at Baltimore.

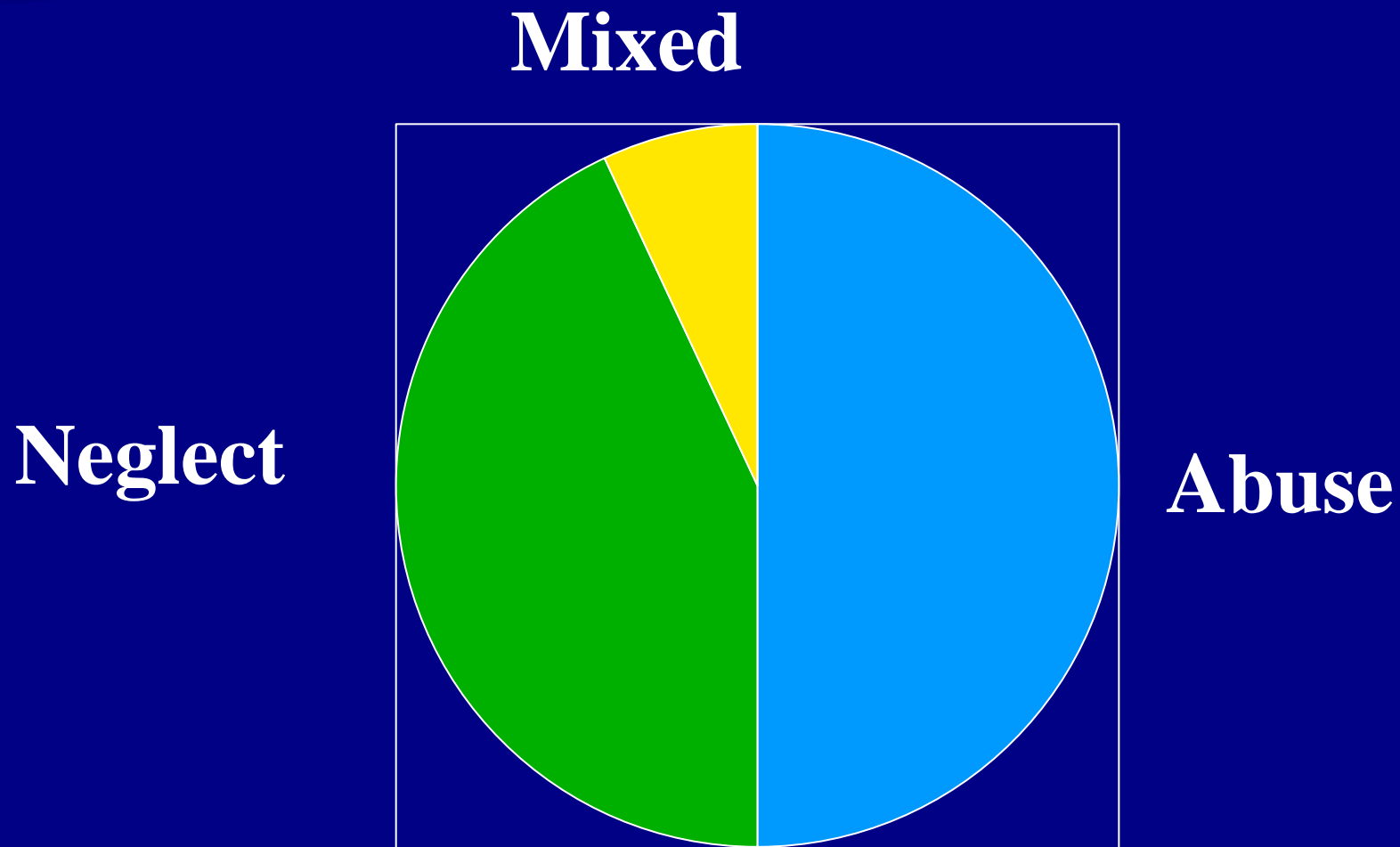
Why Child Neglect is Important

- It's common
- Serious Consequences
 - Morbidity
 - Mortality

Physical Effects of Neglect

- Injuries
- Ingestions
- Illnesses
- Dental problems
- Malnutrition
- Neurological
- Fatalities

Fatalities due to Child Maltreatment ~1,200 a year



Other Effects on:

- Cognitive development
- Emotional development
- Social and behavioral development

Purpose of Today's Presentation

- To provide a snapshot of the process of integrating research with social work practice by:
 - Illustrating the process of implementing a social work driven child neglect prevention program.
 - Describing the results of research of this effort.

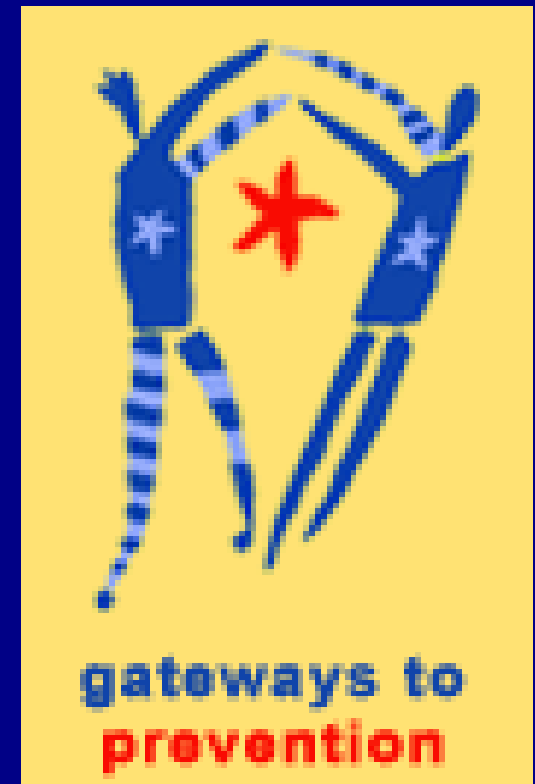
Acknowledgements

**5-year U.S. DHHS, Children's Bureau
grant to demonstrate a model
intervention to prevent child neglect.
Grant Number 90-CA 1580.**

Diane DePanfilis – PI

Howard Dubowitz – Co-PI

Esta Glazer-Semmel – Co-Pi



Overview of Program

- Family Connections, Baltimore, Maryland
 - Promotes the **safety and well being** of children and families through
 - family and community services,
 - professional education and training, and
 - research and evaluation.



A program of the
University of Maryland, Baltimore
Center for Families

History

- Developed in 1996 via a 5 year federal grant (DePanfilis –PI, Dubowitz and Glazer-Semmell – Co-PIs).
 - Advisory groups helped to design the intervention
- First services provided in 1997
- Other support over time via CSAP, BCDSS, MD Children's Trust Fund, DHR, Title IVE

What conditions do children experience in West Baltimore?*

- **Poverty** – up to 58% of children live in poverty.
- **Truancy** – 39% miss > than 20 days/year.
- **Child abuse & neglect** – 39 per 1000 children.
- **Juvenile arrest rates** – 130 per 1000 children.
- **Teen pregnancy** – 16% of females ages 10-17 give birth.

*Baltimore City Data Collaborative, 2001

What Contributes to Neglect?

Risk and protective factors interact across four levels:

- (1) the individual level
- (2) the family microsystem
- (3) the exosystem
- (4) the social macro system (Belsky, 1980)

How we define child neglect -

Shapes our prevention strategies

Child neglect: Proposed definition

- **Child neglect** occurs when a child's basic need is not adequately met
- **Basic needs** include: adequate food, clothing, health care, supervision, protection, education, nurturance, love, & a home

Forms of Neglect

- **Physical** – inadequate:
 - Health care: medical, dental, mental health
 - Nutrition: hunger, failure to thrive, obesity
 - Hygiene
 - Clothing
 - Home
- **Psychological** – inadequate:
 - Nurturance, warmth, affection, guidance
 - Supervision, monitoring, support

Forms of Neglect

■ Educational

- Not enrolled
- Poor attendance, truant
- Special ed. needs not met

■ Environmental

- in home: safety hazards, smoking, DV, guns
- In home: sanitation, health hazards
- out of home: car safety restraints, crime & violence in neighborhood

Guiding Principles to Increase Capacity & Reduce Risk

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths-based
- Cultural competence
- Outcome-driven service plans

Study Objective

- To examine the relationship between length of service & child & family outcomes of a community-based project to help families prevent neglect

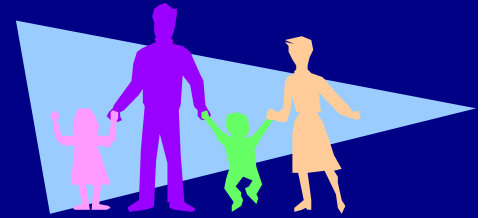
Research Question 1

- **Is there change over time in:**
 - **risk factors?**
 - **protective factors?**
 - **child safety & well being?**

Research Question 2

- **Does length of services affect change over time in:**
 - risk factors?
 - protective factors?
 - child safety & well being?

Target Population



- **West Baltimore Empowerment Zone**
- **At least one child 5 - 11 years in the household**
- **Presence of > 1 risk factor**
- **No current CPS involvement**
- **Voluntary**

Caregivers

- 154 families
- 86% African American
- Mean age: 39 years
- 98% female
- 58% unemployed
- 5% married, 65% never married, 30% separated, divorced, or widowed
- 62% < high school

Children

- Average no. of children per family: 3
 - 31% > 3 children
- Mean age = 9 yrs.(1 month - 21 yrs)
- 49% female
- Relationship to caregiver
 - 78% children
 - 14% grandchildren
 - 8% other relative

Intervention: Random Assignment

3-Month Intervention

- Emergency assistance
- Home based counseling services
- Family Assessment
- Referrals for other services if indicated
- Service coordination and facilitation

9-Month Intervention

- Emergency assistance
- Home based counseling services
 - Family Assessment
 - Outcome driven service plans
 - Service Referrals
- Service coordination and facilitation

Social work interns followed an intervention manual to deliver services to both groups.

Data Collection Methods

- **Computer Assisted Self-Interview**
 - **Baseline**
 - **Case closure**
 - **6-month follow-up**
- **Standardized self-report & observational measures**
 - **At 30 days; 3 & 6 months, & at closure**
 - **Intern driven → integrated with intervention**

Constructs in this Analysis

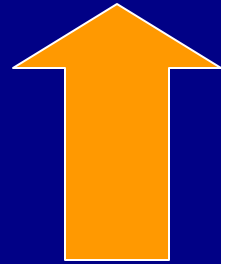
Decrease Risk Factors:

- Caregiver depression
- Parenting stress
- Life stress



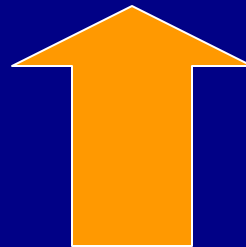
Enhance Child Safety

- CPS reports
- Physical Care
- Psychological care



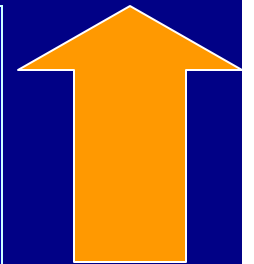
Enhance Protective Factors:

- Parenting attitudes
- Parenting competence
- Family functioning
- Social support



Enhance Child Well-Being

- Child behavior



Data Analysis

Repeated Measures Analysis

1. Assess change over time

Baseline → Closing → 6-month F/U

2. Comparison of length of service

- 3 vs. 9 months

Results: Risk Factors

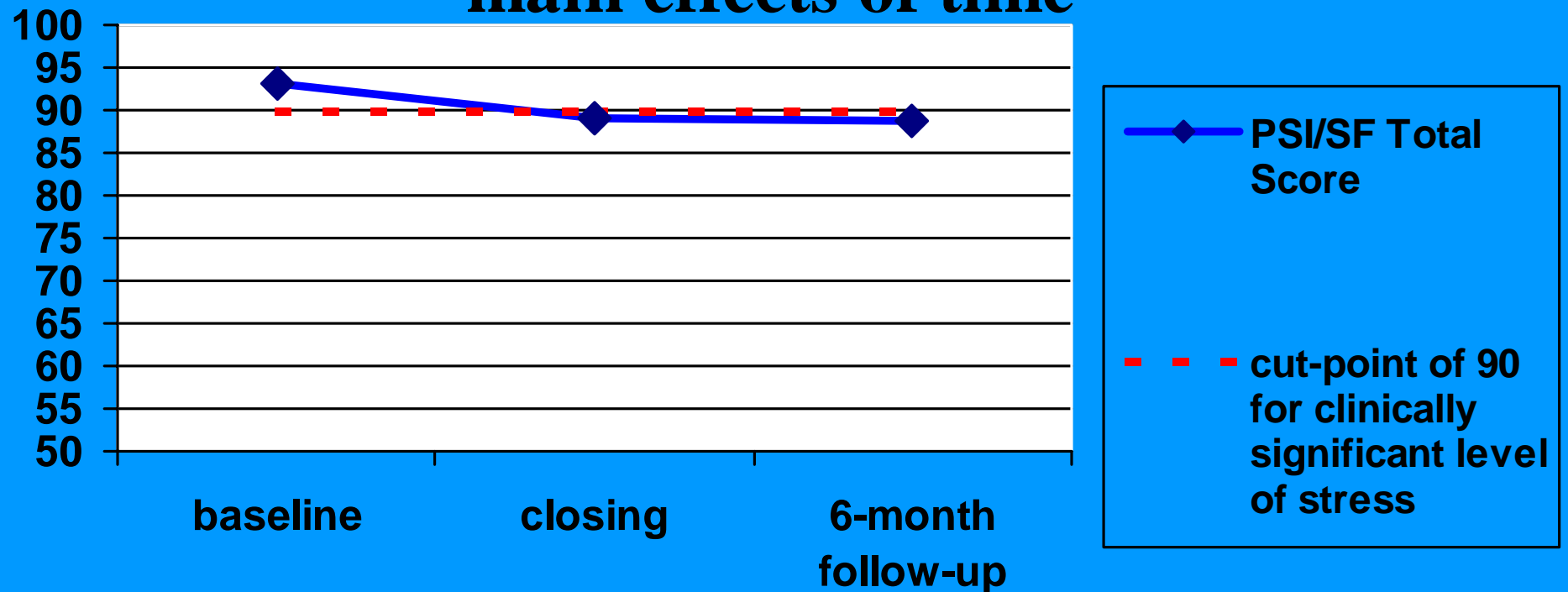
- **Comparing caregivers**
baseline to 6 months post intervention,
statistically significant ↓ in:

- **Risk Factors**

- Caregiver depressive symptoms
- Parenting stress
- Life stress

Results: Parenting Stress

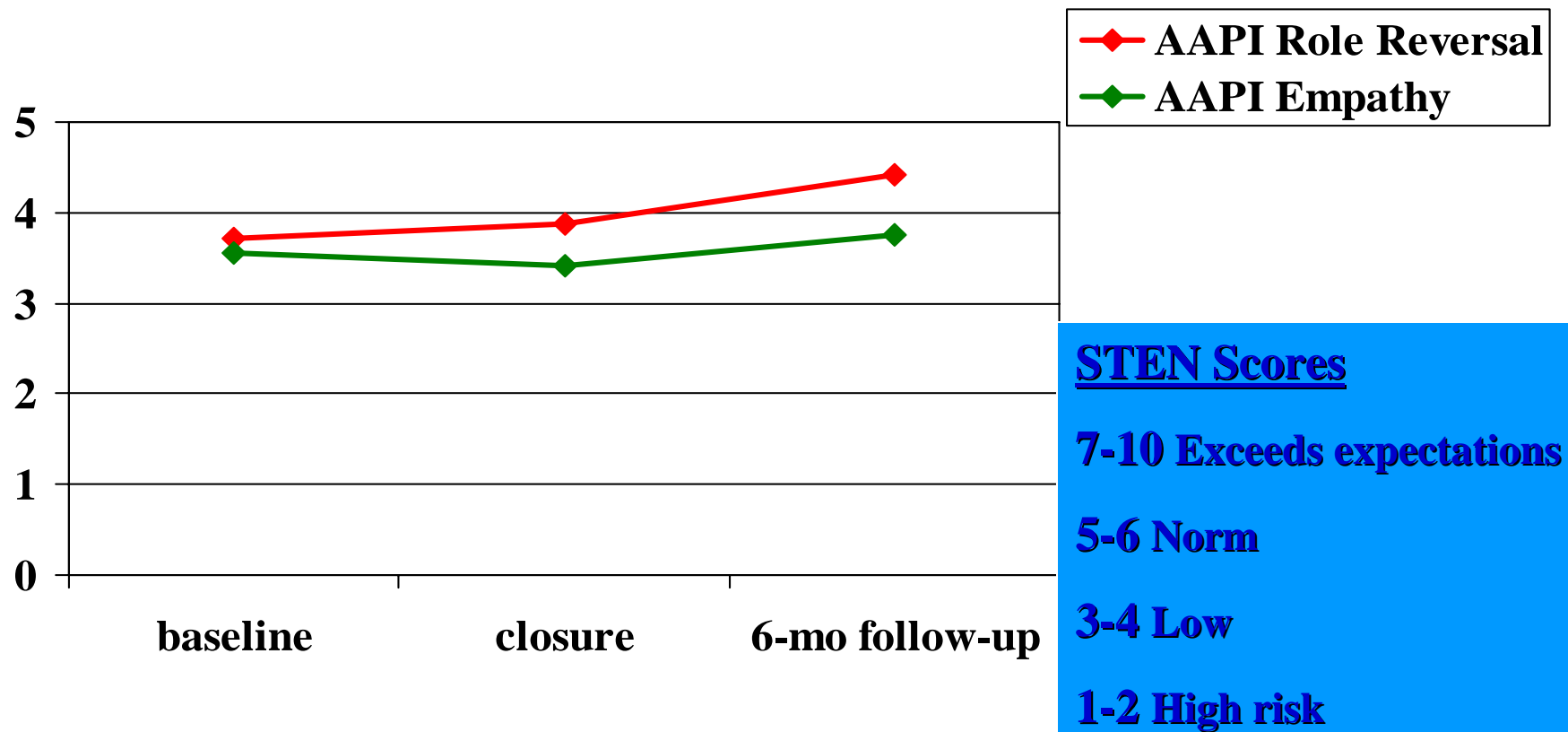
Parenting stress total score: Significant main effects of time



Results: Protective Factors

- **Comparing all families**
baseline to 6 months after intervention,
statistically significant ↑ in:
 - **Protective Factors**
 - Parenting attitudes
 - Parenting satisfaction
 - Social support

Results: Parenting Attitudes (N=125)



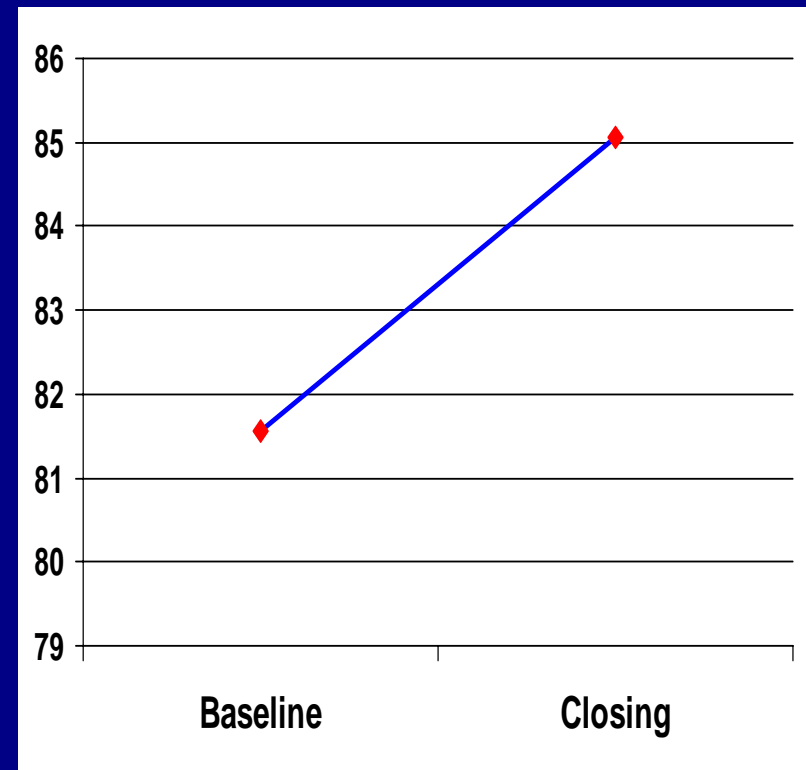
Results: Child Safety

- Significantly Improved **Physical Care**
 - Household furnishings
 - Overcrowding
 - Household sanitation
- Significantly Improved **Psychological Care**
 - Mental health care
 - Caregiver teaching stimulation of children
- ↓ **CPS reports** & CPS indicated reports

Child Safety: Physical Care

■ Household Sanitation*

- Measure: Child Well-Being Household Sanitation subscale
- Score:
 - 100 = Adequate
 - 71 = Mildly inadequate
 - 38 = Moderately Inadequate
- Score **increased from baseline** (M= 81.57) to **Closing** (M= 85.05, p= .038)

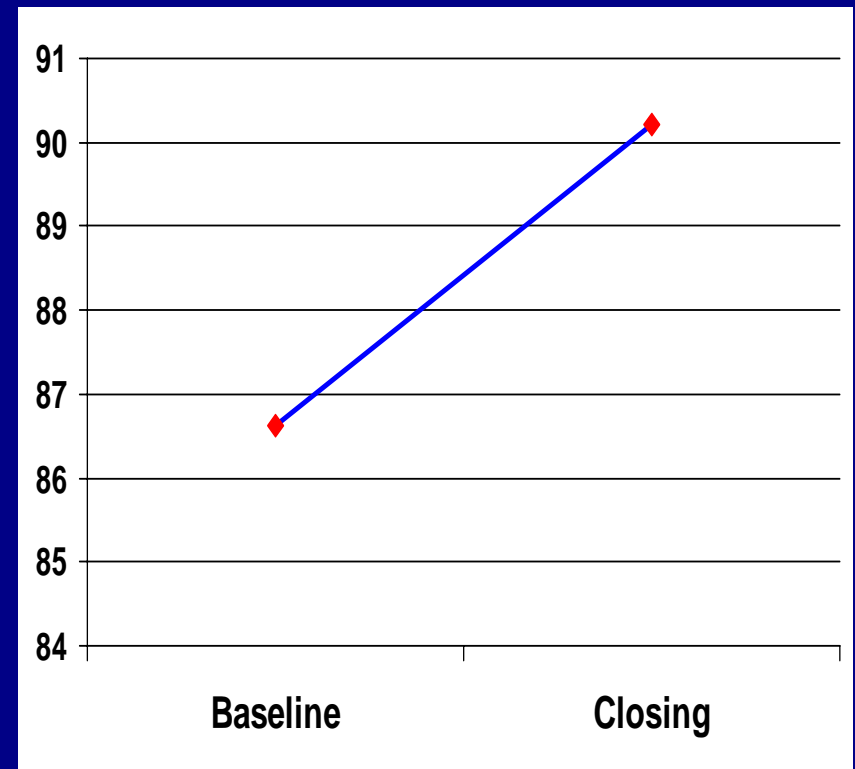


*N= 100; 3 mos= 50; 9 mos= 50

Child Safety: Psychological Care

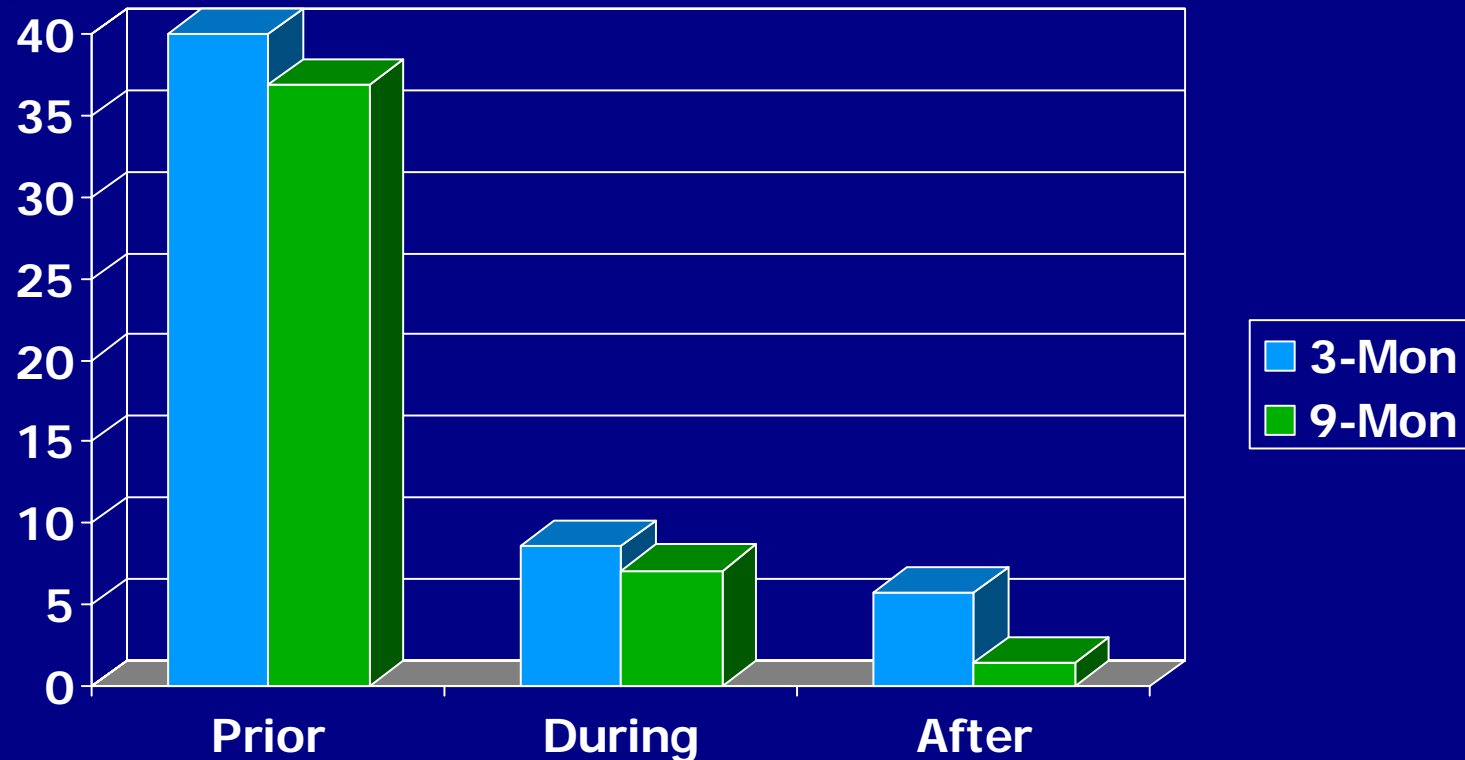
■ Caregiver Teaching/Stimulation of Children*

- Measure: Child Well-Being Teaching/Stimulation of Children subscale
- Score:
 - 100 = High activity
 - 84 = Moderate activity
 - 70 = Passive approach, some deprivation
- Score **increased from baseline** (M= 86.63) to **Closing** (M= 90.21, $p= .004$)



*N= 60; 3 mos= 33; 9 mos=27

Child Safety: Indicated CPS Reports

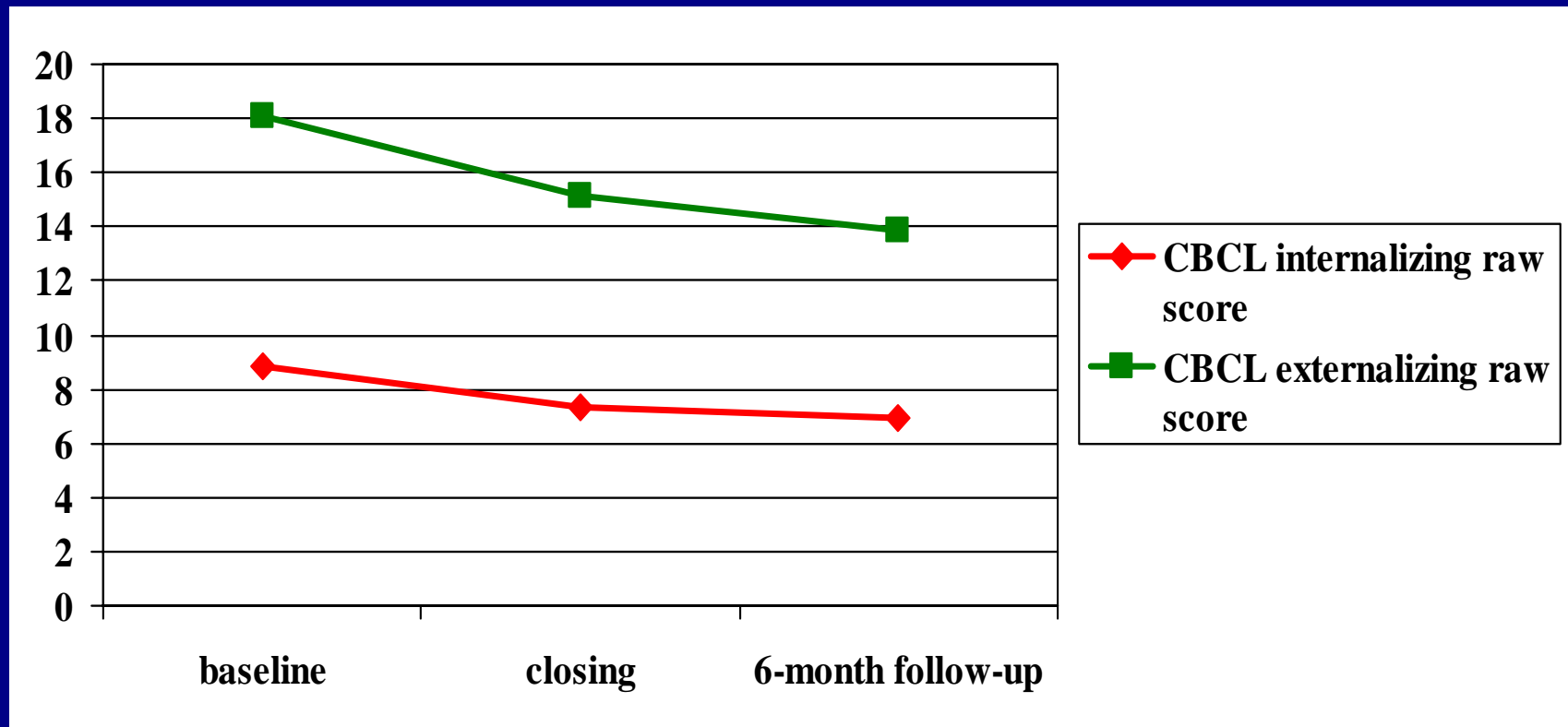


- **No significant treatment group differences. Logistic regression to determine whether length of service predicted status of CPS reports - NS.**

Results: Child Well Being

- **Comparing families**
baseline to 6 months after intervention,
statistically significant ↓ in:
 - **Overall behavior problems**
 - **Internalizing behavior problems**
 - **Externalizing behavior problems**

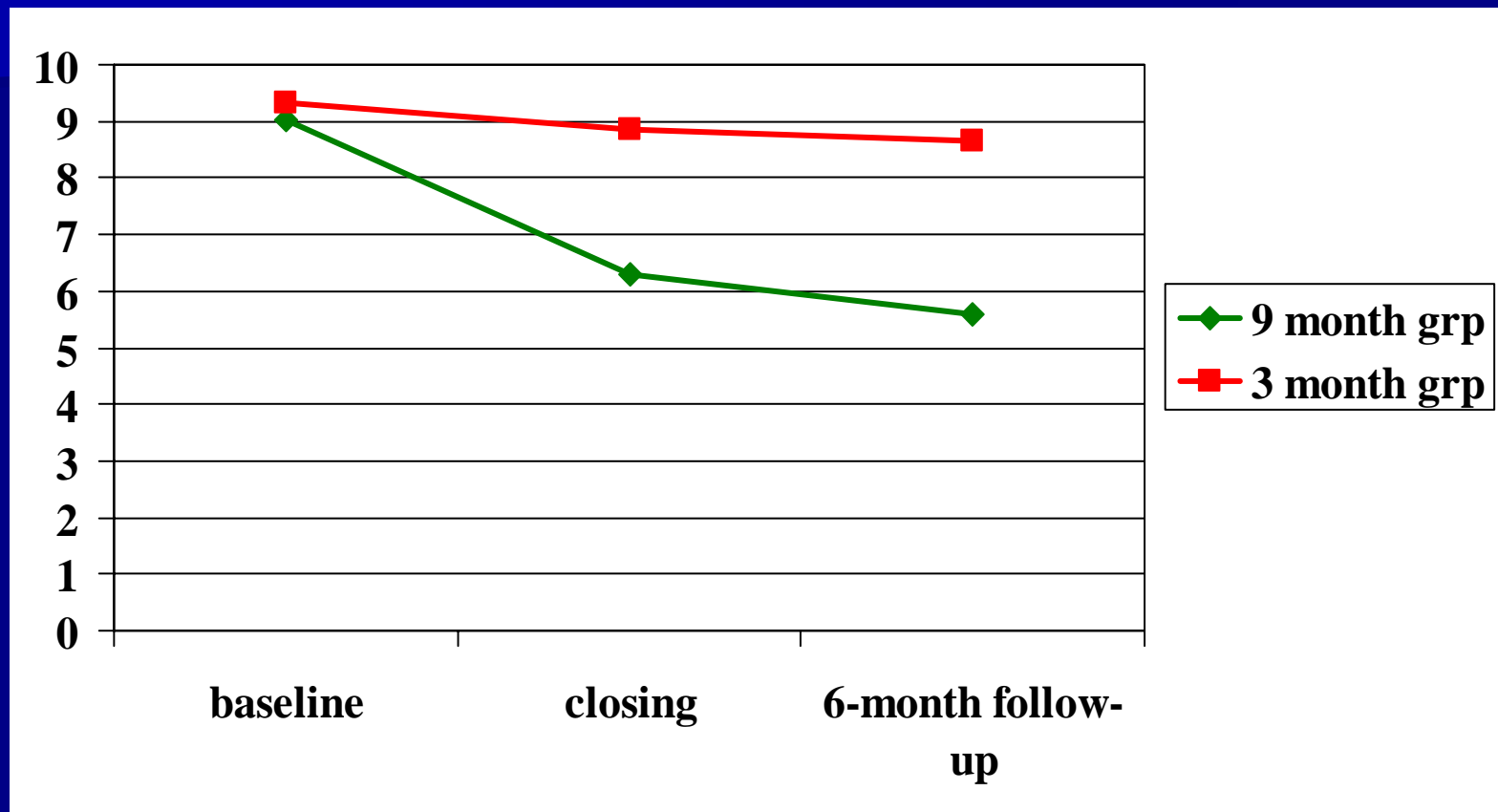
Child Behavior: Internalizing and Externalizing Behavior – Main Effects of Time (N=111)



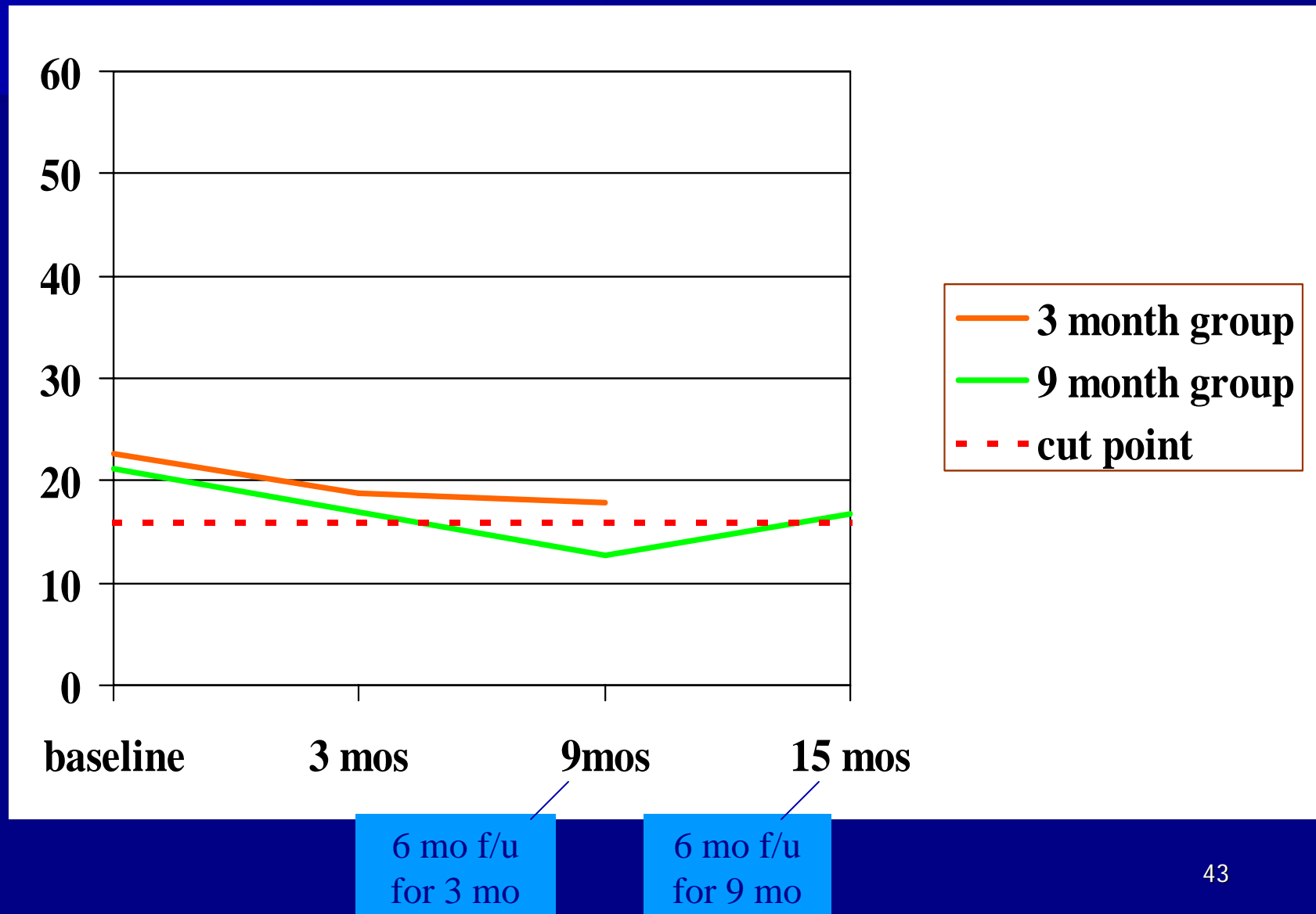
Results: 3 vs. 9 Month Group Comparison

- 9 month intervention demonstrated greater improvement than the 3 month group in:
 - Child behavior
 - Caregiver depressive symptoms
- No differences between groups in other domains (eg, parenting stress, life stress, parenting attitudes, social support, household safety)

Child Behavior: Internalizing Behavior (N=111)



Depressive Symptoms (N=125)



Limitations

- Relatively small sample
- Intervention delivered mostly by MSW interns
- Questions about fidelity of intervention
- Short follow-up (6 months)

Conclusions

Intervention helped:

- Reduce Risk Factors
 - depressive symptoms
 - parenting stress
 - life stress
- Increase Protective Factors
 - parenting attitudes & satisfaction
 - social support

Conclusions

- Results suggest improved targeted outcomes:
 - **Child Safety**
 - housing problems
 - mental health care
 - parental teaching of children
 - **Child Well Being (Behavior)**
 - externalizing & internalizing behavior problems
- Most positive effects endure 6 months after case closure.

Conclusions

- 9 mos. intervention more effective than 3 mos.
 - Child behavior
 - Caregiver depressive symptoms
- No group differences in other domains
(eg, parenting stress, life stress, parenting attitudes, social support, household safety).

Conclusions

- Family Connections appears to be a promising model intervention
- Promoting caregiver & child functioning
- Helping ensure children's basic needs are met
- Helping preventing child neglect

Recent Milestones

- 2002 – Two published papers:
 - DePanfilis, D., Okundaye, J., Glazer-Semmel, E., Kelly, L., & Swanson-Ernst, J. (2002). Principles of the strengths perspective: Views from families and providers. *Family Preservation Journal*, 6(2), 1-14.
 - Harrington, D., Zuravin, S. J., DePanfilis, D., Dubowitz, H., & Ting, L. (2002). The Neglect Scale: Confirmatory factor analysis in a low-income sample. *Child Maltreatment*, 7, 359-368.

Milestones

- 2003 – Recognized as “demonstrated effective” by the U.S. DHHS, Children’s Bureau. Only program recognized in this category among all programs nominated nationally.
- 2003 – Program Funding announcement from the U.S. DHHS, Children’s Bureau to replicate “demonstrated effective” programs.
 - This year up to 8 other programs nationally may be awarded 5-year grants to replicate Family Connections.

What Next?

- Replication of the program with different target populations in different geographic locations.
 - DHHS, ACYF Funding Announcement Priority area 2003D.1 Replication of Demonstrated Effective Practices in the Prevention of Child Abuse and Neglect.

DOWNLOAD A COPY OF THIS PRESENTATION and other materials at: <http://www.family.umaryland.edu>

Family Connections Home Page - Microsoft Internet Explorer

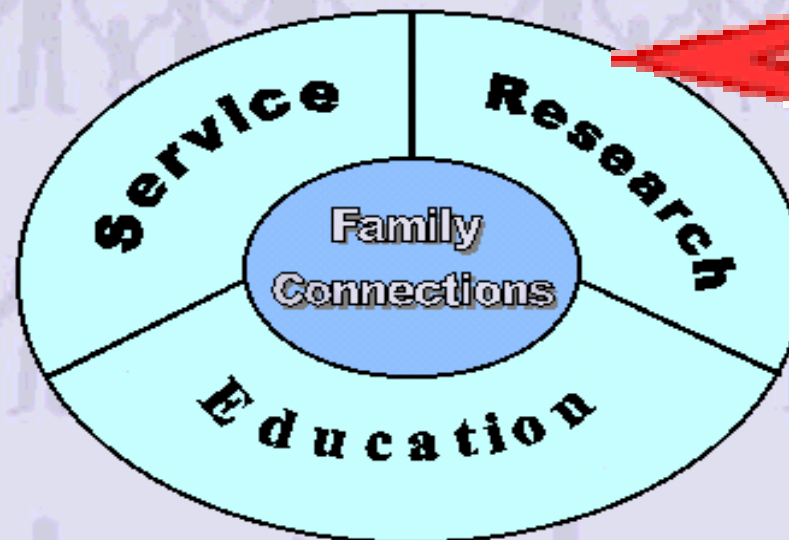
File Edit View Favorites Tools Help

Family Connections
Families & Communities Working Together
Combining Service, Education, and Research to promote safety and well being for children, families, and communities.



School of Social Work

Click on Research
Click on PowerPoint Presentations



[Who We Are](#)
[What We Do](#)
[Connections Magazine](#)
[Martin Luther King Award](#)

[Refer](#)
[Newsletters](#)
[Brochure](#)
[Recent Annual Report](#)
[Donations Accepted](#)

Many of the documents at this site are in PDF format. The Acrobat Reader is required to view them. The

Portions of this presentation have been previously presented at:

- 7th Annual Conference of the Society for Social Work and Research, Washington, DC, January 16-19, 2003
- 17th Annual San Diego Conference on Child and Family Maltreatment. San Diego, February 3-7, 2003
- 11th Annual Meeting of the Society for Prevention Research: Research to Policy. Washington, DC, June 11-13, 2003

Portions of this presentation have been previously presented at:

- 8th International Family Violence Research Conference, Portsmouth NH, July 2003
- IASWR & CDC Invitational Meeting: **Social Work Contributions to Public Health, Bridging Research and Practice in Violence Prevention and Treatment: Lessons from Child Maltreatment and Family Violence, Atlanta, July 9, 2003**

References

- Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist: 4-18 and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Abidin, R.R. (1995). *Parenting Stress Index (3rd ed.)*. Odessa, FL: Psychological Assessment Resources, Inc.
- Bavolek, S. (1984). *Adult-adolescent parenting inventory*. Schaumburg, IL: Family Development Associates.
- Dunst, C.J., Trivette, C.M. and Deal, A.G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA; Brookline Books.
- Gibaud-Wallston, J., & Wandersman, L. (1978). *Development and utility of the Parenting Sense of Competence Scale*. Paper presented at the meeting of the American Psychological Association, Toronto.

References (cont'd)

Hall, L.A., Williams, C.A., & Greenberg, R.S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health, 75*, 518-522.

Johnston, C. & Mash, E.J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology, 18*, 167-175.

Magura, S. & Moses, B.S. (1986). *Outcome Measures for Child Welfare Services*. Washington, D.C: Child Welfare League of America.

Radloff, L.S. (1977) The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

Robins, L., Helzer, J., Cottler, L., & Goldring, E. (1989). *NIMH Diagnostic Interview Schedule – Version III – Revised (DIS-III-R)*. Bethesda, MD: National Institute of Mental Health.

Russell, D. & Cutrona, C. (1984). *The Social Provisions Scale*. Unpublished manuscript, University of Iowa, College of Medicine, Iowa City.