CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

Child Neglect: A Guide for Prevention, Assessment, and Intervention

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

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U.S. Department of Health and Human Services
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Preface

Each day, the safety and well-being of some children across the Nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families is not the sole responsibility of any single agency or professional group, but rather is a shared community concern.

Since the late 1970s, the *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of interdisciplinary professionals and concerned community members. The *User Manual Series* provides a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, assessment, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. This is true particularly in the area of neglect. Both the field and the community increasingly recognize the impact of many factors on neglect, such as poverty, unemployment, and housing, as well as individual and family characteristics. The changing landscape reflects increased recognition of the complexity of issues facing parents and their children, new legislation, practice innovations, and system reform efforts. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help us to know "what works."

The Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), has developed this third edition of the *User Manual Series* to reflect the increased knowledge base and the evolving state of practice. The updated and new manuals are comprehensive in scope while succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

While the *User Manual Series* primarily addresses the issues of child abuse and neglect, this manual delves deeper into the root causes, symptoms, and consequences of neglect, as well as the interdisciplinary ways to prevent both its occurrence and recurrence. Readers of *Child Neglect: A Guide for Assessment, Prevention, and Intervention* also may be interested in *Child Protective Services: A Guide for Caseworkers*, which goes into more depth on issues such as family assessment and case planning. They also may have interest in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, the keystone for the series, which addresses the definition, scope, causes, and consequences of child abuse and neglect. It

presents an overview of prevention efforts and the child protection process. Because child protection is a multidisciplinary effort, *The Foundation for Practice* describes the roles and responsibilities of different professional groups and offers guidance on how the groups can work together effectively to protect the safety, permanency, and well-being of children.

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from Child Welfare Information Gateway. For a full list of available manuals and ordering information, contact:

Child Welfare Information Gateway
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
Phone: (800) 394-3366 or (703) 385-7565
Fax: (703) 385-3206
E-mail: info@childwelfare.gov

The manuals also are available online at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

ACKNOWLEDGMENTS

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Acknowledgment of Prior Edition

This manual was originally published in 1993 as *Child Neglect: A Guide for Intervention* by James Gaudin, Jr., Ph.D. The prior version and the author's other research and work informed and contributed to the development of this publication.

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CHAPTER 1
Purpose and Overview

Child protective services (CPS), a division within State and local social service agencies, is at the center of every community's child protection efforts. In most jurisdictions, CPS is the agency mandated by law to conduct an initial assessment or investigation of reports of child abuse or neglect. It also offers services to families and children when maltreatment has occurred or is likely to occur.

CPS does not work alone. Many community professionals—including law enforcement officers, health care providers, mental health professionals, educators, legal and court system personnel, and substitute care providers—are involved in efforts to prevent, identify, investigate, and treat child abuse and neglect. In addition, community- and faith-based organizations, substance abuse treatment facilities, advocates for victims of domestic violence, extended family members, and concerned citizens play important roles in supporting families and in keeping children safe from harm. Typically, CPS is the lead agency in coordinating the efforts of the various disciplines working to protect children and to educate the community about the problems of child abuse and neglect.

This interdisciplinary approach is particularly evident in addressing the complex aspects of neglect. Other manuals in this series, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* and *Child Protective Services: A Guide for Caseworkers*, provide fundamental information that CPS professionals must know in order to perform essential casework functions. This manual, *Child Neglect: A Guide for Assessment, Prevention, and Intervention,* covers neglect's definition, causes, impact, and prevention and intervention strategies in more detail. It also builds on both of the earlier manuals, reiterates some of their most important points, and addresses the following topics:

- Definition and scope of neglect;
- Impact of neglect;
- Risk and protective factors;
- Assessment of child neglect;
- Child neglect prevention and intervention.

CHAPTER 2
Definition and Scope of Neglect

Child neglect is the most common type of child maltreatment.[1] Unfortunately, neglect frequently goes unreported and, historically, has not been acknowledged or publicized as greatly as child abuse. Even professionals often have given less attention to child neglect than to abuse.[2] One study found that caseworkers indicated that they were least likely to substantiate referrals for neglect.[3] In some respects, it is understandable why violence against children has commanded more attention than neglect. Abuse often leaves visible bruises and scars, whereas the signs of neglect tend to be less visible. However, the effects of neglect can be just as detrimental. In fact, some studies have shown that neglect may be more detrimental to children's early brain development than physical or sexual abuse.[4]

What Is Neglect?

How neglect is defined shapes the response to it. Since the goal of defining neglect is to protect children and to improve their well-being—not to blame the parents or caregivers—definitions help determine if an incident or a pattern of behavior qualifies as neglect, its seriousness or duration, and, most importantly, whether or not the child is safe.[5]

Definitions of neglect vary among States and across different disciplines, agencies, and professional groups (e.g., child protective services, court systems, health care providers), as well as among individuals within these agencies and groups. The definitions also are used for different purposes within the child welfare field. For example, a medical doctor may view a parent as neglectful if the parent repeatedly forgets to give his child a prescribed medication. This may or may not legally be considered neglect, however, depending on the stringency of the neglect criteria of many CPS agencies.[6]

Difficulty Defining Neglect

Defining neglect historically has been difficult to do, leading to inconsistencies in policies, practice, and research. Without a consistent definition of neglect, it is nearly impossible to compare research results. This inconsistency also leads to variability in the way neglect cases are handled.[7]

The debate over a definition of neglect centers on a lack of consensus in answering these questions:

- What are the minimum requirements associated with caring for a child?
- What action or inaction by a parent or other caregiver constitutes neglectful behavior?
- Must the parent's or caregiver's action or inaction be intentional?
- What impact does the action or inaction have on the health, safety, and well-being of the child?

- What constitutes "failure or inability to provide" adequate food, shelter, protection, or clothing?
- Should "failure or inability to protect" be included?
- Is the action or inaction a result of poverty rather than neglect?[8]

Additionally, what is considered neglect varies based on the age and the developmental level of the child, making it difficult to outline a set of behaviors that are *always* considered neglect. For example, leaving a child unattended for an hour is considered neglect when the child is young, but not when the child is a teenager. Another issue is that many neglect definitions specify that omissions in care may result either in "risk of harm" or in "significant harm" to the child. While the 1996 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 104-235) narrowed the definition of child maltreatment to cases where there has been actual harm or an imminent risk of serious harm, these terms often are not defined by law, leaving the local CPS agencies to interpret them. This leads to a lack of consistency in responding to families who may be challenged to meet the basic needs of their children. [9]

Definitions of Neglect

CAPTA, reauthorized again in the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), provides minimum standards for defining child physical abuse, neglect, and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. Under this Act, child maltreatment is defined as:

> Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.[10]

A "child" under this definition generally means a person who is under the age of 18 or who is not an emancipated minor. In cases of child sexual abuse, a "child" is one who has not attained the age of 18 or the age specified by the child protection law of the State in which the child resides, whichever is younger.[11]

Instances of neglect are classified as mild, moderate, or severe.

- **Mild neglect** usually does not warrant a report to CPS, but might necessitate a community-based intervention (e.g., a parent failing to put the child in a car safety seat).
- **Moderate neglect** occurs when less intrusive measures, such as community interventions, have failed or some moderate harm to the child has occurred (e.g., a child consistently is inappropriately dressed for the weather, such as being in shorts and sandals in the middle of winter). For moderate neglect, CPS may be involved in partnership with community support.
- **Severe neglect** occurs when severe or long-term harm has been done to the child (e.g., a child with asthma who has not received appropriate medications over a long period of time and is frequently admitted to the hospital). In these cases, CPS should be and is usually involved, as is the legal system.[12]

Viewing the severity of neglect along this continuum helps practitioners assess the strengths and weaknesses of families and allows for the possibility of providing preventive services before neglect actually occurs or becomes severe. There is some controversy over whether "potential harm" should be considered neglect, and, as with the definition of neglect, State laws vary on this issue. Although it is difficult to assess potential harm as neglect, it can have emotional as well as physical consequences, such as difficulty establishing and maintaining current relationships or those later in life.[13]

The seriousness of the neglect is determined not only by how much harm or risk of harm there is to the child, but also by how chronic the neglect is.

Chronicity can be defined as "patterns of the same acts or omissions that extend over time or recur over time." [14] An example of chronic neglect would be parents with substance abuse problems who do not provide for the basic needs of their children on an ongoing basis. On the other hand, caregivers might have minor lapses in care, which are seldom thought of as neglect, such as occasionally forgetting to give their children their antibiotics.[15] However, if those children were frequently missing doses, it may be considered neglect. Some situations only need to occur once in order to be considered neglect, such as leaving an infant unattended in a bathtub. Because some behaviors are considered neglect only if they occur on a frequent basis, it is important to look at the history of behavior rather than focusing on one particular incident.

Types of Neglect

While neglect may be harder to define or to detect than other forms of child maltreatment, child welfare experts have created common categories of neglect, including physical neglect; medical neglect; inadequate supervision; environmental, emotional, and educational neglect; and newborns addicted or exposed to drugs, as well as some newly recognized forms of neglect. The following sections give detailed information on each of these types of neglect.

States' definitions of neglect are usually located in mandatory child maltreatment reporting statutes (civil laws), criminal statutes, or juvenile court jurisdiction statues. For more information about reporting laws, visit the *State Laws on Reporting Child Abuse and Neglect* section of the Child Welfare Information Gateway Web site at **http://www.childwelfare.gov/laws_policies/state/reporting.cfm**.

Framework for Neglect

Current theory on maltreatment views neglect from a socio-ecological perspective in which multiple factors contribute to child abuse and neglect.[16] From this perspective, one should consider not only the parent's role, but also the societal and environmental variables contributing to the parent's inability to provide for the basic needs of the child. [17] The socio-ecological model is valuable because it "recognizes the shared responsibility among individuals, families, communities, and society, thereby enabling a more constructive approach and targeting interventions on multiple levels."[18] Examples of factors to consider when looking at neglect from a socio-ecological perspective are social isolation and poverty. For more information about factors related to child neglect, see Chapter 4, *Risk and Protective Factors*.

It is important to keep in mind that not all incidents in which a person fails to provide for the basic needs for a child are necessarily considered neglect. Factors relating to the parent's health and well-being, such as mental illness, substance abuse, or domestic violence, often contribute to neglect. Any intervention for neglect will need to consider these factors as well.

Federal and State laws often assume that it is possible to determine clearly when parents have control over omissions in care and when they do not. For example, children may be poorly fed because their parents are poor and are unable to provide them with the appropriate type and amount of food. In such cases, it is important to identify factors that may be contributing to this inability to provide, such as mental illness. However, when a family consistently fails to obtain needed support or is unable to use information and assistance that is available, an intervention may be required. Having a comprehensive understanding of what may contribute to neglect can help determine appropriate interventions that address the basic needs of the child and family and also enhances professionals' and communities' abilities to develop and to use interventions, regardless of CPS involvement.[19]

Physical Neglect

Physical neglect is one of the most widely recognized forms. It includes:

- **Abandonment—**the desertion of a child without arranging for his reasonable care or supervision. Usually, a child is considered abandoned when not picked up within 2 days.
- **Expulsion—**the blatant refusal of custody, such as the permanent or indefinite expulsion of a child from the home, without adequately arranging for his care by others or the refusal to accept custody of a returned runaway.
- **Shuttling—**when a child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or the caregiver to maintain custody.
- **Nutritional neglect—**when a child is undernourished or is repeatedly hungry for long periods of time, which can sometimes be evidenced by poor growth. Nutritional neglect often is included in the category of "other physical neglect."
- **Clothing neglect—**when a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter.
- **Other physical neglect—**includes inadequate hygiene and forms of reckless disregard for the child's safety and welfare (e.g., driving while intoxicated with the child, leaving a young child in a car unattended).[20]

Medical Neglect

Medical neglect encompasses a parent or guardian's denial of or delay in seeking needed health care for a child as described below:

- **Denial of health care—**the failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition, or impairment. The CAPTA amendments of 1996 and 2003 contained no *Federal* requirement for a parent to provide any medical treatment for a child if that treatment is against the parent's religious beliefs. However, CAPTA also designates that there is no requirement that a *State* either find or be prohibited from finding abuse or neglect in cases where parents or legal guardians act in accordance with their religious beliefs. While CAPTA stipulates that all States must give authority to CPS to pursue any legal actions necessary 1) to ensure medical care or treatment to prevent or to remedy serious harm to a child or 2) to prevent the withholding of medically indicated treatment from a child with a life-threatening condition (except in the cases of withholding treatment from disabled infants), all determinations will be done on a case by case basis within the sole discretion of each State.[21]
- **Delay in health care—**the failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention. Examples of a delay in health care include not getting appropriate preventive

Homelessness and Neglect

It is unclear whether homelessness should be considered neglect; some States specifically omit homelessness by itself as neglect. Unstable living conditions can have a negative effect on children, and homeless children are more at risk for other types of neglect in areas such as health, education, and nutrition. Homelessness is "considered neglect when the inability to provide shelter is the result of mismanagement of financial resources or when spending rent resources on drugs or alcohol results in frequent evictions."[22]

medical or dental care for a child, not obtaining care for a sick child, or not following medical recommendations. Not seeking adequate mental health care also falls under this category. A lack or delay in health care may occur because the family does not have health insurance. Individuals who are uninsured often have compromised health because they receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, receive less therapeutic care.[23]

Inadequate Supervision

Inadequate supervision encompasses a number of behaviors, including:

- **Lack of appropriate supervision.** Some States specify the amount of time children at different ages can be left unsupervised, and the guidelines for these ages and times vary. In addition, all children are different, so the amount of supervision needed may vary by the child's age, development, or situation. It is important to evaluate the maturity of the child, the accessibility of other adults, the duration and frequency of unsupervised time, and the neighborhood or environment when determining if it is acceptable to leave a child unsupervised.[24]
- **Exposure to hazards.** Examples of exposure to in- and out-of-home hazards include:
  - Safety hazards—poisons, small objects, electrical wires, stairs, drug paraphernalia;
  - Smoking—second-hand smoke, especially for children with asthma or other lung problems;
  - Guns and other weapons—guns that are kept in the house that are loaded and not locked up or are in reach of children;
  - Unsanitary household conditions—rotting food, human or animal feces, insect infestation, or lack of running or clean water;
  - Lack of car safety restraints.[25]
- **Inappropriate caregivers.** Another behavior that can fall under "failure to protect" is leaving a child in the care of someone who either is unable or should not be trusted to provide care for a child. Examples of inappropriate caregivers include a young child, a known child abuser, or someone with a substance abuse problem.[26]
- **Other forms of inadequate supervision.** Additional examples of inadequate supervision include:
  - Leaving a child with an appropriate caregiver, but without proper planning or consent (e.g., not returning to pick up the child for several hours or days after the agreed upon pick-up time or not giving the caregiver all the necessary items to take care of the child);
  - Leaving the child with a caregiver who is not adequately supervising the child (e.g., the caregiver is with the child, but is not paying close attention to the child due to constantly being distracted by other activities);
  - Permitting or not keeping the child from engaging in risky, illegal, or harmful behaviors (e.g., letting a child smoke marijuana).[27]

Another common but complex example is single, working parents who are having difficulty arranging for appropriate back-up child care when their regular child care providers are unavailable. For example, a mother may leave her child home alone when the child care provider fails to show up. If the mother does not go to work, she can lose her job and will not be able to take care of her child. However, if she leaves the child alone, she will be guilty of neglect. It is important that parents in situations similar to this receive adequate support so that they are not forced to make these difficult decisions.

Environmental Neglect

Some of the characteristics mentioned above can be seen as stemming from environmental neglect, which is characterized by a lack of environmental

or neighborhood safety, opportunities, or resources. While children's safety and protection from hazards are major concerns for CPS, most attention focuses on the conditions in the home and parental omissions in care. A broad view of neglect incorporates environmental conditions linking neighborhood factors with family and individual functioning, especially since the harmful impact of dangerous neighborhoods on children's development, mental health, and child maltreatment has been demonstrated.[28] CPS workers should be aware of this impact on the family when assessing the situation and developing case plans. For example, they can help parents find alternative play areas in a drug-infested neighborhood, rather than have their children play on the streets.

Emotional Neglect

Typically, emotional neglect is more difficult to assess than other types of neglect, but is thought to have more severe and long-lasting consequences than physical neglect.[29] It often occurs with other forms of neglect or abuse, which may be easier to identify, and includes:

- **Inadequate nurturing or affection**—the persistent, marked inattention to the child's needs for affection, emotional support, or attention.
- **Chronic or extreme spouse abuse**—the exposure to chronic or extreme spouse abuse or other domestic violence.
- **Permitted drug or alcohol abuse**—the encouragement or permission by the caregiver of drug or alcohol use by the child.
- **Other permitted maladaptive behavior**—the encouragement or permission of other maladaptive behavior (e.g., chronic delinquency, assault) under circumstances where the parent or caregiver has reason to be aware of the existence and the seriousness of the problem, but does not intervene.
- **Isolation**—denying a child the ability to interact or to communicate with peers or adults outside or inside the home.[30]

Educational Neglect

Although State statutes and policies vary, both parents and schools are responsible for meeting certain requirements regarding the education of children. Types of educational neglect include:

- **Permitted, chronic truancy**—permitting habitual absenteeism from school averaging at least 5 days a month if the parent or guardian is informed of the problem and does not attempt to intervene.
- **Failure to enroll or other truancy**—failing to homeschool, to register, or to enroll a child of mandatory school age, causing the child to miss at least 1 month of school without valid reasons.
- **Inattention to special education needs**—refusing to allow or failing to obtain recommended remedial education services or neglecting to obtain or follow through with treatment for a child's diagnosed learning disorder or other special education need without reasonable cause.[31]

Newborns Addicted or Exposed to Drugs

As of 2005, 24 States had statutory provisions requiring the reporting of substance-exposed newborns to CPS.[32] Women who use drugs or alcohol during pregnancy can put their unborn children at risk for mental and physical disabilities. The number of children prenatally exposed to drugs or to alcohol each year is between 409,000 and 823,000.[33] One study showed that drug-exposed newborns constitute as many as 72 percent of the babies abandoned in hospitals.[34] Another study found that 23 percent of children prenatally exposed to cocaine were later abused or neglected, compared with 3 percent who were not prenatally exposed.[35] To address the needs of these children, the Keeping Children and Families

Safe Act of 2003 (P.L. 108-36, sec. 114(b)(1)(B)) mandated that States include the following in their CAPTA plans:

> (ii) Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—
>
> > (I) establish a definition under Federal law of what constitutes child abuse; or
> >
> > (II) require prosecution for any illegal action.
>
> (iii) The development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms;
>
> (iv) Procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports.

Signs of Possible Neglect

It can be difficult to observe a situation and to know for certain whether neglect has occurred. Behaviors and attitudes indicating that a parent or other adult caregiver may be neglectful include if he or she:

- Appears to be indifferent to the child;
- Seems apathetic or depressed;
- Behaves irrationally or in a bizarre manner;
- Abuses alcohol or drugs;
- Denies the existence of or blames the child for the child's problems in school or at home;
- Sees the child as entirely bad, worthless, or burdensome;
- Looks to the child primarily for care, attention, or satisfaction of emotional needs.[36]

Indicators of neglect are more likely to be visible in the appearance or behavior of the child. Mandatory reporters and concerned individuals should consider reporting possible neglect if they notice that a child:

Methamphetamine Use and Child Maltreatment

In addition to the problem of prenatal drug use, the rise in methamphetamine abuse also has had a strong impact on child maltreatment. U.S. Attorney General Alberto Gonzales recently proclaimed "in terms of damage to children and to our society, meth is now the most dangerous drug in America."[37] Children whose parents use methamphetamine are at a particularly high risk for abuse and neglect. Methamphetamine is a powerfully addictive drug, and individuals who use it can experience serious health and psychiatric conditions, including memory loss, aggression, violence, psychotic behavior, and potential coronary and neurological damage.[38] The drug is relatively easy to make, exposing many children of methamphetamine users to the additional risks of living in or near a methamphetamine lab. In 2003, 3,419 children either were residing in or visiting a methamphetamine lab that was seized, and 1,291 children were exposed to toxic chemicals in these labs.[39] For more information on this epidemic, go to **http://www.whitehousedrugpolicy.gov/news/press05/meth_factsheet**.

- Wears soiled clothing or clothing that is significantly too small or large or is often in need of repair;
- Seems inadequately dressed for the weather;
- Always seems to be hungry; hoards, steals, or begs for food; or comes to school with little food;
- Often appears listless and tired with little energy;
- Frequently reports caring for younger siblings;
- Demonstrates poor hygiene, smells of urine or feces, or has dirty or decaying teeth;
- Seems emaciated or has a distended stomach (indicative of malnutrition);
- Has unattended medical or dental problems, such as infected sores;
- States that there is no one at home to provide care.[40]

Scope of the Problem

According to the National Child Abuse and Neglect Data System (NCANDS), in 2004, an estimated three million referrals were made to CPS, representing 5.5 million children. From this population, approximately 872,000 children were found to be victims of maltreatment, and 64.5 percent of these children were neglected. In comparison, 18 percent of maltreated children were physically abused, 10 percent were sexually abused, and 7 percent were psychologically maltreated. Additionally, 15 percent of victims were associated with "other" types of maltreatment, such as abandonment or congenital drug addiction. A child could be identified as a victim of more than one type of maltreatment.[41]

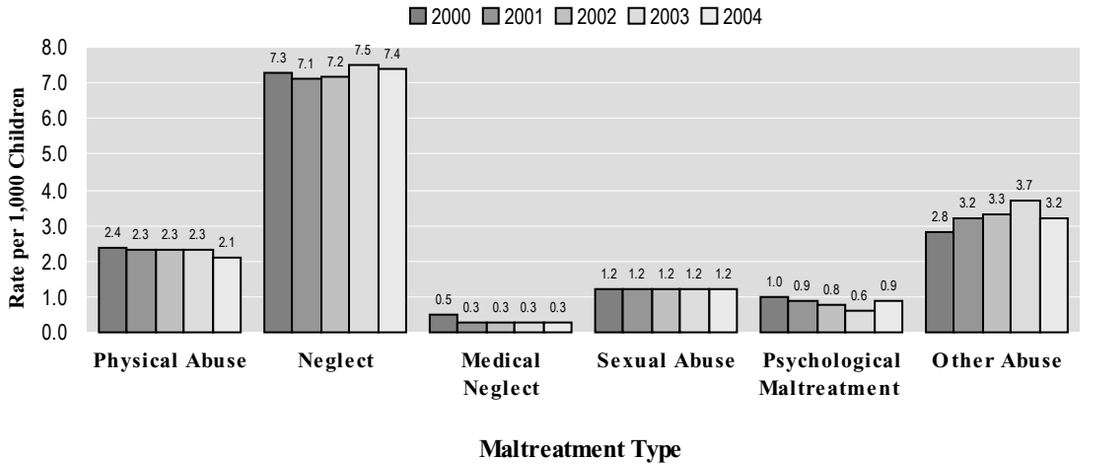
From 2000 to 2004, the rates of neglect were nearly stable. In 2004, approximately 7.4 out of every 1,000 children in the general population were reported as being neglected. Medical neglect is listed separately, but it also has experienced nearly stable rates, fluctuating between 0.5 children per 1,000 in 2000 and 0.3 children per 1,000 in 2004.[42] Exhibit 2-1 shows the victimization rate by maltreatment type from 2000 to 2004.

However, according to the Third National Incidence Study of Child Abuse and Neglect (NIS-3), less than one-third of child abuse and neglect cases are reported to CPS.[43] Data from NIS-3 show that the rates of child neglect may be even higher than noted in the NCANDS data, with 13.1 children per 1,000 being neglected.[44] Within the category of neglect, physical neglect was the most commonly occurring type and included abandonment; medical neglect; inadequate nutrition, clothing, or hygiene; and leaving a young child unattended in a motor vehicle.[45]

Mandatory Reporters

Mandatory reporters are individuals who are required by law to report cases of suspected child abuse or neglect. They can face criminal and civil liability for not doing so. In approximately 18 States, anyone who suspects child abuse or neglect is considered a mandatory reporter.[46] In most States, mandatory reporters are required to make a report immediately upon having suspicion or knowledge of an abusive or neglectful situation. This initial report may be made orally to either CPS or a law enforcement agency. Examples of individuals who typically are listed as mandatory reporters include physicians, social workers, educators, mental health professionals, child care providers, medical examiners, and police. Every State has statutes that specify procedures for mandatory reporters to follow when making a report of child abuse or neglect. For more information about State laws regarding mandatory reporters, see **http://www.childwelfare.gov/laws_policies/state/reporting.cfm**.

Exhibit 2-1
Victimization Rates by Maltreatment Type, 2000–2004[47]



Spotlight on Chronic Neglect

One issue in defining child neglect involves consideration of "incidents" of neglect versus a pattern of behavior that indicates neglect. Susan J. Zuravin, Ph.D., at the University of Maryland at Baltimore School of Social Work, recommends that if some behaviors occur in a "chronic pattern," they should be considered neglectful. Examples include lack of supervision, inadequate hygiene, and failure to meet a child's educational needs. This suggests that rather than focusing on individual incidents that may or may not be classified as "neglectful," one should look at an accumulation of incidents that may together constitute neglect.

In most CPS systems, however, the criteria for identifying neglect focus on recent, distinct, verifiable incidents. Dr. Zuravin notes that "if CPS focuses only on the immediate allegation before them and not the pattern reflected in multiple referrals, then many neglected children will continue to be inappropriately excluded from the CPS system."[48] For example, a family exhibiting a pattern of behavior that may constitute neglect might have frequent CPS reports of not having enough food in the home or keeping older children home from school to watch younger children. However, since each individual report may not be considered neglect, the family may not receive the appropriate support or be served by the CPS system. Additionally, many definitions of neglect that address chronicity do not identify what it means (e.g., What does "frequent reports of not having enough food in the home" mean? Twice per week? Twice per month?). This may prevent CPS caseworkers from consistently applying the child maltreatment laws in these cases.

One study found that many children who had been referred to CPS for neglect did not receive services because their cases did not meet the criteria for neglect. It found, however, that all of these children had, in fact, suffered severe developmental consequences. In recognition of this issue, the Missouri Division of Family Services assigned one of its CPS staff as a chronic neglect specialist and defined chronic neglect as "…a persistent pattern of family functioning in which the caregiver has not sustained and/or met the basic needs of the children, which results in harm to the child."[49] The focus here was on the accumulation of harm. CPS and community agencies are recognizing the importance of early intervention and service provision to support families so that neglect does not become chronic or lead to other negative consequences.[50] For more information on this topic, see *Acts of Omission: An Overview of Child Neglect* at **http://www.childwelfare.gov/pubs/focus/acts**.

Recurrence

Recurrence of child abuse and neglect remains a very serious problem. It has been shown that subsequent referrals of maltreatment are most often for neglect (and, specifically, lack of supervision), regardless of the type of maltreatment in the initial referral.[51] These findings highlight the need to screen for neglect and to provide preventive services where needed, not just for those cases initially identified as neglect.[52] It is important to know the extent to which children who have been in contact with CPS are victims of repeat maltreatment in order to protect them and to prevent its recurrence.[53]

Through the Child and Family Services Reviews (CFSRs), which are a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for the children and families they serve, the Children's Bureau set a national standard for recurrence of maltreatment, which is measured using NCANDS data. The percent of States that met the national standard increased from 29.4 percent of all States in 2000 to 42.2 percent of States in 2004.[54] (See Appendix D, *Neglect and the Child and Family Services Reviews*, for more information on CFSR findings.) One study on recurrence that followed families for 5 years defined recurrence as "any confirmed report of physical abuse, sexual abuse, or neglect on any child in the family that occurred at least 1 day following the index incident report date."[55] Of the 43 percent of families in the study that experienced at least one incident of recurrence of maltreatment within 5 years of the original incident, 64 percent of them were classified as neglect. This study also found that 52 percent of families who experienced repeated maltreatment had only one recurrence. The highest probability for recurrence was within the first 30 days of the original occurrence of maltreatment.[56]

Child Neglect Fatalities

An estimated 1,490 children died from abuse or neglect in 2004. This is a rate of 2.03 deaths per 100,000 children, which is comparable to the rate of 2.00 per 100,000 children in 2003.[57]

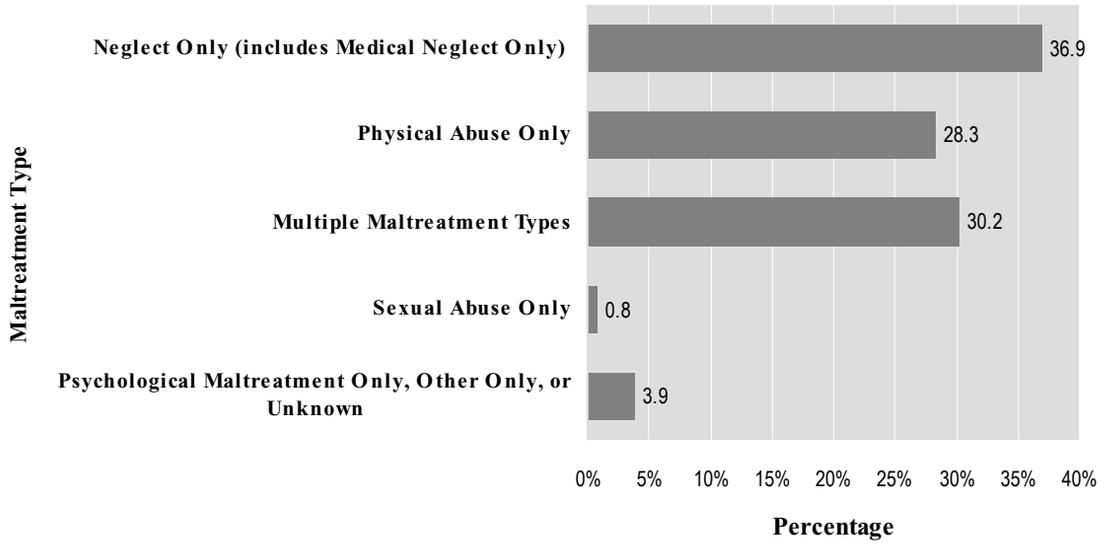
The distinction between child neglect fatalities and child abuse fatalities is that deaths from neglect result from a failure to act, whereas deaths from abuse result from a physical act. Fatalities due to child neglect may offer less obvious clues as to who is responsible and how the death occurred than fatalities due to abuse. Deaths due to child neglect, therefore, often are more difficult to investigate and prosecute. This also causes difficulty in determining the overall number of fatalities due to child neglect. In fact, one study estimated that 85 percent of child maltreatment fatalities are not recorded as such on death certificates.[58] Other studies conducted in Colorado and North Carolina estimated that 50 to 60 percent of deaths due to child maltreatment were not recorded and that child neglect is the most under-recorded form of fatal maltreatment.[59] Differing definitions of child homicide, abuse, and neglect, as well as the lack of thorough investigations into some child fatalities, also may be responsible for this underreporting.

Child neglect fatalities usually result from inadequate supervision, chronic physical neglect, or medical neglect and may result from chronic inaction (e.g., malnourishment) or from an acute incident (e.g., an unsupervised child drowning in a pool). The child's home is the most common place for a child neglect fatality to occur, and the bathroom is the most common room in which the death occurs. Often these children die from drowning or from fires that occur while they are unsupervised.[60] Other examples of neglect fatalities include dying from falls from unprotected windows, suffocation, poisoning, and not receiving needed medical care.

Exhibit 2-2 shows the type of maltreatment associated with child fatalities in 2004.

As these statistics in Exhibits 2-1 and 2-2 illustrate, child neglect is the largest form both of child maltreatment and of fatalities due to maltreatment.

Exhibit 2-2
Fatalities by Type of Maltreatment, 2004[61]



CHAPTER 3
Impact of Neglect

The impact of neglect on a child may not be apparent at an early stage except in the most extreme cases. However, the effects of neglect are harmful and possibly long-lasting for the victims. Its impact can become more severe as a child grows older and can encompass multiple areas, including:

- Health and physical development;
- Intellectual and cognitive development;
- Emotional and psychological development;
- Social and behavioral development.

Although there are four categories of neglect's effects on an individual, they often are related. For example, if a child experiences neglect that leads to a delayed development of the brain, this may lead to cognitive delays or psychological problems, which may manifest as social and behavioral problems. Because neglected children often experience multiple consequences that may be the result of neglect and related circumstances in their lives, it may be difficult to determine if the impact is related specifically to the neglect, is caused by another factor, or arises from a combination of factors. The impact of neglect can vary based on:

- The child's age;
- The presence and strength of protective factors;
- The frequency, duration, and severity of the neglect;
- The relationship between the child and caregiver.[62]

The negative impacts of neglect are often associated with the various outcomes children experience in the child welfare system. For example, some of the developmental and health problems linked to neglect are related to higher rates of placement in out-of-home care, a greater number of out-of-home placements, longer out-of-home placements, and a decreased likelihood of children residing with their parents when discharged from foster care.[63]

Research shows that the first few years of children's lives are crucial and sensitive periods for development. During these years, neural synapses are formed at a very high rate. After the age of 3, synapses start to be "pruned," and certain pathways that are not used may be discarded. Studies supporting the idea of a sensitive developmental period show that maltreated infants suffer from greater developmental disabilities than those children who were maltreated later in childhood.[64] One example of this is the ability to form attachments with one's primary caregiver. If this process is disrupted early in children's lives, they may have difficulty forming healthy relationships throughout their lives. Although learning can happen throughout life, it often is more difficult for children who were deprived of certain types of early stimulation.

Programs, such as Early Head Start and other infancy and early childhood programs, acknowledge that the first few years of life are extremely significant for development. (For more information on Early Head Start, see Chapter 6, *Child Neglect Prevention and Intervention*.) Child welfare laws and interventions, however, often do not provide or authorize the resources necessary to protect children from neglect during these critical years. Unless children show clear physical signs of neglect, intervention often is unlikely to be mandated. Thus, for many cases of emotional neglect, and especially for young children who cannot tell others about the neglect, interventions may occur too late or not at all. If interventions finally occur, the children may be past critical developmental points and could suffer from deficiencies throughout their lives.[65] Therefore, it is important that professionals working with young children be able to recognize the possible signs of neglect in order to intervene and to keep children from suffering further harm.

Health and Physical Development

Studies show that neglected children can be at risk for many physical problems, including failure to thrive, severe diaper rash and other skin infections, recurrent and persistent minor infections, malnourishment, and impaired brain development. Because neglect includes medical neglect, other health problems can arise from the failure of the parents to obtain necessary medical care for their children. If children do not receive the proper immunizations, prescribed medications, necessary surgeries, or other interventions, there can be serious consequences, such as impaired brain development or poor physical health. The impact of a delay in or lack of treatment might be noticeable immediately or may not be apparent for several weeks, months, or even years.[66] For example, a child who does not receive proper dental care might be all right in the short term, but suffer from tooth decay and gum disease later in life. Children with diabetes may be fine without treatment for a short while, but an extended delay in treatment could have serious consequences and possibly result in death.

Impaired Brain Development

In some cases, child neglect has been associated with a failure of the brain to form properly, which can lead to impaired physical, mental, and emotional development. The brain of a child who has been maltreated may develop in such a way that it is adaptive for the child's negative environment, but is maladaptive for functional or positive environments. A maltreated child's brain may adapt for day-to-day survival, but may not allow the child to develop fully healthy cognitive and social skills.[67] In one study, neglected children had the highest proportion of later diagnoses of mental retardation, which may be due to not getting the necessary care and stimulation for proper brain development. Children who are neglected early in life may remain in a state of "hyper-arousal" in which they are constantly anticipating threats, or they may experience dissociation with a decreased ability to benefit from social, emotional, and cognitive experiences. To be able to learn, a child's brain needs to be in a state of "attentive calm," which is rare for maltreated children. If a child is unable to learn new information, this may cause some areas of the brain to remain inactive, possibly resulting in delayed or stunted brain growth. It also can impair functioning later in life and may lead to the child being anxious, acting overly aggressive, or being withdrawn.[68]

Children who have experienced global neglect, defined as neglect in more than one category, may have significantly smaller brains than the norm. This could be indicative of fewer neuronal pathways available for learning and may lead the children to be at an intellectual disadvantage for their entire lives.[69]

Poor Physical Health

The physical problems associated with neglect may start even before an infant is born, such as when the mother has had little or no prenatal care or smoked during pregnancy. These children may be born prematurely and have complications at birth. Neglected children also can have severe

Impact on the Brain of Prenatal Exposure to Alcohol and Drugs

Exposure to alcohol and drugs in utero may cause impaired brain development for the fetus. Studies have shown that prenatal exposure to drugs may alter the development of the cortex, reduce the number of neurons that are created, and alter the way chemical messengers function. This may lead to difficulties with attention, memory, problem solving, and abstract thinking. However, findings are mixed and may depend on what drug is abused. Alcohol abuse has been found to have some of the most detrimental effects on infants, including mental retardation and neurological deficits. One problem with determining the impact of substance abuse on a fetus is isolating whether the negative outcomes are directly associated with the alcohol or drug exposure or with other factors, such as poor prenatal care or nutrition, premature birth, or adverse environmental conditions after birth.[70]

physical injuries, possibly due to the inattention of their parents, such as central nervous system and craniofacial injuries, fractures, and severe burns. They also may be dirty and unhygienic, leading to even more health problems, such as lice or infections. Children also may be exposed to toxins that could cause anemia, cancer, heart disease, poor immune functioning, and asthma. For example, exposure to indoor and outdoor air pollutants, such as ozone, particulate matter, and sulphur dioxide, can cause the development of asthma or increase the frequency or severity of asthma attacks.[71] Additionally, children may have health problems due to a lack of medical attention for injury or illness, including chronic health problems. Neglected children may suffer from dehydration or diarrhea that can lead to more severe problems if unattended.

A medical condition associated with child neglect is "failure to thrive," which can be defined as "children whose growth deviates significantly from the norms for their age and gender."[72] This condition typically occurs in infants and toddlers under the age of 2 years. Failure to thrive can be manifested as significant growth delays, as well as:

- Poor muscle tone;
- Unhappy or minimal facial expressions;
- Decreased vocalizations;
- General unresponsiveness.[73]

Failure to thrive can be caused by organic or nonorganic factors, but some doctors may not make such a sharp distinction because physical and behavioral causes often appear together. With organic failure to thrive, the child's delayed growth can be attributed to a physical cause, usually a condition that inhibits the child's ability to take in, digest, or process food. When failure to thrive is a result of the parent's neglectful behavior, it is considered nonorganic.

Treatment for failure to thrive depends on the cause of the delayed growth and development, as well as the child's age, overall health, and medical history. For example, delayed growth due to nutritional factors can be addressed by educating the parents on an appropriate and well-balanced diet for the child. Additionally, parental attitudes and behavior may contribute to a child's problems and need to be examined. In many cases, the child may need to be hospitalized initially to focus on implementation of a comprehensive medical, behavioral, and psychosocial treatment plan.[74] Even with treatment, failure to thrive may have significant long-term consequences for children, such as growth retardation, diminished cognitive ability, mental retardation, socio-emotional deficits, and poor impulse control.[75]

Impact of Malnutrition on Children

Malnutrition, especially early in a child's life, has been shown to lead to stunted brain growth and to slower passage of electrical signals in the brain. Malnutrition also can result in cognitive, social, and behavioral deficits.[76] Iron deficiency, the most common form of malnutrition in the United States, can lead to the following problems:

- Cognitive and motor delays;
- Anxiety;
- Depression;
- Social problems;
- Problems with attention.[77]

Intellectual and Cognitive Development

Research shows that neglected children are more likely to have cognitive deficits and severe academic and developmental delays when compared with non-neglected children. When neglected children enter school, they may suffer from both intellectual and social disadvantages that cause them to become frustrated and fall behind.[78] One study found that individuals at 28 years of age who suffered from childhood neglect scored lower on IQ and reading ability tests, when controlling for age, sex, race, and social class, than people who were not neglected as children.[79] Other studies have found that, although both abused and neglected children exhibited language delays or disorders, the problems were more severe for neglected children.[80] Furthermore, neglected children have the greatest delays in expressive and receptive language when compared with abused and nonmaltreated children.[81] When compared to physically abused children, neglected children have academic difficulties that are more serious and show signs of greater cognitive and socio-emotional delays

Impact of Neglect on Academic Performance

Neglect can negatively affect a child's academic performance. Studies have found that:

- Children placed in out-of-home care because of abuse or neglect have below-average levels of cognitive capacity, language development, and academic achievement.
- Neglected children demonstrated a notable decline in academic performance upon entering junior high school.
- Children who were physically neglected were found to have significantly lower IQ scores at 24 and 36 months and the lowest scores on standardized tests of intellectual functioning and academic achievement in kindergarten when compared with children who had experienced either no maltreatment or other forms of maltreatment.
- Neglected children, when compared with nonmaltreated children, scored lower on measures of overall school performance and tests of language, reading, and math skills.
- Neglected boys, but not girls, were found to have lower full-scale IQ scores than physically abused and nonmaltreated children. [82]

at a younger age. These academic difficulties may lead to more referrals for special education services.[83]

There are also language problems associated with neglect. In order for babies to learn language, they need to hear numerous repetitions of sounds before they can begin making sounds and eventually saying words and sentences. Language development may be delayed if the parent or other caregiver does not provide the necessary verbal interaction with the child.

Emotional, Psychosocial, and Behavioral Development

Neglect can have a strong impact on, and lead to problems in, a child's emotional, psychosocial, and behavioral development. As with other effects already mentioned, these may be evident immediately after the maltreatment or not manifest themselves until many months or years later. Exhibit 3-1 is a listing of emotional, psychosocial, and behavioral problems associated with neglect.

Emotional and Psychosocial Consequences

All types of neglect, and emotional neglect in particular, can have serious psychosocial and emotional consequences for children. Some of the short-term emotional impacts of neglect, such as fear, isolation, and an inability to trust, can lead to lifelong emotional and psychological problems, such as low self-esteem.[84]

A major component of emotional and psychosocial development is attachment. Children who have experienced neglect have been found to demonstrate higher frequencies of insecure, anxious, and avoidant attachments with their primary caregivers than nonmaltreated children.[85] In fact, studies have demonstrated that 70 to 100 percent of maltreated infants form insecure attachments with their caregivers.[86] Often, emotionally neglected children have learned from their relationships with their primary caregivers that they will not be able to have their needs met by others. This may cause a child not to try to solicit warmth or help from others. This behavior may in turn cause teachers or peers not to offer help or support, thus reinforcing the negative expectations of the neglected child.[87] One mitigating factor, however, may be having an emotionally supportive adult, either within or outside of the family, such as a grandparent or a teacher, available during childhood. Another mitigating factor may be having a loving, accepting spouse or close friend later in life.[88]

Neglected children who are unable to form secure attachments with their primary caregivers may:

- Become more mistrustful of others and may be less willing to learn from adults.
- Have difficulty understanding the emotions of others, regulating their own emotions, or forming and maintaining relationships with others.
- Have a limited ability to feel remorse or empathy, which may mean that they could hurt others without feeling their actions were wrong.
- Demonstrate a lack of confidence or social skills that could hinder them from being successful in school, work, and relationships.
- Demonstrate impaired social cognition, which is one's awareness of oneself in relation to others and an awareness of other's emotions. Impaired social cognition can lead a person to view many social interactions as stressful.[89]

Exhibit 3-1
Neglect and Emotional, Psychosocial, and Behavioral Problems

Neglected children, even when older, may display a variety of emotional, psychosocial, and behavioral problems which may vary depending on the age of the child. Some of these include:

- Displaying an inability to control emotions or impulses, usually characterized by frequent outbursts;
- Being quiet and submissive;
- Having difficulty learning in school and getting along with siblings or classmates;
- Experiencing unusual eating or sleeping behaviors;
- Attempting to provoke fights or solicit sexual interactions;
- Acting socially or emotionally inappropriate for their age;
- Being unresponsive to affection;
- Displaying apathy;
- Being less flexible, persistent, and enthusiastic than non-neglected children;
- Demonstrating helplessness under stress;
- Having fewer interactions with peers than non-neglected children;
- Displaying poor coping skills;
- Acting highly dependent;
- Acting lethargic and lackluster;
- Displaying self-abusive behavior (e.g., suicide attempts or cutting themselves);
- Exhibiting panic or dissociative disorders, attention-deficit/hyperactivity disorder, or post-traumatic stress disorder;
- Suffering from depression, anxiety, or low self-esteem;
- Exhibiting juvenile delinquent behavior or engaging in adult criminal activities;
- Engaging in sexual activities leading to teen pregnancy or fatherhood;
- Having low academic achievement;
- Abusing alcohol or drugs.[90]

Societal Consequences

Society pays for many of the consequences of neglect. There are large monetary costs for maintaining child welfare systems, judicial systems, law enforcement, special education programs, and physical and mental health systems that are needed to respond to and to treat victims of child neglect and their families. Many indirect societal consequences also exist, such as increased juvenile delinquency, adult criminal activity, mental illness, substance abuse, and domestic violence. There may be a loss of productivity due to unemployment and underemployment associated with neglect. Additionally, supporting children who have developmental delays because of malnutrition often is much more costly than providing adequate nutrition and care to poor women and children.[91]

Behavioral Consequences

Neglected children may suffer from particular behavioral problems throughout life. Research shows that children who are exposed to poor family management practices are at a greater risk of developing conduct disorders and of participating in delinquent behavior.[92] Neglected children also may be at risk for repeating the neglectful behavior with their own children. Research also shows that neglected children do not necessarily perceive their upbringing to be abnormal or dysfunctional and may model their own parenting behavior on the behavior of their parents. One study estimates that approximately one-third of neglected children will maltreat their own children.[93]

Early Prevention and Intervention

The incidence of neglect and the harm it does to children can be reduced or mitigated through early prevention and intervention programs. Although the effectiveness of these programs has not been studied adequately, they are most effective when they are comprehensive and long-term.[94] With the effects of neglect being especially damaging during infancy, it also is important to work with families as early as possible—even before the baby is born.[95] Two promising early prevention and intervention programs are the Olds model and Project STEEP (Steps Toward Effective, Enjoyable Parenting). The Olds model utilizes intensive nurse home visiting during pregnancy and through age 2 of the child. The program had positive effects on parenting attitudes and behavior and on reports of child maltreatment.[96] Project STEEP includes home visitation and group support and education for expectant mothers and seeks to enhance mother-infant relationships. In the initial implementation of this program, mothers in the experimental group demonstrated a better understanding of child development, better life management skills, fewer depressive symptoms, fewer repeat pregnancies within 2 years of the birth of their baby, and greater sensitivity to their child's cues and signals.[97]

CHAPTER 4
Risk and Protective Factors

Neglect occurs to children of all races, socio-economic classes, religions, family structures, and communities. However, there are some factors that appear to make children more or less likely to be neglected. Having one or more risk factors does not necessarily mean that a child will be neglected; families and children react to personal and societal factors differently. But they are warning signs, nevertheless.

One or two major risk factors for neglect may have little effect on a child's development, but having three or more risk factors exponentially increases the potential for developmental problems. Risk factors may be cumulative so that the more risk factors a child or family is exposed to over the course of the child's development, the greater the potential for problems to arise.[98] The risk and protective factors in a child or family's life also may interact with each other. Exhibit 4-1 provides a conceptual model of the interplay of various risk and protective factors related to child neglect.

An instance of possible neglect may be related to one or more contributing factors. For example, if a child is exposed to lead paint in the home, there may be many contributing factors to the neglect. The parent may be unwilling or unable to move to a home where lead paint is not present, the landlord may be unwilling to remove the lead paint from the walls, the city may not have an adequate lead abatement program, or the community may not have placed enough emphasis on making sure that low-income housing is safe.[99] The caseworker would need to assess the situation to determine if this is a case of neglect by the parent.

Child welfare professionals and others who interact regularly with children and families should be able to recognize risk factors so that they can identify situations where neglect is likely and determine the most effective interventions. This chapter highlights several types of risk and protective factors—environmental, family, parent or caregiver, and child—for neglect.

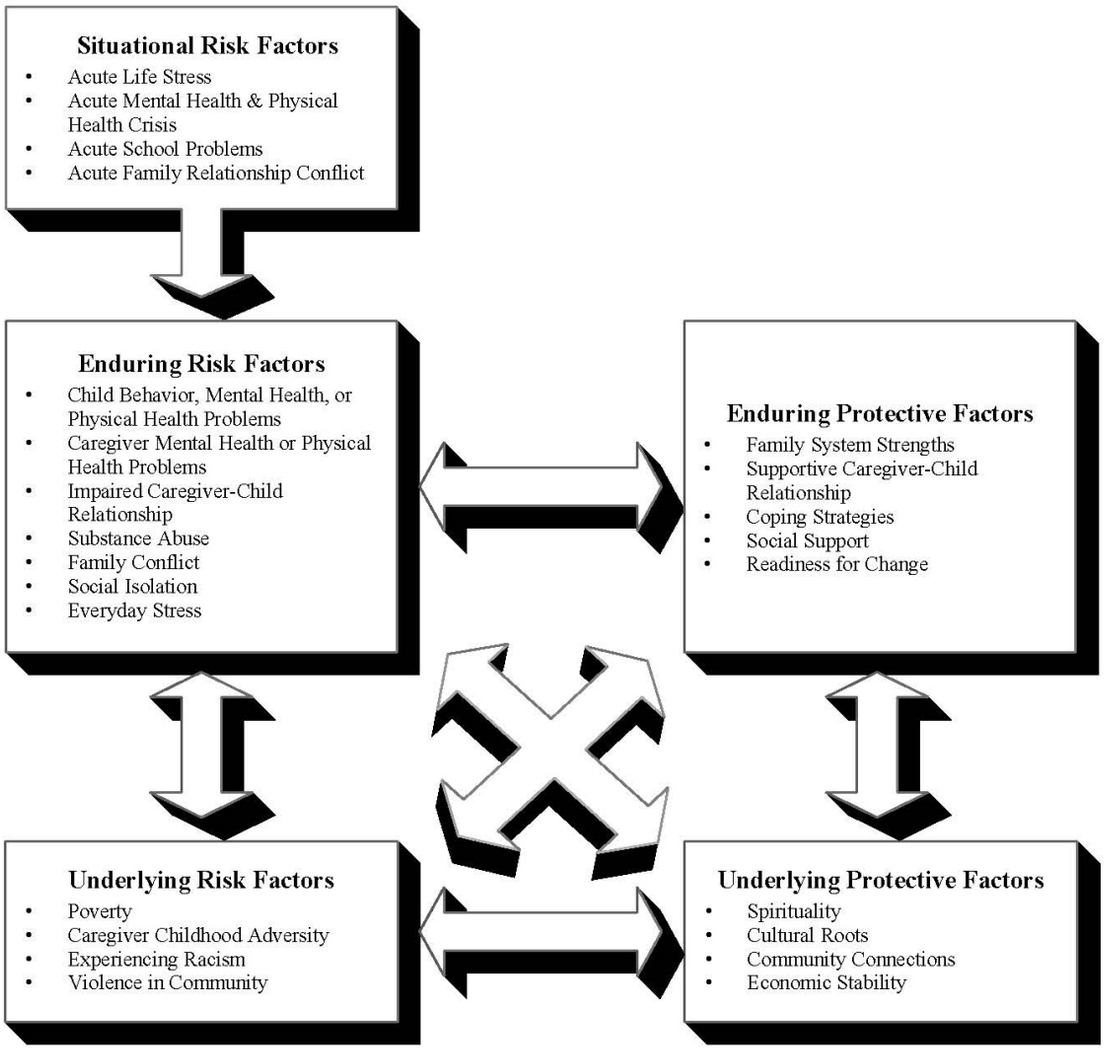
Environmental Factors

Neglectful families do not exist in a vacuum; numerous environmental factors can contribute to child neglect. Some of these include poverty, community and society characteristics, and access to social supports. These factors may be interrelated (e.g., families who are poor often live in high-risk or unsafe communities or lack social supports).

Poverty

The level of child well-being in a State is strongly associated with its rate of child poverty.[100] While child poverty has declined over the past decade, it currently stands at 17.6 percent.[101] Compared to other types of child maltreatment, neglect is more directly associated with poverty.[102] Of course, most poor people do not neglect or otherwise maltreat their

Exhibit 4-1
Conceptual Model of Child Neglect[103]



children, but poverty, when combined with other risk factors, such as substance abuse, social isolation, financial uncertainty, continual family chaos, or a lack of available transportation and affordable child care can put a child at greater risk for neglect.[104] Another study found that within an economically disadvantaged sample, particular aspects of poverty are more strongly correlated with physical neglect reports than others.[105] For example, the *perception* by the caregiver of economic hardship was positively correlated with child neglect, even more than actual variations in household incomes. Therefore, self-reports of economic hardship may be an important signal for engaging in interventions with families to prevent subsequent neglect. In contrast, employment had an inverse relationship to reports of physical neglect. No difference existed between income groups for rates of fatal injury or emotional neglect.[106]

It is important to note that many poor families are well adjusted and competent; they have healthy marriages and do not express their stress in violent or otherwise hurtful ways. Many children who live in poverty are able to perform well in school, are socially well-adjusted, do not engage in illegal activities, and are not poor as adults. These children may have protective factors, such as affectionate parents, high self-esteem, or a role model, that help them to achieve these positive outcomes.[107]

As discussed in Chapter 2, *Definition and Scope of Neglect*, many States include an exception for poverty in their definitions of neglect. There is usually a distinction between a caregiver's inability to provide the needed care based on the lack of financial resources and a caregiver's knowing reluctance or refusal to provide care, even though the initial effect on the child is the same.[108] For example, a family may not be able to afford food for their children; therefore, their children's basic nutritional needs will not be met. If the parents do not know about food assistance, they would not be considered neglectful, but if they have been told about a food assistance program and failed to use it, they may be guilty of neglect.

Community Characteristics

Children who live in dangerous neighborhoods have been found to be at higher risk for neglect than children in safer neighborhoods. One study suggests a relationship between unsafe or dangerous housing conditions and the adequacy of children's physical needs being met in the areas of nutrition, clothing, and personal hygiene.[109] These communities also are associated with less social contact or support, which is another risk factor for neglect.[110] Other characteristics of these distressed neighborhoods include high levels of truancy, low academic achievement, high juvenile arrest rates, and high teen birth rates. When stressful living conditions continue over time, families in these neighborhoods are more likely to be reported to child protective services (CPS) for child neglect.[111]

Children living in unsafe neighborhoods may be exposed to hazards in the neighborhood or in their house or apartment that may lead to incidents of neglect.[112] For example, if a family lives in a house with lead paint or in a neighborhood with a high prevalence of drug abuse, children may be exposed to these hazards, leading to neglect allegations. Conversely, children living in safe communities and neighborhoods are less likely to be exposed to these types of hazards and may be more likely to have neighbors and other community members who are able to offer structure and monitoring. Furthermore, communities with affordable child care and good public transportation can contribute to the ability of parents and other caregivers to care for their children.[113] Neighborhood or community factors that can play a role in child neglect include:

- The accessibility of health care, social services, and affordable child care;
- Acceptance of violence or neglect in the community;
- Narrow legal definitions of neglect (e.g., laws that do not include chronicity of incidents);

- Political or religious views that discourage any outside intervention with families, no matter how detrimental the neglect may be on the children (e.g., cults, such as the Family of God, that promote isolation from the community, remove children from their mothers at birth, and prevent any visible means of support).[114]

Social Support

Families with healthy support networks have more access to models of suitable parental behavior. In addition, they have more friends, family, or neighbors who may be willing to act as alternative caregivers or to provide additional support or nurturance to both the parent and the child. Impoverished communities often lack positive informal and formal support systems for families.[115] Social support can take many forms, including:

- Emotional support;
- Tangible support;
- Decision-making or problem-solving assistance;
- Support related to self-esteem;
- Social companionship.[116]

Social support is provided by:

- Relatives;
- Neighbors;
- Friends;
- Schools;
- Employers;
- Health and mental health service agencies;
- Religious institutions;
- Recreational programs;
- After-school programs and sports;
- Other community groups and organizations.[117]

Studies on social isolation and child neglect have compared parents who maltreat their children with parents who do not. These studies found that parents who maltreat their children:

- Report more isolation and loneliness;
- Report less social support;
- Have smaller social networks;
- Receive less social and emotional support from their social networks;
- Have fewer contacts with others in their social networks;
- Perceive the support they receive as less positive than non-neglecting parents;
- May be more likely to distrust available social support;
- May perceive, rightly or wrongly, that their neighborhoods are less friendly and their neighbors less helpful.[118]

Social support is important not only for parents but also for children. Social supports offer children both emotional and physical resources that may either protect them from neglect or help them to achieve better outcomes if they have been neglected. However, children may not be aware of some of the therapeutic aid, social services, or school supports that are available to them without the assistance of someone within their social network. Supportive adults may be able to serve as substitute attachment figures if a child's parents or other caretakers are unable to fill this role. Research shows that the presence of one or more positive and significant individuals in a child's life may act as a buffer against negative outcomes due to child abuse or neglect. Supportive adults may be able to look out for children and possibly protect them from neglect. For a child who is in an out-of-home placement, a positive relationship with a foster parent might serve as a protective factor.[119]

Family Factors

Several family characteristics are associated with higher rates of neglect. Some life situations, such as marital problems, domestic violence, single parenthood, unemployment, and financial stress, can increase the likelihood that neglect will occur. Although these characteristics may not cause maltreatment, they are possible risk factors for neglect. Some family characteristics that may lead to neglect can be categorized as communication and interaction patterns, family composition, domestic violence, and family stress.

Communication and Interaction Patterns

Characteristics of families that are more likely to have positive outcomes include cohesion; emotional support for one another; and parents or caregivers who are warm, involved with their children, and firm and consistent in their discipline methods. Families that share similar beliefs, rituals, or values in such matters as financial management and the use of leisure time also appear to offer some protection. Having a strong familial sense of culture and spirituality also helps.[120] In addition, a father's involvement, support, and connection with his children have also been associated with more positive child outcomes.[121] Even if parents are not able to provide a positive family environment, other relatives (such as older siblings or grandparents) may be able to step in and provide this for the children.[122]

Neglectful families, however, often have problems communicating and interacting in positive or appropriate ways. These families are more chaotic, express fewer positive emotions, and have less empathy and openness. Additionally, they are more likely to lack emotional closeness, negotiation skills, and a willingness to take responsibility for their actions.[123]

Religiosity and Social Support

Involvement in faith communities has been shown to have many positive effects for families. Families with access to a helpful community of people receive significant social, financial, emotional, and physical support. Parents who are connected with a religious community may experience higher levels of social support themselves and may afford their children greater opportunities for such support than do parents who do not participate. A consistent empirical finding is that adults who are part of a religious community are less socially isolated than are other adults.[124] Such support enhances coping mechanisms and provides parents with a different perspective which helps them deal with stress and difficulties.[125] A growing body of research highlights the role of religion and spirituality in helping parents cope with sick or emotionally or behaviorally disturbed children.[126]

Religiosity has been found in several studies to be positively correlated with family cohesiveness and less incidence of interparental conflict.[127] Parental religiosity has been linked to greater involvement, warmth and positivity in parent-child relationships.[128] Religiousness is positively correlated with an authoritative parenting style, which is characterized by greater respect, warmth and affection, as well as clearly-communicated and well-defined rules for children.[129] Additionally, many religions have proscriptions against excessive drug and alcohol use. Each of these characteristics promotes a healthy family environment.[130]

For more information, go to the White House Office of Faith-Based and Community Initiatives at **http://www.whitehouse.gov/government/fbci/**.

In neglectful families, there may be less engagement between the parent and the child and more negative interactions than in non-neglectful families. Parents who maltreat their children often are less supportive, affectionate, playful, or responsive than parents who do not maltreat their children.[131]

Family Composition

Single parenthood is associated with higher incidences of neglect. One study found that being in a single-parent household increased the risk of child neglect by 87 percent.[132] Many factors may account for this. There is less time to accomplish the tasks of the household, including monitoring and spending time with children and earning sufficient money when there is only one parent or caregiver. Single parents often have to work outside the home, which might mean they are not always available to supervise their children. Single-parent families are also more likely to live in poverty than two-parent households. According to one analysis of the child poverty rate by family type, the poverty rate in 2003 was:

- 7.6 percent for children living with married parents;
- 34.0 percent for children living with a single parent;
- 21.5 percent of children living with co-habiting parents.[133]

Of course, neglect also occurs in married, two-parent households, especially if there is a high level of marital discord.[134]

The presence of fathers in families often has been left out of the research on child neglect. This may be because fathers typically are not seen as the person primarily responsible for providing for the needs of the children, or because many mothers are single parents or primary caregivers or are typically more accessible to researchers.[135] However, research on fathers shows that the presence of a positive father or father figure decreases the likelihood of neglect in the home.[136] Having a father in the household not only may provide children and the mother with an additional source of emotional support, but it also may provide the family with more money and other resources. Compared to their peers living with both parents, children in single-parent homes had:

- 87 percent greater risk of being harmed by physical neglect;
- 165 percent greater risk of experiencing notable physical neglect;
- 74 percent greater risk of suffering from emotional neglect;
- 120 percent greater risk of experiencing some type of maltreatment overall.[137]

For more information on the role of fathers, see *The Importance of Fathers in the Healthy Development in Children* at **http://www.childwelfare.gov/pubs/usermanual.cfm**. For more information on the Department of Health and Human Services, Administration for Children and Family's Healthy Marriage Initiative, visit **http://www.acf.hhs.gov/healthymarriage/**.

Domestic Violence

Children living in a home where domestic violence is present are at a greater risk of being neglected. One study found that in 35 percent of neglect cases, domestic violence had occurred in the home.[138] Caregivers who are victims of domestic violence may be abused to the point of being unable or unwilling to keep their abusers from also abusing the children. This type of neglect is often referred to as "failure or inability to protect the child from harm." In some cases, abused caregivers are afraid to defend the children in their care because doing so might put the caregiver's or children's lives in danger or provoke more abuse. Whether or not caregivers are charged

Effects of Witnessing Domestic Violence on Children

In many families affected by domestic violence, the parents believe that their children are not witnessing the incidents, but reports from children show that between 80 and 90 percent are aware of the abuse and can provide detailed accounts of it.[139] Children who witness domestic violence often suffer harmful consequences. The extent of the harm possibly depends upon the child's age, developmental stage, gender, and role in the family. Some research suggests that exposure to domestic violence increases the likelihood that children will engage in delinquent and criminal behaviors as teenagers and adults and will have problems with violence in future relationships.[140] Other studies, however, do not show these negative effects. With increasing recognition of the effect exposure to domestic violence can have on children, many CPS agencies consider it a form of emotional abuse. For more information, see *Child Protection in Families Experiencing Domestic Violence* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

with "failure or inability to protect" often depends on whether the caregivers knew or should have known that their children were being abused.[141]

Studies show that in 30 to 60 percent of homes with identified cases of domestic violence or child maltreatment, it is likely that both types of abuse exist.[142] In some communities, child welfare agencies and domestic violence service providers have started working together to find ways to support both adult victims and their children.[143] An example of this is *The Greenbook Demonstration Initiative*. The Family Violence Department of the National Council of Juvenile and Family Court Judges convened leading family court judges and experts on child maltreatment and domestic violence. This, in turn, led to the Federal demonstration initiative, a joint effort between several agencies in the U.S. Department of Health and Human Services and the U.S. Department of Justice. Preliminary results from this project include increased routine screening for domestic violence by CPS caseworkers and increased routine screening for child maltreatment by domestic violence service providers. Additional changes in CPS policies and practices include increased inter-agency cooperation, regular training on the dynamics of domestic violence, and sharing resources with domestic violence organizations.[144]

For more on The Greenbook Initiative, go to **http://www.thegreenbook.info/init.htm**.

Family Stress

Neglectful families often have experienced stressful life events due to financial difficulties, substance abuse problems, housing problems, illness, or other challenges. Families that are coping with such problems may not have the time or emotional capacity to provide for the basic needs of their children or to participate in interventions. Neglectful families often report more day-to-day stress than non-neglectful families. In addition, particularly stressful life events (such as the loss of a job or the death of a family member) may exacerbate characteristics in the family, such as hostility, anxiety, or depression, which may increase levels of family conflict and child maltreatment.[145]

When assessing a family, it may be helpful for a CPS worker to classify stresses into the following categories:

- **Chronic environmental stress**—background stress that is based in the environment and social structure, including dangerous housing, indigent neighborhoods, and chronic unemployment;
- **Life events**—stressful events and life transitions, including a job loss, the death of a loved one, or an eviction;

Stress and the Immigrant Community

Stress also may be a particularly relevant problem for immigrants. Some common additional stressors they face include:

- Language difficulties;
- Separation from family and friends;
- Health problems;
- Financial problems;
- Difficulty finding and keeping a job;
- Homesickness and isolation;
- Fear of deportation;
- Conflicting cultural norms for child-rearing.[146]

- **Daily hassles**—minor stresses that are present in day-to-day life, such as being stuck in traffic or problems at work;
- **Role strain**—stress caused by one's inability to fill a particular role. For example, a stay-at-home father may experience role strain due to the expectations of mainstream society that fathers must always participate in the workforce.[147]

Parent or Caregiver Factors

Some parental or caregiver characteristics associated with child neglect include problematic childhoods, developmental histories, or personality factors; physical and mental health problems; substance abuse issues; and poor parenting or problem-solving skills. As with all risk factors, the presence of one or more of these factors does not mean that a parent or caregiver will be neglectful, but these are characteristics that are present more often in neglectful parents. Assessment of these factors is useful for targeting prevention and intervention services to address the challenges faced by at-risk and neglectful families. The roles and characteristics of the mother and father should be taken into account when determining a child's risk for neglect.

Parent's Childhood, Developmental History, and Personality Factors

The way parents were reared can greatly affect the way they rear their own children. People who did not have their needs met by a parent when they were children may not know how to meet the needs of their own children. Some studies have found that neglectful parents are more likely to have been maltreated as children.[148] Neglectful mothers were three times more likely to have been sexually abused than mothers who do not neglect their children.[149] However, the majority of individuals who are maltreated as children do not maltreat their own children. In addition, there are individuals who were not abused or neglected as children who maltreat their children. It remains unclear why some previously maltreated people abuse and neglect their children while others do not.[150]

Two other childhood factors that have been found to be associated with future neglect are running away from home and having been placed in foster care, which usually indicate a troubled childhood that can negatively affect one's ability to take care of one's own children.[151] Growing up in unstable, hostile, non-nurturing homes can lead to unstable personalities when the children become adults, which can lead to

stressful marriages and abusive parenting practices with their own children.[152]

Children also may be at greater risk of harm if their parents are not aware of the neglect, deny that neglect took place, downplay their role in the neglect, or are unwilling to do anything to make sure the neglect does not recur. One study found that the most common response given by mothers for supervisory neglect was that there was nothing wrong with their behavior.[153]

Some parental developmental and personality characteristics that can be considered protective factors include having secure attachments, stable relationships with their own parents, good coping skills, social competence, and reconciliation with their own history (if any) of childhood maltreatment.[154] For example, parents who were maltreated as children may be less likely to maltreat their own children if they are able to resolve their internal conflicts and pain related to their history of maltreatment and if they have a healthy, intact, supportive, and nonabusive relationship with their parents. Marital or parenting programs may provide parents with guidance about challenges to expect after the birth of their first child, in rearing children, and in understanding common gender differences in children. These classes may act as protective factors by strengthening the family's knowledge and bonds.[155]

Parenting and Problem-solving Skills

Parents need to have the cognitive resources to care adequately for a child. They also need certain educational abilities, such as literacy, to be able to care properly for their child (e.g., to read prescription labels on their child's medication). Studies have found links between child neglect and parents' poor problem-solving skills, poor parenting skills, and inadequate knowledge of childhood development.[156] Parents who are unaware of the developmental and cognitive abilities of children at different ages may have unrealistic expectations and be more likely to neglect their children. For example, a parent might expect that a 4-year old child can be left alone for the evening because of unrealistic expectations of the child's abilities. Studies also have found that parents who are inconsistent with discipline or use harsh or excessive punishment can be at risk for neglecting their children.[157] As would be expected, having parents who are engaged with their children and involved in their activities and education acts as a protective factor.[158]

Substance Abuse

Reported rates of substance abuse by maltreating parents vary; neglect, however, has the strongest association with substance abuse among all forms of maltreatment. One study found that children whose parents abused alcohol and other drugs were more than four times more likely to be neglected than children whose parents did not.[159] According to one study of CPS caseworkers, 65 percent of maltreated children who had parents with substance abuse problems were maltreated while the parent was intoxicated. Also, the substance most likely to be abused by maltreating parents is alcohol (alone or in combination with an illicit drug).[160]

Substance abuse also may be related to the recurrence of neglect. Studies have found that caregivers with substance abuse problems are more likely to neglect their children continually and to be re-referred to CPS than caregivers who do not abuse substances.[161] Substance abuse also has been linked with as many as two thirds of child maltreatment fatalities.[162]

This strong relationship between parental substance abuse and neglect exists because substance abuse impairs one's mental functioning and can affect decision-making. Parents who are abusing substances often cannot make appropriate decisions, such as preventing a young child from going out alone late at night or supervising their children adequately. They also often put their own needs ahead of the needs of the child, such as spending money on drugs rather than on food for the child.

Substance abuse often co-occurs with other problems, which makes it difficult to assess its impact on child maltreatment. Parental substance abuse is likely to co-occur with the following problems that also are associated with child maltreatment:

- Lack of knowledge about child development;
- Poor problem-solving and social skills;
- Low maternal affection;
- Poor attachment relationships;
- Poor attention to the needs of an infant;
- Disinterest in spending time with one's children;
- Inconsistent disciplinary practices;
- Social isolation;
- Mental health problems, especially depression;
- Anger toward or a lack of attention to one's children;
- Difficulty maintaining employment;
- Engagement in criminal behavior;
- Failure to provide appropriately for the needs of their children (clothing, food, medical care, hygiene, and emotional attention).[163]

Because substance abuse often occurs along with many other risk factors, it may be difficult for professionals to prioritize which services should be provided to families; therefore, intervention programs for parents who abuse substances should focus on multiple factors.

For more information on substance abuse in families, see *Protecting Children in Families with Substance Abuse Problems* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

Mental Health

Certain mental health problems in parents have been associated with child neglect, although research results vary on this connection. For example, some studies have found that, when controlling for social variables and substance abuse, neglect and depression are not associated.[164] Other studies have shown a link between child neglect and serious or postpartum depression. For example, mothers suffering from postpartum depression are less responsive and sensitive toward their infants and may be disengaged or withdrawn.[165] Of course, numerous mental illnesses can affect an individual's ability to care for a child properly. As with any condition, mental illness occurs along a continuum of severity.

Other Parental Factors

Other parental factors that may be associated with child neglect include:

- Age;
- Education;
- Gender;
- Employment;
- Criminal activity;
- Prior involvement with CPS.[166]

Research on young parents has focused mostly on teenage mothers. Low parental education may also be associated with neglect, and young mothers may be less likely to attain a high level of education, thus limiting their work prospects and leading to financial stress. Other risk factors for neglect associated with young mothers include substance abuse, inadequate knowledge of childhood development, and poor parenting skills.[167]

Because a lack of employment is related to so many other risk factors for child neglect, it is not surprising that both maternal and paternal lack of employment

are associated with higher rates of child neglect. Parents who have committed a crime also may be more likely to neglect their children.[168] Again, this may be because criminal activity is linked to other risk factors, such as substance abuse and poverty.

Parents' prior involvement with CPS has been linked to subsequent reports of neglect. These parents may be discouraged, less likely to think that their situation will change, less willing to receive services, or less motivated to change. However, families who have been involved with CPS and had positive experiences may be more motivated and open to receiving services.[169] It is important that young parents, both mothers and fathers, obtain the support they need so that they can adequately attend to the needs of their children.

Child Factors

Any child can be the victim of neglect, but some characteristics appear to be more highly represented among maltreated children, including being under the age of 3, having certain behavioral problems, and having special needs.

Age

In 2004, children from birth to age 3 had the highest rate of reported maltreatment (16.1 per 1,000 children).[170] Research also shows that children under the age of 3 are most at risk for neglect, with rates decreasing as the age of the child increases.[171]

Temperament and Behavior

A child's temperament and behavior may be associated with child neglect. Children with an irritable temperament and who have difficulty being soothed may be more at risk for being neglected than other children, since having a difficult temperament may strain the parent-child relationship. One study found that a difficult child temperament (as perceived by the mother) was specifically associated with emotional neglect.[172]

Neglected children also often demonstrate a distinct set of behaviors including being passive, nonassertive, or withdrawn.[173] It is unclear whether children develop these behavior problems because they are neglected or if they are neglected because they have behavior problems. When considering the relationship between behavior problems and neglect, a CPS worker should assess whether the neglected child actually has more behavior problems or if the neglectful parent merely *believes* that the child has more behavior problems.

Behavior problems can be categorized as either internalizing or externalizing. Internalizing behavior is a behavior or a feeling that is directed inward, such as depression. Such children may be overlooked because they rarely act out. Externalizing behavior is characterized by outward expressions of behaviors and feelings that are easily observable, such as being aggressive. These children often receive more attention than those who internalize because their behavior is often disruptive to others.[174] Exhibit 4-2 lists indicators of internalizing and externalizing behavior problems.

Special Needs

While the link between children with special needs and neglect is unclear, some studies have found higher rates of child abuse and neglect among children with disabilities. One study found such children to be 1.7 times more likely to be maltreated than children without disabilities.[175] Another study, however, failed to find increased levels of maltreatment

Exhibit 4-2
Internalized and Externalized Behavior Problems

Children can exhibit difficulties or problems resulting from maltreatment in a variety of ways, including their behavior. Children may focus their negative feelings internally or externally. Maltreatment may cause internalized behaviors, such as:

- Agitation;
- Nightmares;
- Avoidance of certain activities or people;
- Difficulty falling asleep or staying asleep;
- Sleeping too much;
- Difficulty concentrating;
- Hypervigilance;
- Irritability;
- Becoming easily fatigued;
- Poor appetite or overeating;
- Low self-esteem;
- Feelings of hopelessness.

The above symptoms, if experienced persistently or if many of them are experienced all at once, should be cause for concern. Maltreatment also may cause externalized behaviors, including:

- Difficulty paying attention;
- Not listening when spoken to;
- Difficulty organizing tasks and activities;
- Being easily distracted;
- Being forgetful;
- Bedwetting;
- Excessive talking;
- Difficulty awaiting their turn;
- Bullying or threatening others;
- Being physically cruel to people or animals;
- Playing with or starting fires;
- Stealing;
- Destroying property.

It is important to keep the child's age and developmental level in mind when assessing a child for these symptoms. For example, bedwetting by a 13-year old would cause more concern than bedwetting by a 2-year old. If a child's internalized or externalized behaviors interfere with his normal functioning or if his behavior changes dramatically, then the child should be referred for further assessment.[176]

among a sample of children with moderate to severe retardation.[177]

Children with special needs, such as those with physical or developmental challenges, may be more at risk for maltreatment because:

- Their parents become overwhelmed with trying to take care of them and may respond with irritability, inconsistent care, or punitive discipline;
- Children may be unresponsive or have limited ability to respond, interact, or show as much affection as parents expect, thereby disrupting parent-child attachments;
- Society tends to devalue individuals with disabilities.[178]

An alternate explanation for higher rates of maltreatment among children with special needs is that parents of children with special needs have more frequent contact with an array of professionals and thus may be under greater scrutiny.[179] In any case, these parents may need more support and encouragement to help them provide for the needs of their children. For children with special needs, having a strong and secure attachment to their primary caregivers, in turn, may moderate the negative effects of the disability and provide protection from neglect.[180]

Other Child Characteristics

Other child characteristics associated with neglect include:

- Being born prematurely, with a low birth weight, or with birth anomalies;
- Being exposed to toxins in utero;
- Experiencing childhood trauma;
- Having an antisocial peer group, such as being a gang member.[181]

Children who are premature or have low birth weights may be at risk for neglect because their parents may be confused, anxious, or feel helpless, which may make it harder for them to relate to the baby. These parents also may have fewer or less positive interactions with the infant, restricting the formation of positive attachments.[182]

Some child characteristics that appear to be protective factors against neglect include:

- Good health;
- A history of adequate development;
- Above-average intelligence;
- Hobbies and interests;
- Humor;
- A positive self-concept;
- Good peer relationships;
- An easy temperament;
- A positive disposition;
- An active coping style;
- Good social skills;
- An internal locus of control (believing one's behavior and life experiences are the result of personal decisions and efforts);
- A lack of self-blame;
- A balance between seeking help and autonomy.[183]

Recently there has been a shift toward a strengths-based focus with a greater emphasis on resilience and protective factors and a movement away from focusing solely on risk factors, particularly for preventing neglect and its recurrence. The belief is that prevention strategies are most effective when they involve building up a family's strengths. However, research suggests that solely focusing on building up protective factors, while not resolving some of the risk factors, may not be a particularly effective strategy. Intervention strategies should address both risk and protective factors to provide the most help to families.[184]

Resilience

Resilience can be defined as the ability to thrive, mature, and increase competence in the face of adverse circumstances.[185] Some children who are neglected are able not only to survive the neglect, but also to achieve positive outcomes despite it. What sets these children apart may be a greater number of protective factors related to either themselves, their parents, or their environment. One important finding from research is that resiliency can be developed at any point in life. For example, teenagers who exhibit learning or behavior problems may become well-functioning, productive adults by the time they are 30.[186] Resilience is thought to stem from ordinary human processes, such as parenting, thinking skills, motivation, rituals of family and culture, and other basic systems that foster human adaptation and development. These ordinary processes should be recognized, promoted, and supported so that they work well and can help children.[187]

Throughout this chapter, many protective factors have been mentioned. These factors may not only make a child less likely to be neglected, but also may mitigate the effects of neglect on a child. The probability that a neglected child will be resilient increases when there are enough protective factors to counteract risk factors.[188] Just as some risk factors are associated with one another (e.g., poverty and living in an unsafe neighborhood), the same is true of protective factors. For example, being part of a mentoring program or having parents who support a child's education may lead to greater educational achievements for a child.[189]

CHAPTER 5
Assessment of Child Neglect

Child protective services (CPS) is responsible for receiving and evaluating reports of suspected child abuse and neglect, determining if the reported information meets statutory and agency guidelines for child maltreatment, and judging the urgency with which the agency must respond to the report. In addition, CPS provides the public, as well as individuals who report allegations of child abuse or neglect (frequently referred to as "reporters"), with information about State statutes, agency guidelines, and the roles and responsibilities of CPS.

After receiving a report, CPS conducts an initial assessment or investigation, which may include the following:

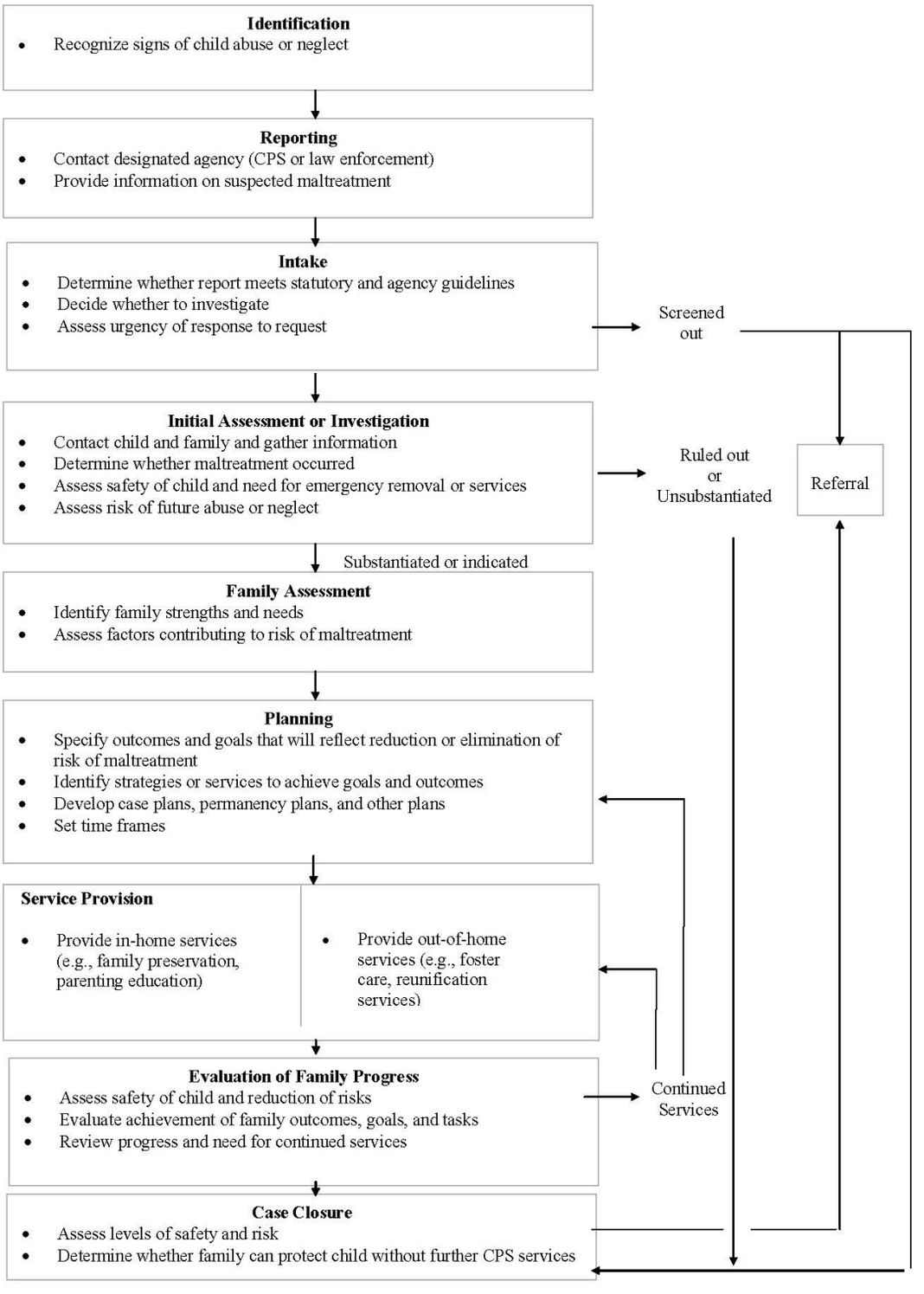
- A determination of whether the report of child maltreatment is substantiated.
- A safety assessment to determine if the child's immediate safety is a concern. If it is, CPS develops a safety plan with interventions to ensure the child's protection while keeping the child within the family or with family members (e.g., kinship care or subsidized guardianship), if at all possible and appropriate.
- A risk assessment to determine if there is a risk of future maltreatment and the level of that risk.
- A service or case plan, if continuing agency services, is needed to address any effects of child maltreatment and to reduce the risk of future maltreatment.[190]

During the initial assessment or investigation, CPS must determine whether child abuse or neglect occurred and can be substantiated and whether to conduct an evaluation to determine the risk of maltreatment occurring in the future. The initial assessment identifies the risk and safety factors of concern in the family. The family assessment:

- Considers the relationship between the strengths and the risks;
- Identifies what must change in order to:
  - Keep children safe;
  - Reduce the risk of (future) neglect;
  - Increase permanency;
  - Enhance child and family well-being.

Consequently, while the initial assessment identifies problems, the family assessment promotes an understanding of the problems and becomes the basis for the prevention and intervention, or the case plan.[191] Exhibit 5-1 presents an overview of the typical CPS process.

Exhibit 5-1
Overview of Child Protective Services Process



Framework for Practice

Practitioners generally agree that a strengths-based, child-centered, family-focused, and culturally responsive framework for prevention, assessment, and intervention of child neglect and other forms of maltreatment will promote the best outcomes for children and families.[192] This integrative framework for practice builds upon five main perspectives:

- **An ecological perspective**, which conceptualizes human behavior and social functioning within an environmental context. Individual, family, community, societal, and cultural factors interact to influence how people behave. Child neglect and other forms of maltreatment are viewed as the consequence of the interplay between a complex set of risk and protective factors at each of these levels.

- **A strengths-based perspective**, which refers to practice methods and strategies that draw upon the balance of strengths and the needs of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems, to a more positive partnership with the family. The assessment focuses on the strengths related to individual family members, the family as a unit, and the broader neighborhood and environment.

- **A developmental perspective**, which refers to understanding an individual's and family's growth and development from a lifespan perspective. It examines individuals and families interacting with their environments over the course of time and tailors interventions based on the specific developmental needs of each child and the family.

- **A permanency planning orientation**, which holds that all children have a right to a permanent home. Practitioners focus on safely maintaining children in their own homes when possible or, if necessary, placing them permanently with other families. Interventions include a set of goal-directed activities designed to help children live in safe families who offer a sense of belonging and legal, lifetime family ties.

- **A culturally competent perspective**, which requires practitioners to understand the perspective of clients or peers who may come from culturally diverse backgrounds and to adapt their practice accordingly. Basic cultural competence is achieved when organizations and practitioners accept and respect differences, engage in an ongoing cultural self-assessment, expand their diversity knowledge and skills, and adapt service models to fit the target populations, culture, situation, and perceived needs.[193]

The integration of these perspectives provides a strong framework for a comprehensive assessment of the presence and severity of neglect in families who come to the attention of the child welfare system.

Intake

When a referral is made to CPS, a decision is made whether it should be "screened in" or "screened out" for investigation or assessment. For a case to be screened in, there usually has to be a specific allegation of maltreatment or an imminent threat or danger to the child. Cases that are screened in then receive an initial assessment or investigation. Families may be referred to CPS multiple times without having a referral screened in because each incident in question may not meet the State or local standards for neglect that are used by the particular CPS agency. In cases of neglect where no actual injury occurred, it often is difficult for a CPS caseworker to determine if a child is at risk of being harmed or how great the risk is; therefore, these cases may be screened out.[194]

Many CPS agencies only screen in the most serious cases. Consequently, cases in which it is reported that a child may be at risk for neglect (e.g., a child living in a dirty house with used drug needles on the floor), but actually has not been harmed, may go uninvestigated.

Providing Services to At-risk Families with Unsubstantiated Cases

Some States have found creative ways to provide services to families with unsubstantiated cases of maltreatment. The following are a few examples:

Create a third dispositional category. Some States offer a third category for cases in addition to substantiated and unsubstantiated, such as "inconclusive" or "unable to determine." This allows at-risk families to receive some supportive services that they might not have access to otherwise.

Employ an alternative response model. In these models, which are sometimes called "dual track," "multiple response," or "flexible response" models, cases are divided into low-risk and high-risk categories during intake. Cases that are low-risk follow a service-oriented track, while cases that are high-risk follow the regular investigative track. Agency staff then can focus most of their time on investigating high-risk cases, and voluntary services can be offered to low-risk cases.

Use volunteers. In many cases that are deemed low-risk, well-trained volunteers could adequately provide services to families. An additional benefit of using volunteers is that they may seem less threatening or stigmatizing than CPS caseworkers. Although training and resources for volunteers may be costly at first, the use of volunteers often proves to be cost-effective in the long run.[195]

Unfortunately, some children and families who could benefit from services are not receiving them either due to being screened out or to having an unsubstantiated case. In addition, families who have unsubstantiated incidences of neglect and do not receive services are likely to be referred later for incidences that are more serious. Receiving even one form of service may reduce the likelihood that a neglectful family would be re-referred. For the safety and well-being of the child, it would be more beneficial for these families to receive services to prevent neglect from occurring.[196]

Initial Assessment or Investigation

Determining whether child neglect has occurred is based on the answers to two primary questions: "Do the conditions or circumstances indicate that a child's basic needs are unmet?" and "What harm or threat of harm may have resulted?" Answering these questions requires sufficient information to assess the degree to which omissions in care have resulted in significant harm or significant risk of harm. CPS caseworkers also must make their determination of whether neglect has occurred based on State or local statutes. Unlike the other forms of maltreatment, this determination may not be reached by examining one incident; the decision often requires considering patterns of care over time. The analysis should focus on examining how the child's basic needs are met and on identifying situations that may indicate specific omissions in care that have resulted in harm or the risk of harm to the child.[197]

Community service providers and others in the field have expressed concern that CPS agencies screen out many neglect cases during investigations because circumstances have not yet met the CPS threshold for neglect. By the time these families at risk for neglect are served by CPS, they often have acute and chronic needs that require long-term intervention and are more likely to experience recurrences of child maltreatment than abusive families.[198] These conditions point to the need for effective ways to target and serve at-risk families as soon as they are identified with risks that could lead to child neglect. When conducting an initial assessment or investigation, a caseworker should note whether a child has unmet physical and medical needs and if there is a lack of supervision.

Unmet Physical and Medical Needs

Affirmative answers to any of the following questions may indicate that a child's physical or medical needs possibly are unmet:

- Have the parents or caregivers failed to provide the child with needed care for a physical injury, acute illness, physical disability, or chronic condition?
- Have the parents or caregivers failed to provide the child with regular and ample meals that meet basic nutritional requirements or have the parents or caregivers failed to provide the necessary rehabilitative diet to a child with particular health problems?
- Have the parents or caregivers failed to attend to the cleanliness of the child's hair, skin, teeth, and clothes? It is difficult to determine the difference between marginal hygiene and neglect. Caseworkers should consider the chronicity, extent, and nature of the condition, as well as the impact on the child.
- Does the child have inappropriate clothing for the weather? Caseworkers should consider the nature and extent of the conditions and the potential consequences to the child. They also must take into account diverse cultural values regarding clothing.
- Does the home have obviously hazardous physical conditions (exposed wiring or easily accessible toxic substances) or unsanitary conditions (feces- or trash-covered flooring or furniture)?
- Does the child experience unstable living conditions (frequent changes of residence or evictions due to the caretaker's mental illness, substance abuse, or extreme poverty)?
- Do the parents or caregivers fail to arrange for a safe substitute caregiver for the child?
- Have the parents or caregivers abandoned the child without arranging for reasonable care and supervision?[199]

Home accidents pose a significant risk to young children and often occur because of a lack of supervision. More than 90 percent of all fatalities and injuries to children younger than 5 years of age can be attributed to accidents within the home.[200] Since almost all accidents are preventable, an evaluation of hazardous home conditions is essential to ensure a safe environment for children. The Home Accident Prevention Inventory is a useful tool for a household safety assessment. In situations where an occurrence is clearly determined to be an accident, involvement with CPS is minimal or nonexistent. Resources in most communities can help these families. A parenting class, informational pamphlet, instructional video, and other educational materials can help parents identify and remove hazards or place them out of reach.[201] Exhibit 5-2 lists common home accident hazards.

Practitioners should base their assessments on relevant theory and research and consider possible underlying causes of inadequate care. What would explain a very dirty house? Is the parent in poor physical health? Is he or she overwhelmed by too many young children? Is the parent depressed and unable to respond, uncertain about what is needed, or resentful toward the child? Assessing the detailed circumstances and behaviors within the widest possible context will help ensure a successful intervention plan.[202]

Lack of Supervision

While State statutes vary, most CPS professionals agree that children under the age of 8 who are left alone for any substantial amount of time are being neglected.[203] In determining whether neglect has occurred, the following issues should be considered:

- The child's age, physical condition, mental abilities, coping capacity, maturity, competence, knowledge regarding how to respond to an emergency, and feelings about being alone.

Exhibit 5-2
The Home Accident Prevention Inventory[204]

Poison by Solids and Liquids

- Medicines
- Detergents and cleaners
- Polishes and waxes
- Alcoholic beverages
- Beauty products
- Insecticides and pesticides
- Paints and stains
- Solvents and thinners
- Glues and adhesives
- Petroleum products
- Fertilizers and herbicides
- Poisonous house plants

Fire and Electrical Hazards

- Combustibles
- Fireplaces without screens
- Outlets or switches (without plates)

Suffocation by Objects

- Plastic bags
- Crib or blind cords
- Ingestible small objects

Sharp and Dangerous Objects

- Firearms
- Kitchen knives and utensils
- Falling Hazards
- Balconies
- Steps
- Windows

Drowning Hazards

- Bathtubs and sinks
- Buckets
- Pools

- The type and degree of indirect adult supervision. For example, is there an adult who is regularly checking in on the child?
- The length of time and frequency with which the child is left alone. Is the child being left alone all day, every day? Is he or she left alone all night?
- The safety of the child's environment, neighborhood, and home.[205]

Distinguishing Risk and Safety Assessments

Assessing risk differs from assessing safety. A *risk assessment* is the collection of information to determine the degree to which a child is likely to be abused or neglected in the future. A *safety assessment* involves the identification and evaluation of the imminent risk of harm regarding the specific vulnerability of a child.[206] Depending on where they fall on a continuum of severity and chronicity, factors are typically relevant to both risk and safety assessments. Caseworkers should work with families to develop an effective and accomplishable safety plan. This is usually an in-home or out-of-home service strategy created after the initial assessment or investigation that specifically addresses and manages risk of harm.[207] In addition, risk and safety assessments should be ongoing throughout the life of the case, not just during the initial assessment. Exhibit 5-3 lists some of the types of information collected in risk and safety assessments.

Exhibit 5-3
Risk and Safety Assessment Information[208]

Neglect and Other Maltreatment

- Caregiver actions and behaviors responsible for the neglect
- Duration and frequency of the neglect (chronicity of neglect)
- Physical and emotional manifestations in the child (severity of neglect)
- Caregiver's attitude toward the child's condition and the assessment process
- Caregiver's explanation of the events and effects of the maltreatment

Child

- Developmental level
- Physical and psychological health
- Current functioning
- Child's explanation of events and effects, if possible and appropriate

Family Functioning

- Power and issues of control within the family
- Interactions and connections with others outside the family
- Quality of relationships
- Problem-solving ability

Parents and Caregivers

- Current functioning
- Relationships outside the home
- Financial situation

Family Assessment Process

The family assessment is a comprehensive process for identifying, considering, and weighing factors that affect the child's safety, permanency, and well-being. It is designed to gain a greater understanding about the strengths, needs, and resources of the family. The assessment should be conducted in partnership with the family to help parents or caregivers recognize and remedy conditions so that children can be safe and the risk of neglect can be reduced. Family assessments must be individualized and tailored to the unique strengths and needs of each family. When possible and appropriate, this assessment also should be undertaken through family decision-making meetings and other means designed to involve the extended family and support network.[209]

Conduct the Initial Assessment

In the initial information-gathering part of the process, the caseworker should ask the following questions to inform the assessment:

- What are the risk factors and the needs of the family that affect safety, permanency, and well-being?
- What are the results of neglect that affect safety, permanency, and well-being?
- What are the individual and family strengths?

- What do the family members perceive as their needs and strengths?
- What must change in order for the effects of neglect to be addressed and the risk of neglect and other maltreatment to be reduced or eliminated?
- What is the parent or caregiver's level of readiness, motivation, and capacity for change to ensure safety, permanency, and family well-being?[210]

CPS caseworkers need sensitive interviewing and analytic skills to engage the family in a partnership, to gather and organize the information, to analyze and interpret the meaning of the information, and to draw accurate conclusions based on the assessment. To accomplish the purposes of the family assessment, caseworkers should:

- Review the initial assessment or investigation information;
- Begin to develop a family assessment plan;
- Conduct the family assessment by interviewing all members of the household and other individuals the family identifies as having an interest in the safety and well-being of the child;
- Consult with other professionals as appropriate;
- Develop a safety plan, if necessary;
- Analyze information and make decisions.[211]

Review the Initial Assessment or Investigation Information

Based on the information obtained in the initial assessment or investigation, the caseworker should develop a list of issues to address during the family assessment process. The following questions are examples of areas that the caseworker typically will want to examine:

- What was the nature of the neglect (type, severity, chronicity)?
- What was the family's understanding of the neglect?
- Which risk factors identified during the initial assessment or investigation are most influential?
- What is the child's current living situation with regard to safety and stability?
- Was a safety plan developed? What has been the family's response to this plan?
- What is currently known about the parent or caregiver's history? Are there clues that suggest that further information about the past will help explain the parent or caregiver's current functioning?
- What is known about the family's social support network? Who else is supporting the family? Who will be available on an ongoing basis for the family to rely on? What weak linkages might be strengthened to offer more support?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation (drug or alcohol problems, domestic violence, psychiatric or psychological problems, health needs)?
- What additional information about the family will help provide an understanding of the risk and protective factors related to the potential of continued neglect?[212]

Develop a Family Assessment Plan

Based on the areas identified through the review, the caseworker should consider the following when developing a plan for how the family assessment process will occur:

- When will the first meeting be held with the family?
- How often will meetings with the family occur?
- Where will meetings be held?
- Will the services of other professionals be needed (for psychological tests or alcohol or other drug abuse assessments)?
- Who will be involved in each meeting? Are there other persons (friends, extended family, other professionals) who have critical information about the needs of this family? How will they be involved in the process?
- What reports may be available to provide information about a particular family member or the family as a system (from school or health care providers)?
- When will the information be analyzed and a family assessment summary completed?
- How will the caseworker share this information with the family?[213]

Conduct the Family Assessment

Once the plan for the assessment has been established, the caseworker conducts interviews with the child and family to determine their treatment needs. Three types of meetings are usually held:

- **Meeting with the family.** If possible, and if it is safe for all family members, the caseworker should:
  - Meet with the entire family in an introductory session to begin the family assessment;
  - Attempt to gain an initial understanding of the family's perception of its current situation and of the agency;
  - Be specific with the family about the purposes of the family assessment;
  - Address mutually identified problems that increase the risk of future child neglect.

  To gain a better understanding of family dynamics, at least one assessment meeting beyond the introductory session should be conducted with the entire family to observe and assess their roles and interactions.
- **Meetings with individual family members**. Meetings with individual family members, including the children, should be held, if possible. They are not interrogations; the caseworker is trying to understand the person and the situation better. The caseworker should attempt to obtain family members' perceptions about family strengths and how they can be enhanced to reduce the risk of neglect. In interviews with the children, the emphasis will likely be on understanding more about any effects of neglect. In interviews with the parents, the emphasis is on trying to uncover the causes for the behaviors and conditions that present risk, as well as to obtain the parents' perceptions of their problems.
- **Meeting with the parents or caregivers.** When working with families with more than one adult caregiver, the caseworker should arrange to hold at least one of the meetings with all the adults together, if it is possible and safe for them. During this interview, the caseworker should observe and evaluate the nature of the communication; consider and discuss parenting issues, as well as the health and quality of their relationship; and seek each adult's perception of the problems, current situation, and family. The caseworker should be alert to signs that could indicate the possibility of spouse abuse and avoid placing any adult in a situation that could increase the risk of harm, such as referring to previously disclosed sensitive information. As appropriate or if requested, the caseworker also may provide referrals for additional resources or services, such as a contact for the local domestic violence victims advocate or shelter, to clients.[214]

Father Involvement and the Child and Family Services Reviews

The 1994 amendments to the Social Security Act mandated the development of regulations to review States' child and family services. In response, the Children's Bureau developed and implemented the Child and Family Services Reviews (CFSRs), a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for the children and families they serve. As noted in the CFSRs, a common challenge with respect to child well-being was a lack of father involvement in case planning. The findings show that child welfare systems were often not making adequate efforts to establish contact with fathers, even when fathers were involved with the family. Additionally, agencies were less likely to assess the needs of fathers, to search for paternal relatives as possible placements or for other involvement, or to provide fathers with services than they were with mothers.[215] Also, if the mother was not contacted, then the father was also not likely to be contacted. In general, child welfare agencies recognize this lack of involvement and are working to address the issue primarily through initiating changes in policies, protocols, and practice guidelines.

Consult Other Professionals

While the CPS caseworker has primary responsibility for conducting the family assessment, other community providers frequently may be called upon to assist when there is a specific client condition or behavior that may require additional professional assessment. For example:

- The child or parent exhibits an undiagnosed physical health problem or the child's behaviors or emotions do not appear to be age-appropriate (hyperactivity, excessive sadness and withdrawal, chronic nightmares, or bed wetting);
- The parent exhibits behaviors or emotions that do not appear to be controlled, such as violent outbursts, extreme lethargy, depression, or frequent mood swings;
- The child or parent appears to have a chemical dependency.[216]

A good way to judge whether outside referrals are needed is to review the gathered information and to assess whether significant questions still exist about the risks and strengths in this family. Sometimes other providers contribute to the assessment process because of their role as advocates for the child. For example, if the juvenile or family court is involved, the child may have a Guardian ad Litem (GAL) or court-appointed special advocate (CASA) who advises the court on needed services based on interviews conducted with the child and family members.[217]

Analyze Information and Make Decisions

To individualize the response to a particular child and family, the caseworker identifies the critical risk factors by examining the information in terms of cause, nature, extent, effects, strengths, and the family's perception of the neglect. The caseworker and family then should identify the necessary changes, translate them into desired outcomes, and match the outcomes with the correct intervention to increase safety, well-being, and permanency for the children.[218]

Structured Assessment Measures

Each source of data regarding a child's neglect may provide different findings. Research has pointed to some of the limitations of CPS case records and caseworkers as sources of information for neglect definitions.[219]

Use of standardized assessment measures will increase the validity and reliability of assessments. These measures attempt to establish the minimal parenting

Cultural Competence in Assessment

By increasing their knowledge about the culture, beliefs, and child-rearing practices of their clients, CPS caseworkers can increase their awareness and appreciation of cultural differences while accepting that some cultural practices may be harmful to the child. Recognition of differences among related cultural groups will help guard against misplaced assumptions about the risk and protective factors in the child's environment. For example, the cultural values, beliefs, and practices within the Latino culture are not necessarily the same for Mexican Americans, Cuban Americans, and Puerto Rican Americans.

Parental motives cannot simply be categorized as intentional or unintentional, but also must be considered in a cultural context. For example, immigrant parents sometimes do not use car seats because they believe their babies will feel abandoned if not held in their parents' arms. Nevertheless, the law requires the use of car seats to protect children from potential harm.[220]

In deciding whether a cultural practice is potentially harmful to a child, the following questions can foster a culturally sensitive consideration of the issue of neglect:

- What exactly is the practice?
- Is it safe?
- Is actual or potential harm involved?
- Is there a significantly better option?
- Are there potentially harmful implications of deviating from the cultural practice?
- Have the child's basic needs not been met?
- Is it against the law?[221]

standards, which, if not met, constitute evidence of neglect. The focus on *minimal adequacy* stems from the culture's concern about intervening in matters of individual and family autonomy. The concept of minimally adequate parenting implies that there may be dimensions of parenting or child care which are essential, that proficiency in parenting falls along a continuum of each dimension, and that parenting adequacy begins to be questionable at some points or within some range of that continuum.[222] Dimensions that may be more difficult to quantify along a continuum would include adequacy of affection and emotional support. Other dimensions usually are easier to quantify, such as money management and providing sufficient food, shelter, and clothing for the child.

An assessment tool that shows promise for determining the possible existence of neglect is the Neglect Scale, an easy-to-administer, retrospective, self-report measure that can be administered to diverse client populations.[223] Other standardized clinical assessment measures include observational measures (Family Assessment Form, Child Well-being Scales, Home Observation for Measure of the Environment) and self-report measures (Family Functioning Style Scale, Family Needs Scale, Support Functions Scale).

For more information on these instruments, see:

- Neglect Scale: **http://pubpages.unh.edu/~mas2/NS7A.htm**
- Family Assessment Form: **http://www.srpublications.com/socialwork/Family-Assessment-Form.htm**
- Child Well-being Scales, Home Observation for Measure of the Environment: **http://www.family.umaryland.edu**
- Family Functioning Style Scale: **http://www.childwelfare.gov/preventing/programs/whatworks/familyconnections.cfm**
- Family Needs Scale: **http://www.clas.uiuc.edu/special/evaltools/cl00950.html**
- Support Functions Scale: **http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_phiu.html**.

For more information on assessment, see *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* and *Child Protective Services: A Guide for Caseworkers* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

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

Specific—The family should know exactly what has to be done.

Measurable—Goals should be measurable, clear, and understandable so everyone knows when they have been achieved.

Achievable—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.

Realistic—The family should have input and agreement in developing feasible goals.

Time 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.

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

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.

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APPENDIX A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency–demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – see Keeping Children and Families Safe Act.

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations

of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings – held by the juvenile and family court to determine the legal resolution of cases after adjudication, such as whether placement of the child in out-of-home care is necessary, and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment – the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed.

Intake – the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy,

that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Keeping Children and Families Safe Act – The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) included the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) in its Title I, Sec. 111. CAPTA provides minimum standards for defining child physical abuse and neglect and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Kinship Care – formal or informal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison – the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter – individuals required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals, such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers.–Some States identify all citizens as mandated reporters.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These teams may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

***Parens Patriae* Doctrine** – originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Parent or Caretaker – person responsible for the care of the child.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Protective Factors – strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the child is in imminent or potential risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunction among families who have been identified as being at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision – the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely be the police and criminal courts.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Treatment – the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Unsubstantiated (**not substantiated**) **–** an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

APPENDIX B
Resource Listings of Selected National Organizations Concerned with Child Maltreatment

Listed below are several representatives of the many national organizations and groups dealing with various aspects of child maltreatment. Please visit **http://www.childwelfare.gov/pubs/usermanual.cfm** to view a more comprehensive list of resources and visit **http://www.childwelfare.gov/organizations/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

Child Welfare Organizations

American Humane Association (AHA)
Children's Division

address: 63 Inverness Dr., East
Englewood, CO 80112-5117
phone: (800) 227-4645
(303) 792-9900
fax: (303) 792-5333
e-mail: children@americanhumane.org
Web site: www.americanhumane.org

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Professional Society on the Abuse of Children (APSAC)

address: P.O. Box 30669
Charleston, SC 29417
phone: (843) 764-2905
(877) 40A-PSAC
fax: (803) 753-9823
e-mail: tricia-williams@ouhsc.edu
Web site: www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

American Public Human Services Association (APHSA)

address: 810 First St., NE, Suite 500
Washington, DC 20002-4267
phone: (202) 682-0100
fax: (202) 289-6555
Web site: www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.

AVANCE Family Support and Education Program
address: 118 N. Medina
San Antonio, TX 78207
phone: (210) 270-4630
fax: (210) 270-4612
Web site: www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

Child Welfare League of America (CWLA)
address: 440 First St., NW
Third Floor
Washington, DC 20001-2085
phone: (202) 638-2952
fax: (202) 638-4004
Web site: www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while educating the public about emerging issues affecting children.

National Black Child Development Institute
address: 1101 15th St., NW
Suite 900
Washington, DC 20005
phone: (202) 833-2220
fax: (202) 833-8222
e-mail: moreinfo@nbcdi.org
Web site: www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Children's Advocacy Center (NCAC)
address: 210 Pratt Ave
Huntsville AL 35801
phone: (256) 533-KIDS
fax: (256) 534-6883
Web site: http://www.nationalcac.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association (NICWA)
address: 5100 SW Macadam Ave.,
Suite 300
Portland, OR 97239
phone: (503) 222-4044
fax: (503) 222-4007
e-mail: info@nicwa.org
Web site: www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

National Resource Centers (NRCs)

National Child Welfare Resource Center for Family-Centered Practice

address: Learning Systems Group
1150 Connecticut Ave., NW,
Suite 1100
Washington, DC 20036
phone: (202) 638-7922
fax: (202) 742-5394
e-mail: info@cwresource.org

Helps child welfare agencies and Tribes use family-centered practice to implement the tenets of the Adoption and Safe Families Act to ensure the safety and well-being of children while meeting the needs of families.

National Child Welfare Resource Center on Legal and Judicial Issues

address: ABA Center on Children and the Law
740 15th St., NW
Washington, DC 20005-1019
phone: (800) 285-2221 (Service Center)
(202) 662-1720
fax: (202) 662-1755
e-mail: ctrchildlaw@abanet.org
Web site: www.abanet.org/child

Promotes improvement of laws and policies affecting children and provides education in child-related law.

National Resource Center for Child Protective Services

address: 925 #4 Sixth Street NW
Albuquerque, New Mexico 87102
phone: (505) 345-2444
fax: (505) 345-2626
e-mail: theresa.costello@actionchildprotection.org
Web site: http://www.nrccps.org

Focuses on building State, local, and Tribal capacity through training and technical assistance in CPS, including meeting Federal requirements, strengthening programs, eligibility for the CAPTA grant, support to State Liaison Officers, and collaboration with other NRCs.

National Resource Center for Family-Centered Practice and Permanency Planning

address: National Resource Center for Family-Centered Practice and Permanency Planning
Hunter College School of Social Work
129 East 79th Street
New York, NY 10021
phone: (212) 452-7053
fax: (212) 452-7475
Web site: http://www.hunter.cuny.edu/socwork/nrcfcpp/

Provides training and technical assistance and information services to help States through all stages of the CFSRs, emphasizing family-centered principles and practices and helping States build knowledge of foster care issues. Partners with the Child Welfare League of America and the National Indian Child Welfare Association to provide training, technical assistance, and information services.

National Resource Center on Domestic Violence: Child Protection and Custody

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507
phone: (800) 527-3223
fax: (775) 784-6160
e-mail: fvdinfo@ncjfcj.org
Web site: http://www.ncjfcj.org/dept/fvd/res_center

Promotes improved court responses to family violence through demonstration programs, professional training, technical assistance, national conferences, and publications.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds

address: 5712 30th Ave. NE
Seattle, WA 98105
phone: 206-526-1221
fax: 206-526-0220
e-mail: trafael@juno.com
Web site: www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave.
17th Floor
Chicago, IL 60604-2404
phone: (800) 835-2671 (orders)
(312) 663-3520
fax: (312) 939-8962
e-mail: mailbox@preventchildabuse.org
Web site: www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Community Partners

The Center for Faith-Based and Community Initiatives

e-mail: CFBCI@hhs.gov
Web site: www.hhs.gov/faith/

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start, programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.

Family Support America

(formerly Family Resource Coalition of America)
address: 205 West Randolph Street
Suite 2222
Chicago, IL 60606
phone: (312) 338-0900
fax: (312) 338-1522
e-mail: info@familysupportamerica.org
Web site: www.familysupportamerica.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.
Toledo, OH 43606-1700
phone: (800) 924-2643
(419) 535-3232
fax: (419) 535-1989
e-mail: info@preventchildabuse.com
Web site: www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative
address: 101 Lake Forest Blvd.
Suite 360
Gaithersburg, MD 20877
phone: (301) 948-0599
fax: (301) 948-4325
Web site: www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

For the General Public

Childhelp USA
address: 15757 North 78th St.
Scottsdale, AZ 85260
phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212
fax: (480) 922-7061
e-mail: help@childhelpusa.org
Web site: www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children (NCMEC)
address: Charles B. Wang International
Children's Building
699 Prince St.
Alexandria, VA 22314-3175
phone: (800) 843-5678
(703) 274-3900
fax: (703) 274-2220
Web site: www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous
address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711
phone: (909) 621-6184
fax: (909) 625-6304
e-mail: Parentsanonymous@
parentsanonymous.org
Web site: www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

For More Information

Child Welfare Information Gateway
address: 1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
phone: (800) 394-3366
(703) 385-7565
fax: (703) 385-3206
e-mail: info@childwelfare.gov
Web site: http://www.childwelfare.gov/

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

APPENDIX C
State Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have local or toll-free telephone numbers, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid**.

For States not listed, or when the reporting party resides in a different State from the child, please call **Childhelp, 800-4-A-Child** (800-422-4453), or your local CPS agency. States may occasionally change the telephone numbers listed below. To view the most current contact information, including State Web addresses, visit **http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172**.

Alabama (AL)
334-242-9500

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Colorado (CO)
303-866-5932

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

District of Columbia (DC)
202-671-SAFE (7233)

Florida (FL)
800-96-ABUSE
(800-962-2873)

Hawaii (HI)
808-832-5300

Idaho (ID)
800-926-2588

Illinois (IL)
800-252-2873
217-524-2606

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999
800-963-9490 (TTY)

Massachusetts (MA)
800-792-5200

Mississippi (MS)
800-222-8000
601-359-4991

Missouri (MO)
800-392-3738
573-751-3448

Montana (MT)
866-820-KIDS (5437)

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757
775-684-4400

New Hampshire (NH)
800-894-5533
603-271-6556

New Jersey (NJ)
877-652-2873
800-835-5510 (TDD/ TTY))

New Mexico (NM)
800-797-3260
505-841-6100

New York (NY)
800-342-3720
518-474-8740
800-369-2437 (TDD)

Oklahoma (OK)
800-522-3511

Pennsylvania (PA)
800-932-0313

Puerto Rico (PR)
800-981-8333
787-749-1333

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

South Carolina (SC)
803-898-7318

South Dakota (SD)
605-773-3227

Tennessee (TN)
877-237-0004

Texas (TX)
800-252-5400
512-834-3784

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285 (after hours)

Virginia (VA)
800-552-7096
804-786-8536

Washington (WA)
866-END-HARM
(866-363-4276)
800-562-5624 (after hours)
800-624-6186 (TTY)

West Virginia (WV)
800-352-6513

APPENDIX D
Neglect and the Child and Family Services Reviews

As a result of the Social Security Amendments of 1994, the U.S. Department of Health and Human Services developed and implemented the Child and Family Services Review (CFSR), a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for children and families who come into contact with the Nation's public child welfare systems. As of June 2005, all the States (and Puerto Rico and the District of Columbia) had completed the first two phases–statewide assessment and onsite review-and were engaged actively in the third, or Program Improvement Plan (PIP), phase. Several States have already completed their PIPs.[1] Because the CFSR process is designed to promote continuous quality improvement, all States that are not in substantial conformity in the initial review begin a full review 2 years after the approval of their PIPs.

The purpose of the CFSRs is to enhance the goals of children's safety, permanency, and well-being. Seven outcomes, measured by 23 indicators or "items," related to these three goals are assessed in the CFSR. The seven outcomes are:

- Safety Outcome 1—Children are first and foremost protected from abuse and neglect.
- Safety Outcome 2—Children are safely maintained in their homes when possible.
- Permanency Outcome 1—Children have permanency and stability in their living situations.
- Permanency Outcome 2—The continuity of family relationships and connections is preserved.
- Well-being Outcome 1—Families have enhanced capacity to provide for children's needs.
- Well-being Outcome 2—Children receive services to meet their educational needs.
- Well-being Outcome 3—Children receive services to meet their physical and mental health needs.

As discussed throughout *Child Neglect: A Guide for Prevention, Assessment, and Intervention*, there are myriad challenges facing families experiencing neglect. Many States also experienced challenges in their efforts to ensure the safety, permanency, and well-being of children who encounter the child welfare system. To identify

[1] U.S. Department of Health and Human Services, Administration for Children, Youth, and Families (ACYF). (2005). *Child and Family Services Review Update* [On-line]. Available: http://www.acf.hhs.gov/programs/cb/cwrp/geninfo/cfsr_updates/jun05.htm.

these challenges, a content analysis was conducted on the CFSR final reports for the 35 States participating in a CFSR from FY 2002 to FY 2004. (States participating in a CFSR in FY 2001 were not included in this analysis because the final reports for that year did not use the same format for content requirements as reports in subsequent years.) The content analysis focused on identifying challenges that were common across the 35 States for specific indicators. A challenge was considered a "common challenge" if it was relevant to approximately one-third of the 35 participating States (or 12 States).

With an emphasis on neglect, the following table examines some of the challenges to achieving several of the safety, permanency, and well-being outcomes associated with the issues discussed in this manual.

Common Challenges Identified with Respect to CFSR Safety, Permanency, and Well-being Indicators and Number of States for Which Concerns Were Relevant—FY 2002–2004[2]

Safety Indicators	Common Challenges	# (%) of States N = 35
Timeliness of investigations	• Reports that are not designated "high priority" or "emergency" are not being routinely investigated in accordance with established timeframes.	12 (34)
Repeat maltreatment	• Maltreatment allegations on families with open child welfare cases are not being reported as new allegations, and therefore there is no formal assessment of the validity of the allegation.	16 (46)
Services to families to protect children in their homes and prevent removal	• Agency risk and safety assessments often are not sufficiently comprehensive to capture underlying family issues, such as substance abuse, mental illness, and domestic violence, that may contribute to maltreatment.	22 (63)
	• The agency is not consistent in providing services to ensure children's safety while they remain in their own homes (either prior to or after reunification).	18 (51)
Risk of harm to child	• The agency is not consistent in providing sufficient services to address risk of harm to children, particularly in the in-home services cases.	22 (63)
	• The agency does not consistently monitor families to assess service participation and changes in risk factors.	20 (57)

[2] U.S. Department of Health and Human Services (ACYF). (2005). *General findings from the federal child and family services review* [On-line]. Available: http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/ch1.htm.

Permanency Indicators	Common Challenges	# (%) of States N = 35
Re-entry	• The agency does not have sufficient and/or adequate post-reunification services.	13 (37)
Stability of foster care placements	• Emergency shelters frequently are used for initial placements and as "temporary" placements after a disruption occurs, even for young children.	18 (51)
	• There is a scarcity of appropriate placement options for children with developmental disabilities or with severe behavior problems.	19 (54)
	• The agency does not consistently provide services to foster parents to prevent placement disruptions.	21 (60)
	• There is little matching of placements. Placements tend to be based on availability rather than on appropriateness.	21 (60)
Permanency goal for child	• A case goal of long-term foster care often is established without thorough consideration of the options of adoption or guardianship.	15 (43)
	• Concurrent planning efforts are not being implemented on a consistent basis when appropriate.	26 (74)
	• The goal of reunification often is maintained for too long a period of time before reconsideration.	24 (69)
	• The agency is not filing for termination of parental rights (TPR) in a timely manner and reasons for not filing are not provided in the case files.	12 (34)
Reunification, guardianship, and permanent placement with relatives	• The agency is not consistent in its efforts to provide the services to parents or ensure parents' access to the services necessary for reunification.	18 (51)
Adoption	• The agency is not consistent with regard to conducting adoption home studies or completing adoption-related paperwork in a timely manner.	17 (49)
	• The appeals process for TPR decisions is extremely lengthy.	12 (34)
Visiting with parents and siblings	• The agency is not consistent in its efforts to ensure sufficient visitation among siblings in foster care.	18 (51)
Preserving connections	• The agency is not consistent in its efforts to ensure that children's connections to extended family are being preserved while children are in foster care.	19 (54)
Relative placement	• The agency is not consistent with regard to seeking paternal relatives as potential placement resources for children entering foster care.	

Well-being Indicators	Common Challenges	# (%) of States N = 35
Needs and services of child, parents, foster parents	• The agency is not consistent in providing appropriate services to meet the identified needs of children and parents.	31 (89)
	• The agency is not consistent in conducting adequate assessments to determine the needs of children, parents, and foster parents.	30 (86)
	• The agency is not consistent in providing services to support foster parents or relative caretakers.	20 (57)
Child and family involvement in case planning	• Fathers are not sufficiently involved in case planning.	35 (100)
	• Children, who are of an appropriate age, are not sufficiently involved in case planning.	35 (100)
	• Mothers are not sufficiently involved in case planning.	35 (100)
Workers visit with children	• The frequency of face-to-face contacts between workers and children is not consistently sufficient to ensure children's safety and well-being.	27 (77)
	• When establishing face-to-face contacts with children, workers are not consistently focusing on issues pertinent to case planning and achieving goals.	14 (40)
Workers visit with parents	• The frequency of face-to-face contacts between workers and parents is not consistently sufficient to ensure children's safety and promote attainment of case goals.	34 (97)
	• The agency does not make concerted efforts to establish contact with fathers, even when fathers are involved in their children's lives.	13 (37)
	• When establishing face-to-face contacts with parents, workers are not consistently focusing on issues pertaining to case planning and achieving case goals.	14 (40)
Educational needs of the child	• Many children in foster care experience multiple school changes as a result of placement changes.	20 (57)
	• The agency is not consistent in providing services to meet children's needs with respect to identified education-related problems.	18 (51)
Physical health of the child	• The number of dentists/doctors in the State willing to accept Medicaid is not sufficient to meet the need.	27 (77)
	• The agency is not consistent in providing children with preventive health and dental services.	14 (40
	• The agency is not consistent in conducting adequate, timely health assessments.	13 (37
Mental health of the child	• There is a lack of mental health services for children.	25 (71)
	• The agency is not consistent in conducting mental health assessments.	24 (69)

Additional information on the CFSRs is available at: **http://www.acf.hhs.gov/programs/cb/cwrp/results.htm**.

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