BEYOND MOM: PROMOTING A PUBLIC HEALTH PERSPECTIVE ON MEETING THE NEEDS OF "NEGLECTED" CHILDREN

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Submitted to the Graduate Faculty of

the Graduate School of Public Health in partial fulfillment

of the requirements for the degree of

Doctor of Public Health

University of Pittsburgh

March 2012

UNIVERSITY OF PITTSBURGH

Graduate School of Public Health

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It was defended on

April 3, 2012

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The primary goals of this dissertation research were to explore the treatment of child neglect in current literature, and the perspectives of parents, living at and below poverty level, on the challenges of, and supports for, meeting the needs of children. A total of fifty-five parents from Early Head Start, Head Start and Childcare Partners in Pittsburgh, PA participated in six focus groups, discussing their perspectives, including on local Child Protective Services. The participants were recruited by Early Head Start and Head Start coordinators, and included fifteen men.

This dissertation is organized around the presentation of three manuscripts. The first manuscript presents a systematic review of the literature between 2000-2011 on interventions addressing child neglect. The second manuscript presents parental perspectives on the challenges to, and supports for, meeting the needs of children. Parents shared challenges within the home and outside of the home that increased the difficulty of meeting the needs of children, and the few supports available to assist. Research in the third manuscript reveals parental perspectives of Child Protective Services, indicating further challenges in creating helping partnerships for the benefit of families and their children.

This research has public health significance because there is only a relatively small body of literature exploring child neglect rather than abuse, although neglect is of greater prevalence, may have a greater impact on child development into adulthood, and arguably is largely

preventable. This research also incorporates parental perspectives - including those of fathers - rarely included in child welfare literature, and a socioecological perspective to explore factors that impact child meeting the needs of children.   Based on findings from this research, possibilities for future research, policy and program development are suggested, in order to prevent child neglect.

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ACKNOWLEDGEMENTS

Glenn and Sue – for saying "good luck, if you need it" just in case I did. I was touched you thought I might not!

Carol – for being so encouraging from the start, for being a model of grace and intellect, and for the laptop that got me through a long doctoral process that took longer than you might have thought possible!

Karen Peterson – for insisting I pursue the DrPH program when I wanted another Masters, and demonstrating heart and passion and humor, especially in crazy political times;

Carol McAllister – for teaching me so very much about the quiet bravery of conviction, gentleness and great heart, for teaching me the great responsibility and privilege of hearing and sharing people's stories. Your high standards and expectations led me a thousand times, after your passing, to ask myself "am I staying close to the data?" "am I letting these people tell their stories?" But most of all thank you for reminding me of the importance of really taking in the journey of life, and not worrying so much about the destination. Thank you for getting me to yoga, which has saved my head and heart a thousand times since. No one could have asked for a better mentor. You are greatly missed.

My patient, compassionate dissertation committee:

When I decided really to do this, Carol M. told me to be sure to choose a committee of people that I admired and enjoyed, who were good, nice, grounded people who got on well with one another. She told me to think about with whom I would want to spend years in conversation.

And since then I have found myself blessed!   The only thing more I can ask for is years of working with and learning from each of you far into the future.

Jessie Burke – for being the best dissertation chair with the perfect sense of humor (mine), for being willing to chew on ideas with me even when they were off kilter, for being reassuring when I was getting overwhelmed, for knowing it could be done when I seriously doubted it, for reining me in or giving me a shove, for being a little bossy at just the right moments, and for agreeing that there are so very many things that matter more on the trip of life;

Ed Ricci – for being there through so many things, transitions, trials and losses, for reminding me of, and remembering, the things that are most important.   You have no idea how much your support has meant through the years;

Ken Jaros – for your laid-back confidence that somehow this would get done, even when it took twice as long as you thought when you agreed to be on my committee.   During turbulent times you were reassurance that helped me shift gears and move forward with confidence;

MaryBeth Rautkis – for being so open, responsive, patient and thoughtful – I feel so lucky to have had you, your humor, experience and insights along the way;

Emma Barinas-Mitchell and Caterina Rosano – for helping me maintain perspective, laugh harder than I can believe (and maybe cry at bit) at parenting, relationships, politics, work, academia and parenting again.   For heading off with me to beaches when I desperately needed escape, for the evenings that help keep me grounded.   For being so wonderfully supportive and encouraging, and being such terrific role models - as women, mothers, scholars and friends - especially on the days you would rather not;

Tammy Thomas, Alina Bodea – for sharing company on a surreal journey, for travelling on this long strange path together, apart, together, with the best hopes for each other – it turns out this really can be done! And that if it isn't, as our mentor taught us, the rest of the journey is still rich with learning and more than worth the travel;

Debbie Gallagher – for always thinking there is a way to make something happen, for trusting in me enough to help me gain entrée with the wonderful families through EHS and HS. It has been a pleasure and I look forward to many more years of work together;

To the COTRAIC and Hilltop staff who were flexible and accommodating and supportive of this venture;

To the COTRAIC and Hilltop families, the incredibly strong, articulate, passionate, thoughtful and responsive women and men who cared enough to talk to a stranger at length about difficult things;

Carrie Cottreau, Kate Wilcox, Laurie Eisenberg, Jackie Rochmann and other dear friends – for lunches and dinners and drinks as distraction from academics, and for reminders, as brilliant strong people each of you, that we all need support sometimes and we are all strong enough to receive it!

Natalie Blais – for being so ridiculously insightful and passionate and brilliant, you were the very best, most over-qualified research assistant a person could hope for. The discussions we had helped me learn and grow and think so much about this work, there is no doubt that it is better because of you, and I am too.

1.0   CHAPTER ONE. INTRODUCTION

1.1   STATEMENT OF THE PROBLEM

Child maltreatment, recognized as a significant problem of the United States, has been the subject of federal and state efforts to improve surveillance and prevention for several decades (NCANDS, 2010; ACDHS CYF, 2006b).   Although child *abuse* is explored often in academic literature (and popular media), child *neglect*, even by conservative estimates, is much more common and receives far less attention (NCANDS, 2009).

Child neglect, even by conservative estimates, is significantly more common than child abuse. In 2010, child neglect accounted for 78% of substantiated maltreatment reports, *double* the combined total of *all* types of child abuse, and *four times* that of physical abuse (NCANDS, 2010). The most common categories of child neglect in the U.S. are failure to supervise properly (DHHS, 2009) and failure to provide adequately (Hildyard & Wolfe, 2002). According to the United States Department of Health and Human Services Administration for Children and Families (DHHS, 2007), more than one-half (61.1%) of parents found guilty of maltreatment in 2007, were found to have neglected children. This percent is more than eight times that of those who sexually abused children (7.1%). Children in low SES families (defined as annual incomes below $15,000, parents with less than high school education, family member participation in poverty-related programs) had eight times the rate of overall neglect, including six times the rate of physical neglect and seven times the rate of educational neglect in 2005-6 (Fourth National Incidence Study, Sedlak et al., 2010). In the twelve years between the Third

and the Fourth National Incidence Study, the rates of abuse have dropped and of neglect have increased significantly.

Definition of Neglect

The Federal Child Abuse Prevention and Treatment Act (CAPTA, 1996) defines child abuse and neglect together broadly as: 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 (italicize added). Health and Human Services guidelines, based on CAPTA, further indicate that neglect may incorporate the failure of a caregiver to provide for a child's basic needs including physical needs (food, clothing, hygiene or shelter, or supervision); medical (e.g., failure to provide necessary physical and mental health treatment); educational (e.g., failure to educate a child or attend to special education needs); emotional (e.g., providing insufficient attention, affection, competence or emotional support, failure to provide psychological care, or permitting the child to use alcohol or other drugs) (CWIG, 2008).

Most research to date has relied on Child Protective Services (CPS) reports based on broad definitions that vary widely from state to state and county to county (Zuravin, 1999). As this data has been gathered and organized by NCANDS, it is relatively easy for researchers to access. But it has also been noted that there are problematic biases in CPS identification, including that substantiated cases of neglect are only those most severe cases (DeBellis, 2005). This and other research indicates some of the challenges inherent in reliance on CPS statistics to determine prevalence of child neglect, as well as highlighting the subjectivity and role of context in CPS determinations (Runyan et al., 2005). Efforts to use alternatives to CPS records are dependent upon development of, and agreement around, conceptual definitions of neglect. Some

states and municipalities explicitly allow for consideration of families' financial state in determining whether failure of provision of needs is circumstantial or "intentional". However, because neglect is a continuous variable, and subjectively determined by workers on the ground, there is great variability in surveillance reports and additional challenges for prevention/intervention efforts. To date very little of this research has explored parental and community perspectives of meeting children's needs and what this may add to an understanding of the broader context of child neglect.

Public Health Impact

The impact of child neglect has been documented over the past decade by multiple authors to include impaired cognitive development, failure to thrive, adverse health outcomes, untreated health problems, behavior problems, psychiatric problems, delinquency, high risk behavior, sexual risk taking, externalizing problems – including aggression, delayed social development and poor academic performance (Hildyard and Wolfe, 2002; Dubowitz et al., 2005a; Manly et al., 2001; Erickson and Egeland, 1996). (Table 1.1). Child outcomes are influenced by the age of onset, chronicity and severity of neglect as well as the subtype of neglect.

In fact, relative to children who have been physically abused, neglected children show evidence of more severe cognitive and academic deficits, social withdrawal and internalizing of problems (Hildyard and Wolfe, 2002), as well as ongoing poor learning skills, problems in cognitive development, poor academic achievement (Erickson and Egeland, 2002), and a host of related problems (Table 1.2).

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Social Cognitive and Social Ecological Theories

The vast majority of intervention and prevention efforts have focused on individual level efforts to impact parental efficacy, in keeping with the tenants of Social Cognitive Theory (Benight and Bandura, 2003). However, Bandura (1986) acknowledges that behavior is clearly influenced by environmental factors. As such the environment, people's perceptions of their environment and the dynamic interaction between people and their environment are constructs that also have a place in this theory (Glanz et al., 2002). Several authors have suggested that current approaches to intervention in child abuse and neglect focus too much on the idea of individual "guilty parents", and not enough on the broader ecological context of families, communities and society in the dynamics of child maltreatment (Erickson, 2000; Golden et al., 2003).

Environmental Risk Factors

Poverty

Low socio-economic status in particular has been linked to child neglect. Some researchers have suggested that poverty leads to higher parental stress levels without the material resources to cope, and that this may contribute to depression and low self-efficacy (Horton, 2003). Other research suggests times that neglect itself may simply be an artifact of poverty – for example when children are left unattended by a mother who cannot afford care but must leave for work (Horton, 2003). The legal definition of neglect may capture women trapped in poverty and exhaustion, unable to care adequately for their children (CSSP, 2005), even while being most often responsible for their care (NAIC 2004). Children in single-parent households have nearly eight times the rate of neglect than those in two parent households (Fourth National

Incident Study, Sedlak et al., 2010). Children with family annual incomes below $15,000 in 1993 were over 44 times more likely to be neglected when compared to children from families with annual incomes above $30,000 (DHHS, 2009, CSSP, 2005).

Parental poverty as an ecological stressor has been clearly related to child neglect, (Anderson and Armstead, 1995; DeBellis, 2005). The stressors and social isolation characteristic of distressed communities may lead parents to parent more harshly to keep their children safe, or when overwhelmed by environmental challenges, to neglect their child (McDonell & Melton, 2008).

<u>Related neighborhood characteristics</u>

Other poverty-related issues may relate to neighborhood rates of general child maltreatment and present opportunities for community-level interventions. Unemployment and inadequate housing are both correlated positively with child maltreatment in general (CSSP, 2005). Neighborhood studies of child abuse and neglect, that focused solely on how socio-demographic characteristics relate to maltreatment, have found that higher poverty rates, higher rates of neighborhood unemployment, and less social support are associated with higher rates of child abuse and neglect (Ernst et al., 2004; Evans, Saltzman & Cooperman, 2001; Freisthler et al., 2005). Beyond the socioeconomic status of families, relationships have been identified between neglect and other neighborhood characteristics such as disrepair of housing, structural density and household overcrowding (Ernst et al., 2004). Parents experiencing low quality housing conditions were more frequently unable to meet all of their children's needs for nutrition, clothing and personal hygiene. Obviously this is not always a causal relationship, but reflects the contextual difficulties of meeting children's needs.

<u>Availability of drugs and alcohol</u>

Children whose parents abuse drugs or alcohol are four times more likely to be neglected than others (DHHS, 2009). More broadly, higher density of bars in neighborhoods has been linked to higher rates of neglect (Freisthler et al., 2005).

This work suggests the opportunity for interventions at the neighborhood or community level to prevent or reduce child abuse and neglect, in particular through prevention efforts that focus on neighborhood structures and processes (capacity building). Despite the strong correlations between poverty and child neglect in particular, relatively few authors indicate the need for more research and action on this topic. Few have examined the neighborhood social environment although it stands to reason that understanding the influence of community characteristics on child well-being (and maltreatment) will be a critical step towards developing broader community-level interventions (McDonell & Melton, 2008). The Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) consortium of studies, designed based on ecological theory, should capture more of the issues related to community environment and the impact on child outcomes.

Individual risk factors

<u>Child traits</u>

The vast majority of what is published about maltreated children does not differentiate between neglect and abuse. Generally traits that make a child more likely to be a victim of neglect *or* abuse include being under age four, with low birth weight, and difficult temperaments. Children zero to three have the highest rates of reported neglect (DHHS, 2009b). In addition, children with disabilities are estimated to be 1.7 times more likely to be maltreated than children without (DHHS, 2009a).

Parental traits

Generally, parents are more likely to maltreat their children if they have a history of maltreatment in their own childhood, abuse alcohol or drugs, are younger parents, are single parents or are involved in partner violence (DHHS, 2009;Yampolskaya & Banks, 2006; Antle et al, 2007). Although as much as 70 percent of abusive or neglectful parents were themselves maltreated as children (CSSP, 2005), it is important to note that about two thirds of parents who experienced abuse as a child do *not* subsequently abuse their children (DHHS, 2009).

Intimate partner violence

Significant relationships have been found between intimate partner violence and child maltreatment, in particular neglect. In 30-60% of families where partner abuse takes place, child maltreatment also occurs (DHHS, 2009). This percentage is newly complicated by the move in some courts, and supported by some legislatures (Edleson, 2006) to treat witnessing of domestic violence as a form of child neglect.

Alcohol and Drug Use

Parents' alcohol and drug abuse are strong predictors of neglect (Yampolskaya & Banks, 2006) and have been shown to more than *quadruple* the chances that their children would be neglected, (it triples the likelihood of their children being abused) (DHHS, 2009).

Fathers

Very little literature addresses a male role in child neglect, due no doubt to the evidence that neglect occurs most frequently in single, female-headed households. But some researchers (Guterman &Lee, 2005) have begun exploring the link between the absence of fathers, low socioeconomic status and physical neglect.

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Maternal mental health

While acknowledging the heterogeneity of neglectful caregivers, several studies converge to suggest a personality profile that includes immature behaviors, impulsivity and poor judgment. The maternal behavior of depressed women is broadly described in the literature as less responsive, more helpless, critical, hostile, alternately intrusive or disengaged, disorganized, less active and generally less competent (Petterson & Albers, 2001).

Protective factors

Availability of concrete support

Parents require resources to meet critical everyday needs, including food, clothing, housing, transportation and access to services such as childcare and health care. Programs that assist families with concrete supports can help prevent unintended neglect that sometimes occurs when parents are unable to provide for their children CWIG, 2009).

Quality and organized social connections (social capital)

Supportive, emotionally satisfying relationships with relatives or friends, can minimize the risk of parents maltreating children, especially during stressful life events. Positive, pro-child connections within communities allow families to share information, access to resources and help with childcare.

Knowledge of parenting and child development (parental self-efficacy)

Knowledge of developmental stages and of developmentally appropriate behavior allows parents to recognize the normal challenges and needs of children (CSSP, 2005). As such, parents are less likely to become as frustrated by the dependence and neediness of children (Horton, 2003).

<u>Parental resilience</u>

Parents' ability to effectively cope with current trauma, address challenges and problem solve appears to lessen the likelihood of negative impact on parenting (Egeland et al., 2001). Furthermore, parents who have processed and overcome their own childhood trauma are much less likely to maltreat their children.

<u>Social and emotional competence of children</u>

Children's emotional development is critical to their psychosocial well-being and mental health (Shonkkoff and Phillips, 2000; Horton, 2003). Higher levels of competence can facilitate parental nurturing and attachment, which in turn reinforces children's trust that parents will provide what the children need (CWIG, 2008).

Table 1-1 Impact on Children of Unmet Basic Needs

Unmet Basic Need	Impact	Source
Physical		
Inadequate Food	◆Impaired cognitive development	Grantham-McGregor & Ferald, 2002
	◆Internalizing behavior problems	Weinrab et al., 2002
	◆Failure to thrive	Krugman & Dubowitz, 2003
Inadequate personal hygiene	◆Adverse health outcomes	Menahem & Halsz, 2000
Inadequate health care	◆Unidentified/untreated health problems	Dubowitz, Feigelman, et al., 1992
	◆Untreated dental problems	Edelstein, 2002
Inadequate mental health care	◆Delinquency	Lewis, Yeager, et al., 1994
	◆Poor academic achievement	Flisher et al., 1997
	◆Psychiatric symptoms	Weisz et al., 1995
Emotional		
Inadequate emotional support and/or affection	◆Externalizing problems	Egeland et al., 1993
	◆High-risk behavior	Scaramella et al., 1998
	◆Poor academic performance	Pettit et al., 1997
Inadequate parental guidance	◆Sexual risk taking	DiLorio et al., 2004
	◆Health risk behavior	Li et al., 2000
Inadequate cognitive stimulation/opportunities	◆Delayed social/emotional development	Bradley et al., 2001; National Institute of Child Health & Development Early Child Care Research Network, 2002
	◆Lower language competence	Bradley et al., 2001
	◆Delayed motor development	
	◆Behavior problems	
	◆Externalizing problems, aggression	Dodge et al., 1994; Hardy et al., 1993
Exposure to community violence/ Unsafe neighborhood	◆Behavior problems	Dubowitz, Kerr, et al., 2001, Linares et al., 2001, Bowen & Bowen, 1999
	◆Poor school attendance	Bowen & Bowen, 1999
	◆Social maladjustment	Schwartz & Proctor, 2000

Table 1-1 continued

Exposure to family conflict/violence   ♦Internalizing and externalizing behaviors   Jaffee et al., 2002
    ♦Post traumatic stress disorder   Mertin & Mohr, 2002
    ♦Poor physical health   Wickrama et al., 1997; Onyskiw, 2002

Modified from: Dubowitz, H., Newton, R. R., Litrownik, A. J., Lewis, T., Briggs, E. C., Thompson, R., et al. (2005a). Examination of a Conceptual Model of Child Neglect. *Child Maltreatment, 10*(2), 173-189.

Table 1-2 Impact of Neglect on Children by Developmental Stage and Neglect Type - *as compared to physically abused children*

Young children

Neglect type	Impact	Source
Combined	♦Lower IQ scores	♦Gowen, 1993; Culp et al, 1991
	♦More problems with expressive and receptive speech	
	♦More emotional regulation difficulties	♦Koenig et al, 2000; Crittenden and EiLalla, 1988; Crittendon, 1992
	♦Equally anxious and insecure attachments	♦Hess & Main, 2000; Egeland & Srouge, 1981
	♦More negativistic perceptions of selves	♦Toth et al., 1997
Physical	♦More dependent	♦Egeland et al., 1983
	♦Most negativistic perceptions of selves	
Emotional	♦More dependent	♦Egeland et al., 1983
	♦High numbers of "pathological" traits	
	♦More emotional and behavioral problems	♦Mustillo et al., 2011

School-age children and young adolescents

Neglect type	Impact	Source
Combined	♦Lower scores on achievement tests	♦Eckenrode, Laird and Doris, 1993
	♦Equally negative social expectations	♦Shields, Ryan & Cicchetti, 2001; McCrone et al., 1994
	♦More socially withdrawn, unpopular among peers	♦Erickson & Egeland, 1996
	♦Less aggressive and uncooperative, but more so than non-maltreated peers	♦Manly et al., 2001; Erickson & Egeland, 1996
Physical	♦Lower scores on achievement tests	♦Egeland, 1991
	♦Worse language and reading scores	♦Wodarksi et al., 1990
	♦More internalizing problems	♦Manly et al., 2001

Table 1-2 continued

	♦More, and most severe, social-emotional problems	♦Erickson et al., 1989
Emotional	♦Equally or more internalizing problems	♦Erickson & Egeland, 1996; Erickson et al., 1989
	♦More emotional and behavioral problems among school age children	♦Mustillo et al., 2011

Older adolescents and adults

<u>Neglect type</u>	<u>Impact</u>	<u>Source</u>
Combined	♦Comparably low reading ability, low scores on intelligence tests	♦Perez & Widom, 1994
	♦Comparably higher risk of running away from home	♦Kaufman & Widom, 1999
	♦Predictor of prostitution – comparable to that of sexual abuse	♦Widom and Kuhns, 1996
	♦Near equal rates of arrests for violent crimes	♦Maxfield & Widom, 1996
	♦Comparable rates of personality disorders through adolescents	♦Johnson et al., 1999; Johnson et al., 2000

Modified from: Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect, 26*(6-7), 679-695.

1.2   RESEARCH QUESTIONS

The primary goal of this study is to explore how child neglect is understood and addressed within academic literature, by recent interventions, and perhaps most importantly, by parents living at or below the poverty level. There is a notable disparity in academic literature between the prevalence and grim effects of child neglect and the comparative dearth of exploration of child neglect. There is a lack of research and interventions that address the broader environmental context in which children's needs may or may not be met, and parent perspectives are missing from nearly all explorations of child neglect and interventions.   This research aims to synthesize what is in the current literature about interventions addressing child neglect.   This study also brings in parental perspectives on meeting the needs of children, as well as on the child protective services most likely to be called in when there are allegations of these needs not being met. Specifically, this study aims to answer:

1) How are child neglect interventions addressed in recent academic literature?

2) How do parents perceive children's needs and the challenges to, and supports for, meeting those needs?

   A sub question of this was:

   How do parents perceive local child protective services within this context?

1.3   DISSERTATION ORGANIZATION

The format of this dissertation is based on three manuscripts, and is organized into six chapters. This chapter provided a statement of the problem and background, and introduced the research questions that are to be addressed. Chapter 2 presents a comprehensive literature review of interventions addressing child neglect. Chapter 3 describes the methods used for the dissertation research, explaining the approaches used to determine the sample, collect and analyze data. Chapter 4 focuses on parental perspectives of the needs of children, including the challenges to, and supports for, meeting them. Chapter 5 focuses on parental perspectives of Child Protective Services. Results, policy implications and future research opportunities are presented in Chapter 6. Following these chapters is an appendix that includes a table of intervention articles and documents used throughout the process of conducting focus groups.

Manuscript One

Manuscript One aims to synthesize what is in the current literature about interventions addressing child neglect, through a comprehensive literature review. Thirty-four interventions were reviewed for their specific approaches and foci, neglect-related findings, and incorporation of parental perspectives.

Manuscript Two

Manuscript Two presents parental perspectives on the challenges to, and supports for, meeting the needs of children. Voices of parents at and below poverty level are underrepresented in the literature on child welfare. A grounded theory approach was used, and findings from six focus groups of 55 parents are shared, including 19 fathers.

Manuscript Three

Manuscript Three explores parental perspectives on local child protective services. A grounded theory approach was used, and findings from five focus groups of 40 parents are shared.

2.0   CHAPTER TWO. MANUSCRIPT ONE

SCHOLARLY NEGLECT OF CHILD NEGLECT?

A REVIEW OF INTERVENTION LITERATURE

Manuscript in preparation

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2.1   ABSTRACT

Child neglect is recognized as being four times more prevalent than child abuse, yet the volume of literature explicitly addressing child neglect is about a tenth that of abuse. This article reviews the process of determining 34 articles published 2000-2011 that explore specific interventions addressing neglect. These articles were reviewed for evidence of incorporating social ecological approaches or parental perspectives, as well as neglect-related findings. The vast majority of articles did not include parent perspectives. Less than half of the interventions employed, and fewer than a third of authors consider, a social ecological perspective on meeting the needs of children or preventing neglect. As such, opportunities for identifying challenges and resources outside of the home may be lost. Suggestions are included about the benefits of incorporating broader environmental considerations and parent perspectives in future research and interventions, including the need for more directly addressing poverty and its role in child neglect.

2.2   INTRODUCTION

While there is an exhaustive amount of information on child abuse that can easily be found in the literature, there are comparatively few articles and interventions examining child neglect. This is especially surprising given the higher prevalence of neglect, and the well-documented detrimental effects of neglect on children's cognitive, social and emotional development. The literature that does explore issues of child neglect is spread across multiple fields including public health, sociology, social work, psychology and criminology, making for a more challenging search and a more fractured professional and academic "conversation".

The Federal Child Abuse Prevention and Treatment Act (CAPTA, 1996, reauthorized in 2010) defines child abuse and neglect as, at 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 (Italicize added).   More specifically, based on CAPTA and Health and Human Services guidelines, neglect may include the failure of a caregiver to provide for a child's basic needs, including physical needs (e.g., failure to meet needs of food, clothing, hygiene or shelter, or lack of supervision); medical needs (e.g., failure to provide necessary physical and mental health treatment); educational needs (e.g., failure to educate a child or attend to special education needs); emotional needs (e.g., allowing insufficient attention, affection, competence or emotional support, failure to provide psychological care, or permitting the child to use alcohol or other drugs). (CWIG, 2008).

Low socio-economic status in particular has been linked to child neglect. Some researchers have suggested that poverty leads to higher parental stress levels without the material resources to cope, and that this may contribute to depression and low self-efficacy (Horton,

2003). Other research suggests times that neglect itself may simply be an artifact of poverty – for example when children are left unattended by a mother who cannot afford care but must leave for work (Horton, 2003).

Child neglect, even by conservative estimates, is significantly more common than child abuse. In 2010, child neglect accounted for 78% of substantiated maltreatment reports, *double* the combined total of *all* types of child abuse, and *four times* that of abuse (NCANDS, 2010). Some authors have suggested that these prevalence statistics are likely lower than real rates of child neglect, as social workers are most likely to report only the most extreme of neglect cases (Dubowitz et al., 2005b).

The impact of child neglect is well documented. Child neglect has a significant negative impact on the cognitive, social and emotional development of children into adulthood, including failure to thrive, adverse and untreated health outcomes, psychiatric problems, delinquency, high risk behavior, sexual risk taking, delayed social development, poor academic performance and externalizing problems – including aggression (Hildyard and Wolfe, 2002; Dubowitz et al., 2005a; Manly et al., 2001; Erickson and Egeland, 1996). Relative to children who have been physically abused, neglected children show evidence of more severe cognitive and academic deficits, social withdrawal and internalizing of problems (Hildyard and Wolfe, 2002), as well as ongoing poor learning skills, problems in cognitive development, and poor academic achievement (Erickson and Egeland, 2002). The impact of neglect on children's development has proven so severe, that some researchers have concluded that physical contact in the form of abuse may be *less* detrimental to children than no contact at all (Egeland and Sroufe, 1981; Toth et al., 1997).

In contrast to the prevalence of neglect, there is a scarcity of scholarly publications aimed at understanding, preventing and intervening with child neglect. An initial search in PsychInfo using the terms *child neglect, child maltreatment, child welfare*, and *child abuse reporting* found over 17,500 articles on child abuse but fewer than 2050 that included child neglect. This may be due to challenges around 1) defining child neglect; 2) tensions between legal "individual responsibility" arguments that focus on "neglectful" parents (usually mothers), rather than a more basic understanding of children's needs; and 3) reluctance to tackle issues of the environmental context in which those needs may or may not be met.

Research Aims

The aims of this literature review were to: 1) determine the scope of literature addressing child neglect; 2) identify current interventions addressing child neglect and sharing neglect-related findings; 3) determine the extent to which interventions incorporated a social-ecological approach or an individual behavior modification approach; and 4) note whether parent perspectives were considered.

2.3   METHODS

Literature Search Strategy

In order to meet the aims of this review, the literature was systematically searched using PsychInfo for articles published after 1999, the year of a National Institutes of Health trans-NIH Request for Applications (RFA) focusing on child neglect research. The RFA was a

collaborative effort that involved over half a dozen NIH units, as well as the Children's Bureau, justice institutes and special education representatives. Searching after 1999 also allowed for inclusion of studies that might incorporate data from LONGSCAN (an ongoing multisite longitudinal study).

Journal articles published in English 2000-2011 were searched with the terms *child neglect, child maltreatment, child welfare*, and *child abuse reporting*. Excluding those that referred only to *child abuse,* (rather than child *neglect* or *maltreatment*), in the title resulted in 626 articles. These results were further narrowed by searching along two different lines of inquiry. The first set of search terms were *neglect and prevention,* and then, in order to capture parental perspectives on meeting children's needs and on intervention efforts, the second line of inquiry used the terms *neglect and parental engagement* or *parent roles* or *parental involvement* or *parental attitudes* or *parent child relations* or *parent training*. This resulted in 184 articles.

From these 184 articles, reviewing and deleting titles that were duplicates, and then abstracts that were clearly not relevant, the first search string (*neglect and prevention*) resulted in 62 articles and the second (*neglect* combined with parent related terms) resulted in 53 articles with some overlap. Articles were included if they focused primarily on prevention of, or interventions for, neglect (or maltreatment including neglect) regardless of additional concerns with related issues such as drug use or mental health. If articles addressed an intervention, it had to be within the United States, since this was the unique legislative and social service context of interest. However, articles were not included that focused solely on Native American reservation populations, or military or immigrant families, as they were considered to be part of communities living with unique constraints and circumstances.

Abstracts were reviewed and sorted by whether they dealt with conceptual/definitional issues, the impact of neglect, neglect as it relates to specific risk factors (drug and alcohol abuse, mental health, disability and domestic violence), parent and other perspectives, training guidelines for professionals or interventions. Some abstracts overlapped categories and were placed in more than one. The Endnotes program was used to keep these abstracts organized categorically.

Thirty-four articles explored recent and current interventions that differentiate between child neglect and abuse in measures used, in findings, or that incorporate neglect in discussion of maltreatment. Often, neglect is not defined or operationalized, as programs tend to use CPS referrals or scales to determine the "risk" of child maltreatment. Of these thirty-four articles, three articles discuss the only intervention aimed specifically at reducing child neglect. The thirty-four articles were read carefully to discern whether they were based on research studies or descriptive in nature, to determine study and intervention methods (including whether and how neglect was operationalized), and findings. The next section is organized by intervention for the purposes of discussing various recent approaches to addressing child neglect, and presented by article author in Appendix A.

2.4   RESULTS

The vast majority of intervention efforts found in this literature have aimed to impact parental efficacy, often through home visiting programs, in keeping with the tenets of Social Cognitive Theory (Benight and Bandura, 2003). While home visitation programs have been used widely as a strategy for helping vulnerable families, not all encourage development of

positive social connections or facilitate access to resources within their communities. Most interventions do not make explicit a theoretical base, though they most often focus on improving parental education and self-efficacy. In part due to the variability of programs and their outcomes, researchers have debated the value of home-visiting models, despite their wide use (DuMont et al., 2008; Gessner, 2008; Howard & Brooks-Gunn, 2009). A minority of programs included here (the Nurse-Family Partnership, Family Connections and Strong Communities for Children/Strong Families, the original Project 12-Ways and the newer Triple P), incorporate a broader, more social ecologic perspective (Table 2.1).

Healthy Families America (HFA) is the most wide-spread intervention model, with over 400 programs aimed at reducing risks and increasing protective factors through home visitation (Holton & Harding, 2007, Duggan et al., 2009). The original program elements reflect a social ecological approach, and include helping parents make needed connections for support and resources (increasing social support, personal efficacy and incorporating broader community context) (Harding et al., 2007). In order to affect wide-spread change, prevention services are ideally embedded in non-stigmatized organizations (rather than traditional social service organizations), and offered universally. All programs must meet specific requirements in order to be "Healthy Families" certified and able to use the program name.

In practice however, there is great variability by Healthy Family site as to which program elements are included (Harding et al., 2007). Sites determine their preferred size, appropriate target population, risk level of families to enroll and the curricula to be used in home visits. As such, evaluations have targeted individual state programs and are difficult to compare across states and across program sites. In much of the literature on specific HFA programs there is little evidence of consideration of community context or that home visitors facilitate connections to

community resources. All incorporate home visitation by paraprofessionals, but vary significantly in their intensity and length. All determined risk of neglect or abuse per the Kempe Family Stress Checklist, which covers multiple domains, including substance abuse histories, emotional functioning, attitudes towards and perception of their child, discipline of their child, and level of parental stress. There are some questions about its accuracy, and how reliable of a measure it is, especially when used by itself (although its construct validity has been documented) (Korfmacher, 2000). The HFA programs do not otherwise operationalize neglect. Only one program (Healthy Families New York) indicated incorporation of a specific measure of neglect risk - per the neglect subscale on the revised Parent-Child Conflict Tactics Scale (DuMont et al., 2008). And only one evaluation incorporated participant perspectives of the intervention program (Krysik et al., 2008).

Two studies indicate community level changes related to Healthy Families programs. Harding et al., (2007) reviews specific findings from 33 evaluations of 288 Healthy Family sites, many of which included control and comparison groups. Findings of note include Hampton Healthy Families Partnership, in existence since 1992, which is the most comprehensive program – incorporating Healthy Start for all families at risk of abuse and neglect and Healthy Community, a comprehensive parent education program for all families within Hampton. Using eight community benchmarks - including child neglect and fatalities attributable to these - and comparing the city's performance over 17 years to six communities (two each chosen as peer, higher or lower risk and higher or lower resources), Hampton was shown to have a significantly decreased rate of child maltreatment. Additionally, there was evidence that the community may have become more resilient despite higher unemployment rate and higher rates of TANF receipt (Galano & Huntington, 2002, as cited in Harding et al., 2007).

Findings across other sites present a mixed picture of program outcomes. In Healthy Families Indiana (which has 56 sites) parent-child interactions increased and improved as measured by the Home Observation Measurement of the Environment (HOME) Inventory (Harding et al., 2007), which measures stimulation of and interaction with children in the home context. Several studies, reviewed by Harding et al., (2007), suggest considerable evidence that Healthy Family America is able to positively impact the home environment. Healthy Families Alaska reports a modest decrease, in participating families, in the proportion of "at risk" children under two years old with substantiated neglect (though no difference in the proportion with neglect referral) (Gessner, 2008). In another study of this program, depressed mothers indicated less parenting stress and less likelihood of being depressed two years later through participation (Duggan et al., 2009). In Healthy Families New York (HFNY), researchers found no overall significant impact on neglect. However, mothers who were deemed "psychologically vulnerable," were one-quarter as likely to report engaging in serious abuse and neglect as control mothers (5% versus 19%) at age two (DuMont et al., 2008). The authors suggest that *who* is offered home visitation may be an important factor in explaining the differential effectiveness of home visitation programs. In evaluating Healthy Families Arizona, researchers found higher rates of neglect and lower rates of abuse among participants than in comparison groups, but do not explore or explain this (Krysik & LeCroy, 2007). They do indicate that over time parental stress was consistently and significantly reduced and rates of immunizations and screening for developmental delay were increased.

Only one study of HFA reported an effort to capture participant perspectives (Krysik et al., 2008). In evaluating Healthy Families Arizona, researchers led semi-structured interviews of parents to capture their opinions of programs and procedures. They found that the participant-

visitor relationship is viewed by parents as integral to the achievement of parenting goals - in particular a trusting relationship with a non-judgmental and supportive home visitor who is responsive to a broad range of needs.

Project SafeCare is a large-scale systematic reproduction of Project 12-Ways, (reviewed below) conducted in multiple sites, including urban sites and with a largely Latino population (Lutzker, 2005). Project SafeCare home visitors provide guidance using the three most often used services of Project 12-Ways: guidance regarding child health care, parent-child activities/interactions and home safety. Training-certified college graduates provide what is usually five weeks of curriculum in each in the family home. Project SafeCare monitors home visitors to ensure mastery of the home visiting criteria, provides ongoing team meetings, supervision and fidelity monitoring. Evaluations with providers have found that the curriculum worked well across cultures and populations, although providers recommended lower reading levels, more pictures, and more culturally accurate (rather than literal) translations of materials (Self-Brown et al., 2011). Evaluations have found an increase in child compliance, improved parent-child relationship and a significant decrease in home hazards (Edwards & Lutzker, 2008), in addition to significantly lower reports of child abuse and neglect than families in a comparison group of parents in Family Preservation programs at two years follow-up (Gershater-Molko, et al., 2002a). Researchers in the latter study determined whether neglect was general or severe (as they did for abuse) but do not describe by what criteria. In a quasi-experimental design, a significantly lower percentage of Project SafeCare participants were reported for child maltreatment to CPS for 3 years after project participation, than the comparison group (Lutzker & Whitaker, 2005). One study explored parental engagement in a modified version of SafeCare, called SafeCare+, that incorporated motivational interviewing as well as training for providers

specific to recognizing and responding to risk factors like domestic violence (Damashek et al., 2011). This study found that mothers were 8.5 times more likely to complete the program than they were the services as usual. A study of one Project SafeCare program that uses videos, as well as home visitors, stands apart in that researchers report on parent perspectives of the intervention (Taban & Lutzker, 2001). In this secondary analysis of parent evaluations, parents reported high satisfaction with training programs, and reported counselors to be warm, friendly, helpful, knowledgeable, clear and fair.

Eight articles on smaller home visiting models describe their efforts to improve conditions within the home, quality of parenting, and to a lesser extent, social support, with mixed results. None of these include parent perspectives or a social ecological approach.

- The *Parent Aide Program* trains volunteers to provide in-home services focusing on parenting, problem-solving and providing social support (Harder, 2005). In a secondary analysis of recidivism data, Harder determined that parents who completed the program had fewer substantiated reports to CPS than those parents who either refused to participate or dropped out.

- When a program of in-home parenting instruction by a paraprofessional was added onto the existing *Colorado Adolescent Maternity Program (CAMP),* researchers found that the program neither altered the incidence rate nor improved maternal life course. (Steven-Simon et al., 2001). This may be that due to the challenges of too few home visitors for such a large group of teens, the majority of teens were visited far less often and for a short duration. However the authors additionally suggest that the teens were easily influenced by their social circles, and suggest that a program that was more inclusive of their supports might be more effective.

- ***Project Support*** provided masters level therapists and advanced undergraduates trained to deliver positive parenting education, modeling practice and feedback in home visits, supplemented with emotional support to mothers (Jouriles et al., 2010). In a randomized controlled trial, 5.9% of participants had a subsequent CPS referral compared to 27.7% in 'service as usual', as well as less difficulty in managing child rearing and fewer observations of 'ineffective' parenting.

- The ***Nurturing Parent Program***, which combined home visiting with group sessions and family activities, used trained family resource staff to build empathy, realistic parenting expectations and related skills (Maher et al., 2011). At six months, families who attended more sessions had fewer reported incidences of maltreatment, and at two years had fewer substantiated reports.

- In a review of home visiting programs, Howard & Brooks-Gunn (2009), indicate findings that ***Early Head Start*** (EHS) home visiting, parent education component and ***Infant Health and Development Program*** (providing home visits, high quality child care and parent group meetings) were shown to impact home safety, parenting responsivity and parent depression and stress. EHS also was shown to positively impact child health, safety and cognition.

- Finally, the ***Kempe Community Caring Program (KCCP)*** trains lay therapists to complete universal weekly visits in-home for first time families, to provide support, education and referrals tailored to each parent's needs. Researchers defined risk of neglect as having two or more positive responses to the Kempe Risk Assessment Questionnaire (out of six items including drug/alcohol, mental delay, depression, abuse/neglect history of parent, single parenthood) (Gray, 2001). Lay therapy

home visits were made to 108 "high risk" families, and four of eight categories on the Scale of Family Functioning improved, (including social support, self-esteem and confidence as a parent) but not the category of "meeting basic needs".

At least three programs have been incorporated into and/or tested with child welfare agencies with varying results. These programs work with a variety of approaches beyond home visits in efforts to improve outcomes for families. One includes parent perspectives (Pathways Triple P) and one includes efforts to connect agency workers and communities (Community Partnerships for Protecting Children).

- ***Incredible Years Parent Training Program*** (IY) has parents – mandated by child welfare to receive services – meet in groups for sixteen to twenty weeks of coaching, modeling, goal setting, discussion, DVD vignettes, and homework assignments, led by IY-trained staff in two child welfare agencies (Marcynyszyn et al., 2011). In this evaluation of four sessions, program participation was associated with lower parental stress and distress, more functional parent-child dynamics, and greater empathy and social support. The authors stress the importance of demonstrating the effectiveness of programs before investment of greater amounts of resources. One of two participating agencies continued IY after the pilot concluded.

- ***Pathways Triple P*** takes a component of Triple P (described later), focusing on families already in a public or private welfare agency, and teaching parenting skills through a variety of techniques, including group discussion, home visits, workbooks and videos and individual phone call support (Petra & Kohl, 2009). Parent's perspectives on programming were included in evaluation, and indicated they felt

the pilot positively affected their parenting, feelings about parenting and reduced sense of isolation. Case managers felt it was a good fit within the existing welfare system.

- ***Community Partnerships for Protecting Children*** (CPPC) differs from the others in that its focus is not only at the individual level, but also to work with child welfare agencies to connect workers with neighborhoods, to strengthen neighborhood networks (Daro & Dodge, 2009). Among those receiving individual programming, there was an improved self-perception of progress, and decreased depression, however there appear to have been few effects on child safety, parental capacity or agency and network efficiency.

Few interventions, and even fewer home visiting programs, make the effort to address multiple levels of risk factors and protective factors. Published articles indicate seven programs that have incorporated multiple layers of supports for parents, and attended to the environmental/community context of parenting.

Project 12-Ways provides up to twelve types of services as parents need, including: parent-child interactions training, stress reduction, behavior management, job finding, money management, social support, home safety, health and nutrition, marital counseling. This program takes an ecobehavioral approach, looking at the environmental context and interactions with behavior (Lutzker & Whitaker, 2005), although multi-level outcomes are not reported. This program has served over 3100 families in rural Southern Indiana since 1979, and has been noted for its effectiveness in addressing neglect (Gershater-Molko, et al., 2002a). Research indicates that participating parents are less likely to become involved in CPS and less likely to have

children removed (Edwards & Lutzker, 2008), up to four years later (Lutzker, 2005), although findings are not specific to neglect. Families are at risk as determined by Children and Family Services referral, in addition to seven scales. Neglect is rated on a scale of filth, clutter, lack of hygiene, and inappropriate parent-child interactions (Gershater-Molko, et al., 2002b). In the large scale reproduction of this program called Project SafeCare, the broader ecological considerations appear to have been dropped in favor of the individual-focused interventions.

The *Nurse-Family Partnership*, has three major sites – one in rural New York that serves 400 families, one in Tennessee that predominantly serves a more urban, African American teen population of over 1100, and one in Denver of 735 ethnically diverse mothers (Howard & Brooks-Gunn, 2009). Prenatal and early childhood home visits are made by nurses to address prenatal health behaviors, care of the child, and parental life course. Parents are considered at risk of neglect if they are under nineteen years old, are low income or unmarried. While working on improving parental efficacy, this program emphasizes building relationships with parents and using an ecological approach that recognizes that parents are influenced by their families, social networks and communities (Olds, 2002). Nurses incorporate fathers and grandmothers in home visits and work to connect families with needed services in an effort to improve both the material and social environment. Nurses also work with mothers to develop contraceptive, childcare and concrete career plans. In randomized controlled trials researchers determined that the intervention was improving parental care (fewer injuries and accidental ingestions), as well as improving maternal life course (fewer pregnancies, reduced use of public assistance, more work force participation) – especially for parents categorized as psychologically vulnerable (Olds, 2002), delayed second births to teenagers, and a 48% decline in child maltreatment rates at fifteen year follow-up (Howard & Brooks-Gunn, 2009; Olds et al., 1997). Given the variability

in many home visiting programs, and related questions about their effectiveness, Olds has expressed concern that fidelity be maintained as this model has become available to the public.

Family Connections, a demonstration project, was the sole intervention found that was focused specifically on prevention of child neglect, and used a social ecological model. The Family Connections program was conducted in a poor, urban neighborhood and included community outreach, cultural competence and outcome-driven service plans (DePanfilis & Dubowitz, 2005). Neglect was defined as when a child's basic needs are unmet, and nineteen neglect subtypes were operationally defined. In three-month and nine-month interventions, graduate students provided supports including: emergency assistance, home based family intervention, service coordination with referrals targeted toward risk and protective factors and multifamily supportive recreational activities. In a study of 154 families, researchers have found positive changes in protective factors (parenting attitudes, parenting competence, social support) and diminished risk factors (parental depressive symptoms, parenting stress, life stress) (DePanfilis & Dubowitz, 2005). Further, child safety and behavior (decreased externalizing and internalizing behavior) improved. There was no discernible advantage of the longer program for improving parenting adequacy. Interestingly, the three-month intervention was more cost effective in enhancing protective factors and reducing the risk of child neglect, though the longer intervention was more cost effective in reducing problematic child behavior (DePanfilis et al., 2008). Families were more likely to complete services if they were three months long rather than nine and completers were more likely to report a positive alliance with their workers (Girvin et al., 2007).

The final three of these interventions, Strong Communities, Triple P and Durham Family Initiative, focus on community level intervention addressing child maltreatment rather than

neglect explicitly but their efforts reflect intent to increase the protective factors and decrease the risks factors for child neglect for vulnerable families.

Strong Communities for Children/Strong Families is a newer, more broadly focused intervention, which served 2479 families in its first year in upstate South Carolina (Kimbrough-Melton & Campbell, 2008). This program is geared to "blend research with public health concepts of community-wide prevention and intervention". Community outreach workers work towards building community connections and changing norms. The approach includes family activity centers, family advocates, financial and career counseling, and engaging community organizations in activities. Efforts to improve the neighborhood environment include organizing community around improvements to streets and homes, trash and abandoned vehicles, communication networks, residential cultural decorations and building a sense of community identity (McDonell & Melton, 2008). The program funnels resources for direct support through its Strong Families component. Pediatricians recruit participants for this component of Strong Communities. Researchers do not define neglect or risk explicitly, implying that the community is at-risk itself. The authors anticipated using community worker's logs to identify points of intervention and evaluation – including effects on quality of life, parents' perceptions of safety and collective efficacy, and child safety (McDonell & Melton, 2008). These researchers further theorize that, over time, improvements in the social capital of this community will provide positive outcomes in reduction of child maltreatment, as well as a potential model for how to engage communities to promote such outcomes for a host of other health issues. Strong Communities has had success enrolling and engaging hundreds of organizations to support activities, nearly 5,000 volunteers, and has shown evidence of improving parent-child interactions and reduced parent reports of 'neglectful' parenting (Daro & Dodge, 2009).

Triple P - Positive Parenting Program, begun in Australia, and now beginning application in the U.S., has taken a public health approach to intervention, providing tiered services for large and small groups, individual services for those in need of more tailored parent training, and universal media campaigns with multiple goals towards reducing rates of child maltreatment (Prinz et al., 2009). Five positive parenting principals translate into teaching a flexible menu of strategies and skills including enhancing the parent-child relationship, teaching new skills and behaviors, self-regulation skills, parental mood management and coping skills, and communication skills. Five tiers of Triple P target different audiences. Universal Triple P (level 1) media campaigns aim to normalize parenting challenges, alter community context for parenting, decrease parents' social isolation, and impart parenting and resource information to the broader community. This is done via content on radio, newspapers, mass mailings, web presence and presence at community events. Selected Triple P (level 2) includes brief consultation to answer parenting questions, and parenting seminars on the topics of positive parenting, raising confident, competent children, and raising resilient children. Primary Care Triple P (level 3) addresses common child behavior problems especially for parents of infant through preschool age children, incorporating both education and skills training, providing additional consultation up to four times. Standard and Group Triple P (level 4) targets populations of parents struggling with children's problematic behavior and includes individual skills training and support, in community settings, at home and/or clinic visits as well as group discussion and telephone supports. Enhanced Triple P (level 5) augments level 4 for parents benefitting from modules on mood management, stress coping skills, and partner communication and additional practice addressing parent-child challenges. In a study of 18 counties, 9 of which received the Triple P intervention, there was an 8% decrease in substantiated maltreatment rates

compared to 35% for control counties, and out of home placements decreased by 12% while increasing in control counties by 44% (Daro & Dodge, 2009; Prinz et al., 2009). Although authors do not indicate neglect-specific findings, due to neglect making up the majority of maltreatment it is likely that the indicated positive impact of the intervention includes that on neglect. Over twenty-two evaluations and 43 controlled trials have addressed efficacy, effectiveness and dissemination, and have shown consistent improvement in parenting quality across studies (Prinz et al., 2009, Sanders et al., 2000, Zubrick et al., 2005; Turner & Sanders, 2005).

Durham Family Initiative (DFI) also applies an ecological perspective through efforts to improve supports and services to families, interagency cooperation towards coordinated preventive care, and policy making that affect three (of six) neighborhoods in South Carolina (Daro & Dodge, 2009). DFI endeavors to increase professional and social capital, and increase families' abilities to access resources. Neighborhoods receiving the intervention show double the rate of reduction of substantiated child maltreatment and nearly double the rate of reduction of reassessment for maltreatment over five years versus that of comparison counties (Dodge et al., 2004). Again authors do not indicate neglect findings explicitly, and they must be assumed captured in the above impressive impacts of the intervention. *Durham Connects* is a recent effort of DFI to assess all of the approximate 4000 newborns in Durham County annually and link their families with services according to their needs, including likely home visiting by nurses, and utilizing existing early-intervention services. (Daro & Dodge, 2009).

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2.5   DISCUSSION

Four things stand out in particular in surveying the recent literature on child maltreatment interventions.   First, despite the calls from the NIH and several authors over the past multiple decades for increased focus on child neglect, the scholarly research still largely avoids the messy complexities of child neglect.   Reasons may include the challenges and discomfort of addressing poverty and its impacts, and a limited view of how children's needs may be met and by whom.

Second, parental and community perspectives of how programs work are exceedingly sparse in the literature, as reflected in the five articles found here that incorporate such perspectives.   Yet prevention programs have been shown to be most effective when parents are involved in decision-making, and more likely to make lasting change when they participate in identifying solutions that are relevant and translatable to their lives (CWIG, 2009; DePanfilis & Zuravin, 2002).   Understanding what parts of interventions resonate with parents, feel relevant and achievable, make parents want to stay, or make communities supportive of interventions is critical to reinforcement and duplication of efforts.   Additionally, parent perspectives may help identify challenges and resources that extend beyond their loci of control, presenting the opportunity for interventions to anticipate challenges, incorporate resources that may not be otherwise apparent or determine the need for advocacy around issues that impact families.   As more parent and community perspectives are presented in the literature, their potential value will become clearer.

Third, a minority of authors and interventions utilize a social ecological framework to examine preventing child neglect, even when they indicate awareness of the impact that environmental and community context has on the parenting experience and meeting the needs of children.   Social Ecological Theory posits that it is critical to recognize the link between

individuals and their environment - including interpersonal relationships, organizational, community and public policy (McLeroy et al., 1988). Social Ecological Theory overlaps in some ways with Social Cognitive Theory, which promotes individual behavioral change through education, modeling and reinforcement (Benight and Bandura, 2003), but Social Ecological Theory holds that a focus that is purely on the individual can obscure the critical import of environment and social causation.

Several authors have suggested that current approaches to intervention in child abuse and neglect focus too much on the idea of rehabilitating individual "guilty parents", and not enough on the broader context of families, communities and society in the dynamics that allow maltreatment (Erickson, 2000; Golden et al., 2003). Ecological stressors of poverty - including inadequate finances, housing and poor health care - and lack of adequate supports negatively impact parental abilities, contribute to depression and low self-efficacy, and are clearly related to child neglect (Anderson and Armstead, 1995; Horton, 2003; DeBellis, 2005; Brennan Ramirez et al., 2008). As succinctly stated by McDonell and Melton, (2008), "...*social and economic protective resources—just like social and economic threats to safety—have often been ignored in design of child protection plans, whether for individual families or for the community as a whole. Thus, not only is poverty often left unaddressed in planning for children's safety in their homes but key community assets in increasing safety for children are also often overlooked*". Specifically, McLeroy et al., (1988) suggest that researchers need to consider: 1) individual factors and characteristics; 2) interpersonal processes, including formal and informal social support systems and networks, such as family, work, and friendship networks; 3) organizational factors, including formal (and informal) rules for operation; 4) community factors - relationships among organizations, institutions, and informal networks within defined boundaries; and 5)

public policy at local, state, and national levels. This approach recognizes that interactions between individuals and environment happen at multiple levels and influence both settings and behavior (Stokols, 1996). As such, it is unfortunate that so few of the home-visiting programs found in recent literature incorporate identifying resources of, and creating links to, the broader community, preferring to focus instead on parenting skills and the home environment as if they existed in a vacuum.

Several authors have suggested that efficacy-building applies well beyond the individual level, and can happen at the population level via creative use of mass media (Maibach, 1993, Kirkpatrick, 2004, Daro & Donnelly, 2003, Prinz et al., 2009) and ecological approaches to behavior analysis (Lutzker and Whitaker, 2005). This approach is exemplified in the Triple P – Positive Parenting Program. Historically mass media has embraced simplistic and sensational coverage of the most extreme cases of child abuse and neglect, perpetuating misperceptions about the prevalence, causes and impact of child neglect. Interventions at this level could aim, in particular, to influence public perceptions about the prevention possibilities for child neglect, the public role in that prevention, and the multitude of community resources, partnerships and system reforms possible to work towards that end (Kirkpatrick, 2004, NAIC, 2004, Daro & Donnelly, 2003), in addition to helping to normalize the challenges of parenting and de-stigmatizing the act of seeking help (Prinz et al., 2009).

Finally, although it was not an original intent of this literature review, it was quickly discovered that the vast majority of interventions target mothers. Given the links between single parenthood, poverty and neglect this makes numerical sense. However, part of attending to the broader ecological context of neglect must include more discussion in the literature, and

components of interventions, that address fathers and their roles in meeting (or not) the needs of their children, in their presence or absence.

Limitations

Due to the literature search methods not all articles published 2000-2011 related to child neglect have been captured here. If one were to search by individual program title for instance, associated publications that explore that intervention would be sometimes available. However, an aim of this research was to determine what was found in a methodical search of academic literature, if one wanted to know the current state of knowledge about child neglect. Future efforts could incorporate the wealth of grey literature available by program to learn more about their efforts and outcomes.

So too, including Canadian and British literature would substantially widen the pool of articles addressing issues of child neglect, ecological approaches to neglect prevention and parental engagement in services as their recent literature reflects a generally less individually-focused, punitive approach to child protection.

Conclusions

Although the past three years have seen an increase in scholarly and professional literature in exploration of issues related to child neglect, there is still a disproportionately small amount of literature on neglect. Interventions that address maltreatment may not differentiate neglect and its determinants from those of abuse, may not operationalize neglect, and may not address neglect-related outcomes explicitly. Some interventions are showing great promise at addressing maternal depression, parenting efficacy and parent-child interactions, through

flexible, varied and multi-level programming to meet the needs of families. In order to broaden the potential of child maltreatment programs in general, and of neglect prevention programs specifically, to positively impact families, more researchers and interventions need to be willing to tackle the environmental context of child neglect, and address community and policy levels of influence on children and families' well-being.   As such, interventions with social ecological approaches and research that incorporates parent and community perspectives can reveal dynamics and realities lost to "outside" researchers, and illuminate opportunities at levels beyond the individual parent to impact how well children's needs are met.

Table 2-1 Child maltreatment programs reviewed in 34 articles published 2000-2011

Program	#Articles Reviewed	Articles including parent perspectives	Articles including social ecological considerations	Articles including neglect-related findings
Health Families America	12	Krysek et al., 2008	In original design, but not ensured - tremendous variability by program	DuMont et al., 2008 Gessner, 2008 Harding et al., 2007
Project Safe Care	7	Taban & Lutzker, 2001	--	Gershater-Molko, et al., 2002a
Parenting Aide Program	1	--	--	Overall CPS referrals Harder, 2005
(Enhanced) Colorado Adolescent Maternity Program	1	--	--	Overall CPS referrals Steven-Simon et al., 2001
Nurturing Parent Program	1	--	--	Overall CPS referrals Jouriles et al., 2010
Early Head Start	1	--	--	Howard & Brooks-Gunn, 2009
Infant Health and Development Program	1	--	--	Howard & Brooks-Gunn, 2009
Kempe Community Caring Program	1	--	--	Gray, 2001
Incredible Years Parent Training Program	1	--	--	Marcynyszyn et al., 2011
Pathways Triple P	1	Petra & Kohl, 2009	--	--
Community Partnerships for Protecting Children	1	--	Daro & Dodge, 2009	--

Table 2-1 continued

Program	# Articles Reviewed	Parent perspectives included	Social ecological considerations included	Neglect-related findings included
Project Twelve Ways	4	--	Lutzker & Whitaker, 2005	Gershater-Molko, et al., 2002a; Gershater-Molko, et al., 2002b
Nurse Family Partnership	2	Olds, 2002	Olds, 2002	Olds, 2002
Family Connections	3	--	DePanfilis & Dubowitz, 2005	DePanfilis & Dubowitz, 2005; DePanfilis et al., 2008
Strong Communities for Children/Strong Families	4	McDonell & Melton, 2008	Daro & Dodge, 2009; McDonell & Melton, 2008; Kimbrough-Melton & Campbell, 2008	Daro & Dodge, 2009
Triple P – Positive Parenting Program	6	--	Daro & Dodge, 2009; Prinz et al., 2009	'Maltreatment' Daro & Dodge, 2009; Prinz et al., 2009; Sanders et al., 2000; Zubrick et al., 2005; Turner & Sanders, 2005
Durham Family Initiative	2	--	Daro & Dodge, 2009; Dodge et al., 2004	Dodge et al., 2004

3.0   CHAPTER THREE. METHODS

3.1   COMMUNITY BASED PARTICIPATORY APPROACH

This study approach incorporated key facets of Community Based Participatory Research (CBPR), integrating the need for research (as indicated by the literature) with the needs of communities for practical information.   In determining research needed by local practitioners in the field, this researcher approached leadership at two organizations, Council of Three Rivers American Indian Center (COTRAIC) Early Head Start and University of Pittsburgh Office of Child Development (OCD).   Each of these organizations represents significant portions of the Early Head Start programs within Allegheny County.   Administrators with both organizations indicated a need for research and publications in the area of parental perceptions of local Child Protective Services (CPS), and confirmed the value of exploring parental perceptions of the needs of children, as related to the issue of child neglect.

Tenets of CBPR include respecting and incorporating community perspectives, sharing power with community partners, and doing research that is of benefit to the community (Minkler and Wallerstein, 2003; Israel et al., 2005).   This research aimed to include community perspectives on the needs of children, perspectives that have been significantly lacking in literature around child neglect.   Researchers aimed to approach community participants with cultural humility, rather than "competence", recognizing the subjectivity and personal

experiences that shape perceptions of children's needs (Minkler and Wallerstein, 2003; Israel et al., 2005).

Although community partners were not involved in every stage of research, an effort at sharing power was made through several vehicles:

1. Discussion with community partners to develop the local research focus and design;

2. Collaboration with community-based program staff in recruitment of participants and responsiveness to program staff concerns;

3. Sharing findings with program/community partners, and discussing with them interpretation and implications;

4. Presenting at professional meeting of community partners.

It was important to endeavor to make this research be of benefit to the local community in addition to contributing to academic literature. Research findings were presented, by invitation, at the EHS training and orientation, with ~150 people in attendance. Findings may additionally be presented at the EHS Policy Council, a governing body of elected parents (51%) and community representatives from each EHS community site, which facilitates parental involvement in program decisions, including review of staffing, program services and budgetary concerns. EHS Governing Board, which is the EHS board of directors, including members from law, education and finance. Research findings were organized into a final summary report and presentation accessible to EHS and HS.

3.2   RESEARCH QUESTIONS

This research explored the following questions:

1) How are child neglect interventions addressed in recent academic literature?

2) How do parents perceive children's needs and the challenges to, and supports for, meeting those needs?

    A sub-question of this was:

        How do parents perceive local child protective services within this context?

3.3   SAMPLING

In order to explore these issues, six focus groups were held with parents/caregiver participants in urban Council of Three Rivers American Indian Center (COTRAIC) Early Head Start (EHS) and Head Start (HS). EHS and HS staff assisted in recruiting 58 primary caregivers (hereon referred to as parents, recognizing that this may include foster parents, grandparents, or other relatives that have taken on primary care-giving roles) from among their participating families.   EHS families have children from birth to three years of age and an income at or below 100 percent of the Federal Poverty Guidelines (e.g. ~$22,000/year for a family of four). HS families have children three to five years of age and must meet the same income requirements. EHS promotes healthy prenatal outcomes, enhancing the development of very young children and healthy family functioning. Home visitors give parenting tips, ensure children get health care, and help identify developmental problems.   Head Start is a pre-school program (supported by federal and

state funds) that serves families with children three to five years of age in the Allegheny County/Pittsburgh area, whose family income also must not exceed 100 percent of the Federal Poverty Guidelines. Head Start is a child-focused program that involves parents in the process to improve a child's readiness for kindergarten. Providing families with information on early childhood development, behavioral health and nutrition are part of the program. Head Start and Early Head Start both provide social service referrals, Early Intervention services, and parent education (Allegheny County, Department of Human Services website, accessed 6/1/10). Some Early Head Start and Head Start programs offer a Father's Group specifically to encourage participation and address the support needs of fathers.

Since neglect accounts for three quarters of substantiated maltreatment reports among children zero to three, and the negative impact of neglect on young children is well documented, the caregivers served by these two programs are an appropriate sample of people with whom to explore the issue of meeting children's needs. Additionally, their socioeconomic level is representative of the population whose children are most at risk of being deemed neglected. Neighborhood demographics relevant to child neglect are included in Appendix B.

There are a total of six EHS and HS sites in the City of Pittsburgh run by Council of Three Rivers American Indian Center (COTRAIC), as well as two EHS Childcare Partner sites (ref organizational chart, Appendix C). There are two Early Head Start sites (in South Pittsburgh and Hazelwood), an EHS Childcare Partner site in Hilltop, and three Head Start sites (Rochelle Street, Hazelwood and Overbrook), as well as a Head Start/Pre-K program in Loreto. Six focus groups were arranged: three with parents in three of four HS sites (Rochelle Street, Hazelwood, Overbrook), one focus group with a HS/EHS Father's Group, one group with families from the two EHS sites combined, and one with an EHS childcare partner in Hilltop. Two suburban sites

were excluded, as this research was primarily interested in the local, urban sites, and EHS leadership indicated this was an appropriate focus given the unique challenges of their urban populations. Also, the Pre-K site was determined to be serving a narrower age group of children and the EHS partner agreed that it should only to be included if time allowed, which it did not.

Focus groups at each site varied from four to fifteen participants (Table 3.1). The Father's Group was sampled additionally because fathers are significantly underrepresented in child welfare literature and researchers wanted to ensure that their perspectives would be included. This was also responsive to EHS staff concerns expressed to early evaluators (McAllister et al., 2003), that fathers should be explicitly encouraged to participate in evaluative efforts, in support of EHS program efforts to involve fathers in program activities and children's lives.

Table 3-1 Focus Groups by site, program type and participants

Site	Program Type	Tl # focus group participants	# of men
Rochelle	Head Start	6	2
Hazelwood	Head Start & Early Head Start	5	0
Overbrook	Head Start	4	0
Arlington	Early Head Start	14	2
Hilltop	Childcare Partner	11	0
Fathers group	Combined	15	15

The sample size and make-up was intended to allow for maximum variation, exploration of confirming and disconfirming evidence, and revealing possible theoretical explanations – generally recommended to be a minimum of 12-20 total data sources in qualitative research (Kuzel, 1999).

Inclusion criteria: Parents/primary caregivers of children aged zero to five years who meet the EHS and HS eligibility criteria were included.

Exclusion criteria: None.

Recruitment

In order to meet a goal of eight to ten participants per focus groups, participants were over-recruited by center coordinators, who were asked to identify twelve to fifteen participants for each group and the Fathers' Group. Since the populations served by EHS and HS sometimes have less organized lives, staff members indicated that it was important to over-recruit in an effort to have adequate attendance to generate discussion. Interestingly, despite this recruitment approach, half of the groups had fewer than six participants, and perhaps because of this approach, half had a challenging 11-15 participants.

Local Early Head Start and Head Start center coordinators and home visitors were asked to identify families currently enrolled in their programs and invite caregivers who may be interested in participating. Home visitors and center coordinators had a recruitment script describing the research purpose and indicating its voluntary nature. Researchers did not approach potential participants, and were in first contact with participants only when they arrived at the focus groups. No children were included.

A brief description of the research topic was provided to the Early Head Start and Head Start coordinators and home visitors to share with families *(refer to Recruitment Script text)*. Head Start coordinators reviewed the script and agreed that it would function well as a recruiting tool for them and their home visitors.

Recruitment Script text:

A public health researcher at the University of Pittsburgh's Graduate School of Public Health is interested in exploring caregiver perceptions of young children's needs and the challenges of meeting those needs. We are interested in hearing from community and family members about their thoughts and experiences around the issue of meeting children's needs. We hope to come to a better understanding of what challenges there are to meeting these needs and what supports and services may help meet these needs. It is hoped that this research will add caregiver perspectives to discussions about how to better meet the needs of all children. Whether you participate or not will not affect any services that your family receives from Early Head Start or Head Start.

Participants will receive a small stipend as a 'thank you' for sharing their time and ideas. Light refreshments will be served.

3.4   DATA COLLECTION

Data was collected via six focus groups of four to 15 primary care givers of children zero to five. Because researchers hoped to generate candid and provocative exchanges around discussions of children's needs, focus groups were desired to generate the necessary synergy (Crabtree & Miller, 1999). The group members were similar in terms of income level and parenting young children, but diverse in any number of other ways as reflected in the communities from which they came. As many parents knew one another through their program activities, it was hoped that they would have relatively high levels of compatibility and comfort

speaking around one another, allowing for greater effectiveness in exploring the research questions (Crabtree & Miller, 1999). Since researchers were not exploring in-depth individual stories and experiences, individual interviews were not deemed necessary or beneficial.

The moderator was Thistle Elias, a doctoral candidate in public health with specific interests in qualitative methods and community based participatory research. She had been a research associate on several community based research projects through the Graduate School of Public Health, including two working with local families with children in the past five years. She had over 18 years of experience with communities and community organizations in the Pittsburgh area, including 13 years as a project coordinator for a community based service-learning program. Ms. Elias had moderated focus groups in the past, including for projects with similar populations to the ones of interest here.

Focus groups with EHS were held during 'socialization times' at which staff provide child care and refreshments are served. Focus groups with Head Start were held in the morning after parents dropped off children, while the children are in classes. The focus group at Hilltop took place during a regularly scheduled weekly parent meeting. With permission of participants, the sessions were tape-recorded. Detailed notes were taken by a research assistant, and the tapes used to clarify or edit any issues as needed. The group facilitator later listened to the tapes and took notes to compare to those of the research assistant. Researchers noted the number, gender and approximate ethnicity of participants at the time of each focus group.

Six focus groups of 55 caregivers participating in Early Head Start (EHS) or EHS Childcare Partnership, were held over a six month period 2010-2011, and 51 surveys completed by those participants. Focus groups averaged 60-75 minutes in length, with the exception of the father's focus group which was held to a maximum of 35 minutes by the site coordinator (due to

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concerns about other business to which the men needed to attend while at the site, including visiting with their children). Participants were provided with a brief script at the start of each focus group reiterating the description in the recruitment script, as well as adding reminders that the focus group was voluntary, that only the research team would hear recordings of the session and that anything written would not include names of participants or individually identifying characteristics.

All focus group participants were asked the same questions, although the fathers in the aforementioned group, due to imposed time constraints were only asked the 2nd and 3rd questions below.

The interview guide included the following open-ended questions (which were reviewed with, and agreed to by, EHS staff):

1 - In general, when you think of healthy children, what do you think of?

2 - What do you think of as the needs of healthy children?

-How can these needs be met, and by whom?

-Are there needs that can't be met by family?

3 - What are the challenges to meeting the needs of children?

4 - Are there particular supports or services that make meeting the needs of children easier? How?

Probe: Children, Youth and Family (CYF) services?

Probe: Early Head Start/Head Start?

Probe: Schools?

5 – Final thoughts on any challenges to meeting the needs of children?

At the conclusion of each focus group a short questionnaire was distributed for participants to complete if they chose to, and a $10 grocery-store gift card was given as a 'thank you' for their completion. EHS staff had indicated that a grocery store gift card would be most appreciated by participants, and the amount small enough not to be coercive. All but four participants in the focus groups completed the questionnaire. Two were men in the father's group who indicated that they had to leave before the questionnaire was introduced.

3.5   ANALYSIS

The primary researcher used a grounded theory method, including an iterative, constant comparative approach to analysis (Ulin et al., 2005; Crabtree & Miller, 1999). Key principles of qualitative analysis were employed, including 1) using key informants to check the perspective of the primary researcher; 2) including and acknowledging the context of the lives of participants; 3) identifying common ground among participants as well as the exceptional, atypical responses; and 4) allowing for a non-linear process of analysis concurrent with data collection (Ulin et al., 2005; Crabtree & Miller, 1999).

Analysis consisted of reading/reviewing, coding, displaying the data, reducing the data and interpreting the data, in an iterative process that allowed for revisiting data and processes as analysis continues (Ulin et al., 2005). *Reading* through data included reviewing notes and recordings, recording not only the primary messages conveyed by participants but also their relative attitudes. As themes emerge, patterns were identified and tentative explanations for these were recorded in memos. *Coding* determined initial labels based on the research questions,

with new codes added as themes and subthemes emerged and evolved. Codes were defined and changes in codes or definitions were recorded. *Displaying* and *reducing* the data was the process of inventorying, laying out and assessing the data – both for frequency of responses and for alternative responses. Complex constructs were reduced and displayed visually in matrices and models to aid in understanding their import. Throughout these processes, the primary researcher *interpreted* the data, developing hypotheses, questioning, verifying and rejecting emerging ideas. Researchers looked for relationships within the data, connections between and contradictions within the data, and aimed to synthesize the findings. Throughout this process researchers tried to remain mindful of, and to reflect and honor, the intentions of participants, and to draw out the relevance to the larger social issues.

As Ulin et al. (2005) describe succinctly, interpretation should include close consideration of ensuring the credibility, dependability, confirmability and transferability of the process and the findings. In order to attend to data *credibility* researchers considered whether people were describing their own experiences and perceptions (rather than those of others), how detailed their comments were, and whether questions were consistently open rather than suggestive. Basic codes and categories were developed through review of these data, as themes emerge, through both immersion in the data and codes suggested by the focus group questions (also referred to as immersion/crystallization and template styles (Crabtree & Miller,1999) (Appendix D). In analysis, rival explanations and negative cases were considered. Researchers documented changes in codes and understanding over time, from initial anticipated findings throughout the analysis process. In order to ensure credibility and trustworthiness of analysis, and to control for researcher bias, the primary researcher reviewed notes and recordings independently and with a research assistant. *Dependability* was attempted both by documenting

processes and by taking initial findings back to participant forums for review. *Confirmability* of findings, and the process by which these were determined, is possible through the documentation trail developed by researchers throughout data collection and analysis. Finally, researchers drew conclusions cautiously, including rich description of the context of the research, participants and interactions. This allows readers to determine the *transferability* of findings to populations other than that studied here. Ideally, this research will contribute not only to greater understanding of parental perceptions of child neglect and local CPS, but perhaps to building theory about how child neglect might be discussed and interventions might be shaped.

Risks and benefits

This study involved only minimal risk, did not involve multiple sites, did not involve a "double-blind" design, or involve a large number of participants. Since it did involve a small number of participants, a data- and safety-monitoring plan was appropriate. Review of data collected in focus groups ensured data quality, retention of participants and protection of confidentiality. All information gathered was accessed only by the researchers, recorded without individual identifiers or identifying information, and stored in locked private files.

The primary benefit of participation in this research study was the opportunity to share perspectives on meeting the needs of children that may differ from the perspectives of teachers, case workers and policy makers, and in so doing, contribute to a better understanding of the helps and hindrances to meeting those needs. Participants received gift certificates to a local grocery store in thanks for completion of the questionnaire. The only notable risk was that of loss of confidentiality, and researchers put procedures in place to minimize that risk.

Results

According to the 51 questionnaire responses, participants were largely over 26 years old (79%) and had completed high school or the equivalent (89%). The majority of participants were women (65%), and had two or more children (68%). Of their children zero to five, 45% were under three years old, and 55% were four to five years old. Participants were also parenting an additional sixty children who were age six or older. While men were welcome to participate in all groups, a total of only four men attended across the first five groups. This possibility had been anticipated, and was the reason for the sixth focus group entirely of men. With fifteen participants, the Fathers Group focus group raised the overall representation of men to 35%. Twenty-five of 51 respondents to the survey indicated that they, or someone that they knew well, had direct experience with Children, Youth and Families. (Respondents' indication of their participation in two other family service programs was hampered by many of them not recognizing or misunderstanding the program names.) Focus groups averaged 60-75 minutes in length, with the exception of the father's focus group, which was held to a maximum of 35 minutes by the site coordinator (due to concerns about other business to which the men needed to attend while at the site, including time visiting with their children).

Preliminary findings, particularly those that revealed relationships between key concepts, were shared with a community partner to confirm reliability. Findings were reported in aggregate except where noted. Researchers have opted to indicate quotes by coded focus group abbreviations (to maintain the anonymity of speakers), and to indicate the entirely male focus group in order to add their under-represented voices to the literature.

4.0   CHAPTER FOUR.   MANUSCRIPT TWO

MEETING THE NEEDS OF CHILDREN IN POVERTY –

PARENT PERSPECTIVES

Manuscript in preparation

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4.1 ABSTRACT

This study was designed to explore the challenges of meeting the needs of children, from the perspectives of parents living at or below the poverty level. Given the paucity of research on child neglect (as distinct from abuse), and the individual focus of existing intervention efforts, parent perspectives could contribute to a better understanding of challenges these families face, including those outside of their control. Six focus groups with a total of 55 parents were held to discuss their perspectives on children's needs, challenges to and resources for, meeting those needs. Parents' responses were coded as themes emerged, using a social ecological perspective, indicating challenges both within the home and within the broader community environment. 51 questionnaires with primarily demographic information were collected. Results showed that parents identified significant challenges within the home, largely due to poverty, associated lack of resources and inadequate supports. Additionally parents shared many efforts to both prepare their children for, and protect their children from, the broader community and its dangers and deficits. Environmental challenges to meeting the needs of children included neighborhood violence, unsafe built environments, lack of proximate and affordable activities. Results indicate the need for three major shifts of public health focus to prevent child neglect, and three opportunities for multiple disciplinary intervention efforts that go beyond the individual level.

4.2   INTRODUCTION

Child neglect has a significant negative impact on the cognitive, social and emotional development of children into adulthood, and is dramatically more prevalent in the U.S. than child abuse.   Despite this, there is a scarcity of scholarly publications aimed at understanding, preventing and intervening with child neglect, and a parallel lack of intervention efforts.   This is due to challenges around defining child neglect, in turn due to tensions between legal "individual responsibility" arguments that focus on blaming "neglectful" parents (usually mothers), rather than a more basic understanding of children's needs and a more complex recognition of the broader environmental context in which those needs may or may not be met.   As such, social ecological approaches and incorporation of parent and community perspectives can reveal dynamics and realities lost to "outside" researchers, and illuminate opportunities at levels beyond the individual parent to impact how well children's needs are met.

Child neglect, even by conservative estimates, is significantly more common than child abuse (NCANDS, 2009). In 2006, child neglect accounted for 66% of substantiated maltreatment reports, *double* the combined total of all types of child abuse.   For children zero to three, those most at risk, child neglect accounted for 74% of substantiated maltreatment reports, six times that of physical abuse, and four times that of all abuse types combined (NCANDS, 2009).

The impact of child neglect includes impaired cognitive development, failure to thrive, adverse and untreated health outcomes, psychiatric problems, delinquency, high risk behavior, sexual risk taking, delayed social development, poor academic performance and externalizing problems – including aggression (Hildyard and Wolfe, 2002; Dubowitz et al., 2005a; Manly et al., 2001; Erickson and Egeland, 1996).

Health and Human Services guidelines, based on The Federal Child Abuse Prevention

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and Treatment Act (CAPTA, 1996), state that neglect may include the failure of a parent to provide for a child's basic needs including those that are physical, medical, educational and emotional (CWIG, 2008). These guidelines are used by states and municipalities to determine which circumstances require intervention by child protective services. Some states and municipalities explicitly allow for consideration of families' financial state in determining whether failure to meet children's needs is circumstantial or "intentional". However, because neglect is a continuous variable, and subjectively determined by workers on the ground, there is great variability in surveillance reports and additional challenges for prevention/intervention efforts. As such, some authors have suggested that identification of children's needs is a more successful proposal (Dubowitz, et al., 2005a), which allows broad consideration of how those needs might be met.

The limitations of self-efficacy

The vast majority of intervention and prevention efforts to impact child maltreatment have aimed to impact parental efficacy, in keeping with the tenets of Social Cognitive Theory (Benight and Bandura, 2003). However, health is influenced by multiple facets of physical and social environments (not just personal attributes), and interactions between individuals and environment happen at multiple levels, influencing both settings and behavior (Stokols, 1996). Several authors have suggested that current intervention efforts do not adequately consider the broader ecological context of families, communities and society in the dynamics of child maltreatment (Erickson, 2000; Golden et al., 2003). Social Ecological Theory emphasizes the critical links between individuals and their environment - including interpersonal and organizational relationships, community norms and public policy (McLeroy et al., 1988).

Consideration of environmental factors may reveal the limitations of a focus on parenting efficacy in preventing child neglect.

Purpose

This research aims to explore how parents perceive children's needs and the challenges to meeting those needs, in hopes of preventing and responding to child neglect. Further, it is expected that exploring perspectives of parents at or below the poverty level, explicitly including those of fathers, may contribute to understanding how best meet the needs of children most at risk. We are particularly interested in their perspectives of environmental factors - including poverty, community violence, availability of drugs and alcohol, peer dynamics – that impact meeting the needs of their children. For the purposes of this research, 'parents' refers to any of the adults caring for children in the home, which may include foster parents, extended family and parent partners.

4.3   METHODS

All components of this research were approved by the University of Pittsburgh, Institutional Review Board, IRB # PRO10090090.

Principles of community based participatory research were employed throughout the process, including:

-Development of the local research focus and design;

-Collaboration with community-based program staff in participant recruitment;

-Discussion of findings, interpretation and implications with program/community partners at multiple points of analysis to confirm reliability.

-Responding to participant requests for information on available resources through creation of a resource guide for distribution.

A total of six focus groups of 55 parents participating in Early Head Start (EHS), Head Start or EHS Childcare Partnership, (five with EHS/HS and one with the EHS partner) were held over a six month period 2010-2011. One of these focus groups was entirely made up of fathers. Families enrolled in Early Head Start and Head Start have incomes at or below 200% of the Federal Poverty Guidelines, while families of the childcare partner may be above these income guidelines (the majority are not). One researcher (TE) facilitated discussion, while another (NB) took notes and digitally recorded each session. The group facilitator later took detailed notes from the digital recordings.

A grounded theory approach was used, determining codes based on emerging themes. Two reviewers coded independently, then discussed and revised codes, compared within and across groups, and revisited themes numerous times to ensure that they were understood as completely as possible. Digital recordings were re-accessed as needed to clarify quotes or confirm meaning. MSWord and Excel were used to manage data. Findings are reported in aggregate except where noted, and are recorded here organized by key themes that emerged. We have opted to label quotes by coded focus group abbreviations, and to indicate the entirely male focus group to explicitly recognize male parents' role in considering the needs of children.

At the conclusion of each focus group, all participants were asked to complete a brief questionnaire regarding their level of education, their children's ages, and whether or not they had experience with a number of family services, including local child protective services. A

total of fifty-one participants completed these surveys, and received a small grocery store gift card as thanks for their participation.

4.4   RESULTS

Questionnaires indicate that participants were largely over 26 years old (79%) and had completed high school or the equivalent (89%). The majority of participants had two or more children (68%), 61% had children between the ages of zero and three years old, and 57% aged four to five years old. The majority of participants were women (65%). Twenty-five of fifty-one respondents to the questionnaire indicated that they, or someone that they knew well, had direct experience with local child protective services. Their reflections on these services are addressed elsewhere.

The Needs of Healthy Children

Parents described healthy children holistically - as those with a balance of social, emotional and physical well-being. Parents described them as being happy, communicative, emotionally stable, playful, energetic and active. Parents initially offered that they needed a healthy diet, adequate sleep and a supportive family. As discussion continued, children's needs were generally identified as falling into categories of those that were met (or could be, or were best met) within the home, and those that were met (or could be, or more easily met) outside of the home.

<u>Within the home: structure, support, and teaching values</u>

Structure and support – including rules and boundaries within the home, consistency, security and discipline – were raised across all groups as key needs of children. They recognized the negative effects on children without these, noting that a lack of these "hurts their development" and leads to children "running wild".

Parents indicated the importance of teaching moral and "life" lessons, and critical values such as being a particular "kind of person" and "being an individual". These efforts were often in response to dynamics within the larger community, or in preparation for children's interactions with the wider world. Meeting these needs was helped or hindered by the quantity and quality of supports available to families.

<u>Outside of the home: social/emotional, physical and educational resources</u>

Parents identified the need for safe places to play, appropriate peers and models, places to begin learning academics and places where children would be exposed to spiritual and ethical values. Meeting these needs depends on the resources and economic well-being of their communities, as well as family resources.

Challenges to Meeting Children's Needs

Parents identified challenges that largely fell into categories of those faced within the home and those encountered in their broader environments. Parents repeatedly revealed connections between their efforts at home to trying to "push back" against, protect children from, and prepare children for, the outside world. These efforts were challenged most especially by economic realities – at the individual and community levels.

"If you have a good background, a good childhood - structure, then you can survive in society - if not, you'll drown." (T)

Figure 1 illustrates the dynamics between parents' challenges to meeting the needs of children, from issues faced on the individual family level up through community resources and realities.

4.4.1 Challenges within the home

Parents discussed financial challenges to providing for their children, and the very common stresses of parenting without a partner or with an ex-partner. Some struggled with special parenting challenges due to their children's prior trauma. All groups discussed the challenges inherent in trying to teach their children critical values.

<u>Financial challenges</u>

Parents described their efforts at trying to manage the competing financial costs of life when budgeting at or below the poverty level. They described having homes with drafts, and lacking reliable vehicles, new clothes and toys. They described choosing between paying utilities and providing things for their children, caring for their children while making sure they held on to their jobs, and the trade-offs of choosing between necessities (a child going to the doctor, clothing) and those things that could be delayed (a parent going to the doctor, toys).

"I know I should go [to the doctor] but I can't say 'just bill me'. It's that embarrassment, so I cancelled all together, knowing I have to get my thyroid checked. It's a very important appointment, but I just don't have $35, I just don't have it." (T)

"You gotta choose between food and medication. Do I let them get clothes or toys? They need clothes. [But] clothes fit one month, then the next they are too short, got to do it all over again." (C)

Many of the single mothers described the financial challenges of parenting as exceptional and stressful.

"I can't afford to call off, I can't afford to be late, you know, I just can't. I have to make it work. I have to do it. I have no one to rely on and I have to make sure my son gets to daycare, I just have to make it work. It's very stressful." (T)

Common challenge: Single parenting, fatigue and stress

Fatigue and stress were mentioned as common and significant challenges of parenting across groups, but most especially among single parents, regardless of their gender. Parents were additionally concerned about their children picking up on this stress. Many parents talked about needing to put extra effort into parenting when doing so alone, and the extreme fatigue that they experienced.

"I am a single parent, with three girls with smart mouths. Not having any break or outlet – like I always have my kids. It's stressful, and kids pick up on that." (D)

"I work full time and go to school full time and fatigue is not even the word!" (T)

Many women described absent fathers, who were either incarcerated or unwelcome due to their behavior. For many mothers this behavior was physically or emotionally abusive, and was partnered with drug or alcohol abuse. Many of these women expressed a preference for parenting without a partner given their experiences.

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"My daughter's father is in prison, my son's father is a drunk, alcoholic deadbeat, my youngest's father is a crack-head dead beat, so I didn't have the chance to have a baby's dad [with me]. So I've been doing it on my own for the last 17 years, so it don't even bother me." (D)

A majority of these mothers had additional concerns about the impact of their children's father's behavior or absence on their children. They were concerned about their children feeling the loss of a caretaker, or witnessing negative behavior, including many who had been present during partner abuse against the mother.

<u>Common challenge: Parenting with ex-partner</u>

Parents who were separated expressed facing additional challenges due to conflicting parenting approaches with their ex-partner. Both mothers and fathers expressed that when their children returned from visits to the other home, parents had to work to get their children "back on track", due to different expectations about behavior, routines (or lack of them), and exposure to language, music videos and video games. Several fathers expressed frustration at having their authority undermined by ex-partners or their new partners. They struggled to "get on the same page" with their children's other caretakers for the benefit of the children, most often without luck. *"You're killing me!"* said one father of his ex-wife's partner's refusal to work with him towards similar routines and expectations for the children *(M).*

<u>Special challenge – responding to trauma</u>

For a sizeable minority of participants, parenting had additional, special challenges due to their children's traumatic experiences, including witnessing drug abuse, suffering sexual abuse

or experiencing the death of a parent or sibling. Parents were aware that these children had unique needs to be met, and struggled to understand how best to respond to their emotional and behavioral issues.

"As a parent, how do I tell him 'it's okay to grieve, but not to act out… When I ask him why [he is acting out] he says 'because my baby sister's in heaven'…" (D)

"With my children (grandchildren) their mother passed away from a drug overdose less than a year ago. Both of these babies were born addicted, this one to weed and crack, that one to heroin and crack and pills. We came up on their (dead) mother on the street and I had to pull one of them off of her. This one has a lot of anger because he doesn't have a mom in his life." (D)

Parents across groups felt unable to get adequate support from family or friends to address the extra needs they saw these children as having, and rarely were they able to identify or access resources that they felt supported them in these specific efforts.

Teaching values – and the challenges therein

All groups of parents indicated the importance of teaching children essential lessons at home, including to be independent, to be self-reliant, to not necessarily do as others do, and to be able to handle peer pressure. Much of this was described as responding to, protecting children from, or preparing children for, the challenges they encountered in their communities.

Many groups felt that it was important to teach children to see that they are able to determine their future, despite their surroundings.

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"I don't want them to be followers. I want them to be leaders. And I can see the road they're on, coming from this neighborhood. I don't really see them doing the right things." (D)

Because of financial struggles, many parents discussed teaching their children to "make do". This segued into other lessons about life, in preparing their children for the world.

"Life is not free, and it's not easy. So I gotta teach you now. No one is going to hand you everything. It doesn't work like that." (D)

Challenge: Lack of experience

Several mothers expressed frustration and confusion, when due to their own lack of models and experience, they struggled to teach child development (puberty, hygiene and toilet training) or academics.

"If you're lacking in something how can you give it to your child? How can I teach you something and I really don't know it?"(T)

Challenge: Social surroundings

Parents discussed frustration that the lessons they were trying to teach their children were being undermined by peers, older kids, and other families.

"Sometimes you gotta deprogram them from what other people try to put in their heads." (T)

"Some of these kids – they have no respect, they have no manners. They don't know how to talk to you!" (D)

Multiple parents discussed how often they conveyed to their children expectations for behavior at school, reminding them that they were going to school to learn, not to talk, fight, sleep or "be pretty", regardless of peer behavior.

4.4.2 Challenges connecting to outside resources

Challenge: discovering supportive and social resources

All groups of parents discussed the challenges of learning about, and then qualifying for, supportive resources for their children and families. Participants did not have shared main repositories from which they learned about community programs and resources, and in every group many had never heard of resources being described by other parents, including for utility assistance, housing support, food and clothing. Parents described seeking resources – especially school, libraries and church – that would expose their children to positive values and social interactions. Several mothers tried to identify resources allowing their children to learn to trust others, and to see that other adults "are okay", especially if that was not part of their prior experiences. Much information was spontaneously shared between parents during focus groups, as well as positive and negative experiences of various programs, including local child protective services. Discussion of these findings is presented elsewhere. Many participants asked focus group facilitators directly if they were able to share additional resource ideas.

Challenge: cost

While a few participants noted that there were things parents could do without funding (such as going for walks with their children, pointing out and explaining things along the way),

overwhelmingly parents expressed frustration with how cost-prohibitive any nearby activities were.

"The problem is that there isn't enough for us as parents to do with the kids, especially if you have a limited pocket book, your child suffers... South Side football is $150 a kid. I've got three kids, that'd be $450 – who has that?" (M)

"They have karate class for little kids - it costs forty dollars a month. Forty dollars a month? What if you don't have forty dollars? What if you have bills?" (M)

Challenge: eligibility –income and age

In their efforts to access resources, whether for social opportunities for their children or for assistance, all groups of parents described frustrations due to the rules around eligibility requirements – whether it was due to income requirements or their children's ages.

All groups (except the fathers' group) also described the challenge of qualifying for any variety of assistance programs – ensuring that their income would stay within guidelines since the assistance was critical. Many mothers shared that they needed to do creative accounting to be considered eligible for assistance programs for utilities or childcare.

"You have to twist the truth to get by really." (T)

"A lot of these things, you got to know how to adjust the paperwork a bit. On paper it looks like I have plenty of money, but... There are seven people in my family, we don't qualify for any kind of aid, but we can't make it without help." (C)

Parents described frustration at not being able to get their children into community sports or afterschool programs due to their children's young ages, while parents of teens were frustrated that their children were too old for available programs. A dearth of local activities and programs

led parents to seek resources outside of their communities, and then confront program and transportation costs.

4.4.3 Challenges with supports

<u>Challenge: availability and quality</u>

Many parents discussed the challenges of having few, or no, family or friends that they could turn to, to assist with their children. This was often because they felt unable to trust the quality of care their children would receive.

"I don't trust anybody with my children. I don't know people good enough to trust them with my children." (V)

However, many more parents articulated concerns about the compromises they made and constraints they faced when turning to friends or family for childcare. A few participants were mindful of the mental health or substance abuse issues that those family members might be dealing with at a given moment, and the need to change child care plans suddenly.

"[My mom]has her own problems, so there are times that I feel she is not in a good place to be with the kids. She has mental problems. When she's not right, then I'm stuck." (V)

The majority of groups discussed the challenges of having potential childcare supports with worrisome standards. Parents discussed concerns that their pre-school or school environments had inadequate nutrition, tolerated bullying, and were unclean. Many parents expressed dismay when the values and behavior of potential supports were significantly different than they thought best for their children, especially when this compromised care was provided by extended family and friends.

"Family, free, yeah and I love you, but [they] may not feed you very well or watch what you do." (V)

Teenage mothers in particular expressed frustration about the assumption by others that they had supports for raising their children. In one focus group with three teen parents present (L), all agreed.

"They just assume that because we're teenagers that our mothers automatically are taking care of the kids. But not in some cases."

"It's not grandmother's job, it's mommy's job"

"Right."

Finally, as described earlier, parents with children who had experienced significant trauma in their lives all expressed having a significant lack of supports for them and their children.

4.4.4 Challenges of the built environment and community safety

<u>Challenge: lack of resources</u>

All groups of parents described extensively the challenges of inadequate programs, activities and lack of safe spaces for their children, and the parallel challenge of crime in their neighborhoods.

"There's nothing here - no swimming pool - no recreation - no afterschool programs - there is nothing, nothing." (L)

In communities with access to a library, it provided a critical "safe haven" and ideal space for letting children be social. However, limited hours (especially for working parents), low numbers of volunteer readers, and few computers were often cited as frustrating constraints

that their libraries faced. Some parents had learned of, and utilized, entrance discounts (based on receiving Medicaid) that would allow their children access to resources outside of their community, such as museums. Many others had never heard of this despite qualifying.

Challenge: Dangerous communities

"We tell [our children] 'we don't want you to go outside because it's dangerous.'" (C)

All groups described significant challenges to meeting the needs of their children due to the dangers of their communities, including gun violence, bullying and drug dealing. Some groups described open drug dealing in front of their home or neighborhood school. Many parents across groups discussed decisions to prohibit their children from riding bikes or going outside to play. This was in part to protect them from being harmed by neighborhood violence, and in part to keep them from hanging out with teenagers and getting into trouble. Several parents told stories of barely avoiding gunfire, including times when their children were with them.

"If things go haywire the teens will just run into your house." (C)

Across groups, despite concerns about teens' behavior, there was also much empathy for them, discussion about the lack of activities to engage them and how this led to more community problems.

"They don't have anything for these kids to do out there... they're acting the fool because there ain't nothing for them to do." (L)

"If there's nothing for them to do they'll find something wrong to do – that's the problem" (M)

Parents within all groups described the playgrounds in their communities as being full of broken glass, graffiti, drug needles, and drug dealers.   The vast majority were unwilling to expose their children to the dangers of these playgrounds, describing them as "wide open", and where "anything could happen".

"You can't take kids there, you don't know when there will be a shooting." (C)

Many parents tried to access safe options well outside of their neighborhoods, and many parents tried to keep their children indoors as much as possible.   Without local activities, and without owning a vehicle, many parents are dependent on public transportation for trying to access activities for their children.   Some parents bussed their families far across the city in order to access environments that were felt to be safe and clean, including bussing to different neighborhood's playgrounds.

"To do anything with your child you have to go far out. I don't even have buses! I've gotta march three miles to a bus stop and three miles back to do anything – and I work!" (L)

Pedestrians to and from the bus stops were then faced with the challenges of inclement weather and the quality of neighborhood maintenance.   As one woman described to the nods and murmurs of others, there are challenges of navigating snowdrifts and un-shoveled sidewalks regularly:

"You're trying to get up the street and you're slipping and sliding and you have this little one and you have to worry about cars." (T)

4.5   DISCUSSION

Parents were challenged by financial constraints, which contributed to their high levels of stress and fatigue.   Many faced the additional challenges of parenting without a partner, and the special circumstances of parenting children who suffered from past losses and prior trauma. Parents were able to identify very few supports, and were consistently concerned about the quality and availability of care for their children, whether it was by friends, family or school. While some parents accessed programs and resources to help the family or children, use of these was inconsistent and depended greatly on parents' ability and luck in learning of opportunities, and then successfully navigating issues of eligibility and cost.

Parents expressed great concern over their children spending time in communities with deteriorating conditions, lacking resources and rife with crime and violence.   Parents tried to shield their children from the latter, and at the same time they tried to teach values to help them navigate their communities. This state of affairs required efforts to seek resources outside of their communities, efforts made infinitely more difficult by individual financial constraints, transportation and eligibility issues related to income guidelines and the ages of their children.

Conclusions and Implications

These findings indicate the critical need for a multi-level, partnered approach for the prevention of child neglect.   Parents at and below the poverty level are struggling to meet the needs of their children, and are being challenged by factors well outside of their direct control.

Environmental risk factors, in particular that of low socio-economic status, have been closely linked to child neglect.   Parental poverty as an ecological stressor has been clearly related to child neglect, (Anderson and Armstead, 1995; DeBellis, 2005).   Stressors - including

inadequate finances, housing and health care - and lack of adequate supports impact parental abilities, and none of these can be effectively addressed through individually-targeted interventions. The stressors and social isolation characteristic of distressed communities may lead parents to parent more harshly to keep their children safe, or when overwhelmed by environmental challenges, to neglect their children (McDonell & Melton, 2008). Beyond the socioeconomic status of families, relationships have been identified between neglect and other neighborhood characteristics such as disrepair of housing, structural density and household overcrowding (Ernst et al., 2004; Evans, Saltzman & Cooperman, 2001), and the associated increased stress for families. Availability of drugs and alcohol at the neighborhood level has also been shown to increase neighborhood rates of child abuse and neglect, when controlling for other neighborhood demographic characteristics (Freisthler et al, 2005).

Within public health, this research indicates the need for at least three major shifts of focus:

1 – To discussions of how best to meet the needs of children and their families at a variety of levels – rather than parsing definitions of neglect in need of a perpetrator;

2 – To a focus beyond the individual level to the neighborhood and policy levels that impact the availability of systems and resources to help (and help families) meet the needs of children;

3 – To embracing the social justice tenant of public health, advocating for policy level changes that impact the poorest communities.

For intervention efforts, this research indicates the opportunity for multiple discipline approaches to:

1 – greater collaboration and partnership between resource providers, to help each other better inform the populations most in need of their services;

2 – community level skill-building (capacity building) and training to increase the self-advocacy and political engagement of these populations. Some authors suggest it is critical to address the underlying issue of economic deprivation and its associated problems, through interventions that focus on advocacy and political processes to create social change and address structural inequality (Erickson, 2000; Ernst et al., 2004; McDonell & Melton, 2008).

3 – public relations campaigns raising awareness of the prevalence of, and impact of, child neglect in terms that are easily understood by the public, and couched in terms of meeting the needs of children.

Given the prevalence of child neglect, and the documented impact of neglect on development, behavior and health into adulthood, improving understanding and interventions for families is critical.

Availability
and quality of
built resources
e.g. playgrounds

Lack of safety in the
community

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PROGRAM SUPPORTS
For children social opportunities
and family assistance

Eligibility
By income or age

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communication with systems to access resources

communication with systems to access resources

SUPPORTS
Challenges of
socialization and
safe care

Common and
special
parenting
challenges

Economic
realities

Teaching
rules and
values

Figure 4-1 Socioecological relationships of challenges of meeting the needs of children

5.0   CHAPTER FIVE. MANUSCRIPT THREE

PARENTAL PERSPECTIVES OF CHILD PROTECTIVE SERVICES

Manuscript in preparation

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5.1   ABSTRACT

Parental and community perspectives of child protective services are critical for service providers and legislators to consider, yet are rarely included in literature addressing child maltreatment.   As part of a larger project, this research explored parent perspectives of local child protective services (CPS) through five focus groups of 40 parents participating in Early Head Start (EHS), Head Start or an EHS childcare partnership.   Parents with direct experience with CPS identified key dynamics of interactions with CPS, and all participants shared general community impressions of CPS – including anxiety and vulnerability due to perceptions of CPS' roles, power differentials, and community use of reports to CPS as a tool of harassment.   Parents' perceived CPS primarily as an organization that removes children from the home, revealing lost opportunities for CPS to connect at-risk families with resources that would help meet children's needs.   Implications include the importance of, and opportunity for, changing community perspectives of CPS to the ultimate benefit of families.

5.2   INTRODUCTION

Child protective services workers are called to make determinations about whether children are being neglected, and to engage parents in interventions as deemed necessary. Yet a wide variety of factors play a role in how parents receive and interact with those workers and intervention plans, including perceptions of child protective service (CPS) among parents and within the wider community. CPS workers and policy makers need to understand these perceptions in order to better engage parents and community members in helping children. Studies of the quality of parental participation have largely been done from the perspective of caseworkers trying to engage parents rather than from that of parents (Yatchmenoff, 2005). The nature of interactions between CPS workers and parents have been shown to impact the receptivity of parents to, and their engagement in, intervention efforts. Yet comparatively little research has explored parental perspectives of CPS throughout the service continuum, and very little has explored how CPS is viewed and understood by parents in communities most at risk for charges of child neglect (Korbin, 2000; Chavez, 2001).

Neglect and poverty

While most low-income parents do not neglect their children, the association of child neglect with poverty has been well documented. Neglect charges are most often levied against low income, unmarried mothers of more than two children, those who have lower levels of social supports and higher rates of depression (Wilson et al., 2005; Fourth Child Incidence Study, Sedlack et al., 2010; CSSP, 2005). Children in single-parent households are at four times greater risk of neglect than those in two married-parent households, and are at even greater risk if their single parent has a partner than if not (Fourth National Incidence Study, Sedlak et al., 2010).

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This rate has increased 36% since the Third National Incidence Study. Women are the most likely to be single parenting (NAIC 2004), and over 45% of single mothers of children under five years old live below the poverty level (U.S. Census Bureau, 2006-2010 American Community Survey). Children in low SES families (defined as annual incomes below $15,000, parents with less than high school education, family member participation in poverty-related programs) had eight times the rate of overall neglect, including six times the rate of physical neglect and seven times the rate of educational neglect in 2005-6 (Sedlak et al., Fourth National Incidence Study, 2010). Some researchers suggest that neglect may, at times, simply be an artifact of poverty – for example when children are left unattended by a mother who cannot afford care but must leave for work (Horton, 2003). Ecological stressors of poverty - including inadequate finances, housing and poor health care - and lack of adequate supports negatively impact parental abilities, contribute to depression and low self-efficacy, and are clearly related to child neglect (Anderson and Armstead, 1995; Horton, 2003; DeBellis, 2005; Brennan Ramirez et al., 2008).

Children with unemployed parents or no parent in the labor force had higher rates of emotional neglect (2 and 3.5 times higher respectively) and of physical neglect (4 times higher for both) (Sedlack et al., Fourth National Incident Study, 2010). Studies of families receiving welfare (Temporary Assistance for Needy Families), indicate that if the parents are also involved in the child welfare system they are more likely to voluntarily relinquish their children, in part due to their inability to meet the often competing requirements of the two systems (Geen, 2002). There is also evidence that if parents are working and receiving welfare they are at greater risk of having their children removed from the home (Geen, 2002). While exploring the issues of child removal is beyond the scope of this paper, it does highlight some potential systemic threats to parenting in poverty.

Some states and municipalities explicitly allow for consideration of families' financial state in determining whether failure of provision of needs is circumstantial or "intentional". However, because neglect is a continuous variable, and subjectively determined by workers on the ground, there is great variability in reports and additional challenges for prevention/intervention efforts (Dubowitz, et al, 2005a, Sykes 2010). There are problematic biases in CPS identification, reporting and substantiation of maltreatment (English et al, 2005b), including that substantiated cases of neglect are only those most severe (DeBellis, 2005). This and other research highlights the subjectivity and role of context in CPS determinations (Runyan et al., 2005).

Power imbalance

The imbalance of power between CPS workers and parents – in particular mothers – can add layers of challenges to the dynamics between them. This includes differences in beliefs and values, (Saint-Jacques, 2006; Jenson and Whittaker, 1987) and educational and income differences that influence the power dynamics of the relationships (Reich, 2005, as cited in Sykes, 2011). How parents perceive the power that CPS workers have can influence their responses to CPS efforts (Dumbrill, 2005; Maiter et al., 2006). Dumbrill's research (2005) found that parents who perceive CPS workers as exerting "power over" them are more likely to overtly oppose the worker or to "play the game" of following the worker's guidance to an extent without actually buying into the need for (or strategies for) making change. Any lack of a "helping" or "working" alliance critically damages efforts to affect change (Dawson and Berry, 2002; Dore and Alexander, 1996).

Culpability

The typical caseworker focus on parental culpability in cases of child neglect creates a challenge for parents (Dubowitz et al., 1993). Parents who feel their parenting is negatively judged, or threatened, may delegitimize the roles, requirements and perspectives of CPS workers, and resistance to these can then impact how compliant parents are (Sykes, 2011). The expectation that parents 'take responsibility' for 'neglectful' behavior can be further challenged by difference in perspectives about what constitutes neglect (Sykes, 2011; Saint-Jacques, et al., 2006). Concerns that caseworkers have (for instance about dirty dishes or discussion of finances with children) may not resonate with parents as making sense or being relevant to the welfare of their children (Sykes, 2011; Altman, 2003; Yatchmenoff, 2005). As such, parental compliance may not indicate parents are meaningfully engaged, even as "buy-in" is recognized as critical to moving through the "helping process" (Yatchmenoff, 2005; Tuttle et al., 2007). Parents can be confused about the dynamics of the relationship with CPS, perceiving them either as manageable or adversarial (Tuttle et al., 2007). When parents disagree with caseworkers, this disagreement can be viewed by CPS workers as getting in the way of parents "recognizing" the need for change, something that case workers often view as a necessary first step. Predictably, when parents are not involved in drawing up plans they are likely to express disagreement with the goals of service plans, and dismay at not having a voice in the process that directly affects their and their children's lives (Sykes, 2011), further damaging a potential partnership for the benefit of the children.

Caseworker traits

The nature of the relationship between CPS workers and parents is related to positive outcomes for families (Trotter, 2002), in particular when a "helping alliance" can be formed (Dore and Alexander, 1996). Several studies of parental perceptions of support programs (children's rehabilitation, home visitation) in the United States, Canada, Great Britain and New Zealand, reveal the importance to parents of coordinated, respectful, supportive partnership (Krysik et al., 2008; Maiter et al., 2006). In regards to CPS, parents have expressed key qualities in caseworkers that affect parents' feelings about them and about working with them. Positive traits consistently described in caseworkers include being caring, supportive, accepting, empathetic and nonjudgmental (Ribner, Knei-Paz, 2002; Altman, 2008, Saint-Jacques, 2006; Striefel et al., 1998; Maiter et al., 2006, McCurdy and Jones, 2000). Parents also have expressed the importance of CPS workers being trustworthy (McCallum, 2005, as cited in Maiter, 2006), in particular so that parents feel confident that the workers aim to do right for both children and parents (McCurdy and Jones, 2000). In contrast, parents have described frustrating and defeating relationships with caseworkers that were judgmental, uncaring or not listening, and suggested that the child welfare system itself makes workers less empathetic (Maiter et al., 2006).

Purpose

The importance of garnering community perspectives to inform ecological perspectives of determinants to health – social, economic and environmental contexts has been indicated by some of the earliest proponents of CBPR (Minkler and Wallerstein, 2003). Researchers interested in working with communities to address child neglect need to consider whether some voices are being heard and others are not, in interventions (Wallerstein, 2006), as well as in the

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literature. Very little literature, in a range of disciplines that address child welfare, explores the critical perspectives of parents, and specifically parents' perspectives of CPS. Yet it is through pursuing parent perspectives that programs and researchers have learned of the impact of power dynamics as described above, or of the caseworker traits that encourage and support parents rather than frustrate and defeat them. Prevention programs have been shown to be more effective when parents are involved in decision-making, and more likely to help parents make lasting changes when they participate in identifying solutions that are relevant to their lives (CWIG, 2009; DePanfilis & Zuravin, 2002).

This research aims to explore how parents perceive local child protective services, as one component of a larger research project exploring parental perceptions of child neglect. It is expected that exploring perspectives of parents at or below the poverty level will provide important information about how local child protective services are perceived and used within communities at risk for charges of neglect. This may inform intervention and outreach efforts that the local CPS agency undertakes with families or their communities, and highlight potential areas for community education, service publicity or shifts in service provision. It is hypothesized that the perspectives of caregivers will move the discussion of child neglect "upstream" to embrace a social ecological understanding of the neglect of children's needs, for the ultimate benefit of children, their caregivers and their communities.

5.3   METHODS

Five focus groups of 40 parents participating in Early Head Start (EHS), Head Start or EHS Childcare Partnership were held over a six month period 2010-2011. Families enrolled in Early

Head Start and Head Start have incomes at or below 100% of the Federal Poverty Guidelines, while families of the childcare partner may be above these income guidelines (the majority are not). Participants were recruited to discuss the needs of children, and challenges and resources for meeting those needs, as part of a larger study. Participants, by observation only, were approximately 40% Caucasian and 60% African American, with one woman self-identifying as Latina. One focus group question prompted participants to consider whether they thought of the local CPS agency as a potential resource, in order to solicit their perspectives on the agency in general. One researcher (TE) facilitated discussion, while the research assistant (NB) took notes and digitally recorded each session. The group facilitator later took detailed notes from the digital recordings.

Principles of community based participatory research were employed throughout the process, including:

-Development of the local research focus and design;

-Collaboration with community-based program staff in participant recruitment;

-Incorporating community perspectives;

-Approaching community participants with cultural humility, recognizing the subjectivity and personal experiences that shape perspectives;

-Discussion of findings, interpretation and implications with program/community partners at multiple points of analysis to confirm reliability (Minkler and Wallerstein, 2003; Israel et al., 2005).

All components of this research were approved by the University of Pittsburgh, Institutional Review Board, IRB # PRO10090090.

A grounded theory approach was used, determining codes based on emerging themes (Ulin et al., 2005; Crabtree & Miller, 1999). Key principles of qualitative analysis were employed, including 1) using key informants to check the perspective of the primary researcher; 2) including and acknowledging the context of the lives of participants; 3) identifying common ground among participants as well as the exceptional, atypical responses; and 4) allowing for a non-linear process of analysis concurrent with data collection (Ulin et al., 2005; Crabtree & Miller, 1999). This iterative process allows for revisiting data and processes as analysis continues (Ulin et al., 2005).

Two reviewers coded independently, then discussed and revised codes, compared within and across groups, and revisited themes numerous times to ensure that they were understood as completely as possible. Digital recordings were re-accessed as needed to clarify quotes or confirm meaning. MSWord and Excel were used to manage data. Findings are reported in aggregate except where noted, and are recorded here organized by key themes that emerged. Quotes are labeled by coded focus group abbreviations.

At the conclusion of each focus group, all participants were asked to complete a brief questionnaire regarding their level of education, their children's ages, and whether they, or someone they knew well, had experience with local child protective services. All thirty-eight focus group participants completed these surveys, and received a small grocery store gift card as thanks for their participation.

5.4   RESULTS

Questionnaire responses were received from 38 of 40 participants, and indicate that the majority of respondents were over 26 years old (74%) and had completed high school or the equivalent (86%). The majority (63%) had children between the ages of zero and three years old, 47% had children aged four to five years old, and the vast majority had two or more children (71%). All but four of the participants were women (89%). Twenty-five of the thirty-eight respondents (66%) indicated that they, or someone that they knew well, had direct experience with local child protective services.

Caregiver perspectives on child protective services across these five focus groups revealed dynamics of anxiety and vulnerability in interactions with CPS, use of calls to CPS as harassment, marked caseworker variability, and perceptions of CPS largely as an organization that removes children from families. A small but vocal minority of participants shared very different perspectives and viewed CPS as a potential resource to aid in meeting the needs of families.

5.4.1   Anxiety and Vulnerability

The overwhelming majority of parents who had experienced any interactions with child protective services (CPS) expressed strong anxiety and a sense of vulnerability. This was largely due to two sets of common perceptions: that reports to CPS were used as acts of retaliation or harassment, and that there is tremendous variability in the caseworkers, which impacts parents' experiences.

<u>CPS as harassment – being "falsified"</u>

In four of five groups, multiple individuals discussed having CPS called on them by various people, including ex-boyfriends, the children's fathers, an estranged mother, and neighbors with whom they had a dispute. All but one participant described these as false reports intended to harass or retaliate. So common was this experience, that people regularly used the word "falsified" as a verb describing this act – as in "I was falsified by my child's father". Multiple participants described being repeatedly "falsified" by relatives in particular, leading to return visits by CPS. Although each of these cases was dismissed, this possibility loomed as an anxiety-inducing constant. One woman offered up the advice, *"You need to tell them [CPS] to come up with something that is concrete or stop coming, you will have to hit them with a lawsuit. That's what I had to do." (D)*

Even the threat of a report to CPS had great currency. One woman, an immigrant who was physically abused by her husband, described his threats to call CPS, saying that they would have her deported. Another woman, who had called police after a repeated episode of partner violence in the home, described police threatening to call CPS on the family if she called again. *"This is a hard place for moms – if you do call then they'll take the kids away from you? From that point on I never called the police again. I would have been better off to let him do what he wanted." (V).*

Regardless of the perceived motivation for a call, parents knew that they had to let the caseworker into their home, and with that came a great sense of vulnerability. As a mother who was reported "as a vindictive act" described, *"I showed this lady... I showed her my cupboards are full, the refrigerator and freezer are full, he has clothes, I buy a case of diapers every week, what more do you want from me?" (L)*

When a mother was reported (by a neighbor with whom she had a dispute), she knew the caseworker would have to do a tour. *"It was the worst experience of my life. I said 'yes sir, you may come right in right now, we eat healthy... you may ask anything you want."* (V) After the caseworker indicated that it clearly was a false report, the woman worried, *"when my child swallows a pill and shows up at the emergency room, is this going to follow me?' That girl tainted my name!"* (V). The case worker's reassurances, and the mother's later receipt of a paper indicating that it was a false report, did not relieve her anxiety. Another woman's sense of vulnerability to judgment was expressed after neighbors called CPS on her when she took the trash out while leaving her toddler asleep on the sofa. *"I was really ashamed. I'm not gonna lie, it was the day before grocery shopping and there really wasn't no meat in the freezer. But if you look in the cabinets, there was all kind of stuff from the food bank. There was food for him to eat, but nothing in the freezer or the fridge."* (C) Several parents also expressed a sense of anxiety when case workers went to speak with the children alone, worrying that young children could be "led" into statements that were untrue (although this had not been a result for these parents).

<u>Caseworker variability and how power is used</u>

There was consensus among participants that their experience of CPS depended entirely on the caseworker. Some recalled being offered verbal reassurance at the time a call was deemed to be false, as described earlier, and one received a list of resources and a paper indicating that they were a "healthy family" that did "not need intervention" (V). The majority of participants had experienced caseworkers that recognized "falsified" reports, and described them matter-of-factly. However, this was not always the case: *"Some of them are like 'I'm in this position of power' and misunderstand a situation, because they're not listening, because*

they formed an opinion already." (L). Those few participants who had childhood experiences themselves with CPS shared a sense of the variability, and the vulnerability inherent in this *"When I was growing up I was put in [CPS], and it all depends on the caseworker you have. One of them was a real b-i-t-c-h. I told her I thought she should get hit by a mac truck, and I ended up in a mental hospital. I was taken from my gram, it's just crazy. It all depends on the caseworker." (L).* The sole mother who had had a child removed by CPS felt thwarted by a caseworker who she felt was "trying not to send him home", despite her efforts to "prove to them that I was a good mother". She got psych evaluations that indicated nothing was wrong with her "except that you just took my baby away!" Her personal sense of vulnerability extended to great worry about the abusive care she felt her child was receiving in foster care for the month before he was returned home, and the non-responsiveness of her case worker to that concern. (L)

5.4.2 Common perceptions of CPS

While one third of participants across groups indicated that they had no personal experience with CPS, and two thirds indicated that they 'or someone' they knew well did, the simple question about whether CPS was a resource for helping to meet the needs of children launched full participation across groups. Nearly everyone expressed opinions about CPS, and the vast majority of comments were negative, even when based on anecdotes rather than personal experience.

CPS takes children

"All I know is they take your kid." (T)

The first reaction within most groups – by those with and without personal experience with CPS - was that this is an organization best not to interact with. There were many participants that knew CPS primarily as the organization that removes children from their homes. Several people across groups described CPS as not having supports or services needed by families, but creating anxiety. *"They tell you what you need to do but not the resources [you need]." (D) "…everything they are putting on [families], all the rules and dotting the i's adds stress to the family but they're not putting services in place to help them out either." (L)* A few participants empathized that while many people are not in need of help, it is challenging for CPS to tell who is and who isn't in need. They saw CPS as being "overwhelmed", such that the "kids are the ones who suffer". Several people across groups indicated that, because their assessment of CPS was so negative, that they would not call CPS on someone else at all, regardless of perceived child maltreatment, nor would they contact CPS for assistance for themselves. *"I wouldn't call them because it's like opening a door." (L)* Anxiety about the potential ramifications of contact with CPS were most clearly expressed by the individuals who had prior, more involved interactions with CPS . When one of the participants described the aftermath of CPS involvement with her family, she felt "if I call [CPS] now I will lose my children. I was told that very clearly." So when her landlord didn't pay the water bill and the water was cut off, she and her husband paid it rather than risk calling CPS for assistance (L).

CPS helps families

A small minority of people across four groups shared positive perspectives on CPS. Some assessed CPS as an organization that helps to get children out of "bad situations", out of a bad environment, even if it isn't really where they want to be, and others pointed out that they

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"don't always remove your kid" (T). A couple of the youngest mothers seemed to have a significantly different understanding of CPS as a potential resource than the other participants. One indicated that she had received help after her water was turned off, saying, *"I didn't have nobody to turn to – so I called [CPS]... I said 'I am not hurting my child or anything like that, we aren't wanting for anything like that, we just don't have any water.'"* (C) Another had learned through a presentation at her high school of other CPS possibilities: *"They have classes you can take – parenting classes. They can help you get to a program to help you get your GED if you need it."* (T). A couple of additional participants had gotten new beds and apartment items, and help finding a new place to live from CPS or CPS-suggested resources. The vast majority of participants however were very surprised to hear reports of such supports. *"Honestly I didn't know they could help you out."* (V).

5.5   DISCUSSION

Caregiver perspectives on child protective services across these five focus groups revealed sets of dynamics that impact the ability of CPS to best meet the needs of children at risk of neglect and their families. It is important to remember that parents spoke as both parents of their own children as well as community members, given that 34% of questionnaire respondents did not have experience personally (or through that of someone they were close to) with CPS. The impressions of CPS that parents shared were sometimes clearly based on personal experience, and sometimes were general impressions based on stories heard.

Perceptions of power

Parents expressed vulnerability due to both the real and perceived power of caseworkers. Their comments about caseworker variability reveal the unpredictability of interactions with CPS that contributed to anxiety and a sense of vulnerability. As discussed earlier, the power of caseworkers, and perceptions of that power, may greatly influence how parents make it through the "helping process" (Dumbrill, 2005). Although parents indicated that caseworkers could mitigate or exacerbate the inherent stress of their interactions, many participants described dynamics in which they worried about CPS caseworkers' power over their circumstances, specifically the power to remove children from the home. This held true even when caseworkers filed no charges, and expressed no concerns to parents about their caretaking. Not surprisingly, anxiety was the most extreme when interactions with a caseworker led parents to believe that they were not being heard or that their family's best interests were not being considered. The exceptions were the small number of parents who described experiences of CPS workers doing what Dumbrill would identify as having "power with" parents (rather than "power over" parents), helping them to identify resources or providing other supportive purposes.

How community members use CPS reveals broader understandings and perceptions of CPS, as the organization that "takes kids". Specifically, using calls to CPS in acts of "falsifying" in order to harass people likely indicates a similar set of community perspectives of the role and power of CPS. The opportunity to call in an organization that creates anxiety and vulnerability in recipients of their visits is clearly a weapon easily used against parents by any number of (ex)partners, relatives and neighbors. This not only wastes CPS resources, but perpetuates the anxiety and vulnerability of parents, potentially undermining efforts of CPS to develop a helping relationship and reinforcing the perceived value of CPS as a tool of harassment.

Parents that had learned of, or received, resources through CPS indicated the importance of those interactions. Research indicates that caring, supportive relationships promote resiliency in parents, and that many parents at risk of maltreating their children may experience this type of relationship for the *first* time with appropriate support services (Horton, 2003). In shifting attention away from individual culpability, caseworkers may instead focus on opportunities to address families' needs. For caseworkers to provide access to resources helps with trust and the perception of CPS as a collaborating partner. This research may suggest the need for workers to shift focus away from parental "ownership" of issues, and invest in efforts to reduce perceived power imbalances between CPS workers and parents (Maiter et al., 2006; Lundy, 2004).

Prevention programs have been shown to be more effective when parents are involved in decision-making, and more likely to help parents make lasting changes when they participate in identifying solutions that are relevant to their lives (CWIG, 2009; DePanfilis & Zuravin, 2002). There is evidence that engaging families in a supportive, helping alliance is necessary to actually affect change (Yatchmenoff, 2005; Dawson and Berry, 2002), and may lead to better service attendance and lower future maltreatment (DePanfilis & Zuravin, 2002). In an effort to incorporate parental input, an increasing number of child welfare programs in the United States (including the mid-West county in which our focus groups were held) are trying team approaches to problem solving and decision making that include parents (ACDHS CYF, 2006b). There is evidence that incorporating family-group conferencing can increase communication between parents, social services and potentially the courts so that families can better address problems of neglect (Lubin, 2009), and that a strengths-based approach like this allows better support systems to develop, thereby better nurturing and safeguarding children as well as other family members (Waites et al., 2004).

Concrete assistance

In addition to forging a helping alliance with parents, CPS assistance in identifying resources and critical supports for families can help buffer children from the effects of poverty, including that of physical neglect. Parents require resources to meet critical everyday needs, including food, clothing, housing, transportation and access to services such as childcare and health care. Programs that assist families with concrete supports can help prevent unintended neglect that sometimes occurs when parents are unable to provide for their children (CWIG, 2009). While there is little published about the impact of providing critical material resources to families at risk of child neglect (Horton, 2003), there is some evidence that such a strategy would be of value (Pelton, 1994). During focus groups, parents shared with one another the programs that they had discovered to provide discounted utilities, discounted access to venues for children, furniture, household and baby items, as well as those that had provided critical concrete assistance in times of a housing, food or clothing crisis for the children. There was no main common source from which parents learned of these resources. Those few parents who had received or learned of resources through CPS were outspoken in their appreciation of CPS as a help to their efforts to provide for their families, and their peers expressed great surprise to learn of this.

Limitations

As in any qualitative research it is important to acknowledge here that findings cannot be over-generalized, but that the context of the research, participants and interactions allow readers to determine the *transferability* of findings to populations other than that studied here. The

sample used for this research was representative of people living at or below poverty level in one mid-size Northeastern city (population approximately 300,000), in which Caucasian and African Americans make up 92% of the population. Despite efforts to recruit men as well as women, only four men participated in these focus groups, perpetuating a common problem in the literature on child welfare. However, the men who did attend expressed a range of opinions that sometimes agreed with and differed from the women's, suggesting interesting opportunities for future research. While the overall number of participants was small, it was greater than is usually expected for maximum variation, exploration of confirming and disconfirming evidence, and revealing possible theoretical explanations – generally recommended to be a minimum of 12-20 data sources (Kuzel, 1999). Given the focus group design, it is possible that there may have been participants who did not share as much in a group as they might have privately. However, the timing and placement of the question about perceptions of CPS, the nonjudgmental approach of the researchers, and the report within the group, resulted in spirited discussion and near full participation around this issue.

Implications

While parental voices are excluded from the wealth of literature on child protective services, they are among the most likely to help practitioners and policy makers understand how best to identify efforts that support families and meet the needs of children. As such, parent and community perspectives should be included in evaluation of programs and determination of policies that target them.

This research reveals how community perceptions of CPS contribute to its resources being misused by some and underutilized by others in need. Efforts to shift public perception of

CPS could change how CPS is used. To this end, there are opportunities for CPS to help communities (including at-risk populations themselves, and teachers, police, child care center staff, among others) learn about the roles and resources of CPS as a potentially collaborating partner in meeting families' needs, and preventing neglect. Public health practice may contribute to these efforts by incorporating parent and community perspectives into research, which in turn may help communicating with the public, targeting educational messages through the media (Bensley et al., 2004), and impacting policy.

In practice, CPS workers may recognize the power differential that parents perceive and which may threaten truly helping alliances from forming. Helping parents connect to concrete resources as well as support services are likely to not only help families meet life needs, but to reinforce perceptions of CPS as a *partner* rather than a punisher. Variability in caseworker approaches and attitudes could be improved through better supervision and more structured decision-making protocols that rely less on subjective judgments of caseworkers. Efforts to ensure the professionalism of caseworkers, via professional training, may also reduce variability of caseworkers and the negativity that some parents experience.

This research also suggests a policy shift may be needed by CPS, so that poverty-related factors, such as lack of resources within a family, could be responded to in a way to be of assistance to families. Differential response - also called "alternative response" or "dual track" – is an approach that has been adopted by some CPS in order to respond differently for high-risk reports versus those in which there is no immediate safety concern (AHA, 2012). This approach takes into account the source of a report, the number of previous reports, and level of risk among other variables. For situations where the imminent risk of danger is low or non-existent, family

assessments of strengths and needs are utilized instead of investigations, and families have been

shown to be more receptive to these non-judgmental, supportive services.

6.0   CHAPTER SIX. DISCUSSION

6.1   MANUSCRIPT ONE: INTERVENTIONS LITERATURE REVIEW

This literature review is intended to determine the scope of literature addressing child neglect, identify current interventions addressing child neglect and their findings, and determine the extent to which interventions incorporated parent perspectives and social-ecological approaches.

Several things stand out in particular in surveying the recent literature on child maltreatment interventions. First, despite the enormous prevalence of child neglect, its well-documented negative impact on children into adulthood, and calls from the NIH and several authors over the past multiple decades for increased focus on child neglect, scholarly research still largely avoids addressing child neglect. Reasons for this may include the challenges and discomfort of addressing the complexity of poverty and its impacts, and a limited view of how children's needs may be met and by whom. Thirty-four interventions were identified through the literature search, the vast majority of them home visiting programs with an individual focus. The majority did not target neglect specifically (one did) or differentiate between abuse and neglect-related findings (eleven did).

Parental and community perspectives of programs, or of issues around child neglect, are exceptionally rare in scholarly literature. This is despite evidence that prevention programs are most effective when parents are involved in decision-making. Understanding what parts of

interventions resonate with parents, feel relevant and achievable, make parents want to stay, or make communities supportive of interventions is critical to reinforcement and duplication of efforts. Parents may help identify challenges to, and resources for, meeting the needs of children, that extend beyond their control. This presents interventions the opportunity to incorporate resources that may not be otherwise apparent or determine the need for advocacy around issues that impact families.

Few authors and interventions utilize a social ecological framework to examine preventing child neglect. Interventions have been most likely to apply social cognitive therapies, in efforts to change the behavior of parents through teaching, modeling and reinforcement. Several authors have suggested that current approaches to intervention in child abuse and neglect focus too much on the idea of rehabilitating individual "guilty parents", at the expense of focusing on the broader context of families, communities and society in the dynamics that allow maltreatment (Erickson, 2000; Golden et al., 2003). Social Ecological Theory holds that a focus that is purely on the individual can obscure the critical import of environment and social causation. As succinctly stated by McDonell and Melton, (2008), "*...social and economic protective resources—just like social and economic threats to safety—have often been ignored in design of child protection plans, whether for individual families or for the community as a whole. Thus, not only is poverty often left unaddressed in planning for children's safety in their homes but key community assets in increasing safety for children are also often overlooked*". Nonetheless, few of the home-visiting programs found in recent literature incorporate identifying resources of, and creating links to, the broader community, instead focusing on parenting skills and the home environment as if they existed in isolation.

This literature review also revealed what might be assumed, that the vast majority of interventions target mothers. Given the links between single female-headed households, poverty and neglect this makes numerical sense. However, part of attending to the broader ecological context of neglect must include more discussion in the literature, and components of interventions, that address fathers, their sometimes absence, and their roles in meeting (or not) the needs of their children.

6.2   MANUSCRIPT TWO: PARENT PERSPECTIVES ON MEETING THE NEEDS OF CHILDREN

Manuscript two aimed to gain a better understanding of how parents, living at or below poverty level, perceive children's needs and the challenges to meeting those needs, in hopes of preventing and responding to child neglect. It was important to include the voices of fathers, which are nearly completely absent in the literature, in exploring how best to meet the needs of children most at risk.

Parents shared a range of environmental factors that hinder meeting the needs of their children - including poverty, community violence, lack of community resources, availability of drugs and alcohol and peer dynamics. Parents were challenged by financial constraints, which contributed to their high levels of stress and fatigue. Decisions about "extras" for children were weighed against needs for the family for heat or food, and decisions about medical care for parents were outweighed by medical care needed by their children. Many faced the additional challenges of parenting without a partner, dealing with stress and fatigue without the ability to share it. Some parents were additionally dealing with special circumstances of parenting

children who suffered from past losses and prior trauma due to family's drug use or community violence. Parents were able to identify very few reliable supports, and were consistently concerned about the quality and availability of care for their children, whether it was by friends, family or school. While some parents accessed programs and resources, use of these was inconsistent and depended greatly on parents' ability and luck in learning of opportunities, and then successfully navigating issues of eligibility and cost. There was no one source of information about services and programs that parents cited, rather they used focus groups discussion as an opportunity to share resources with one another.

Parents expressed great concern over their children spending time in communities with deteriorating conditions, and rife with crime and violence. Parents tried to shield their children from danger, restrain them from being in unsafe community spaces like playgrounds, and at the same time they tried to teach values to help them navigate the realities of their communities. Parents spoke about the challenge of needing to protect their children while also preparing them to deal with their communities. Parents expressed dismay at the lack of community resources available to families, and made concerted efforts to seek resources outside of their communities. These efforts were made infinitely more difficult by their financial constraints, reliance on public transportation and program eligibility issues. These often-failed efforts further stressed and tired parents.

6.3   MANUSCRIPT THREE: PARENT PERSPECTIVES OF CPS

This manuscript aimed to explore how parents at or below the poverty level perceive local child protective services. Parent perspectives, across five focus groups, revealed dynamics that impact the ability of CPS to best meet the needs of children at risk of neglect which can greatly influence how and whether parents make it through the "helping process" (Dumbrill, 2005).

Parents expressed anxiety and vulnerability due to both the real and perceived power of caseworkers. Their comments about caseworker variability reveal the unpredictability of interactions with CPS that contributed to anxiety and a sense of vulnerability, Parents indicated that caseworkers could mitigate or exacerbate the inherent stress of their interactions, stress created by CPS caseworkers' power over their circumstances, specifically the power to remove children from the home. If interactions with a caseworker led parents to believe that they were not being heard, or that their family's best interests were not being considered, their anxiety peaked.

A majority of parents understood CPS as the organization that "takes kids". This perception may perpetuate, and be reinforced by, community members using calls to CPS in order to harass people, the act of "falsifying". (Ex)partners, relatives and neighbors were described as having used CPS as a weapon to create anxiety among parents. This not only wastes CPS resources, but perpetuates the anxiety and vulnerability of parents, potentially undermining efforts of CPS to develop a helping relationship and reinforcing the perceived value of CPS as a tool of harassment.

A minority of parents described experiences of CPS workers helping them to identify resources or providing other supportive purposes, doing what Dumbrill would identify as having "power with" parents (rather than "power over" parents). Parents that had learned of, or

received, resources through CPS indicated the importance of those positive interactions. Research indicates that caring, supportive relationships promote resiliency in parents, and that many parents at risk of maltreating their children may experience this type of relationship for the *first* time with appropriate support services (Horton, 2003). Those few parents who had received or learned of resources through CPS were outspoken in their appreciation of CPS as a help to their efforts to provide for their families, and their peers expressed great surprise to learn of this.

There is evidence that engaging families in a supportive, helping alliance is necessary to actually create meaningful change (Yatchmenoff, 2005; Dawson and Berry, 2002), and may lead to better service attendance and lower future maltreatment (DePanfilis, 2002). Prevention programs have been shown to be more effective when parents are involved in decision-making, and more likely to help parents make lasting changes when they participate in identifying solutions that are relevant to their lives (CWIG, 2009; DePanfilis, 2002). There is evidence that incorporating family-group conferencing can increase communication between parents, social services and potentially the courts so that families can better address problems of neglect (Lubin, 2009), and that a strengths-based approach like this allows better support systems to develop, nurturing and safeguarding children as well as other family members (Waites, 2004).

In addition to forging a helping alliance with parents, CPS assistance in identifying resources and critical supports for families can help buffer children from the effects of poverty, including that of physical neglect. Parents require resources to meet critical everyday needs, including food, clothing, housing, transportation and access to services such as childcare and health care. Programs that assist families with concrete supports can help prevent unintended neglect that sometimes occurs when parents are unable to provide for their children (CWIG, 2009). While there is little published about the impact of providing critical material resources to

families at risk of child neglect (Horton, 2003), there is some evidence that such a strategy would be of value (Pelton, 1994). There was no main common source from which parents learned of these resources.

6.4 METHODOLOGICAL LIMITATIONS

Each of the methods utilized in this research has their own limitations.

6.4.1 Intervention literature review

Due to the literature search methods not all articles published 2000-2011 related to child neglect have been captured here. If one were to search by individual program title for instance, associated publications that explore that intervention would be sometimes available. However, an aim of this research was to determine what was found in a methodical search of academic literature, if one wanted to know the current state of knowledge about child neglect. Future efforts could incorporate the wealth of grey literature available by program to learn more about their efforts and outcomes.

Searching for American interventions may have limited the number of creative approaches to preventing child neglect that were considered. Indeed, that the Triple P-Positive Parenting Program originated in Australia before implementation in the U.S. may exemplify the knowledge gained by looking beyond our borders.

Additionally, including Canadian and British literature would substantially widen the pool of articles addressing issues of child neglect, ecological approaches to neglect prevention

and parental engagement in services as their recent literature reflects a generally less individually-focused, punitive approach to child protection.

6.4.2 Focus groups

As in any qualitative research, it is important to acknowledge here that findings cannot be over-generalized, but that the context of the research, participants and interactions allow readers to determine the *transferability* of findings to populations other than that studied here. The sample used for this research was representative of people living at or below poverty level in one mid-size Northeastern city (population approximately 300,000), in which Caucasian and African Americans make up 92% of the population. The sample size and make-up is intended to allow for maximum variation, exploration of confirming and disconfirming evidence, and revealing possible theoretical explanations – generally recommended to be a minimum of 12-20 data sources (Kuzel, 1999). 55 parents participated in focus group discussion about meeting the needs of children, and 40 parents participated in the focus group discussions about CPS.

Despite efforts to recruit men as well as women, only four men participated in the first five focus groups, perpetuating a common problem in the literature on child welfare. This possibility had been anticipated, so that the Father's Group (of 15 men) had been recruited to participate in discussion about meeting the needs of children. Unfortunately due to a time constraint imposed upon researchers at this site, this focus group could not be asked to consider all questions, and so they were only asked for their thoughts on meeting the needs of children and challenges to doing so. While the overall number of participants was small, it was greater than is usually expected for maximum variation, exploration of confirming and disconfirming evidence, and revealing possible theoretical explanations – generally recommended to be a

minimum of 12-20 data sources (Kuzel, 1999). Given the focus group design, it is possible that there may have been participants who did not share as much in a group as they might have privately. However, the timing and placement of the question about perceptions of CPS, the nonjudgmental approach of the researchers, and the report within the group, resulted in spirited discussion and near full participation around this issue.

6.4.3 Questionnaire

The questionnaire distributed at the conclusion of each focus group had one unexpected problem that did not impact the research, but provides interesting possibilities for future research. In order to make the question about local child protective services less potentially concerning, it was couched with two other questions about parents' experiences with large, common family-oriented programs. The other two questions were about Early Intervention (a program designed to provide assistance to families with children with developmental concerns) and Family Support (a program that works with families with children in a holistic, supportive capacity). The questionnaire was reviewed and approved by the research partners at Early Head Start. What neither they nor the primary researcher anticipated was the small but notable number of parents who did not know what either program was, or who assumed they were general categories of types of programs. The familiarity of researchers and program providers with these other resources was not indicative of the familiarity of participants with those programs. Given the number of people who asked, it seems certain that there were others who did not know and who answered accordingly. When parents asked, the researchers felt that the most respectful and appropriate response was briefly to describe the programs so that parents would have potentially helpful information. Since it was unexpected that two large programs would be unfamiliar to a

population that might benefit disproportionately from their services, this may present opportunities for future research on connecting populations with services.

6.5   IMPLICATIONS FOR PRACTICE AND POLICY

All manuscripts herein indicate that in order to strengthen the potential of child maltreatment programs in general, and of neglect prevention programs specifically, there needs to be more public awareness of neglect as a problem, and more awareness of resources available to support families. More researchers and interventions need to consider the environmental context of child neglect, and address community and policy levels of influence on children and families' well-being.   As such, research that incorporates parent and community perspectives, and interventions with social ecological approaches, should help identify opportunities beyond the individual parent to meet children's needs. McLeroy et al., (1988) suggest the importance of considering community factors, interpersonal factors and public policy in addition to individual factors in research on meeting the needs of children.

Within public health, this research indicates the need for at least three major shifts of focus:

1 – To discussions of how best to meet the needs of children and their families at a variety of levels – rather than parsing definitions of neglect in need of a perpetrator;

2 – To a focus beyond the individual level to the neighborhood and policy levels that impact the availability of systems and resources to help (and help families) meet the needs of children;

3 – To embracing the social justice tenant of public health, advocating for policy level changes that impact the poorest communities.

Public health practice may contribute to these efforts by incorporating parent and community perspectives into research, which in turn may help communicating with the public, targeting educational messages through the media (Bensley et al., 2004), and impacting policy.

Implications for practice and policy – Intervention literature review

Several authors have suggested that community efficacy-building can happen via creative use of mass media (Bandura, 2004). Public health messaging could aim, in particular, to de-stigmatize the act of seeking help (Prinz et al., 2009), to influence public understanding of child neglect, and promote a multitude of community resources, partnerships and system reforms to work towards that end (Kirkpatrick, 2004, NAIC, 2004, Daro & Donnelly, 2003).

Implications for practice and policy – parent perspectives of children's needs

Findings in this manuscript indicate the critical need for a multi-level, community-partnered approach for the prevention of child neglect. Parents at and below the poverty level are struggling to meet the needs of their children, and are being challenged by factors well outside of their direct control.

Environmental risk factors, in particular low socio-economic status, have been closely linked to child neglect. The many stressors described by parents – including inadequate finances, unaffordable or inaccessible health care, availability of drugs and alcohol in neighborhoods, community violence and lack of adequate supports – impact parental abilities, and none of these can be effectively addressed through individually-targeted interventions. Parental poverty as an ecological stressor has been clearly related to child neglect, (Anderson and Armstead, 1995; DeBellis, 2005), and the social isolation characteristic of distressed

communities may contribute to parents not meeting the needs of their children (McDonell & Melton, 2008).

In order to assist Early Head Start in their programming as well as advocacy on behalf of families at and below the poverty level, findings from this research has been provided in multiple forms, including a final report, and a presentation at the annual EHS training.

For intervention efforts, this research indicates the opportunity for multiple disciplines to approach:

1 – greater collaboration and partnership between resource providers, to help each other better inform the populations most in need of their services;

2 – community level skill-building (capacity building) and training to increase the self-advocacy and political engagement of these populations;

3 – public relations campaigns raising awareness of the prevalence of, and impact of, child neglect in terms that are easily understood by the public, and couched in terms of meeting the needs of children.

Implications for practice and policy – parent perspectives of CPS

This manuscript reveals how community perceptions of CPS contribute to its resources being underutilized by some in need, and misused by others. Efforts to shift public perception of CPS could change this, and reduce the practice of using CPS as harassment via "falsifying". To this end, there are opportunities for CPS to educate the broader community about the resources of CPS as a potentially collaborating partner in meeting families' needs, and preventing neglect. In practice, CPS workers may need to shift focus away from trying to get parents to take "ownership" of issues, and invest in efforts to reinforce perceptions of CPS as a *partner* rather

than a punisher. CPS could implement a policy of differential response, (already adopted by some CPS) (AHA, 2011), for situations where the imminent risk of danger is low or non-existent. In these cases, family assessments of strengths and needs are utilized instead of investigations, and families have been shown to be more receptive to these non-judgmental, supportive services. In this way poverty-related factors, such as lack of resources within a family, could be responded to in a way to be of assistance to families, and the power of calling CPS as harassment would be diminished.

Variability in caseworker approaches and attitudes could be improved through better supervision and more structured decision-making protocols that rely less on subjective judgments of caseworkers. Efforts to ensure the professionalism of caseworkers, via professional training, may also reduce variability of caseworkers and the negativity that some parents experience.

6.6   FUTURE RESEARCH

Several areas for potential future research have been revealed throughout this process. Fathers continue to be dramatically underrepresented in the literature on child welfare in general and child neglect specifically. Fathers in the focus groups provided perspectives and insights that are critical to better understand in order to help families help children, including some perspectives that were notably different from those of participating mothers. Fathers that want to be engaged in their children's lives face special challenges and constraints when two separated parents were not legally bound, and these challenges may push fathers out of the lives of their children, worsening their children's outcomes. The disproportionate number of women with

small children in poverty are the focus of most interventions, but much more needs to be understood about the roles of fathers in meeting or not meeting the needs of their children.

There are opportunities to investigate how local efforts reflect nationwide trends in child neglect prevention, and testing ways in which use of media might positively impact community awareness of the prevalence and context of child neglect, as well as the programs that help support families. Two programs, Early Intervention and Family Support were not familiar to many of the participants most likely to benefit from their involvement to assist in meeting the needs of children. The vast majority of services and programs that parents brought up in focus groups were unfamiliar to others in the group. Evaluations are needed of current systems of sharing resource information with families, of efforts to coordinate services and creation of a clearinghouse of resource information for families at risk. Parents in the focus groups spoke often of the challenge of balancing efforts to protect their children from their community environments while preparing them to navigate and survive within it. Research should be done to explore the effects of these dynamics, on families potentially focusing on emergent concerns, and what impact this has on the aspirations and preparations of families for their children's future.

6.7   CONCLUSIONS

Although the past three years have seen an increase in scholarly literature exploring child neglect, there is still a disproportionately small amount of literature on neglect. Yet evidence of the prevalence of neglect and its impact on physical and mental health of children into adulthood calls for a significant public health response. In order to increase the potential of child

maltreatment programs in general, and of neglect prevention programs specifically, to positively impact families, more researchers and interventions need to be willing to tackle the environmental context of child neglect, and address community and policy levels of influence on children and families' well-being.   The paradigm of blaming individuals responsible for poorly defined and subjectively determined 'neglect' needs to shift to consideration of the underlying structures that lead to children's needs not being met and the variety of supports – both existing and needed – by which they can be.   Public health academics and practitioners, remembering the social justice tenets of public health, can help ensure that community voices are included in the academic discussion, advocate for policies that support the most vulnerable communities, and demonstrate the worthiness of tackling complex holistic approaches to politically uncomfortable problems.

INTERVENTION STUDIES OF OR INCLUDING CHILD NEGLECT

Authors	Program or Study population	N – included in study	Intervention/study approach	Focus level	Neglect-related findings
Chaffin et al., 2009	Parent-Child Interaction Therapy with Motivational Interviewing	192 parents referred by child welfare for abuse or neglect	Compared motivational interviewing (SM) paired with standard program versus with Parent-Child Interaction Therapy intervention to determine impact on parent *retention*. Via double randomized assignment of participants. Six session group program including exercises, presentation and discussion led by therapists trained in PCIT and SM Seventy percent of participants had referral to program due to neglect.	*Individual: parents*	Using a motivational intervention along with Parent-Child Interaction Therapy improved retention among low to moderately motivated child welfare participants (among highly motivated participants there was no effect on retention).
Damashek et al., 2011	SafeCare+	398 female caregivers with children 5 years and under	Compared parental engagement in SafeCare+ to Services as Usual. SafeCare provides child health care, parent-child activities/interactions, home safety. 5 weeks of curriculum each, in family home, training done	*Individual: mothers*	Mothers were four times more likely to enroll and 8.5 times more likely to complete the program than they were for SAU

			by training-certified college graduates. SafeCare+ added motivational interviewing and behavioral methods, as well as training for providers specific to recognizing and responding to risk factors like domestic violence.		
Daro & Dodge, 2009	Five community prevention programs	Review	Review of community-oriented prevention programs: Triple P – multilevel intervention with universal media campaign, group sessions and individual education and training – 18 S. Carolina counties; Strengthening Families Initiative (SFI) - child care center staff trained to help families strengthen protective factors, 23 states participating as of 2009; Durham Family Initiative (DFI) – 6 neighborhoods in N. Carolina, multilevel efforts to impact supports, services, interagency cooperation and policy making; Strong Communities (SC) – 6 communities in S. Carolina, outreach workers aim to help service providers and public to mobilize and increase resources to increase supports ; Community Partnerships for Protecting Children (CPPC) –works with child welfare agencies to connect workers with neighborhood, strengthen neighborhood networks, individual plans for at risk	*Ecological and sociobehavioral approaches to Communities and individuals: parents*	Triple P: intervention counties had 8% increase of substantiated maltreatment rates compared to 35% for control counties. Out of home placements decreased by 12% while increasing in control counties by 44%. SFI: no reports of efficacy DFI: double the rate of reduction of substantiated child maltreatment over 5 years versus that of comparison counties. Nearly double the rate of reduction of reassessment instances versus that of comparison counties. Significant reductions in parental stress and efficacy but not in collective efficacy or neighborhood satisfaction. SC: enrollment and engagement of hundreds of organizations to support activities and nearly 5,000 volunteers, improved parent-child interactions and reduced parent reports of 'neglectful' behaviors CPPC: few effects on child safety, parental capacity, child welfare agency and network efficiency – at population or individual level. Improved self-perception of progress and decreased depression among those receiving individual programming.

DePanfilis & Dubowitz, 2005	Family Connections	154 families w/ 473 children	*NEGLECT prevention focus.* *3 and 9 month interventions:* *Graduate students provided supports, including: emergency assistance, home based family intervention, service coordination with referrals targeted toward risk and protective factors, multifamily supportive recreational activities.* *Measured changes in risk factors, protective factors, child safety and child behavior.*	*Families: mothers and children in interaction with neighborhood: social ecol model – and as theory*	Positive changes in protective factors (parenting attitudes, parenting competence, social support); diminished risk factors (parental depressive symptoms, parenting stress, life stress); and improved child safety (physical and psychological care of children) and behavior (decreased externalizing and internalizing behavior). No advantage of the 9-month vs 3-month intervention for improving parenting adequacy
DePanfilis, et al., 2008	Family Connections	154 families w/ 473 children	*NEGLECT prevention focus.* *3 and 9 month interventions:* *Graduate students provided supports, including: emergency assistance, home based family intervention, service coordination with referrals targeted toward risk and protective factors, multifamily supportive recreational activities.* *Compared 3 to 9 month intervention on changes in risk factors, protective factors, child safety and child behavior.*	*Families: mothers and children in interaction with neighborhood: social ecol model – and as theory*	3-month intervention was more cost effective than a 9-month intervention in enhancing protective factors and reducing the risk of child neglect; 9-month intervention was more cost effective than 3-month intervention in reducing problematic child behavior.
Duggan et al., 2009	Healthy Families Alaska	325 at risk mothers and their infants	Home visiting program focused on parenting skills through modeling, reinforcement, education and referral to outside resources. Randomized controlled trials of families assigned to HFAK or control group SAU and compared on measures of maternal psychosocial and parenting outcomes at child's age six months and two years old.	*Individual: mothers*	Maternal depression and attachment insecurity moderated program impact. There was not program impact on parenting stress for depressed mothers, but there was for non-depressed mothers. Among non-depressed mothers with high attachment anxiety, the program significantly reduced likelihood that they would be depressed two years later. Home visits did not significantly impact substance use. A trend was revealed for home visiting to reduce substantiated maltreatment.
DuMont et al., 2008	New York families who	1173 families at risk – new	Weekly home visitation by paraprofessionals. Focus on child	*Individual: mothers*	Overall no significant impact on neglect. Among women who were "psychologically

	met Healthy Families New York criteria	or expectant parents	development, parent goal setting, parent-child interactions, child health needs, provide support in crisis. Control group and group assigned to HFNY intervention, included women prenatally in effort to measure prevention over intervention. Compared abuse and neglect rates by parent report and CPS.		vulnerable," HFNY mothers were one-quarter as likely to report engaging in serious abuse and neglect as control mothers (5% versus 19%) at age 2. Author suggests that who is offered home visitation may be an important factor in explaining the differential effectiveness of home visitation programs – e.g. enrolling families prenatally.
Edwards & Lutzker, 2008	Project 12 Ways (> 3100 families since 1979, from rural S. Indiana); Project SafeCare: 2700 families from urban and other environments in multiple states	Review only	12 Ways: Up to 12 types of services as parents need, including: parent-child interactions training, stress reduction, behavior management, self-control training, job finding, money management, social support, home safety, health and nutrition, marital counseling. By graduate assistance supervised by masters level counselors. SafeCare: 3 most often used services of Project 12 Ways: child health care, parent-child activities/interactions, home safety. 5 weeks of curriculum each, in family home, training done by training-certified college graduates. Study findings reviewed.	*Ecobehavioral approach: parents*	Description/Review 12 Ways: Participating families had increased child compliance, improved parent-child relationship regarding planned activities and significant decrease in home hazards. SafeCare: Participating parents were less likely to become involved in CPS and less likely to have children removed. Oklahoma families referred and connected to wider variety of services than those in comparison group.
Ernst, Meyer & DePanfilis, 2004	Federally funded neglect prevention demonstration project	106 caregivers in low-income inner-city neighborhood	Home based services between 1997 and 2000, details not described. Most respondents renters, one third shared homes. Measured structural housing characteristics and adequacy of physical child care.	*Families: Within context of housing*	Caregivers who experienced unsafe housing were more frequently unable to meet their children's needs re nutrition, clothing and personal hygiene. Housing conditions accounted for 12% variance in child care adequacy.
Gershater-Molko, Lutzker & Wesch	Project SafeCare	41 families referred by child protection	24 week in-home intervention by graduate and pre-graduate students, 5-6 sessions in each of three training components: health skills, parenting	*Individual: parents*	Families who participated in Project SafeCare had significantly lower reports of child abuse and neglect than families in the comparison group.

2002		services	skills/bonding and home safety. Compared intervention families to comparison families by recidivism rate.		
Gessner, 2008	Healthy Families Alaska	985 "at risk" children age 0-2yrs	Weekly home visitation by paraprofessionals. Focus on child development, parent goal setting, parent-child interactions, child health needs, provide support in crises. Measured substantiated maltreatment reports in HFA families compared to other groups of high-risk children.	*Individual: parents*	Enrolled families had a modest decrease in the proportion with substantiated neglect but no difference in the proportion with neglect referral.
Girvin, et al., 2007	Family Connections	136 families	*NEGLECT prevention focus.* 3 and 9 month interventions: Graduate students provided supports, including: emergency assistance, home based family intervention, service coordination with referrals targeted toward risk and protective factors, multifamily supportive recreational activities. Study of participant and contextual traits that predict program completion.	*Families - Within context of community*	Families were more likely to complete services if 3 months long rather than 9. More parents with decreased depressive symptoms in 9 month group. Completers are more likely to report positive alliance with their workers.
Gray, 2001	Kempe Community Caring Program (KCCP)	108 "high risk" families: first time mothers	Trained lay therapists completed universal weekly + visits in-home for first time families. Provided support, education and referrals, tailored interventions to parental needs. Measured traits of low risk versus high risk participants.	*Parents*	Lay therapy home visits improved 4 of 8 Categories on Scale of Family Functioning, (including social support, self-esteem, confidence as parent) but not category of 'meeting basic needs'.
Harder, 2005	Parent Aide Program	472 families over 11 years	Trained volunteers provide in-home services focusing on parenting, problem-solving, social support. Compared recidivism of participants versus those who refused or dropped out.	*Parents*	Parents who completed the Parent Aide Program had fewer subsequent, substantiated reports to child protective services of child abuse or neglect than those parents who refused to participate or dropped out of the Parent Aide Program. Nothing differentiating neglect.
Harding et al., 2007	Healthy Families	33 evaluations of 288 Healthy	Study outcomes reviewed within four domains: child health/development;	*Families*	Findings include: Reduction of low birth weight deliveries; higher percentage

	America Evaluations	Families sites in 22 states	maternal life course; parenting; child maltreatment statistics and self-report		families linked to medical care provider; minimal to modest impact on maternal life course; improvement of parenting attitudes and home environment; unclear impact on child maltreatment.
Holton & Harding, 2007	Healthy Families America	Description	>400 programs in U.S. Goals are to reduce risks and increase protective factors through home visitation – 12 elements. Certification process for programs wanting to use the name "Healthy Families", many program variations.	*Community philosophically; Individual often in practice*	Description of program elements, how vary by states, select evaluation findings.
Howard & Brooks-Gunn, 2009	9 home visiting programs	Review	Review of randomized controlled trial evaluations of home visiting programs in the U.S. and three other countries, only US findings shown here. American programs considered: Nurse-Family Partnership (NFP), Hawaii Healthy Start, Healthy Families America (HFA) and New York (HFNY) and Alaska (HFAlaska), Comprehensive Child Development Program (CCDP), Early Head Start (EHS), Infant Health and Development Program (IHDP).	*Individual: mothers*	NFP: documented a 48% decline in child maltreatment rates at a fifteen year follow-up. Also mothers rated as more sensitive and more positive parenting interactions. Delayed second births to teens. Otherwise, little evidence of change in substantiated cases of maltreatment in any of these programs. HFA: reduced parent reports of maltreatment, did not affect parenting responsivity, some affect on child cognition. EHS and IHDP impacted home, parenting responsivity and parent depression and stress EHS also positively impacted child health, safety and cognition
Jouriles et al., 2010	Project Support	35 families with children 3-8 years referred by CPS for children maltreatment	Intervention is designed to lessen aggressive discipline and increase positive parenting through education, modeling, practice and feedback, as well as through providing emotional support to mothers to address parental distress. Randomized controlled trial assigned half to PS and half to SAU.	*Individual: mothers*	5.9% of PS participants had a subsequent CPS referral as compared to 27.7% in SAU. PS participants showed less inability to manage child rearing, and there were fewer observations of ineffective parenting.
Kimbrough-Melton & Campbell,	Strong Communities for	Description	Community outreach workers provide outreach to build communities and change norms, funnel resources for	*Community*	Description of program that blends research with public health concepts of community-wide prevention and intervention. (8

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2008	Children/Strong Families		direct support through Strong Families component. Pediatricians recruited 2479 families year one as participants.		guiding principles, specific components) "Public health" approach – including family activity centers, family advocates, financial and career counseling, engaging community organizations in activities.
Krysik & LeCroy, 2007	Healthy Families Arizona	Every family enrolled in HFAz since the early 1990's (over 800)	"Relationship based" home visitation initially at least weekly, by paraprofessional and entry-level professionals – phased out over maximum of five years. Since 2005 enlist prenatally. Measured outcomes for child maltreatment, parental stress and maternal life course, health and safety practices, developmental screening and drug and alcohol screening for >800 families enrolled since 1990's.	*Family*	Consistently significant reduction of parental stress. Increased rates of immunizations and screening for developmental delay. Have found higher rates of neglect and lower rates of abuse among participants than in comparison groups – but significantly fewer substantiated reports than comparison group.
Krysik et al., 2008	Healthy Families Arizona	46 parents of newborns enrolled in HFAz	"Relationship based" home visitation initially at least weekly, by paraprofessional and entry-level professionals – phased out over maximum of five years. Semi-structured interviews with participants on their experience with home visitation.	*Individual: parent*	Participant-visitor relationship is integral to achievement of parenting goals - in particular a trusting relationship, non-judgmental and supportive home visitor who is responsive to variety of needs.
Lefever, et al., 2008	Teenage mothers	Study 1: 45 teens; Study 2: 544 teens	Two groups, one with more interviews by cell and one with fewer phone interviews at home; Two observations in home and 3 PCA calls at child's age 4 and 8 months Tested using measure of parenting behaviors, including neglect, as compared to self-report and home observations.	*Individual: mothers*	PCA interview shows promise as reliable and valid measure of parenting; Cell phones possibly useful intervention tool. Teen parents viewed it as non-invasive.
Lutzker et al., 2005	Project 12 Ways; Project Safe	36 families with course training and	12 Ways: Up to 12 types of services as parents need, including: parent-child interactions training, stress reduction, behavior management,	*Ecobehavioral approach: parents*	12 Ways: Participants were less likely to be reported for abuse or neglect up to four years later.

	Care	36 families with visitors	self-control training, job finding, money management, social support, home safety, health and nutrition, marital counseling. By graduate assistance supervised by masters level counselors. SafeCare: 3 most often used services of Project 12 Ways: child health care, parent-child activities/interactions, home safety. 5 weeks of curriculum each, in family home, training done by training-certified college graduates.		SafeCare: Participants had decreased hazards in homes.
Maher et al., 2011	Nurturing Parent Program	528 caregivers at ten family resource centers serving poor families	Based on social learning theory, and using trained resource center staff as facilitators, this program works to build empathy, realistic parenting expectations and other parenting skills, through home visiting, 16 week group sessions, and variety of lessons, modeling and family activities, also structured to include children in learning.	*Family and individual: parents and children*	Families at six months who attended more sessions had fewer reported incidences of maltreatment, and at two years those who attended more sessions of NPP had fewer substantiated incidences of maltreatment (but not fewer reported – possibly due to biases of poor caregivers)
Marcynyszyn et al., 2011	Incredible Years Parent Training Program in child welfare agencies	41 parents mandated by child welfare to receive services	Groups meet for sixteen to twenty weeks of coaching, modeling, goal setting, discussion, DVD vignettes and homework assignments. Food, child care and transportation provided. Staff from two agencies were trained to participate.	*Individual: parents*	Program participation was associated with less parental stress and distress, more functional parent-child dynamics, and greater empathy and social support
Marziali et al., 2006	Mothers with a history of neglect	6 mothers	Group psychotherapy for severe personality disorder held for 35 weeks. Feedback interviews of participants, child welfare workers and facilitators.	*Individual: mothers*	Chronically neglecting mothers viewed their participation in the group as having been helpful. Child welfare workers noted changes in participant calls for support. Facilitators indicated importance of providing transportation and child care for sessions.
McDonnel & Melton, 2008	Strong Communities for Children in	Descriptive	A comprehensive community-wide effort for primary prevention of child maltreatment, including staff	*Community*	Descriptive – no studies yet. Improvements in physical environment can impact parenting, increase social connections.

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			advocating and organizing to make changes in physical environment, (including housing conditions, trash and abandoned vehicles, residential decorations, communication networks and community identity).		
McGuigan & Pratt, 2001	Oregon Healthy Start	2544 at-risk mothers with first-born children	Home visiting program modeled on Healthy Families America. Risk factor and domestic violence data compared at six months of participation to reports of child maltreatment.	*Individual: mothers*	Significant relationships between domestic violence and child neglect, physical and psychological child abuse. DV during the first 6 months of child rearing was significantly related to all three types of child maltreatment up to the child's fifth year.
Olds, 2002	Nurse home visiting programs	New York: 400 families TN: 1135 families	Prenatal and early childhood home visits by nurse to address prenatal health behaviors, care of child, parental life course. Compared control groups and groups with greater degrees of intervention.	*Individual: mothers*	Intervention has resulted in improving parental care (fewer injuries and accidentally ingestions), and Improving maternal life course (fewer pregnancies, reduced use of public assistance, more workforce participation) – especially for parents categorized as psychologically vulnerable.
Petra & Kohl, 2009	Pathways Triple P	9 parents in public or private child welfare agency, with children 6-10yrs	This one component of Triple P focused on teaching parenting techniques through a variety of techniques, including group discussion, individual phone calls, home visits, workbooks and videos. Provided both childcare and transportation vouchers for participants	*Individual: parents*	Parents indicated positive affect on their parenting, feelings about parenting, less isolation. Researchers did not pursue the impact on maltreatment reports, focus was on how well this component of Triple P fit within existing child welfare programming.
Prinz et al., 2009	Triple P in South Carolina	18 counties, 649 service providers	Public health approach, population trial of Triple P, 9 counties received the intervention, matched and compared to 9 that did not. Tiered services for large and small groups, and individuals depending on their need for parent training. Universal media campaign to normalize parenting challenges, alter	*Community and individual*	7% lower rates of child maltreatment in the counties that incorporated the program over two years. While the intervention is geared towards both community and individual levels, this research only measured the effects at the community level.

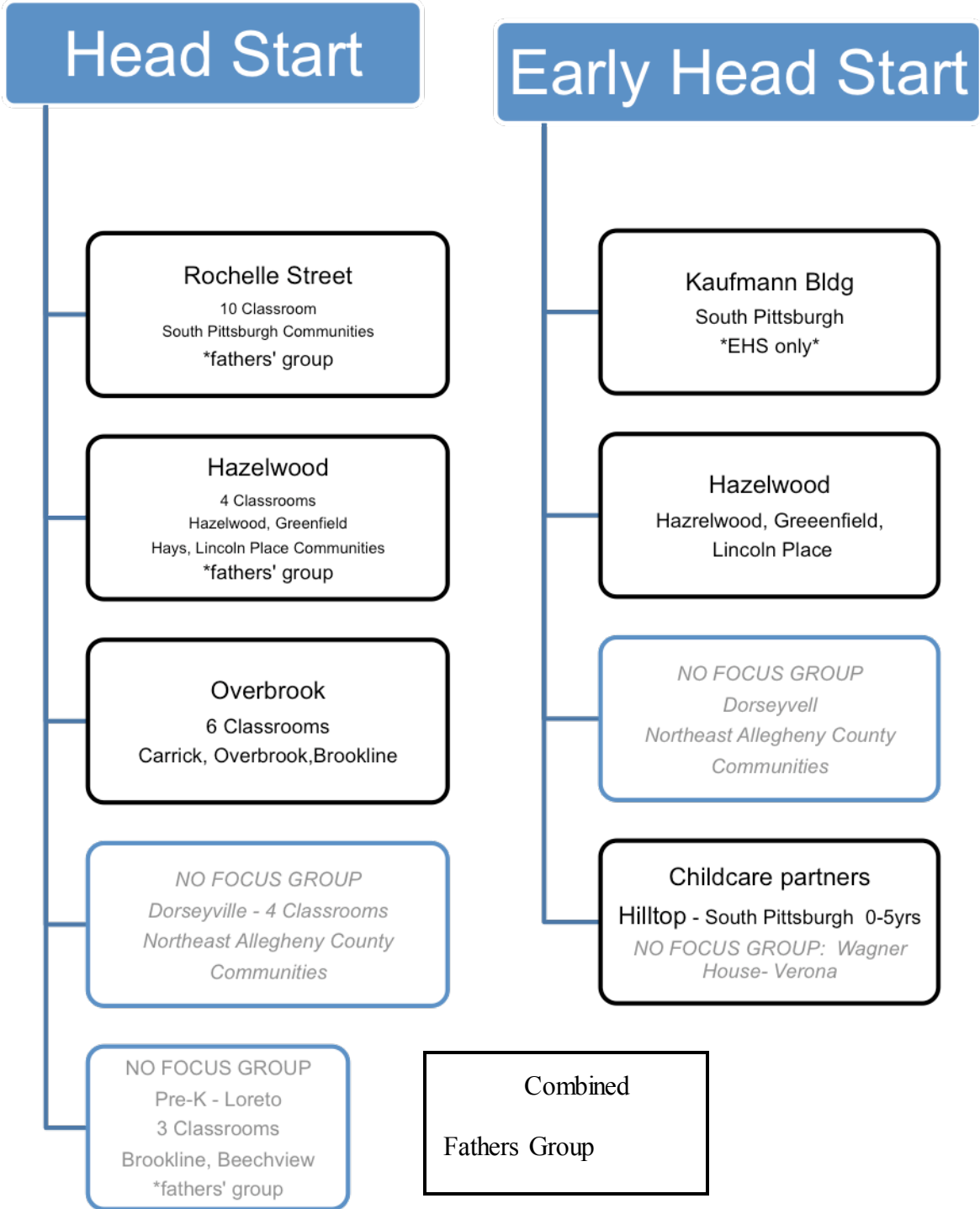|			community context for parenting, decrease social isolation and impart parenting and resource information		
Self-Brown et al., 2011	SafeCare	Review - 11 SafeCare providers across six states	SafeCare provides home visiting, evidence based behavioral parent training program using the three most often used services of Project 12 Ways: child health care, parent-child activities/interactions, home safety. 5 weeks of curriculum each, in family home, training done by training-certified college graduates. SafeCare providers with 6 months to 7 years exposure to the curriculum were studied to determine how/whether providers were implementing cultural adaptations for families	*Individual: providers*	Review findings: providers agreed on importance of engaging families before introducing curriculum, importance of flexibility of sessions, services in home are helpful to populations with transportation challenges, parenting skills-focus was well received by parents. Overall providers agreed that the curriculum worked well across populations and cultures, and that adjustments only needed to be made at the individual level. Providers recommended lower reading level, more pictures and more accurate (rather than literal) translations of material
Stevens-Simon, et al., 2001	Colorado Adolescent Maternity Program	145 teen girls in maternity program	In-home parenting instruction by paraprofessional added to already functioning monthly clinic visit CAMP program, a pre- to postnatal care program. Teens visited weekly, then less frequently as child aged. Compared half CAMP participants to half comparison group with added home visits on abuse, neglect and abandonment, maternal life course.	*Families*	No significant differences in groups. Program did not alter the incidence rate or improve maternal life course. Visitation was inconsistent. Determined that a program that was more inclusive of supports work might be more effective.
Taban & Lutzker, 2001	Project SafeCare	45 families with children 0-5 years	15 weeks of training by home visitors or by video on homes safety, child health care, bonding and activities. Evaluated parental satisfaction with each topic of training according to outcome, process, staff and training.	*Individual: parents*	Project SafeCare was reported to be very successful and parents reported high satisfaction with training programs. Parents reported counselors to be warm, friendly, helpful, knowledgeable, clear and fair. Videos were well-received but participants had slight preference for people. Calls for more study of parental perspectives.

NEIGHBORHOOD DEMOGRAPHICS

Site (Approx # of families)	Primary neighborhoods served	Neighborhood Demographics**	% living below 100% federal poverty level
Kaufmann EHS (40)	Arlington	-86% White, 12% African American -10% female headed households with children -26% not high school graduate*	-20% families -59% families with children < five years -78% female headed households with children < five years
	Beechview	-91% White, 6% African American -7% female headed households with children -17% not high school graduate*	-7% families -17% families with children < five years -33% female headed households with children < five years
	Brookline	96% White, 2% African American -6% female headed households with children -14% not high school graduate*	-6% families -n/a% families with children < five years -n/a% female headed households with children < five years
	Carrick	96% White, 2% African American -6% female headed households with children -20% not high school graduate*	-8% families -19% families with children < five years -50% female headed households with children < five years
	Knoxville	-67% White, 33% African American -15% female headed households with children -21% not high school graduate*	-16% families -30% families with children < five years -58% female headed

			households with children < five years
Rochelle St. HS (230)	**Allentown**	-78% White, 20% African American -13% female headed households with children -31% not high school graduate*	-18% families -20% families with children < five years -29% female headed households with children < five years
	Arlington	See above	See above
	Beltzhoover	-12% White, 82% African American -16% female headed households with children -21% not high school graduate*	-23% families -63% families with children < five years -95% female headed households with children < five years
	Knoxville	See above	See above
	Mt. Washington	-91% White, 6% African American -6% female headed households with children -17% not high school graduate*	-9% families -n/a% families with children < five years -n/a% female headed households with children < five years
	St. Clair Village	-13% White, 84% African American -54% female headed households with children -34% not high school graduate*	-54% families -77% families with children < five years -77% female headed households with children < five years
Overbrook HS (120)	**Overbrook**	-97% White, 3% African American -5% female headed households with children -14% not high school graduate*	-10% families -14% families with children < five years -n/a% female headed households with children < five years
	Brookline	See above	See above
	Carrick	See above	See above
Hazelwood EHS (40) **Hazelwood HS (30)**	**Greenfield**	-93% White, 3% African American -5% no high school diploma or equivalent -14% not high school graduate*	-4% families - n/a% families with children < five years -n/a% female headed households with children < five years

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	Hazelwood	-34% White, 63% African American -12.5% female headed households with children -28% not high school graduate*	- n/a % families -41% families with children < five years -49% female headed households with children < five years
	Lincoln Place	-99% White, .5% African American -4% female headed households with children -13% not high school graduate*	-5% families -11% families with children < five years -23% female headed households with children < five years
Hilltop Childcare Partner EHS (15) HS (18)	**Allentown**	-78% White, 20% African American -13% female headed households with children -31% not high school graduate*	-18% families -20% families with children < five years -29% female headed households with children < five years
	Beltzhoover	See above	See above
	Mt. Oliver	-80% White, 19% African American -12% female headed households with children -35% not high school graduate*	-27% families -52% families with children < five years -0% female headed households with children < five years
Loreto (60)	**Beechview**	See above	See above
	Brookline	See above	See above

APPENDIX C

ORGANIZATIONAL CHART – COUNCIL OF THREE RIVERS AMERICAN INDIAN

CENTER INC. – HEAD START/EARLY HEAD START LOCATIONS

Head Start

Rochelle Street
10 Classroom
South Pittsburgh Communities
*fathers' group

Hazelwood
4 Classrooms
Hazelwood, Greenfield
Hays, Lincoln Place Communities
*fathers' group

Overbrook
6 Classrooms
Carrick, Overbrook, Brookline

NO FOCUS GROUP
Dorseyville - 4 Classrooms
Northeast Allegheny County
Communities

NO FOCUS GROUP
Pre-K - Loreto
3 Classrooms
Brookline, Beechview
*fathers' group

Early Head Start

Kaufmann Bldg
South Pittsburgh
EHS only

Hazelwood
Hazrelwood, Greeenfield,
Lincoln Place

NO FOCUS GROUP
Dorseyvell
Northeast Allegheny County
Communities

Childcare partners
Hilltop - South Pittsburgh 0-5yrs
NO FOCUS GROUP: Wagner
House- Verona

Combined

Fathers Group

CODES FOR PARENT PERSPECTIVES OF THE NEEDS OF CHILDREN…

(Version 4, 10-31-11)

INPHYS – physical needs met in the home

INSOC – social/emotional needs met in the home, playing

INSTRUC – routine, consistency, predictability, boundaries – provided in the home

INTCH – parent teaching, children learning – including issues of swearing, rules, being an individual, kind of person, life lessons

INHOME – other needs met within the home not captured by above codes

INMED – special needs issues, asthma, meds for ADHD – managed by parents

OUTPHYS – physical needs met outside of the home – in play spaces, teams

OUTSOC – social/emotional/spiritual needs – peers, activities, places, other adults

OUTTCH – school readiness, other learning, expectations about teaching

OUTMED – doctor, dentist visits

PHYS – physical needs met – mentioned generally and not specific to in home or in community *(added April '11)

SOC – social/emotional needs met – mentioned generally and not specific to in home or in community *(added April '11)

SUPPORT – family and friends helping out – comments whether positive or negative

CH-INSAFE – challenges regarding home safety, issues of knowing what are "normal" injuries, what is typical

CH-BUILT – challenges regarding the outside built environment – playgrounds, parks, proximity of resources, transportation, program

CH-ECON – challenges related to financial/economic issues, inaffordability

CH-ELIG – challenges related to eligibility: age limits, disability or not, income *(added April '11)

CH-SOCIAL – challenges related to socialization, including with caretakers, peers, extended family, differences in values

CH-COMSAFE – challenges related to community violence, teens *(added April '11)

CH-SOCSAFE – challenges around safety issues with caretakers, others, includes hygiene, appropriate care

CH-PAR – challenges related to parent – personal, stress, health, domestic violence, partner substance abuse, partner or own mental health *(added April '11)

CH-PAR-RES – challenges requiring resources to parent better – incorporate parenting challenges, excluding discipline *(added May '11)

CH-PAR-SPEC – challenges of parenting children with prior neglect, abuse, trauma, loss, including addiction, foster care/extended relative care *(added May '11)

COMMSYS – communication b/t parents and systems, programs, schools

RES-BUILT – libraries, pools, playgrounds, other built resources *(added April '11)

CH-DISC – challenges of disciplining children, including with caretakers, extended family

RES-ECON – economic/financial resources found/provided/heard of

RES-HEALTH (formerly RES-DEV) – resources that address child development, health, milestones

RES-PAR – resources that help parents to learn to parent or are specific to helping parents

RES-PHYS – resources that address concrete needs – e.g. household items, clothes

RES-SHARED – parents share resources with one another   *(added April '11)

RES-SOCLKIDS – resources that provide social/emotional support to/for kids

RES-SOCLPAR - resources that provide social/emotional support to/for parents – includes ideas related to mental health

REFL-POS – positive reflections on specific resources (non-CYF)

REFL-NEG – negative reflections on specific resources (non-CYF)

CYF-POS – positive reflections on CYF

CYF-INVPOS – positive reflections on CYF by folks with personal experience/involvement

CYF-NEG – negative reflections on CYF

CYF-INVNEG – negative reflections on CYF by folks with personal experience/involvement

CYF-OBSV – neither negative nor positive observations about/intellectual assessments of CYF system, process, people

CYF-USED – Notes when parents had CYF called on them, perceived to be used by others – often (but not always) coded with CYF POS before, b/c charges dismissed
*(added October '11)

DAD-INV – involvement of dad-type role in kids' lives, whether in home or not

DAD-PROGPART – dads' participation in programs, or programs accessibility for dads

BIBLIOGRAPHY

Allegheny County Department of Human Services, Office of Children, Youth and Families (ACDHS CYF) (2006a) CYF 003 – Child Abuse. Retrieved November 10, 2010. Available: http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/003ChildAbuse.pdf

Allegheny County Department of Human Services, Office of Children, Youth and Families (ACDHS CYF) (2006b). *CYF 013 – Family Service Plans and Child Permanency Plans.* Retrieved November 10, 2008. Available: http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Publications/Resource_Guides/013FamSvcPlns.pdf

Altman, J. C. (2003). A qualitative examination of client participation in agency-initiated services. *Families in Society, 84*, 471-479.

Altman, J. C. (2008). Engaging families in child welfare services: Worker versus client perspectives. *Child Welfare, 87*(3), 41-61.

Anderson, N. B., & Armstead, C. A. (1995). Toward understanding the association of socioeconomic status and health: A new challenge for the biopsychosocial approach. *Psychosomatic Medicine, 57*(3), 213-225.

Antle, B. F., Barbee, A. P., Sullivan, D., Yankeelov, P., Johnson, L., & Cunningham, M. R. (2007). The relationship between domestic violence and child neglect. *Brief Treatment and Crisis Intervention, 7*(4), 364-382.

American Humane Association (AHA). (2012). About Differential Response. Retrieved March 19, 2012. Available: http://www.americanhumane.org/children/programs/differential-response

Bandura, A. (1986). *Social Foundations of Thought and Action*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (2004). *Swimming Against the Mainstream: the Early Years from Chilly Tributary to Transformative Mainstream. Behavior Research and Therapy* 42 (2004), 613-630.

Benight, C.C. & Bandura, A. (2004). Social Cognitive Theory of Posttraumatic Recovery: the Role of Perceived Self-Efficacy. *Behavior Research and Therapy* 42 (2004), 1129-1148.

Bensley, L., Ruggles, D., Simmons, K. W., Harris, C., Williams, K., Putvin, T., et al. (2004). General population norms about child abuse and neglect and associations with childhood experiences. *Child Abuse & Neglect, 28*(1321-1337).

Chang, J. J., Theodore, A. D., Martin, S. L., & Runyan, D. K. (2008). Psychological abuse between parents: Associations with child maltreatment from a population-based sample. *Child Abuse & Neglect, 32*(8), 819-829.

Chavez, F. T. (2001). *Black and White subjects' attitudes on the mandatory reporting of child abuse and neglect cases in the therapeutic context.* Chavez, Felipa Tristine: State U New York At Buffalo, US.

Center for the Study of Social Policy (CSSP) (2003). *Protective Factors Literature Review: early care and education programs and the prevention of child abuse and neglect.* Retrieved October 11, 2005. Available: http://www.cssp.org/doris_duke/evidence.hm1

Centers for Disease Control and Prevention (CDC) (2009). *Adverse Childhood Experiences Study*. Retrieved May 15, 2009. Available: http://www.cdc.gov/nccdphp/ACE/about.htm

Chaffin, M., Valle, L., Funderburk, B., Gurwitch, R., Silovsky, J., Bard, D., et al. (2009). A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreatment, 14*(4).

Child Welfare Information Gateway (CWIG) (2007). *Definitions of Child Abuse and Neglect.* Retrieved May 5, 2009. Available: http://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm?event=stateStatutes.processSearch

Child Welfare Information Gateway (CWIG) (2008). *Preventing Child Abuse and Neglect.* Retrieved November 13, 2009. Available: http://www.childwelfare.gov/pubs/factsheets/preventingcan.cfm

Child Welfare Information Gateway (CWIG) (2009). *Protective Factors.* Retrieved January 15, 2010. Available: http://www.childwelfare.gov/can/factors/protective.cfm

Child Welfare Information Gateway (CWIG) (2010). *Protective Factors.* Retrieved March 7, 2012. Available: http://www.childwelfare.gov/can/statistics/stat_neglect.cfm

Child Welfare League of America (2001). *Alcohol, Other Drugs, and Child Welfare* (Washington, DC: Child Welfare League of America.

Crabtree, B. F. M., W.L. (Ed.). (1999). *Doing Qualitative Research* (2nd ed.). Thousand Oaks.: Sage Publications, Inc:.

Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in home-based chld maltreatment prevention services. *Child Maltreatment, 16*(1), 9-20.

Daro, D., & Dodge, K. A. (2009). Creating community responsibility for child protection: possibilities and challenges. *The Future of Children, 19*(2), 67-93.

Daro, D., & Donnelly, A. C. (2002). Charting the waves of prevention: two steps forward, one step back. *Child Abuse Negl, 26*(6-7), 731-742.

Daro, D., & Donnelly, A. C. (2003). *Child Abuse Preventions: Accomplishments and Challenges*. Retrieved October 10, 2005. Available: http://endabuse.org/programs/children/files/prevention/ChildAbusePrevention.pdf

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*(2), 293--317.

DeBellis, M. D. (2005). The psychobiology of neglect. *Child Maltreat, 10*(2), 150-172.

Department of Health and Human Services (DHHS), Administration for Children and Families (2009a). *Child Abuse and Prevention Treatment Act*. Retrieved November 12, 2009. Available: http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta

Department of Health and Human Services (DHHS), Administration for Children and Families (2009b). *Child Maltreatment 2007*. Retrieved December 3, 2009. Available: http://www.acf.hhs.gov/programs/cb/pubs/cm07/index.htm

DePanfilis, D. (2002). *Helping families prevent neglect final report*. Baltimore: University of Maryland School of Social Work.

DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. *Child Abuse Negl, 32*(3), 335-351.

DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A Program for Preventing Child Neglect. *Child Maltreatment, 10*(2), 108-123.

DePanfilis, D., & Zuravin, S. J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse Negl, 26*(2), 187-205.

Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., et al. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse Negl, 28*(7), 771-784.

Dore, M. M., & Alexander, L. B. (1996). Preserving Families at Risk of Child Abuse and Neglect: The Role of the Helping Alliance. *Child Abuse & Neglect, 20*, 349-361.

Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics, 111*(3), 564-572.

Dubowitz, H., Black, M. M., Kerr, M. A., Starr, R. H., Jr., & Harrington, D. (2000). Fathers and child neglect. *Arch Pediatr Adolesc Med, 154*(2), 135-141.

Dubowitz, H., Black, M. M., Starr, R., & Zuravin, S. J. (1993). A conceptual definition of child neglect. *Criminal Justice and Psychology, 20*(1), 8-26.

Dubowitz, H., Newton, R. R., Litrownik, A. J., Lewis, T., Briggs, E. C., Thompson, R., et al. (2005a). Examination of a Conceptual Model of Child Neglect. *Child Maltreatment, 10*(2), 173-189.

Dubowitz, H., Pitts, S. C., Litrownik, A. J., Cox, C. E., Runyan, D., & Black, M. M. (2005b). Defining child neglect based on child protective services data. *Child Abuse & Neglect, 29*(5), 493-511.

Duggan, A. K., Berlin, L. J., Cassidy, J., Burrell, L., & Tandon, S. D. (2009). Examining Maternal Depression and Attachment Insecurity as Moderators of the Impacts of Home Visiting for At-Risk Mothers and Infants. *Journal of Consulting and Clinical Psychology, 77*(4), 788-799.

Dumbrill, G. C. (2006). Parental experience of child protection intervention. *Child Abuse & Neglect, 30*, 27-37.

DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., et al. (2008). Healthy Families New York (HFNY) randomized trial: effects on early child abuse and neglect. *Child Abuse Negl, 32*(3), 295-315.

Edleson, J. L., Gassman-Pines, J., & Hill, M. B. (2006). Defining Child Exposure to Domestic Violence as Neglect: Minnesota's Difficult Experience. *Social Work, 51*(2), 167-174.

Edwards, A., Lutzker, J. (2008). Iterations of the SafeCare Model: An Evidence-Based Child Maltreatment Prevention Program. *Behavior Modification, 32*(5), 736-756.

Egeland, B., Sroufe, A. L., Development, C., Vol. 52, N. M., 1981), pp. 44-52, & Publishing, P. b. B. (1981). Attachment and Early Maltreatment. *Child Development, 52*(1), 44-52.

English, D. J., Bangdiwala, S.I., Runyan, D.K. (2005a). The Dimensions of maltreatment: Introduction. *Child Abuse & Neglect, 29*(5).

English, D. J., Upadhyaya, M., Litrownik, A., Marshall, J., Runyan, D., Graham, J., Dubowitz, H. (2005b). Maltreatment's wake: the relationship of maltreatment dimensions to child outcomes. *Child Abuse & Neglect, 29*, 597-619.

Erickson, P. E. (2000). Federal child abuse and child neglect policy in the United States since 1974: A review and critique. *Criminal Justice Review, 25*(1), 77-92.

Erickson, M. F. & Egeland, B. (2002). Child Neglect. In J. E. B. Myers (Ed.), *The APSAC handbook on child maltreatment*. Thousand Oaks: Sage.

Ernst, J. S., Meyer, M., & DePanfilis, D. (2004). Housing characteristics and adequacy of the physical care of children: an exploratory analysis. *Child Welfare, 83*(5), 437-452.

Evans-Campbell, T. (2008). Perceptions of child neglect among urban American Indian/Alaska native parents. *Child Welfare Journal, 87*(3), 115-147.

Evans, G., Saltzman, H., & Cooperman, J. (2001). Housing quality and children's socioemotional health. . *Environment & Behavior, 33*(3), 389-398.

Freisthler, B., Needell, B., & Gruenewald, P. J. (2005). Is the physical availability of alcohol and illicit drugs related to neighborhood rates of child maltreatment? *Child Abuse Negl, 29*(9), 1049-1060.

Galano, J., & Huntington, L. (2002). *FY 2002 Healthy Families Partnership Benchmark study: Measuring community-wide impact*: The College of William and Mary.

Geen, R. (2002). Shoring Up the Child Welfare-TANF Link. *Short Takes on Welfare Policy* Retrieved February 9, 2010, 2010, from http://www.urban.org/publications/310507.html

Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2002a). Using recidivism data to evaluate project safecare: Teaching bonding, safety, and health care skills to parents. *Child Maltreatment, 7*(3), 277-285.

Gershater-Molko, R. M., Lutzker, J. R., & Sherman, J. A. (2002b). Intervention in child neglect: An applied behavioral perspective. *Aggression and Violent Behavior, 7*(2), 103-124.

Gessner, B. D. (2008). The effect of Alaska's home visitation program for high-risk families on trends in abuse and neglect. *Child Abuse Negl, 32*(3), 317-333.

Girvin, H., DePanfilis, D., & Daining, C. (2007). Predicting program completion among families enrolled in a child neglect preventive intervention. *Research on Social Work Practice, 17*(6), 674-685.

Glanz, K. B. K. R. F. M. L. (Ed.). (2002). *Health Behavior and Health Education.* San Francisco: Jossey-Bass.

Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): a conceptual framework. *Child Abuse Negl, 26*(6-7), 697-714.

Golden, M. H., Samuels, M. P., & Southall, D. P. (2003). How to distinguish between neglect and deprivational abuse. *Arch Dis Child, 88*(2), 105-107.

Gray, J., Spurway, P., & McClatchey, M. (2001). Lay therapy intervention with families at risk for parenting difficulties: The Kempe Community Caring Program. *Child Abuse Negl, 25*(5), 641-655.

Guterman, N. B., & Lee, Y. (2005). The Role of Fathers in Risk for Physical Child Abuse and Neglect: Possible Pathways and Unanswered Questions. *Child Maltreatment, 10*(2), 136-149.

Harder, J. (2005). Prevention of Child Abuse and Neglect: An Evaluation of a Home Visitation Parent Aide Program Using Recidivism Data. *Research on Social Work Practice, 15*(4), 246-256.

Harding, K., Galano, J., Martin, J., Huntington, L., & Schellenbach, C. J. (2007). Healthy Families America Effectiveness. *Journal of Prevention & Intervention in the Community, 34*(1&2), 149-179.

Hartley, C. (2004). Severe domestic violence and child maltreatment: considering child physical abuse, neglect, and failure to protect. *Children and Youth Services Review, 26*(4), 373-392.

Healthy People 2010: Understanding and Improving Health. Retrieved May 25, 2005. Available: http://www.healthypeople.gov/Document/HTML/Volume2/15Injury.htm#_Toc490549390

Hildyard, K. L., & Wolfe, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect, 26*(6-7), 679-695.

Hildyard, K., & Wolfe, D. (2007). Cognitive processes associated with child neglect. *Child Abuse & Neglect, 31*(8), 895-907.

Holton, J. K., & Harding, K. (2007). Healthy Families America; Ruminations on Implementing a Home Visitation Program to Prevent Child Maltreatment. *Journal of Prevention & Intervention in the Community, 34*(1), 13-38.

Horton, C. (2003). *Protective Factors Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect*: Center for the Study of Social Policy. Retrieved October 11, 2010. Available: http://www.cssp.org/doris_duke/evidence.hml

Howard, K. S., & Brooks-Gunn, J. (2009). The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect. *The Future of Children, 19*(2), 119-146.

Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (Eds.). (2005). *Methods in Community Based Participatory Research for Health.* San Francisco: Jossey-Bass.

Jenson, J. M., & Whittaker, J. K. (1987). Parental involvement in children's residential treatment. *Children and Youth Services Review, 9*, 81-100.

Jouriles, E. N., McDonald, R., Rosenfield, D., Norwood, W. D., Spiller, L., Stephens, N., et al. (2010). Improving parenting in families referred for child maltreatment: A randomized controlled trial examining effects of Project Support. *Journal of Family Psychology, 24*(3).

Kempe, C. S., Silverman, F. N., Steele, B. B., Droegemueller, W., & Silver, H. K. (1962). The battered child syndrome. *Journal of the American Medical Association, 181*, 105-112.

Kimbrough-Melton, R. J., & Campbell, D. (2008). Strong Communities for Children: A community-wide approach to prevention of child abuse and neglect. *Family & Community Health, 31*(2), 100-112.

Kirisci, L., Dunn, M. G., Mezzich, A. C., & Tarter, R. E. (2001). Impact of parental substance use disorder and child neglect severity on substance use involvement in male offspring. *Prev Sc 2*(4), 241-255.

Kirkpatrick, K.T. (2004) *Reframing Child Abuse and Neglect for Increased Understanding and Engagement: Defining the Need for Strategic Reframing.* Prevent Child Abuse America. Retrieved November 8, 2005. Available:
http://www.preventchildabuse.org/learn_more/research_docs/reframing%20revised.pdf

Knutson, J. F., DeGarmo, D. S., & Reid, J. B. (2004). Social Disadvantage and Neglectful Parenting as Precursors to the Development of Antisocial and Aggressive Child Behavior: Testing a Theoretical Model. *Aggressive Behavior, 30*(3), 187-205.

Korbin, J. E., Coulton, C. J., Lindstrom-Ufuti, H., & Spilsbury, J. (2000). Neighborhood views on the definition and etiology of child maltreatment. *Child Abuse & Neglect, 24*(12), 1509-1527.

Korfmacher, J. (2000). The Kempe Family Stress Inventory: a review. *Child Abuse Negl, 24*(1), 129-140.McDonell, J. R., & Melton, G. B. (2008).

Krysik, J., & LeCroy, C. W. (2007). The evaluation of Healthy Families Arizona: a multisite home visitation program. *J Prev Interv Community, 34*(1-2), 109-127.

Krysik, J., LeCroy, C. W., & Ashford, J. B. (2008). Participants' perceptions of healthy families: A home visitation program to prevent child abuse and neglect. *Children and Youth Services Review, 30*(1), 45-61.

Kuzel, A. (1999). Sampling in qualitative inquiry. In B. F. Crabtree & Miller, A.W. (Ed.), *Doing Qualitative Research* (pp. 33-45). Thousand Oaks: Sage Publications.

Lefever, J. B., Howard, K. S., Lanzi, R. G., Borkowski, J. G., Atwater, J., Guest, K. C., et al. (2008). Cell phones and the measurement of child neglect: the validity of the parent-child activities interview. *Child Maltreat, 13*(4), 320-333.

Lezin, N., & Long, K. (2002). *Monitoring Child Neglect.* Summary of Discussions at a Meeting Co-Sponsored by the Centers for Disease Control and Prevention and Prevent Child Abuse America. March 29, 2002.

Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Retrieved May 15, 2009. Available: http://www.iprc.unc.edu/longscan/

Lubin, J. (2009). Are we really looking out for the best interests of the child? Applying the New Zealand model of family group conferences to cases of child neglect in the United States. *Family Court Review, 47*(1), 129-147.

Lundy, C. (2004). *Social Work and Social Justice: A Structural Approach to Practice*. Petersborough: Broadview Press.

Lutzker, J. R., Bigelow, Katheryn; Doctor, Ronald; Gershater, Ronit; Greene, Brandon. (1998). Ecobehavioral Model for the Prevention and Treatment of Child Abuse and Neglect. In J. R. Lutzker (Ed.), *Handbook of Child Abuse Research and Treatment* (pp. 239-266): Plenum Press, New York.

Lutzker, J., & Whitaker, D.J. (2005). The Expanding Role of Behavior Analysis and Support: Current Status and Future Directions. *Behavior Modification.* 29(3), 575-594.

Maher, E., Marcynyszyn, L. A., Corwin, T. W., & Hodnett, R. H. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children and Youth Services Review, 33*(8), 1426-1434.

Maibach, E., Flora, J.A., (1993). Symbolic Modeling and Cognitive Rehearsal. *Communication Research.* 20 (4), 517-545.

Maiter, S., Palmer, S., & Majnji, S. (2006). Strengthening Social Worker-Client Relationships in Child Protective Services Addressing Power Imbalances and 'Ruptured' Relationships. *Qualitative Social Work: Research and Practice, 5*(2), 167-186.

Manly, J. T., Kim, J. E., Rogosch, F. A., & Cicchetti, D. (2001). Dimensions of child maltreatment and childrens adjustment: contributions of developmental timing and subtype. . *Development and Psychopathology, 13*(3), 759-782.

Marcynyszyn, L. A., Maher, E. J., & Corwin, T. W. (2011). Getting with the (evidence-based) program: An evaluation of the Incredible Years Parenting Training Program in child welfare. *Children and Youth Services Review, 33*(5), 747-757.

Marziali, E., Damianakis, T., Smith, D., & Trocme, N. (2006). Supportive group therapy for parents who chronically neglect their children. *Families in Society, 87*(3), 401-408.

McAllister, C., Green, B. L., Terry, M. A., Herman, V., & Mulvey, L. (2003). Parents, practitioners, and researchers: community-based participatory research with early head start. *American Journal of Public Health, 93*(10), 1672-1679.

McCallum, S. (1995). Safe Families: A model of child protection intervention based on parental voice and wisdom. Unpublished DSW Dissertation. Wilfrid Laurier University.

McCurdy, K. (2005). The Influence of Support and Stress on Material Attitudes. *Child Abuse and Neglect*. 29 (2005), 251-268.

McCurdy, K., & Jones, E. (2000). *Supporting Families: Lessons from the Field*. Thousand Oaks: Sage.

McDonell, J. R., & Melton, G. B. (2008). Toward a science of community intervention. *Fam Community Health, 31*(2), 113-125.

McGuigan, W. M., & Pratt, C. C. (2001). The predictive impact of domestic violence on three types of child maltreatment. *Child Abuse Negl, 25*(7), 869-883.

McLeroy, K. R. D. B., Allan Steckler, and Karen Glanz. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education and Behavior, 15*(4), 351-377.

Milner, J.S. (2003). Social Information Processing in High-Risk and Physically Abusive Parents. *Child Abuse and Neglect*. 27 (1), 7-20.

Minkler M, W. N. (Ed.). (2003). *Community Based Participatory Research for Health*. San Francisco: Jossey-Bass.

Nair, S., & Morrison, M. F. (2000). The evaluation of maternal competency. *Psychosomatics, 41*(6), 523-530.

National Adoption Information Clearinghouse. (2004). *Collaborating with your Community*. Washington, DC: U.S. Department of Health and Human Services.

National Child Abuse and Neglect Data System (NCANDS) (2009). U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children and Families. *Child Maltreatment 2007*. Retrieved December 3, 2009. Available: http://www.acf.hhs.gov/programs/cb/pubs/cm07/index.htm

National Child Abuse and Neglect Data System (NCANDS) (2010). U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children and Families. *Child Maltreatment 2010*. Retrieved March 14, 2012. Available: http://www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm

National Prevention Council, Office of the Surgeon General, U.S. Department of Health and Human Services. *National Prevention Strategy*. Washington, DC: 2011. Available from http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf

Olds, D. L. (2002). Prenatal and infancy home visiting by nurses: from randomized trials to community replication. *Prev Sci, 3*(3), 153-172.

Olds, D. L., Eckenrode, J., Henderson, C. R., Jr., Kitzman, H., Powers, J., Cole, R., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *JAMA: Journal of the American Medical Association, 278*(8), 637-643.

Pelton, L. H. (1994). The role of material factors in child abuse and neglect. In G. B. M. F. D. Barry (Ed.), *Protecting children from abuse and neglect: Foundations for a new national strategy* (pp. 131-181). New York: Guilford Press.

Petra, M., & Kohl, P. (2010). Pathways Triple P and the child welfare system: A promising fit. *Children and Youth Services Review, 32*(4), 611-618.

Petterson, S., & Albers, A.B. (2001). Effects of Poverty and Maternal Depression on Early Child Development. *Child Development*. 72, 1794-1813.

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. triple P system population trial. *Prevention Science,10*(1), 1-12.

Reich, J. (2005). *Fixing families: Parents, power and the child welfare system*. New York: Routledge.

Ribner, D. S., & Knei-Paz, C. (2002). Client's view of a successful helping relationship. *Social Work, 47*(4), 379-387.

Runyan, D. K., Cox, C. E., Dubowitz, H., Newton, R. R., Upadhyaya, M., Kotch, J. B., et al. (2005). Describing maltreatment: do child protective service reports and research definitions agree? *Child Abuse Negl, 29*(5), 461-477.

Saint-Jacques, M.-C., Drapeau, S., Lessard, G., & Beaudoin, A. (2006). Parent Involvement Practices in Child Protection: A Matter of Know-How and Attitude. *Child & Adolescent Social Work Journal, 23*(2), 196-215.

Schumacher, J. A., Slep, A. M., & Heyman, R. E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior, 6*(2-3), 231-254.

Sedlak, A. J., & Broadhurst, D. D. (1996). *Executive Summary of the Third National Incidence Study of Child Abuse and Neglect*. Retrieved March 23, 2010.
    Available: http://www.calib.com/nccanch/pubs/statinfo/nis3.cfm

Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., et al. (2010). *Fourth National Incidence Study of Child Abuse and Neglect*. Retrieved January 2, 2012.
    Available: http://www.calib.com/nccanch/pubs/statinfo/nis4.cfm

Self-Brown, S., Frederick, K., Binder, S., Whitaker, D. J., Lutzker, J. R., Edwards, A., et al. (2011). Examining the need for cultural adaptations to an evidence-based parent training program targeting the prevention of child maltreatment. *Children and Youth Services Review, 33*(7), 1166-1172.

Shahar, G. (2001). Maternal personality and distress as predictors of child neglect. *Journal of Research in Personality, 35*(4), 537-545.

Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From Neurons to Neighborhoods*. Washington, D.C.: National Academy Press. Retrieved January 5, 2010.
    Available: http://www.nap.edu/openbook.php?isbn=0309069882#

Slack, K. S., Berger, L. M., DuMont, K., Yang, M.-Y., Kim, B., Erhard-Dietzel, S., et al. (2011). Risk and protective factors for child neglect during early childhood: A cross-study comparison. *Children and Youth Services Review, 33*(8), 1354-1363.

Stevens-Simon, C., Nelligan, D., & Kelly, L. (2001). Adolescents at risk for mistreating their children. Part II: A home- and clinic-based prevention program. *Child Abuse Negl, 25*(6), 753-769. Stewart, C., Mezzich, A. C., & Day, B.-S. (2006). Parental Psychopathology and Paternal Child Neglect in Late Childhood. *Journal of Child and Family Studies, 15*(5), 543-554.

Stokols, D. (1996). Translating Social Ecological Theory into Guidelines for Health Promotion. *American Journal of Health Promotion, 10*, 282-298.

Sykes, J. (2011). Negotiating stigma: Understanding mothers' responses to accusations of child neglect. *Children and Youth Services Review, 33*(3), 448-456.

Striefel, S., Robinson, M., & Truhn, P. (1998). Dealing with child abuse and neglect wihint a comprehensive Family-Support-Program. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 267-289). New York: Plenum Press.

Taban, N., & Lutzker, J. R. (2001). Consumer evaluation of an ecobehavioral program for prevention and intervention of child maltreatment. *Journal of Family Violence, 16*(3), 323-330.

Theodore, A., Chang, J. J., & Runyan, D. (2007). Measuring the risk of physical neglect in a population-based sample. *Child Maltreat, 12*(1), 96-105.

Trotter, C. (2002). Worker skill and client outcome in child protection. *Child Abuse Review, 11*(1), 388-350.

Tuttle, A. R., Knudson-Martin, C., Levin, S., Taylor, B., & Andrews, J. (2007). Parents' experiences in child protective services: Analysis of a dialogical group process. *Family Process, 46*(3), 367-380.

Ulin, P. R., Robinson, E.T., Tolley, E.E. . (2005). *Qualitative Methods in Pubic Health; A Field Guide forApplied Research*. San Francisco: Jossey Bass.

U.S. Census Bureau (2011). 2006-2010 American Community Survey. Retrieved February 3, 2011, Available: http://www.census.gov/acs

Bureau, U. S. C. (2011). 2006-2010 American Community Survey. Retrieved February 3, 2011, 2011

Wallerstein, N. (2006). Commentary:Challenges for the field in overcoming disparities through a CBPR approach. *Ethnicity & Disease, 16* (Winter).

Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I., & Weil, M. (2004). Increasing the Cultural Responsiveness of Family Group Conferencing. *Social Work, 49*(2), 291-300.

Wilson, S. L., Kuebli, J. E., & Hughes, H. M. (2005). Patterns of maternal behavior among neglectful families: Implications for research and intervention. *Child Abuse & Neglect, 29*(9), 985-1001.

Yampolskaya, S., & Banks, S. M. (2006). An assessment of the extent of child maltreatment using administrative databases. *Assessment, 13*(3), 342-355.

Yatchmenoff, D. K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*(2), 84-96.

Zolotor, A. J., & Runyan, D. K. (2006). Social capital, family violence, and neglect. *Pediatrics, 117*(6), 1124-1131.

Zuravin, S. J. (1999). Child neglect: A review of definitions and measurement research. . In H. Dubowitz (Ed.), *Neglected children: Research, practice and policy* (pp. 24-46). Thousand Oaks. CA: Sage.