

# Working with Families to Reduce the Risk of Neglect

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# Why is this important?

- Child neglect is the most common form of child maltreatment reported to public child protective services agencies.
- Even though its consequences are equally, if not more damaging, we know less about the assessment and treatment of neglect than about other forms of child maltreatment.

# AGENDA

- What is neglect?
- What contributes to it?
- What principles should drive our response?
- How should we assess families?
- What outcomes drive our help?
- What strategies are most helpful?
- How can we measure achievement of outcomes?

# Standard Definition of Neglect

- Omission in care
- By parent or caregiver
- Causing significant harm
- Or, *risk* of significant harm
- Excluding situations due to poverty

# Why do we want to define child neglect?

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To protect children  
& improve their well-being

*NOT*

to blame parents

# Child neglect: Proposed definition

- **Child neglect** occurs when a child's basic needs are not adequately met.
- **Basic needs** are: adequate food, clothing, health care, supervision, protection, education, nurturance, and a home.

# Advantages of a Child-focused, Broad Definition

- 
- Fosters a comprehensive view of causes of neglect
  - Encourages consideration of a broad array of interventions
  - Fits with our broad mandate for the health & well-being of children

# Three levels of response to child neglect

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- Community interventions
  - Child Protective Services
  - Judicial system

# How severe is the neglect?

- How inadequate is the care?
- Actual harm
- Potential harm

# Assess harm or risk of harm

## Potential harm

- Knowledge of child's condition, eg, asthma)
- Common sense, values:  
eg, hunger, homelessness
- Epidemiological data: eg, car seats

## Actual harm

- Can harm be attributed to lack of care?

# Is there a pattern of neglect?

- Over time, chronicity
- With different subtypes of neglect

If the adequacy of care is a  
continuum from excellent to  
terrible,

where does one draw  
the line & consider the  
child neglected?

# Assessing the adequacy of care

- Assess the quantity & quality of care
- Assess the harm or risk of harm
- Assess the link between harm & lack of care

# Assess quantity & quality of care

## Food

**Observation:** home, behavior, growth

**History:** from child, parent, others, hunger, diet recall, lack of food

# Assess quantity & quality of care

## Health Care

Primary pediatric care

Have problems been identified?

Have problems been adequately treated?

# Assess quantity & quality of care

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## Safety

**Observation:** injuries, home, neighborhood

**History:** child, parent, others, car seats, medications, guns, etc.

# Assess quantity & quality of care

## School

Enrolled, attendance

Have problems been identified?

Have problems been adequately addressed?

# Assess quantity & quality of care

Nurturance, love

Observation: parent-child interaction, parent's interest in child

History: child, parent, others

If neglect is identified,

the contributors need to  
be clarified

&

this understanding  
guides our  
intervention.

# Risk & Protective Factors - Child

- Demanding \*
- Unclear cues
- Teen denial

- Pleasing
- Communicates well
- Cooperative

# Risk / Protective Factors - Caregivers

- Depression \*
- Cog. limited
- Ignorance
- Drugs/alc. \*
- Low motivation

- Healthy
- Bright
- Well informed
- Motivated

# Risk / Protective Factors - Family

- Disorganized
- Poor communication \*
- Many kids
- Conflict \*
- Isolated

- Good problem solving
- Good communication \*
- Love, respect
- Good support

# Risk & Protective Factors - Environment

- Poverty
- Culture
- Religion

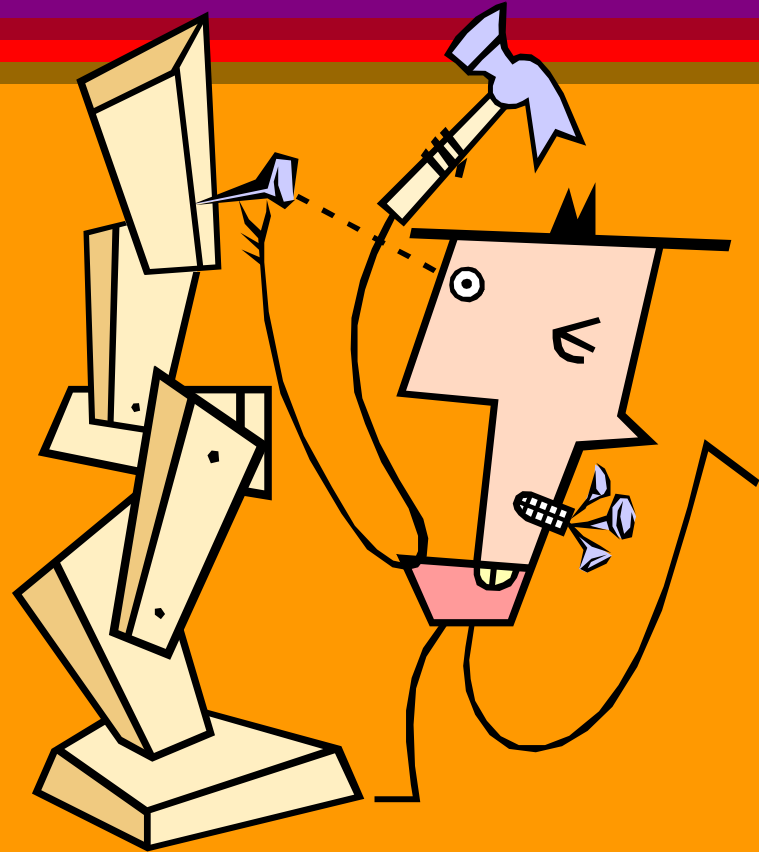
- Adequacy resources
- Culture
- Religion
- Other support

# Principles for Working with Families to Reduce Risk

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

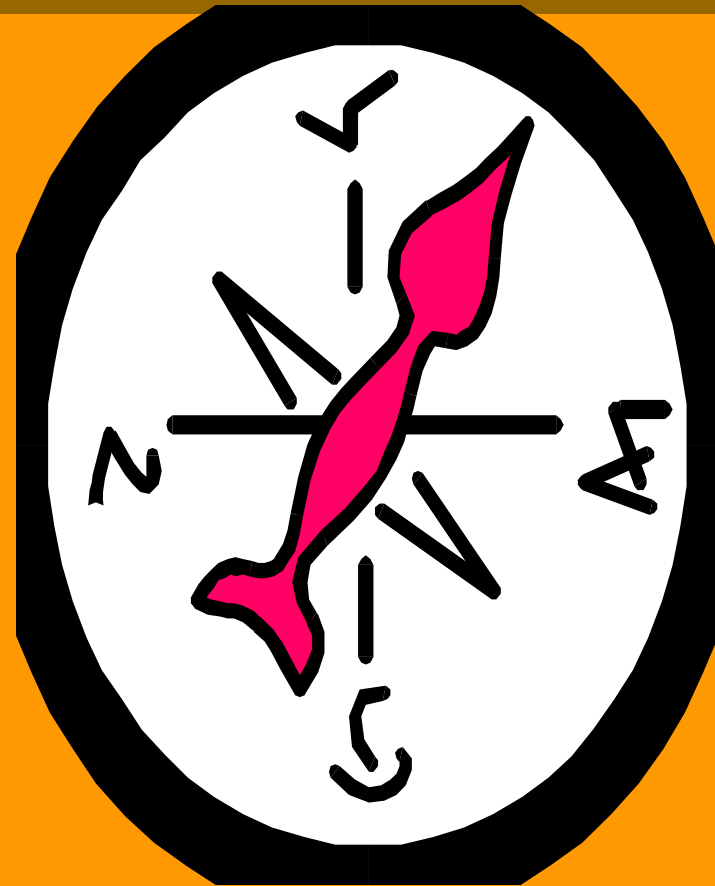
# Why is a helping alliance important?

- Not developing a partnership with a family can lead to defining disjointed outcomes and interventions.



# And then what happens?

- Clients can be lead in the wrong direction.



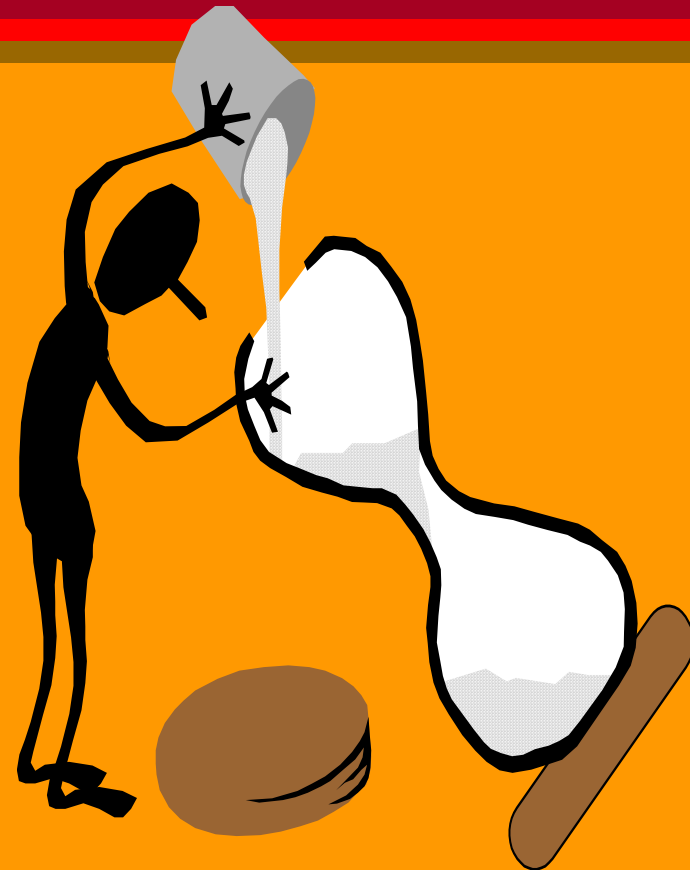
# What does this mean?

- All service plans tend to look the same.



# What are the consequences?

- Precious time is lost toward achieving the right outcomes and reducing risk.



# How do clients feel?

- Clients are very confused and may appear “resistant” to intervention.



# How does this affect children?

- Children may be extremely vulnerable and unsafe.



# Effective Helping\*

- is the "act of enabling individuals or groups (e.g., a family) to become better able to solve problems, meet needs, or achieve aspirations by promoting the acquisition of competencies that support and strengthen functioning in a way that permits a greater sense of individual or group control over its developmental course".

\*Dunst & Trivette, 1994, p. 162.

# Help is empowering if the help-giver:

- Is both positive and proactive.
- Offers, rather than waits for help to be requested.
- Engages in help-giving acts in which locus of decision making clearly rests with the help-seeker, including decisions about the need or goal, the options for carrying out the intentions, and whether or not to accept or reject help that is offered.

\*Dunst & Trivette, 1994, p. 167.

# .. empowering if help giver:

- Offers aid and assistance that is normative in terms of the help-seeker's own culture.
- Offers aid and assistance that is congruent with the help-seeker's appraisal of his or her problem or need.
- Offers aid and assistance in which the costs of seeking and acceptance of help do not outweigh the benefits.

\*Dunst & Trivette, 1994, p. 168.

# .. empowering if help giver:

- Offers help that can be reciprocated and sanctions the possibility of “repaying” the help-giver.
- Bolsters the self-esteem of the recipient, and helps the individual experience immediate success in solving a problem or meeting a need.
- Promotes the help-seeker’s use of natural support networks and neither replaces nor supplants them with professional services.

\*Dunst & Trivette, 1994, p. 168.

# .. empowering if help-giver:

- Conveys a sense of cooperation and joint responsibility (partnership) for meeting needs and solving problems.
- Promotes the acquisition of effective behavior that decreases the need for help, thus making the person more capable and competent.
- Helps the recipient to view self as an active, responsible agent who played a significant role in solving problems, meeting needs, and improving his or her own life.

\*Dunst & Trivette, 1994, p. 168.

# Important Assumptions

- Helping is strongly influenced by cultural biases.
- Helping relationships are multicultural since our identity is complicated by differences in socio-economic status, age, ethnicity, gender, life-style, etc. of the helper or client.
- The culturally competent helper will mediate effectively between different cultural perspectives and communicate meaning effectively.

# Family Assessment

- A time when we join with the family to understand their strengths and needs.
- This process helps us arrive at specific intervention outcomes and service plans that will empower families to strengthen their capacity to meet the basic needs of their children.

# Family Assessment Outline

- Demographics
- Family's view of needs & problems
- Risks & strengths - children
- Risks & strengths - caregiver(s)
- Risks & strengths - family
- Risks & strengths - community

# Self report measures

- Family Functioning Style Scale
  - Measures 3 aspects of family functioning style: family identity, information sharing, and coping resource mobilization.
  - The 12 qualities of strong families comprising the content of these categories are based on an extensive review and integration of the family strengths literature.

# Self report measures

- Family Needs Scale
  - identifies the family's view of their needs or problems.
- Family Resource Scale
  - measures the adequacy of different resources in households with children.

# Self report measures

- Support Functions Scale
  - Identifies the degree to which families have people in their lives to meet five social support functions: (1) emotional support; (2) child support items (e.g., cares for child regularly or in emergencies); (3) financial support; (4) instrumental support (e.g., someone to fix things around the house); and (5) agency support (e.g., obtains services for child).

# Self report measures

- Family Support Scale
  - Measures the helpfulness of sources of support to families with children.
- Personal Network Matrix
  - Determines the types of help and assistance that are provided to a respondent by different individuals and agencies that make up a person's personal social network.

# Observational Measures

- Child Well Being Scales
  - specific sub-scales
- Family Risk Scales
  - specific sub-scales

# Intervention Outcomes

- Family Maintenance and Safety
- Family Member Functioning
- Family Functioning
- Problem Solving
- Social Support
- Care of Children

# Family Maintenance and Safety

- The family demonstrates the ability to meet the basic needs of the family for food, clothing, housing, and health care.

# Family Member Functioning- Caregiver

- The caregiver demonstrates abilities to achieve self sufficiency, cope with daily stresses, manage emotions, and control impulses.

# Family Member Functioning-Children

- The children demonstrate developmental appropriateness in all areas of functioning.

# Family Functioning

- The family demonstrates strength in multiple areas such as family-identity, information sharing, coping and resources and uses non-violent methods to resolve family conflict.

# Problem Solving

- Family members demonstrate abilities and motivation to accurately identify and solve problems.

# Social Support

- The family has access to and effectively uses extended family, friends, and other systems to meet social support functions, i.e., emotional, child related, financial, instrumental, and formal.

# Care of Children

- Caregivers demonstrate appropriate attitudes and skill to meet the unique needs of their children.

# Treatment Planning - Principles:

- Maximum involvement of family members in development
- Short term, measurable, achievable goals (linked to outcomes) with positive feedback
- Selection of interventions that help families achieve outcomes

# Selecting Interventions

- Concrete resources
- Social support
- Developmental focus
- Cognitive/behavioral
- Individual focus
- Family system focus

# Concrete Resources

- Housing assistance
- Emergency financial, food, clothing, household items, etc..
- Hands on assistance to increase safety and sanitation of home
- Transportation
- Quality child and health care

# Social Support

- Individual (parent aide, volunteer)
- Social support groups
- Social networking
- Recreation programs
- Mentoring programs
- Cultural festivals/activities
- Connections to religious groups

# Developmental

- Therapeutic day care
- Individual assistance with role achievement, e.g., parenting
- Home visiting, public health nurse
- Peer groups geared to developmental tasks
- Mentors for nurturing, recreation

# Cognitive/Behavioral

- Social skills training
- Communication skill building
- Home management, meal preparation, parent-child interaction training
- Teaching new thought processes regarding childhood history
- Financial management counseling, problem solving training

# Individual focus

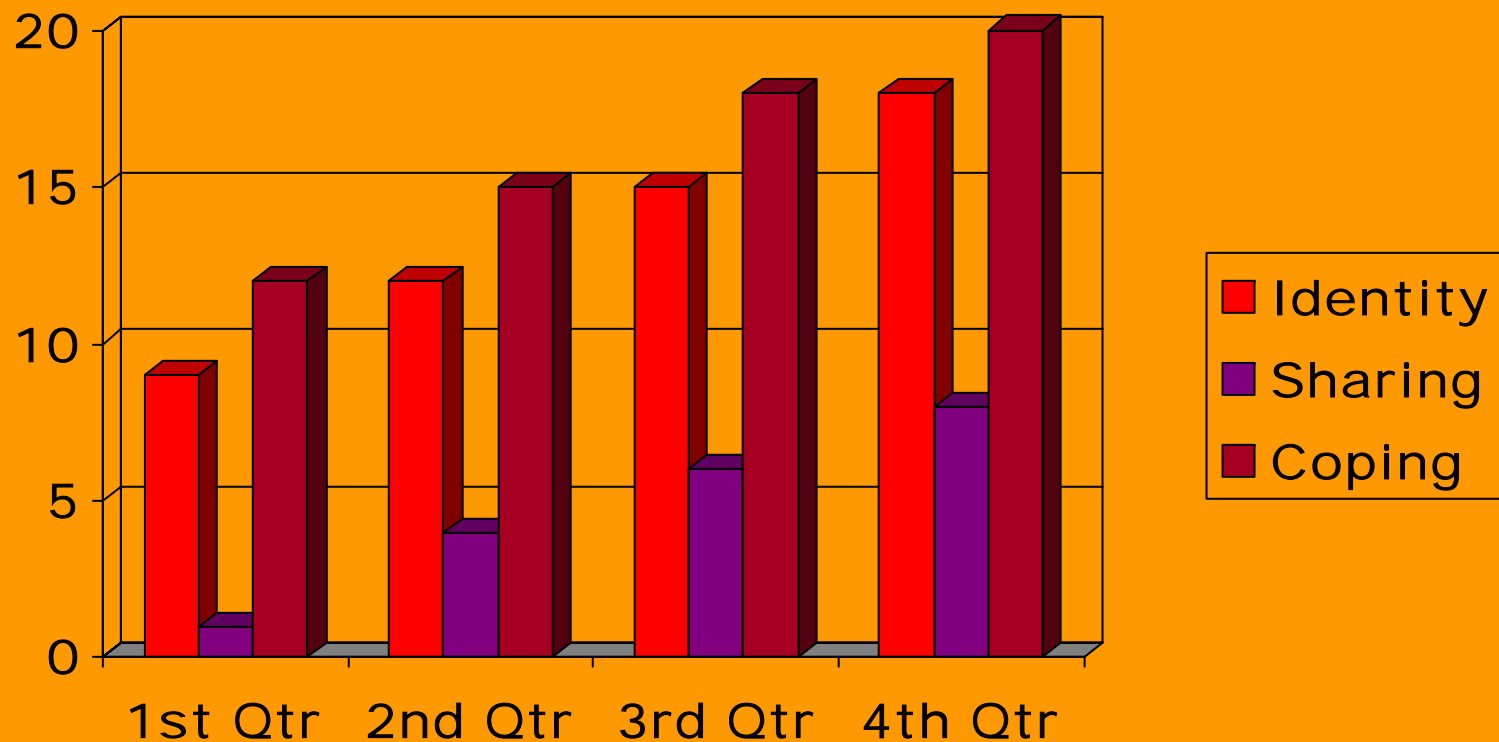
- AOD in-patient and out-patient counseling
- 12 Step programs
- Mental health counseling
- Crisis intervention
- Stress management
- Play therapy

# Family System

- Home based family centered counseling regarding family functioning, communication skills, home management, roles & responsibilities
- Center based family therapy
- Nurturing family camps
- Modeling positive caregiving behaviors

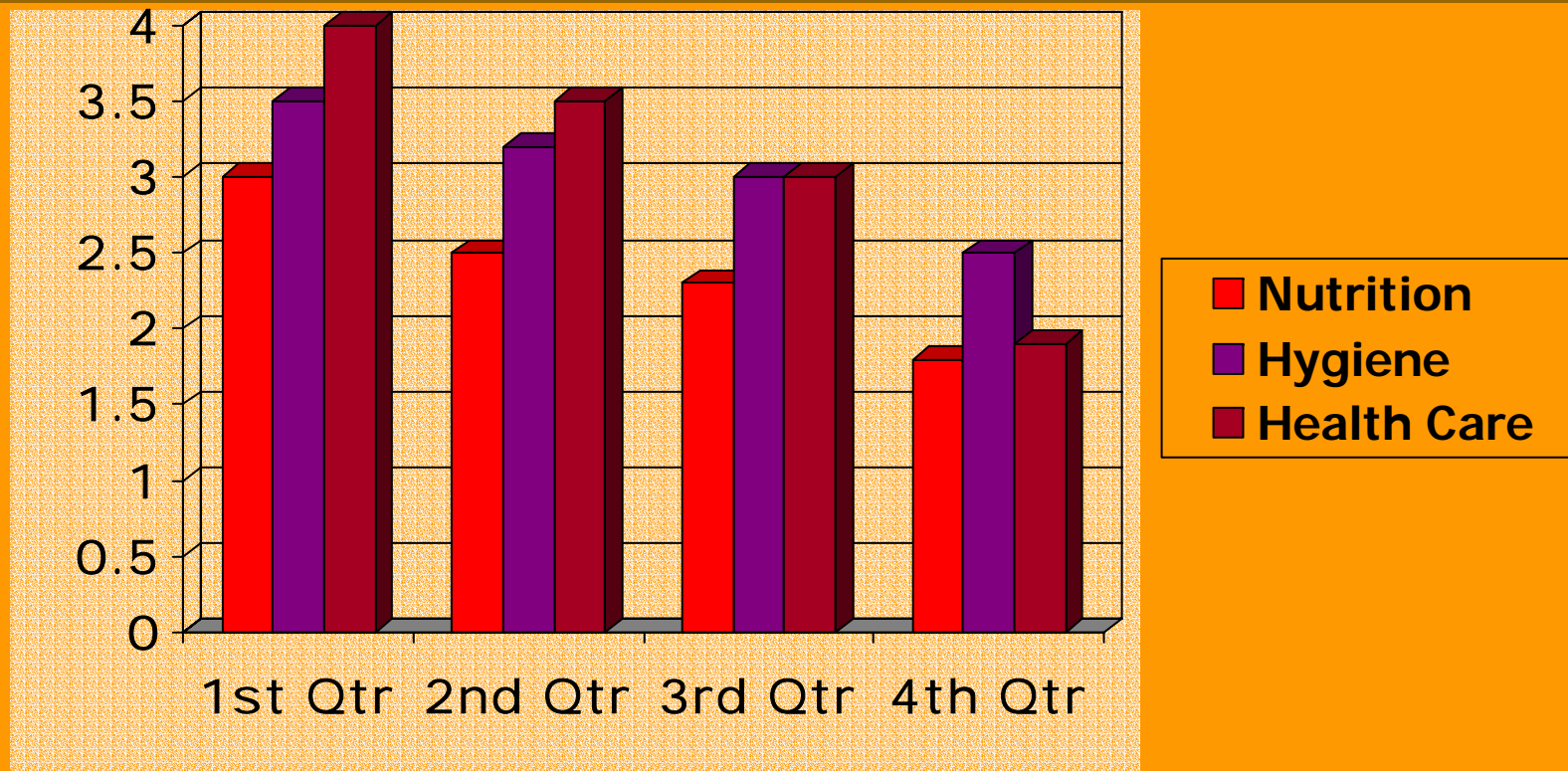
# Achievement of Outcomes

## Family Functioning



# Achievement of Outcomes

## Family Maintenance & Safety



# Evaluation and Closure

- Risk reduction
- Increased evidence of strengths
- Achievement of outcomes



APSAAC

American Professional  
Society on the Abuse of  
Children

# APPSAC MISSION

The Mission of APPSAC is to ensure that everyone affected by child abuse and neglect receives the best possible professional response.

# APPSAC FACTS

APPSAC is the nation's only interdisciplinary professional society for those working in the field of child abuse and neglect.

- Incorporated in 1987
- Now over 5,000 Members
- Chapters in most states
- Members in all 50 states and in many U.S. territories and other countries.

# APSSAC committed to:

- Providing interdisciplinary professional education.
- Promoting research and guidelines to inform professional practice
- Educating the public about child abuse and neglect
- Ensuring that America's public policy regarding child maltreatment is well-informed and constructive.

# APSAC

## BENEFITS OF MEMBERSHIP

- APSAC Publications  
*The APSAC Advisor*  
*Child Maltreatment*  
Guidelines for Practice
- Discounts on conferences
- Participation in Chapters, task forces, Legislative Network
- Expert guidance on educating legislators and the media about child abuse
- The support of a national organization focused on child maltreatment

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