CHAPTER 6
Child Neglect Prevention and Intervention

The goal of the initial prevention or intervention should be to address safety and other emergency needs and to increase the caregiver's readiness for change-oriented practices or behaviors. By the time families experiencing neglect come to the attention of CPS agencies, they often have acute and chronic needs that require long-term intervention. These families are significantly more likely to experience recurrence of child neglect than abusive families. In some CPS agencies, families experiencing neglect are given less priority than those dealing with physical or sexual abuse, even though their risk of recurrence may be particularly high. [224]

Effective ways must be found to target and serve these at-risk families as soon as they are identified to minimize risks that could lead to child neglect and abuse. This chapter discusses the principles comprising the foundation of prevention and intervention, their theoretical framework, and key steps in implementing their practice. Examples of successful interventions are also presented.

PRINCIPLES FOR EFFECTIVE PREVENTION AND INTERVENTION

Efforts targeting single risk factors may be as effective in preventing neglect and its recurrence as programs that are individualized and offer multiple services.[225] Either way, services must be based on principles that empower families, build upon strengths, and respect cultural diversity. The following are some

The Importance of Receiving Services at an Early Age

Programs that promote a positive and responsive parent-child relationship are desirable as prevention and intervention strategies. Optimally, parents can be assisted when their children are very young and the families are not yet presenting serious child behavior problems. Chances for better parent-infant relationships are improved, and the likelihood of child neglect is diminished.[226] The intensity of interventions required for children to catch up is expensive and unlikely to be available. For children of families living in poverty, the support needed for proper development often exceeds what their parents can provide. These children may benefit from quality child care or preschool settings, such as Head Start, a component not typically considered in most interventions for neglected children. These center-based programs can offer the parent respite from child care and teach the child communication and problem-solving skills that may buffer the child from some effects of neglect.[227]

basic principles for practitioners who intervene with families when children's basic needs are unmet:

Have an ecological-developmental framework. As discussed in Chapter 5, *Assessment of Child Neglect*, neglect may be viewed within a system of risk and protective factors interacting at multiple levels, including the individual, the family system, and the larger social system. To be most effective, intervention should be directed at these multiple levels, depending on the specific needs of the family. Examples include affordable child care, education and employment opportunities, low-income housing, and large-scale drug prevention and treatment initiatives.

Understand the importance of outreach and community. Because families experiencing neglect tend to be poor, socially isolated, and lacking access to resources, interventions must include aggressive outreach and be designed to mobilize concrete formal and informal helping resources. Since in-office, one-to-one counseling by professionals often has proven to be ineffective with families experiencing neglect, services provided in the home and within the local community are essential to understand the family in its daily environment. It must be a collaborative process between the family and community in which people plan and carry out goals together for strengthening their neighborhood.[228]

Carry out a comprehensive family assessment. Caseworkers should conduct an assessment to determine the type of neglect that has occurred and its contributing causes (e.g., the child's parent has a substance abuse problem or the child lives in a dangerous neighborhood). Whenever possible, the caseworker should include other service providers in the assessment. A comprehensive assessment can be made using standardized clinical measures of risk and protective factors, as well as by assessing parenting attitudes, knowledge, and skills.[229] (See Chapter 5, *Assessment of Child Neglect*, for more information.)

Establish a helping alliance and partnership with the family. This is one of the most important principles for effective intervention. It may be a challenge, however, because many caregivers with neglect problems tend to have difficulty forming and sustaining interpersonal relationships. By attending to the communication styles of family members, the caseworker is more likely to engage the family in an active partnership, thereby helping the family develop communication skills and build more sustaining relationships with others.[230]

Utilize an empowerment-based practice. Teaching families how to manage the multiple stresses and conditions of their lives effectively empowers family members to solve their own problems and to avoid dependence on the social service system. The role of the helper becomes one of partner, guide, mediator, advocate, and coach.[231]

Emphasize family strengths. A strengths-based orientation addresses problems, helps build on a family's existing competencies, and promotes healthy functioning of the family system. The intervention enables caregivers to meet the needs of family members who then will be better able to have the time, energy, and resources for enhancing the well-being of the family.[232]

Develop cultural competence. Risk and protective factors for child neglect may differ according to race and ethnicity. Because minority families are disproportionately represented in the child welfare system and neglect cases represent more than one-half of the caseload of child welfare agencies, it is imperative to increase the cultural competence of service providers. Cultural competency requires acceptance of and respect for differences, diversity of knowledge and skills, and adaptation of services to fit the target population's culture, situation, and perceived needs.[233]

Ensure developmental appropriateness. Practitioners must consider the developmental needs of the children, the caregivers, and the family as a system in their assessments and intervention strategies. Children whose physical and emotional needs have been neglected often will suffer significant developmental delays. If the caregivers are adolescents,

they may have difficulty assuming parental roles and responsibilities. The family system also may be stressed when the family includes caregivers across generations.[234]

THEORETICAL FRAMEWORKS AND APPROACHES

The preceding principles of neglect prevention suggest that when risk factors are present, community groups or other agencies can assist families to reduce risk and to strengthen protective factors, thereby preventing future incidences of child neglect. Effective programs focus on developing basic problem-solving skills, providing for the family's concrete needs, teaching behavior management strategies, and addressing environmental factors.[235] Specific interventions should be matched to address the most pressing needs of each individual family member and to target individualized family outcomes.

Within a single case of neglect, multiple approaches and models may be employed depending on the family members, the circumstances surrounding the neglect, and local and agency practice standards. Additionally, these approaches and models are not mutually exclusive; the strategies employed in each approach or model may overlap.

Differential Response Strategies

Reliance on an authoritative, investigative response is not appropriate for many families, but this is often the only means of entry into the child welfare system of services. Traditional services often have been criticized as being too invasive and focused on severe problems while not providing enough services to children at low or moderate risk of maltreatment.[236] In response to this concern, some States have implemented a differential response system in which only families with the most serious maltreatment or those at the highest risk are subject to a mandatory CPS investigation. Other families with less serious maltreatment and who are assessed at low or moderate risk receive a voluntary family assessment and a preventive services-

oriented response. Instead of an investigation that concentrates on determining whether maltreatment has already occurred, the assessment focuses on what might happen in the future and on what types of interventions will best meet the needs of specific families.

Exhibit 6-1 lists appropriate responses to families who are assessed by practitioners as being at mild, moderate, or severe risk for experiencing neglect, as well as the individuals responsible for providing services.

This dual-track or multiple-response approach provides greater flexibility to respond differentially, considering the children's safety, the degree of risk present, and the family's need for support services. For example, in cases of severe abuse and neglect or of criminal offenses against children, an investigation will commence. In less serious cases where the family may benefit from community services, a comprehensive assessment will be conducted so that the family's strengths and needs can be matched with the appropriate community services. States that have implemented differential response systems have shown that a majority of cases can be handled safely through an approach that emphasizes service delivery and voluntary family participation, as well as the fact-finding of "traditional" CPS investigations.[237]

Child-centered Strategies

The focus of child-centered strategies is on providing children at risk of, or already experiencing, neglect with necessary services to ensure their safety and to provide them with the skills and support to overcome maltreatment successfully. Child-centered interventions include pediatric care, mentoring, or behavioral and mental health treatment. For younger children, preschool interventions, such as parent-child educational play and Early Head Start, may be considered. Programs fostering an open and educational climate are helpful for middle-school children and can help them enhance self-control,

Exhibit 6-1 Possible Responses to Families[238]		
Types of Cases	**Responses Suggested**	**Organizations Responsible**
Mild Risk	Early intervention, family support, formal or informal services, parent education, housing assistance, community neighborhood advocacy.	Community programs
Moderate Risk	Appropriate formal services, coordinated family support, safety plans, community support services.	CPS and community programs
Severe Risk	Intensive family preservation or reunification services, child removal, court-ordered services, foster care, adoption, criminal prosecution.	CPS and law enforcement

develop communication and problem-solving skills, and learn how to resist negative social influences.[239]

Parent-centered Strategies

The focus of parent-centered strategies is on enabling caregivers to meet the needs of all family members, including themselves, in a balanced way, providing parents with the resources to ensure the safety and well-being of the family. Strategies focus on the enduring and underlying protective factors, along with the risks, to optimize a match of interventions. Examples that show promise in improving parenting skills and the parent-child relationship include parenting education programs, such as *Parents as Teacher* and *Parents and Children Together (P.A.C.T.)*, and treatment programs that address problems such as depression, substance abuse, and domestic violence.[240]

> For more on parent-centered and other strategies, see *Emerging Practices in the Prevention of Child Abuse and Neglect* at **http://www.childwelfare. gov/preventing/programs/whatworks/report/**.

Family-centered Strategies

Family-centered strategies involve parents, children, and other members of the family system, where appropriate. Coordination of multiple service providers, as well as faith- and community-based organizations, may be needed to support a family's various needs. Family-centered strategies focus on enhancing parenting skills and helping families recover from neglect. CPS caseworkers work with the family by training parents in behavioral and social skills, setting short-term goals with clearly defined action steps, providing in-home teaching and skills training to parents to improve parent-child interactions, and teaching home management skills.

Neglectful families often show high rates of recidivism. In-home instruction is often the best strategy to prevent recurrence and is also a successful strategy for working with families at risk for neglect. Parents tend to respond positively to the more personalized, outreach nature of the home-visitor approach.[241] While providing in-home instruction, caseworkers can teach behaviors that encourage attachment, appropriate feeding and child care practices, infant-

toddler stimulation, successful money management, and proper nutrition. Providing information related to child development characteristics and capabilities is an important element of many in-home services. When possible, training should be provided during subsequent pregnancies for high-risk families and during the postpartum period.[242]

Utilization of Concrete Resources

The lack of concrete resources and the stress of poverty that come from living in neglected and unsafe neighborhoods are risk factors for neglect. Helping families access concrete resources is often essential before they can deal with other factors in their lives that may affect the care of their children. Examples of concrete resources include housing; emergency financial, food, and energy assistance; affordable and quality child care; transportation; home management assistance; and free or low-cost medical care. These resources are needed to help families move beyond mere survival to optimal functioning.[243]

Utilization of Social Supports

As discussed in Chapter 4, *Risk and Protective Factors*, parents who experience loneliness, lack social support, and are socially isolated may be more prone to neglecting their children than families who have a strong network of social supports. Building social supports can serve as a means of stress prevention as well as a stress buffer. Being in the company of others can enhance self-esteem, provide a sense of belonging, improve access to healthy role models, and provide incentives to comply with social norms.[244]

Social support interventions include any activities or programs that address social isolation, loneliness, or other deficits in the social network of families. Social supports provide the following:

- Emotional support through affirmation, compassion, and empathy;

- Feedback, advice, encouragement, and guidance in coping with demands such as managing emotional stress and child rearing;

- Access to information, services, and material resources and assistance (neighbors and friends may provide advice about schools and child care or donate needed items, such as clothing or a car seat);

- Assistance in learning new job skills, making home repairs, managing household needs, and creating financial plans using an informal social network of neighbors, friends, and workplace colleagues.[245]

Research suggests that social support interventions, in combination with casework and case management services, are effective in improving the functioning of neglectful families.[246] Social support interventions must be managed carefully to maximize the advantages of the support while minimizing potential disadvantages. Excessive social support may not only foster dependency in the recipient, but also increase feelings of indebtedness or the need to reciprocate.

Sometimes those offering emotional support find it difficult to challenge the recipient's behavior (e.g., substance abuse).[247] It is crucial for CPS, as well as community- and faith-based groups, to provide assistance to the support network of troubled families to prevent their exhaustion and burnout. Working in teams on home visitations has been effective in "supporting the supporters," while organizing mutual support groups may provide much needed assistance for the informal support network.[248]

Utilization of Community Services

Both informal and formal provision of community services can help reduce family stresses that can contribute to child abuse and neglect. To be effective, social support needs to be integrated with community services, such as social skills training, home-based family interventions, emergency assistance, parenting education, intensive therapy,

and, in some cases, substance abuse treatment. CPS typically is the lead agency in coordinating communication between various parties and services within the community. Other professionals involved in community prevention and intervention efforts include law enforcement, educators, early child care providers, health care providers, mental health professionals, legal and judicial system professionals, substitute care providers, the faith community, community organizations, support services providers, and other concerned citizens. Integration of these service systems and providers will help ensure that families can be supported appropriately across their developmental life span.[249]

Assistance programs are most likely to succeed when they provide an array of benefits to the general population so that recipients are not stigmatized by identification with the program. If this is not possible, assistance can be incorporated into programs that target a wide-ranging population. Contracting with community-based services can help meet the needs of children and families within their own neighborhood, reducing the amount of time and burden on families who otherwise may need to travel long distances to receive such services. Community-based programs also attempt to do the following:

- Prevent the accumulation of risk factors;

- Focus on resilience and adaptation;

- Facilitate active involvement of parents, children, and others;

- Ensure sufficient services to at-risk populations;

- Provide timely, careful, and expert evaluation, assessment, and follow-up services;

- Build safe environments to permit families to establish structure, routines, rituals, and organization.[250]

Examples of community service strategies include:

- **Public assistance programs** offering job training, subsidized child care, and nutritional

support (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] program).

- **Schools** providing social support through programs, such as Head Start, that incorporate parental involvement into early childhood education, or after-school programs that provide social and educational assistance, peer counseling, and tutoring as well as social support to children with special needs.

- **Faith-based and community organizations and recreational groups** offering a variety of services to assist high-risk families, including community food pantries, clothing, soup kitchens, and recreational and related activities.

- **In-home assistance** in which formal helpers provide families with the opportunity to consider each person's viewpoint on family problems and the development of new modes of interaction.[251]

For more detailed information on the roles and responsibilities of various service providers within the community, see *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

Cognitive-behavioral Interventions

Cognitive-behavioral interventions use behavior modification techniques in individual therapy sessions with caregivers who have neglected. They include:

- **Verbal instruction**—providing information about appropriate child care;

- **Social skills training**—demonstrating methods for managing child care tasks;

- **Stress management**—teaching relaxation techniques or cognitive coping skills;

Helping Families Accept Assistance to Meet Their Needs

Families at risk of child neglect and in need of support are most likely to regard assistance positively when they:

- Have opportunities to reciprocate (or are required to repay) the aid they receive;

- Accept assistance because they perceive the need for help rather than because of external judgments of inadequacy or incompetence;

- Perceive the benefactor's intentions as a combination of altruism and self-interest (i.e., the benefactor has a genuine interest in the family, but also is paid or provided other benefits for helping);

- Believe that the assistance comes largely from an impersonal source (e.g., agency, organization);

- Regard their need for assistance as externally instigated (e.g., job layoff) rather than as stemming from personal inadequacies;

- Receive assistance in circumstances that reduce stigma (e.g., benefits widely shared by community members);

- Obtain aid in a way that does not invade privacy or limit autonomy.[252]

- **Cognitive restructuring**—replacing self-defeating thoughts with beliefs and behaviors that lead to improved functioning.

These techniques are especially useful with neglectful families if they target both the environment and the individual. For example, Project STEEP (Steps Toward Effective, Enjoyable Parenting), which was developed at the University of Minnesota, is an intensive, individual, in-home counseling and group intervention program that seeks to change negative self-perceptions and to break the intergenerational cycle of maltreatment. (For more information on Project STEEP, go to **http://education.umn.edu/ICD/harriscenter/STEEPinfo.htm**.) Project SafeCare uses an ecobehavioral approach and reports improvements in nutrition, home cleanliness, personal hygiene, and identifying and reporting children's illnesses.[253] (For more information about Project SafeCare, visit **http://www.friendsnrc.org/downloads/05ConfPres/Fidelity.pdf** or **http://www.cdc.gov/ncipc/pub-res/parenting/ChildMalT-Briefing.pdf**.)

The following examples are cognitive-behavioral methods for addressing child neglect that have been shown to improve home safety, affective skills for the parents, and infant development stimulation.

- **Home safety.** Hazardous physical environments increase a child's risk of injury from accidents and from highly stressed parents who may become physically abusive while trying to prevent a child from injuring him or herself from a household hazard. A safety assessment can be followed by personalized training and educational activities. These activities may include audiovisual presentations of how to resolve safety hazards, use of self-feedback stickers, and printed guidelines (e.g., the proper use of safety plates and electrical tape).

- **Affective skills training.** Parents learn positive ways of interacting with their children, including developing the ability to provide corresponding physical and verbal messages, assuming an equal position of height with the child, and actively initiating positive, nurturing physical contact with the child.

- **Stimulating infant development.** Teaching parents how to nurture infants can reduce the

risk of developmental or emotional difficulties with their babies. Stimulation activities include frequent use of affectionate words and child-parent interactive play.[254]

Systems of Care

A Systems of Care approach is a collaborative effort on the part of service agencies to support children and families with complex needs in an integrated manner. Systems of Care enable cross-agency coordination of services regardless of where or how children and families enter the system. Agencies work strategically, in partnership with families and other formal and informal support systems and can address neglect based on a family's unique needs. This approach has been a catalyst for changing the way public agencies organize, purchase, and provide services. It has been applied across the United States in various ways at the macro level (through public policy and system change) and at the micro level (in the way service providers directly interact with children and families in need of assistance). To do so effectively, agencies participating in Systems of Care must:

• Agree on common goals, values, and principles that will guide their efforts;

• Develop a shared infrastructure to coordinate efforts toward the common goals of safety, permanency, and well-being;

• Work within that infrastructure to ensure the availability of an array of high-quality, community-based services to support families and children safely in their homes and communities.[255]

For additional information and to communicate with other professionals about the Systems of Care approach, visit **http://www.childwelfare. gov/systemwide/service_array/soc/**.

Interventions with Special Populations

CPS and other organizations that provide neglect prevention and intervention services serve many special populations, including families of color and parents with intellectual disabilities.

• **Serving families of color through community-based services.** In response to concerns about the over-representation of minority children in the child welfare system, the Children's Bureau sponsored an exploratory, qualitative study of the child welfare system's response to children of color, specifically, African-American children. The study identified strategies that child welfare agencies were using or should use to meet the needs of minority children and families. By providing prevention services within the neighborhood or local community to support families before they come to the attention of the system, it is hoped that fewer minority children would enter the system in the first place. Establishing strong connections with minority communities and engaging community leaders may help child welfare agencies collaborate more effectively and share resources with local agencies and organizations. This will hopefully empower communities to find solutions to their own problems and build an internal support system.[256]

For more information on minority children in the child welfare system, see *Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community* at **http://www.childwelfare. gov/pubs/otherpubs/children/index.cfm**.

• **Supporting parents with intellectual disabilities.** Parents with intellectual disabilities often are identified as being at risk for physical and psychological neglect of their children. Expanded services are needed to enhance the effects of parent education to improve parental competencies and to reduce the risk of child neglect and developmental or behavior problems.

Behavioral, performance-based teaching strategies often work well with this population. Practitioners should receive training on the impact of intellectual disabilities on adults as well as behavioral skills training. These techniques include simple instructions, task analysis, pictorial prompts, modeling, feedback, role-playing, and positive reinforcement.

These same techniques also are effective in teaching parenting skills to parents without intellectual disabilities. Research has shown that the rate of child removal dropped considerably following interventions that increased parents'

child care skills. Furthermore, in-home services for at-risk children that improve parenting skills and knowledge of child development may be more feasible and cost-effective than placing children in specialized preschools.[257] Exhibit 6-1 summarizes various interventions that can be used with neglected children and their families.

KEY STEPS IN THE INTERVENTION PROCESS

Regardless of which intervention approaches and models are implemented, certain steps are necessary

Exhibit 6-1 Interventions for Neglect Cases[258]					
Concrete Support	Social Support	Developmental	Cognitive and Behavioral	Individual	Family System
– Housing assistance – Emergency financial, food, or other assistance – Transportation – Clothing, household items – Availability or accessibility to community resources – Hands-on assistance to increase safety and sanitation of home (home management aids) – Free or low-cost medical care – Available and affordable quality child care	– Individual social support (parent aide, volunteer) – Connections to faith-based activities – Mentor involvement – Social support groups – Development of neighborhood child care and respite care services – Neighborhood-centered activities – Social networking – Recreation programs – Cultural festivals and other activities	– Therapeutic child care – Individual assistance with developmental skills (e.g., parenting) – Home visits with focus on developmental needs of family members – Peer groups (often at schools) geared to developmental tasks – Mentors to provide nurturing, cultural enrichment, recreation, and role modeling	– Social skills training – Communication skills building – Teaching of home management, parent-child interaction, meal preparation, and other life skills – Individual or group therapeutic counseling (e.g., regarding childhood history) – Parenting education – Employment counseling and training – Financial management counseling – Problem-solving skills training	– In- and out-patient counseling and detoxification for substance abuse – 12-Step programs – Mental health in-patient and out-patient counseling – Crisis intervention – Stress management – Play therapy	– Home-based, family-centered counseling regarding family functioning, communication skills, home management, and roles and responsibilities – Center-based family therapy – Enhancing family strengths – Building nurturing behaviors – Refining family dynamics and patterns

to make them appropriate for the needs of the child and family, including:

- Building a relationship with the family;

- Developing case and safety plans;

- Establishing clear, concrete goals;

- Targeting outcomes;

- Tracking family progress;

- Analyzing and evaluating family progress.

Building a Relationship with the Family

Establishing good rapport with each family member will help the caseworker understand the family dynamics as well as build trust in the collaborative process between the caseworker, family, and other providers. When families believe their feelings and concerns have been heard, respected, and considered, they are more likely to be engaged in the planning and actions necessary to change the behaviors and conditions that contribute to neglect. CPS caseworkers also should be prepared for the often emotionally draining effect that the apathy of neglectful families may have on professionals, volunteers, and community paraprofessionals.[259]

Developing Case and Safety Plans

Interventions should be structured to increase protective factors or to decrease risk factors identified in the family assessment process. That information can be used to tailor the intervention to facilitate changes the family must make to meet a child's basic needs, to eliminate the risks of child neglect, and to develop a safety plan, if needed. Flexibility is critical in designing case plans so that they are responsive to the family's changing needs and resources.

The case plan that a CPS caseworker develops with a family is its roadmap to successful intervention. The purposes of case planning are to:

- Identify strategies with the family that address the effects of neglect;

- Provide a clear and specific guide for changing behaviors and conditions that influence risk;

- Establish a benchmark to measure client progress for achieving outcomes.[260]

Establishing Clear, Concrete Goals

In setting the goals of the intervention, family members and their informal support networks should be involved in developing plans to maximize the chances for improving family functioning and reducing the risk of neglect. Providing concrete, measurable, and achievable goals with continuous positive feedback will help families accomplish their individualized outcomes and goals. Goals should indicate positive behaviors or conditions that will result from the change and not concentrate only on reducing negative behaviors.

Once goals are identified, the next step is to break them down into small, incremental tasks. These tasks describe what the children, family, caseworker, and other service providers will do and identify timeframes for accomplishing each task. Families should be able to understand what is expected of them and what they can expect from the caseworker and other service providers. Caseworkers should attempt to anticipate potential obstacles to task performance and to devise strategies for overcoming them.[261]

Targeting Outcomes

Outcomes should be targeted so that both the risks and the effects of neglect are reduced due to changes in the behaviors or conditions that contributed to it. Outcomes should address issues related to four areas—the child, the parents or other caregivers, the family system, and the environment—and be designed to contribute to the achievement of safety, permanency, and family well-being.[262]

Goals Should Be SMART
*S*pecific—The family should know exactly what has to be done.
*M*easurable—Goals should be measurable, clear, and understandable so everyone knows when they have been achieved.
*A*chievable—The family should be able to accomplish the goals in a designated time period given the resources that are accessible and available to support change.
*R*ealistic—The family should have input and agreement in developing feasible goals.
*T*ime limited—Time frames for goal accomplishment should be determined based on an understanding of the family's risks, strengths, and ability and motivation to change. The availability and level of services also may affect time frames.[263]

- **Child outcomes.** Outcomes for children focus on changes in behavior, development, mental health, physical health, peer relationships, and education. Examples of desired outcomes would be improved behavior control (as evidenced by managing angry impulses) or developmental appropriateness and adjustment in all areas of functioning (as evidenced by an improvement in the child's physical development within the range of the chronological age).

- **Parent or caregiver outcomes.** Outcomes for parents or caregivers can focus on many areas, such as mental health functioning, problem-solving ability, impulse control, substance abuse treatment, and parenting skills. A sample desired outcome would be improved child management skills, such as establishing and consistently following through with rules and limits for children.

- **Family outcomes.** These outcomes focus on issues such as roles and boundaries, communication patterns, and the level of social support received. A sample desired outcome would be enhanced family maintenance and safety (as evidenced by the ability to meet family members' basic needs for food, clothing, shelter, and supervision).

- **Environmental outcomes.** These outcomes focus on factors such as social isolation, housing issues, or neighborhood safety. A sample desired outcome would be utilizing social supports.[264]

Exhibit 6-2 provides some examples linking identified problems to possible outcomes.

<table>
<tr><th colspan="2">**Exhibit 6-2**
Matching Risks to Outcomes[265]</th></tr>
<tr><th>**Risk or Problem**</th><th>**Desired Client Outcomes**</th></tr>
<tr><td>Condemned housing (no heat or running water, children diagnosed with lead poisoning, safety hazards for young children)</td><td>Household safety
Financial management skills
Problem-solving skills</td></tr>
<tr><td>Acting out behavior (refusing to listen, throwing temper tantrums, fights with peers)</td><td>Behavioral control
Social skills
Impulse control</td></tr>
<tr><td>Communication problems or conflicts (domestic violence, parent-child conflict)</td><td>Conflict management skills
Decision-making skills
Impulse control
Family functioning</td></tr>
<tr><td>Frequent moves (in and out of placement, numerous schools, numerous caregivers)</td><td>Financial management
Problem-solving skills</td></tr>
<tr><td>Parental addiction</td><td>Recovery from addiction</td></tr>
<tr><td>Inappropriately harsh parenting, inappropriate expectations of children</td><td>Parenting knowledge
Emotional control</td></tr>
<tr><td>Fear of expressing feelings, verbally abusive, not recognizing feelings of others</td><td>Communication skills
Empathy</td></tr>
<tr><td>Lack of social supports</td><td>Supportive linkages with sources of formal and informal support</td></tr>
</table>

For more on outcomes and interventions, see *Child Protective Services: A Guide for Caseworkers* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

Tracking Family Progress

Determining the extent and nature of a family's progress is central to CPS intervention. Monitoring change should begin as soon as the intervention is implemented and continue throughout the life of a case until the targeted outcomes have been achieved. Caseworkers should evaluate family progress regularly by following these steps:

- **Review the case plan.** Outcomes, goals, and tasks must be written so that they can be used to determine progress toward reducing risk and treating the effects of maltreatment.

- **Collect and organize information on family progress.** Once the case plan is established, each contact with the children and family should focus on assessing the progress being made to achieve established outcomes and to reassess safety.

- **Collect information from all service providers.** Referrals to service providers should clearly specify the number, frequency, and methods of reports expected. The caseworker also must communicate clearly any expectations for reporting concerns, observable changes, and family progress. It is the caseworker's responsibility to ensure the submission of these reports and to request meetings with the service providers, if indicated.

- **Engage the child and family in reviewing progress.** Using the case plan as a framework for communication, the caseworker should meet with the family to review progress jointly. Family members should be asked about their perceptions of progress.

- **Measure family progress.** Change is measured during the evaluation of family progress on two levels. The most critical risk factors (identified during the family assessment) should be reassessed. The second level of measurement evaluates the extent to which specific outcomes have been accomplished by the family, caseworker, and service providers.

- **Document family progress.** Thorough documentation allows the caseworker to measure family progress between the initial assessment and the current evaluation. This documentation provides the basis for case decisions.[266]

Analyzing and Evaluating Family Progress

Once the information has been collected, the caseworker should analyze it to help determine progress and to decide on further actions. The evaluation of a family's progress should address the following issues:

- Is the child safe? Have the protective factors, strengths, or safety factors changed, thereby warranting the development of a safety plan or a change in an existing safety plan?

- What changes have occurred in the factors contributing to the risk of neglect?

- What progress has been made toward achieving the case goals and outcomes?

- How effective have the services been in achieving the outcomes and goals? Specific questions that should be considered are:

  – Have services been provided in a timely manner?

  – Has the family participated in services as scheduled?

  – Has the service provider developed rapport with the family?

  – Is there a need to alter the plan of service based on changes in the family?

- What is the current level of risk in the family?

- Have the risk factors been reduced sufficiently so that the parents or caregivers can protect their children and meet their developmental needs, allowing the case to be closed?

- For children in out-of-home care, is reunification likely in the required time frame, or is an alternate permanency plan needed? [267]

PROMISING PRACTICES FOR INTERVENTION

Several programs have shown promise in providing effective interventions for reducing the risks and effects of child neglect.

> *While listed in a U.S. Department of Health and Human Services publication, a program or organization's inclusion does not in any way connote its endorsement.*

Family Connections Program

Family Connections in Baltimore, Maryland, was designated by the Children's Bureau as the only nominated child maltreatment prevention program proven effective by a rigorous evaluation (see *Emerging Practices in the Prevention of Child Abuse and Neglect* at **http://www.childwelfare.gov/preventing/ programs/whatworks/report**). Family Connections targets families with children between the ages of 5 and 11 who are considered to be at risk for child abuse and neglect, but have no current CPS involvement. The program promotes the safety and well-being of children and families by identifying and developing formal and informal supports to address each family's individual needs and to build upon its strengths. Staff members work with families on problem-solving, positive disciplinary methods, coping strategies, developmental social supports and community connections, and opportunities for positive family interactions through community activities.

> For more information on Family Connections, visit **http://www.family.umaryland.edu/community _services/fc.htm**.

Evaluation results showed that children in 90 percent of the at-risk families in the program served in 2000–2001 were not suspected of being abused or neglected. Other outcomes included:

- A decrease in risk factors and an increase in protective factors for neglect;

- An increase in social support for caregivers, caregiver satisfaction with parenting, and appropriate parenting attitudes among caregivers;

- A decrease in caregiver stress, drug use, and depressive symptoms;

- A decrease in child behavioral problems.[268]

Nurse-Family Partnership

Nurse-Family Partnership (NFP) is a prenatal and early infancy project that originated in Elmira, New York and has been replicated in other cities. NFP is one of the most well-known, evidence-based programs addressing child neglect. The program incorporated randomized clinical trials evaluating the efficacy of intensive, nurse home-visitation during pregnancy and the first 2 years of a child's life. Initial outcomes and analyses of a 15-year follow-up of families who received home visitations indicated that, in comparison to the control families, there was a 48 percent reduction in child maltreatment and a 59 percent reduction in arrests. Other program benefits included better prenatal health and improved school readiness.[269]

Although this study did not specifically target neglect, the NFP project documented that providing professional support in difficult transition periods for high-risk families is an effective strategy for developing family strengths and preventing negative outcomes. Because of the encouraging findings, the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice made NFP part of its "Weed and Seed" Initiative. In 1999, the National Center for Children, Families and Communities was

established to disseminate the program nationwide. Currently, more than 700 nurses participate in NFP programs with more than 13,000 families in approximately 250 counties.[270] For more information on NFP, visit **http://www.nursefamilypartnerhip.org**.

Parent Empowerment Program

In 1996, the Child Protection Center of the Division of Community Pediatrics at Montefiore Medical Center in New York City initiated the Parent Empowerment Program, a social support educational intervention targeted to socially isolated and resource-poor teen mothers in the South Bronx. The program included a 6-month parenting group that focused on accessing medical services and building a social support system. Practices considered effective in this program included home visitation that helped build rapport between clinicians and the young women, a flexible parenting skills curriculum that could be modified to meet the pressing needs of program participants, and the provision of immediate medical and mental health services.[271] For more information on the Parent Empowerment Program, visit **http://montekids.org/programs/cpc**.

Project SafeCare

From an ecobehavioral perspective, child neglect is best addressed within the context of the family environment. Project SafeCare has been tested extensively to determine the key components of effective intervention with parents at risk of child maltreatment. The program is a modified version of the model, Project 12-Ways. Whereas the original project contained 12 areas of intervention, Project SafeCare focuses on three areas that are particularly relevant to neglect and young parents: home safety, infant and child health care, and bonding and stimulation.

The model, which involves 15 weeks of intervention with 5 weeks concentrating on each area, is conducted on a one-on-one basis with social workers or nurses who often use videos. Parents are given instructions, view modeling of various skills and activities, and practice these skills with feedback from an in-home counselor. Since child neglect often is associated with dangerous or unclean conditions at home, parents are taught about safety hazards, cleanliness, and creating a safe and clean environment for infants and children, including the use of latches and locks. They also are taught specific tasks, such as recognizing when a child is ill, seeking emergency treatment, calling the doctor, and self-treating an illness. Project SafeCare also trains parents to increase positive interactions with their infants or children by learning skills to structure activities and to plan stimulating play, interactions, and daily living activities (e.g., bathing and dressing). Program evaluation data have consistently shown that families served by Project SafeCare are at lower risk for recidivism during and after treatment than matched comparison families who also are involved with CPS agencies and who receive services other than Project SafeCare.[272] For more information on Project SafeCare, visit **http://www.cdc.gov/ncipc/pub-res/parenting/ChildMalT-Briefing.pdf**.

Head Start, Early Head Start, and the Early Head Start/Child Welfare Services Initiative

Head Start (HS) is designed to foster healthy development in low-income children. Program grantees and delegate agencies deliver a range of services that are responsive and appropriate to each child's and to each family's heritage and experience and that encompasses all aspects of a child's development and learning. For more information about Head Start, visit **http://www2.acf.dhhs.gov/programs/hsb**. Early Head Start (EHS) promotes healthy prenatal outcomes, enhances the development of infants and toddlers, and promotes healthy family functioning. For more information about Early Head Start, visit the Early Head Start National Resource Center at **http://ehsnrc.org/**.

The Early Head Start/Child Welfare Services (EHS/CWS) initiative provides a unique opportunity for

a select group of EHS grantees, in partnership with their local CPS, to demonstrate how to serve children in the child welfare system best using the Early Head Start model. The EHS/CWS initiative was established through a partnership between the Head Start Bureau and the Children's Bureau. The goal of EHS/CWS is to expand the service network in local communities so that it meets the needs of this unique population.

EHS/CSW target populations vary from site to site. Some grantees serve infants and toddlers, while others may target only infants or only toddlers. Programs may also choose to focus on children in the child welfare system who remain at home, but receive ongoing services, children who were removed from the home and placed in out-of-home care, or children in the child welfare system because they are at-risk for abuse or neglect. In addition, programs may choose to focus on children whose parents have certain problems, such as being incarcerated or being in a substance abuse recovery program.

Although each grantee is developing its unique theory of change and a locally designed evaluation, most EHS/CWS projects are addressing outcome objectives that include safety, permanency, and well-being for children. Many of the grantees also have developed evaluation plans to measure intermediate outcomes that are expected to occur prior to these longer-term outcomes. These include improved parenting skills, parent-child interactions, and coping strategies for dealing with stress.

While each of the grantees is expected to conduct its own local evaluation and is being provided with evaluation technical assistance, as necessary, the Children's Bureau is sponsoring an independent evaluation of the initiative as well. For more information about the EHS/CWS initiative, visit **http://www.ehsnrc.org/highlights/childwelfare. htm**.

Legal Intervention with Neglectful Families

The involvement of law enforcement and the courts occurs less frequently with neglectful families than in cases of physical and sexual abuse and, therefore, is not always a key step. More often, the confrontation that comes from the neglect report and the CPS investigation is sufficient to move the family toward needed change.[273] Legal intervention is sometimes necessary, however, to ensure the safety of the neglected child and to bring about the needed changes in the family. Formal confrontation in court of the family's failure to meet minimally adequate standards of care may create the tension necessary to move the family toward providing adequate care for the children.

CPS caseworkers must balance an official, authoritative stance with a helper role, which requires the caseworker to incorporate the use of confrontation and challenging skills with empathy and supportive help. A neglectful family must understand that the care of its child is unacceptable, yet still be encouraged by the caseworker's readiness to help them improve.

In extreme cases of child neglect, when persistent intervention efforts have failed to bring about a minimally adequate level of care, and the family's response offers little hope of providing adequate care, court action to terminate parental rights is necessary to free the child for adoption or other permanent placement. Termination proceedings in court require the CPS or foster care caseworker to be prepared with factual observations, written documentation, and witnesses, if available, to convince the court of the wisdom and justice of this action. The presumption in most juvenile and family courts is in favor of the rights of the biological parent. Convincing evidence must be presented to prove that parental care is less than minimally adequate, likely to remain so, and that adoption is the least detrimental alternative for the child.[274]

CONCLUSION

Although child neglect is the most common type of maltreatment, its causes, effects, prevention, and treatment often are not as prominently discussed and explored as are those for physical or sexual abuse. Neglect, like other types of maltreatment, has many contributing factors at the individual, familial, and community levels. The complexities of neglect present difficulties not only for an overburdened child welfare system, but also for community- and faith-based programs, researchers, legislators, and other service providers. It is key, therefore, that these groups work collaboratively to develop promising and effective practices for preventing neglect and for mitigating its effects on children and society. Part of this process is providing individuals, families, and communities with the knowledge, resources, and services to deal with the challenges associated with neglect. Child welfare agencies can only provide a part of the solution. Neglect must be viewed not only as an individual or a family problem, but also as a community issue requiring a community response.