

January 2013

Chronic Child Neglect

Chronic child neglect is one of the most daunting challenges to the well-being of children and families receiving child welfare services. The child welfare system is primarily geared to protect children who are in imminent danger or who experience egregious harm at the hands of their parents or caregivers (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). Chronic child neglect, however, which is less visible and often less sensational, is more pervasive and difficult to resolve.

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This bulletin for professionals discusses what we know about chronic neglect and then reviews ways to work with families experiencing chronic neglect, including critical elements of successful casework practice, examples of what agencies are doing, and ways agencies can integrate child welfare approaches to chronic neglect with prevention and early intervention efforts.

What Is Chronic Neglect?

While a universal definition of chronic neglect does not exist, there are several professionally agreed upon identifiers. Chronic neglect occurs when:

1. One or more needs basic to a child's healthy development are not met.
2. The neglect is perpetrated by a parent or caregiver.
3. The neglect happens on a recurring or enduring basis.

When these three identifiers result in cumulative harm or serious risk of harm to the child's safety, health, or well-being, a child can

be said to be chronically neglected. Using this framework, chronic child neglect can be defined as a parent or caregiver's ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs for healthy growth and development (Kaplan, Schene, DePanfilis, & Gilmore, 2009).

Chronic neglect differs from incident-based neglect in terms of duration, frequency (e.g., number of reports), duration of need for services, and referrals for multiple types of maltreatment.

For more information about incident-based neglect, read Information Gateway's *Acts of Omission: An Overview of Child Neglect* at <https://www.childwelfare.gov/pubs/focus/acts/index.cfm>.

There are many types of chronic neglect that may bring a family to the attention of a child welfare agency. The following table describes these types, as well as the associated parental behaviors.

Types of Neglect	Examples
Abandonment	Abandonment by parents/caregivers
Physical	<ul style="list-style-type: none"> • Inadequate nutrition • Inadequate or unsuitable seasonal clothing • Unreasonably unclean clothing • Inadequate hygiene • Exposure to chronically unhygienic, unsafe, chaotic or cluttered environment
Medical	<ul style="list-style-type: none"> • Delays in medical/health care • Parental/caregiver failure to seek health care • Parental/caregiver failure to seek therapy for developmental delay
Psychological/Emotional	<ul style="list-style-type: none"> • Deprivation of emotional nurturance • Emotional absence of parent/caregiver
Developmental	<ul style="list-style-type: none"> • Parental/caregiver failure to recognize developmental capacities/limits • Parent/caregiver failure to address developmental needs • Parent/caregiver failure to foster ordinary developmental milestones
Supervisory	<ul style="list-style-type: none"> • Being left alone for extended or prolonged periods given the child's age and capacities • Being left in a locked, closed vehicle • Parental/caregiver incapacitation
Guidance	<ul style="list-style-type: none"> • Exposure to antisocial/criminal behaviors by parents/caregivers • Exposure to illicit drug use by parents/caregivers • Parental/caregiver failure to prevent/discourage risk taking or criminal behavior
Educational	<ul style="list-style-type: none"> • Parental/caregiver failure to ensure school enrollment or other necessary educational institutions • Parent/caregiver failure to discourage frequent absenteeism

Source: The Australian Office for Children, Youth and Family Support: http://www.dhcs.act.gov.au/_data/assets/pdf_file/0008/165635/OCYFS_Neglect_Practice_Paper.pdf

Scope of the Problem

For more than a decade, State reports to the National Child Abuse and Neglect Data System (NCANDS), a Children's Bureau initiative, have shown that the great majority of maltreatment reports in the United States involve neglect rather than physical or sexual abuse. The most recent Child Maltreatment reports show that children who experienced neglect made up approximately three-quarters of children who were identified as maltreatment victims (U.S. Department of Health and Human Services [HHS], 2009, 2010, 2011). Additionally, cases involving neglect are more likely to recur than cases involving other maltreatment types (DePanfilis and Zuravin, 1999; Marshall & English, 1999; Fluke & Hollinshead, 2003) and recur more quickly than abuse cases (DePanfilis & Zuravin, 1999).

See the Appendix for a chart of statistics on cases of substantiated neglect in the United States from 2000 through 2010.

Characteristics of Families

Several parental stressors are associated with chronic neglect, including poverty, mental health issues, and substance abuse (Tanner & Turney, 2003; Wilson & Horner, 2003). Of all forms of maltreatment, neglect has the strongest relationship to poverty (Loman, 2006). This relationship is not causal but contributory—neglect is strongly

associated with measures of socioeconomic disadvantage, which include welfare dependence, homelessness, low levels of education, and single-parent families—as well as limited income. It is often difficult to distinguish when neglect is a direct effect of family poverty and when it arises from lack of concern, insufficient knowledge of parenting, poor financial planning, mental incapacity, addiction, parental disabilities and medical conditions, or other factors.

Families' lives at home are frequently characterized by a chaotic, unpredictable, and disorganized family life; low social cohesion and fewer positive interactions; fewer actual or perceived social supports and social isolation; a lack of life skills; limited nurturing; perceived or learned powerlessness; and exposure to violence and crime. The communities in which these families live are often typified by community poverty, high unemployment, inadequate housing, and high crime rates (Cahn & Nelson, 2009).

In addition, these families are often victims of intergenerational issues. If parents do not engage in developmentally appropriate activities to encourage their children's physical, mental, and academic growth and promote their safety and well-being, their children are less likely to learn how to do those things when they are parents.

Effects on Children

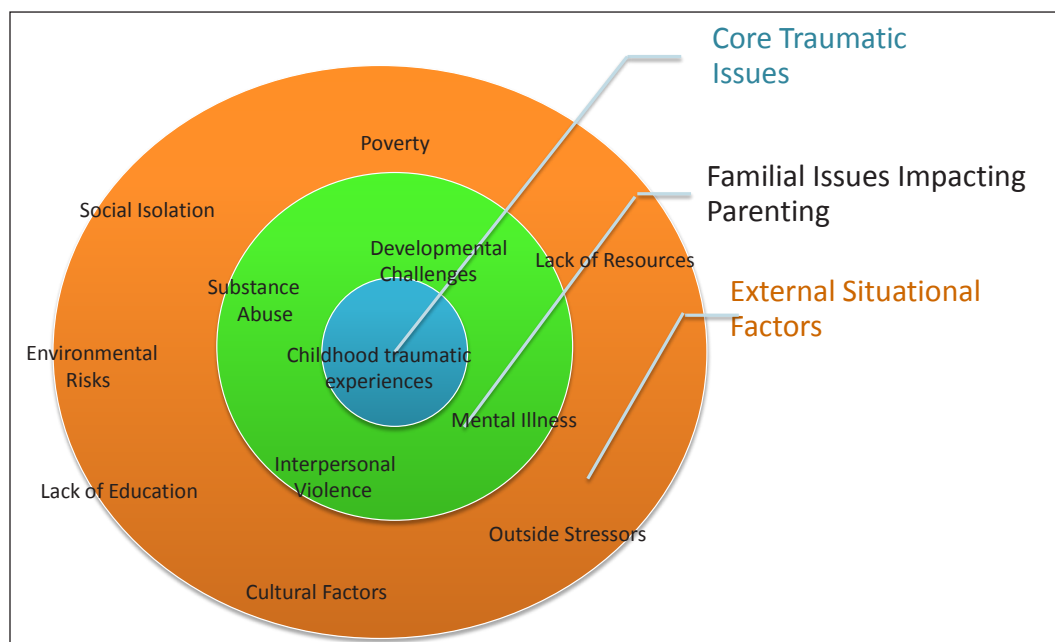
Neglected children, relative to children impacted by other types of maltreatment, experience more severe cognitive and academic deficits, social withdrawal, and internalizing behaviors (Hildyard & Wolfe, 2002). Although single incidences of physical and sexual abuse may sometimes appear to be more extreme than neglect, the effects of chronic neglect, if not addressed, can have a considerable impact on the long-term health and well-being of children and youth.

Child trauma expert Bruce Perry (2003) has indicated that the impact of child neglect is often similar to that of trauma. Permanent changes in the brain, including lack of neural connections and pathways may permanently limit the child's ability to develop normally.

Children who have been the subject of chronic neglect exhibit problems with attachment, cognitive development, emotional self-regulation, social self-confidence, social competence, perseverance in problem-solving, and empathy and social conscience. They may experience language delay, as well as conduct disorders. The younger the child and more prevalent the neglect, the greater the cumulative harm and more pernicious the consequences for the child (Perry, 2000, in American Humane Association, 2010). The unremitting daily impact of these experiences on the child can be profound and exponential, diminishing a child's sense of safety, stability, and well-being (American Humane Association, 2010).

Given that neglect often co-occurs with other types of maltreatment, isolating the impacts of neglect alone is challenging. More research is needed in this area (Corso, 2010).

Three Tiers of Chronic Neglect



This Ecological Framework illustrates how the accumulation of experiences and factors across three tiers—core traumatic issues, family issues, and external factors—contributes to chronic neglect. Adapted from an ecological framework used by the World Health Organization at <http://www.who.int/violenceprevention/approach/ecology/en/index.html> and Bronfenbrenner's Ecological Model of Human Development (1979).

Effects on Society

In assessing the impact of chronic neglect on society, studies show a significant economic toll as resources are disproportionately dedicated to chronic neglect families to increase supports and enhance their capacity to parent their children. One study found that the costs associated with families who chronically neglect their children are seven times greater than the costs associated with families not experiencing chronic neglect in the child welfare system (Loman & Siegel, 2004). Another study indicated that one-half of all child welfare expenditures are spent on chronic neglect cases, with one-fifth of all families responsible for one-half of the spending, averaging \$13,000 per year per family over a 5-year period (Lange & Ghazvini, 2007).

High-cost and long-term solutions can be considered if there are significant future benefits, especially cost-avoidance results. Cost-benefit and cost-effectiveness studies are essential to new programs aimed at chronic neglect families.

Practice Principles

While practice elements remain the same in many aspects of working with all families involved with child welfare, there are distinct aspects that require new or additional elements in order to effectively partner with and assist families impacted by chronic neglect.

An Ecological Framework

Using an ecological development framework that targets interventions at all the levels of the individual, family, community, and society is recommended. Principles for implementing these interventions and working with families to reduce risk of neglect include the following (DePanfilis, 2002):

- Provide attention to basic, emergency, and concrete needs.
- Support families in identifying and meeting children's basic needs.
- Practice community outreach.
- Assess families to tailor interventions.
- Form helping alliances with families.
- Empower families and use strengths-based approaches.
- Address readiness to change.
- Embrace cultural competence.
- Use outcome-driven service plans.

Chronic Neglect Casework

The multiple needs of families impacted by chronic neglect suggest that caseworkers must have access to the necessary resources, a flexible work environment, and the authority to make decisions in response to changing circumstances and needs (Kaplan et al., 2009). The following sections describe how chronic neglect may be addressed in casework.

It is important to recognize and remember that the accumulation of harm experienced by

families requires resolute and reliable practice. An emphasis on positive attitudes and positive qualities of helpers are imperative with this population of families.

Intake

In screening maltreatment reports, workers can, with the support of tools and protocols, determine whether the case is “chronic.” Indicators of chronicity can be straightforward, such as a specific number of reports in a given period of time. Other indicators are a family’s history of need around cumulative harm rather than immediate safety issues and/or a pattern of involvement with the agency that is seldom acute. While the complexities of a case can be revealed through family engagement and assessment, it is reasonable to begin with a simplified discernment, such as the number of reports in a given time period.

Engagement

Engagement with the family increases the caseworker’s ability to influence factors affecting safety. The quality of the relationship between the parents and the worker is the most powerful factor in change. Engaging families who have minimal energy and interest requires exceptional skills, patience, and staying power (Thompson & Lockwood, 2008).

In order to successfully engage the family, a caseworker must demonstrate to the family that he or she:

- Trusts the family and can be trusted
- Possesses a belief that the family is more than the problem that brought them into the system
- Understands family needs from the family’s point of view

- Understands the effort it takes for a family to change
- Has a sincere interest in supporting change

Assessment

In order to fully understand the safety and risk factors associated with chronic neglect, a comprehensive, individualized assessment must be conducted to identify family members’ unique strengths, needs, and relevant targeted services (Johnson, 2009). Approaches to neglect need to move away from incidence-based intervention and assessment and toward assessment of cumulative harm, with intervention and support aimed at the long-term.

In order to make that determination, the initial assessment considers (1) family history and cumulative harm, not just immediate safety, and (2) the pattern of prior referrals. Assessment and actions need to address the parents’ underlying issues. Analysis should focus on examining how the children’s basic needs are met and on identifying situations that may indicate repeated or a variety of omissions in care that result in harm to the children (DePanfilis, 2006). Assessing the detailed circumstances and behaviors within the widest possible context will help ensure a successful intervention plan (Jones & Gupta, 2003). It is important to solicit the parents’ perspectives on what presents challenges and impedes their success as well as what increases their capacity and opportunities to respond to their child’s needs effectively.

Case Planning and Intervention

Partnering with families to develop the case plan can benefit both families and caseworkers. Parents feel that their voice

is heard as they weigh in on the family's strengths and needs; workers share responsibility for devising a plan that is tailored to meet the unique circumstances of the family. Information Gateway's (2012) *Engaging Families in Case Planning* (https://www.childwelfare.gov/pubs/engaging_families.cfm) describes ways to promote skillful engagement and provides examples of successful family engagement using such techniques as family group decision making, family partnership meetings, and solution-based casework.

Timing is critical with intervention. It is important to provide families with help before situational and sporadic neglect becomes chronic and before chronic neglect is combined with physical abuse or sexual abuse (Wilson, 2010). In addition, given the critical early development of brain physiology before age 3 (Perry, 2003), there is a need to explore preventive interventions that can reduce the consequent development deficits and break the intergenerational cycle.

Common practices used in effective interventions include the following (American Humane Association, 2010):

- Meeting concrete (survival) needs first
- Building a trusting relationship with the whole family through maximum involvement of family members and informal networks
- Making more frequent/intensive visits over a longer time
- Tailoring interventions to the family to help them achieve individualized goals
- Building life skills and problem-solving skills around time, money, and family

planning via goals that are small, specific, measurable, achievable, and related to outcomes

- Helping the family build or strengthen their support network
- Promoting self-care and teaming
- Planning for a longer-term intervention (greater than 1 year)
- Using interventions with an ecological approach that considers the family's multiple systems (community, school, extended family, etc.)
- Using interventions that have a strong focus on skill building (communication, problem-solving, parenting, interpersonal relationships)
- Connecting families with informal networks in their communities

In order to be effective, these essential components require infrastructure support such as small caseloads for specialized chronic neglect workers or units, competent communication and leadership practices, and solution-focused supervisors with clinical expertise in identifying and responding to the vicarious trauma of workers (American Humane Association, 2010).

FEDERAL FUNDING TO ADDRESS NEGLECT

In 1996 and 1997, the Children's Bureau funded demonstration projects to address the prevention, intervention, and treatment needs of neglected children and their families. One project focused specifically on chronic neglect. The Family Network Project, in Buffalo, NY, was run by a partnership between the local Parents Anonymous organization and the Erie County Department of Social Services and offered the following services to chronic neglect families: 24-hour crisis intervention and support counseling, family-focused assessments, home-based support, concrete services, and parent education and support groups. Based on data from 92 families, the project exceeded its goals, which included safe housing, mastery of daily living skills, appropriate child discipline, health care, and mental health care. Families who were assigned one caseworker for their entire service term recorded greater improvements in all domains than families with multiple caseworkers. Three-fourths of the families sustained their improvements 6 months after termination of services. Changes were more substantial for families that stayed in the program for at least 3 months.

Read the project's final report here:
http://library.childwelfare.gov/cbgrants/ws/library/docs/cb_grants/Record?w=NA%28%27PDT+%3D+%27%27Grantee+Final+Reports%27%27+AND+YEAR+%3D+2002%3A2002+%27%29&upp=0&rp=p=25&order=native%28%27year%2FDescend%27%29&r=1&m=9

Case Closure and Beyond

Chronic neglect cases require specialized caseworker skills due to the intensity and duration of the practitioner's involvement in the family's life and the significance of particular steps/actions. A plan should be in place that addresses what the family can do if they begin to find themselves slipping into their former circumstances. At a minimum, these plans will provide family members with ways to access and receive ongoing family or community support as well as needed services and assistance. For families needing ongoing assistance, the caseworker should ensure that a warm handoff to community services has occurred.

It is good practice to anticipate and prepare for a family crisis as case closure nears, since the experience of ending the relationship may be different for different family members. It is also important for the caseworker to get the family's consent to allow visits after case closure. Visits at 3 and 6 months may serve as "boosters" that also allow for status updates and some assistance if needed.

Competencies and Training

Competencies and responsibilities of supervisors and workers who specialize in chronic neglect are somewhat distinct from the core child protection competencies. The following sections review those competencies and then discuss the types of training that can promote those competencies.

Competencies and Responsibilities of Caseworkers Who Specialize in Chronic Neglect

Caseworkers need specialized knowledge and experience with this population of families in order to be effective. Characteristics and skills should include:

- Exceptional engagement skills, patience, and staying power
- Ability to assess and identify child developmental needs
- Understanding of the distinction between immediate harm and cumulative harm
- Understanding of the concept of low impact/high frequency events compared to high impact/low frequency events
- Ability and willingness to enlist not only formal support networks but also informal networks such as family supports, relatives, neighbors, churches, and other nonprofessionals
- Knowledge of protective factors that families can build and strategies for helping them build these protective factors
- Ability to instill hope, which is a key to intervention and change, in particular to counteract the pervasive impacts of despair and demoralization
- Awareness of the signs and symptoms of secondary trauma and strategies to address it

More information on the protective factors is available in Child Welfare Information Gateway's *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide*: <https://www.childwelfare.gov/preventing/preventionmonth/guide2013/>

Competencies/Responsibilities of Supervisors Who Specialize in Chronic Neglect

Supervisors will be able to coach their caseworkers for both competence and confidence by building caseworker knowledge, skills, and abilities needed to implement family-centered, strengths-based casework with fidelity. This building of competence and confidence occurs through:

- Partnering and relationship-building
- Skillful use of questions
- Listening
- Observing
- Providing constructive feedback

In addition to these five skills, many supervisors will require additional training to optimize their work with the chronic neglect worker. Supervisors should be able to provide support (vs. require compliance of the worker), use clinical expertise, assist in solving problems and making decisions, serve as mentors, monitor workers for secondary trauma, and encourage self-care strategies and behaviors. Much like the flexibility required of workers who work with families impacted by chronic neglect, the flexibility of supervisors can, among other things, encourage creative thinking and solutions within the legal framework in which this work is performed.

Specialized Training

Specialized training is essential to optimizing the performance of both workers and supervisors working on chronic neglect cases. Such training should provide workers and

their supervisors with an understanding of the characteristics of families that are chronically involved with the child welfare system, the patterns of maltreatment associated with this repeated involvement, and the areas in which these families often need services and supports. Examples include the following:

- Enhanced training on **family engagement** is necessary, with a focus on involving families and their informal supports as “experts” on their own family’s strengths and needs.
- Caseworkers must be skilled in understanding what families are **communicating**. If caseworkers better understand the families’ needs by effectively listening to them, there is a greater likelihood of success through developing a supportive relationship and tailoring services to meet individual needs.
- Training should also include **comprehensive family assessment** as opposed to a more limited focus on the specific allegations contained in a single report of maltreatment (Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy [CSSP], 2006).
- To better serve children who repeatedly experience child maltreatment, all direct service providers should have access to and receive ongoing training to develop an in-depth understanding of **child development** and current research on early brain development.
- To prevent recurrences of neglect and to help families become stronger, all workers should be trained in the Strengthening Families Protective Factors framework and the strategies that can help families

build protective factors (<http://www.cssp.org/reform/strengthening-families>). More information on protective factors is available in Information Gateway’s annual resource guide on prevention at <https://www.childwelfare.gov/preventing>, and a free online training on a strengths-based approach to helping families build protective factors is available from the National Alliance of Children’s Trust and Prevention Funds at <http://learner.ctfalliance.org/login/index.php>.

- To help adult family members understand their own trauma and the importance of protecting their children from trauma, all workers would benefit from training on the Adverse Childhood Experiences (ACES) research, conducted by the Centers for Disease Control and Prevention (<http://www.cdc.gov/ace/>).

There must be an organizational commitment to collaborate with other child- and family-serving systems and community-based organizations so that caseworkers and supervisors can develop strong working relationships with community service providers. Cross-training child welfare, mental health, substance abuse, and domestic violence service providers can build workers’ internal capacity to identify, assess, refer, and intervene, as appropriate, in response to a chronic neglect family’s multiple needs. For example, an effective partnership and cross-training between early childhood education providers and child welfare workers is essential to the well-being of chronically neglected young children (CSSP, 2006).

Other programs such as [Circle of Parents](#) and [Parents Anonymous](#) show promise in providing peer support to parents by

matching them with other parents who have previous experience with child welfare and have successfully resolved their own family issues. These experienced and trained parents (Parent Leaders) serve as mentors, providing support, guidance, and hope to parents struggling to meet their children's needs. The California Evidence-Based Clearinghouse for Child Welfare identifies several Parent Partner programs: <http://www.cebc4cw.org/topic/parent-partner-programs-for-families-involved-in-the-child-welfare-system>.

Implications for Child Welfare Organizations

Child welfare agencies may need to restructure and rethink their organization and policies to better meet the needs of families experiencing chronic neglect. Steib and Blome (2009) recommend specific changes that agencies can make, including:

- Moving away from the idea of quick fixes and toward plans for long-term interventions to address chronic neglect
- Fostering leadership that supports and promotes family engagement approaches
- Reorganizing so that staff work in teams to ensure continuity with families when there is worker turnover
- Allowing specialized chronic neglect units to hire workers with masters degrees and to maintain a manageable workload
- Relying on methodologically sound evaluation and outcome data instead of anecdotal indicators

- Permitting services to be long-term when needed
- Using cost-benefit research to determine the cost of not providing needed benefits and services to children experiencing chronic neglect

Public agencies need to focus on prevention and early intervention and on developing partnerships with other community and informal support systems to promote effective prevention strategies for chronic neglect. The only way to address chronicity is to interrupt the cycle before it begins (Kaplan et al., 2009). Child welfare research and practice have evolved so that there is also a general recognition of the need for multiple, differential responses to child maltreatment. Short-term interventions have little impact on families chronically involved with the child welfare system, and thus using them in this way can be a waste of already-limited resources. Public child welfare agencies need to identify ways and resources to train the workforce on chronic neglect as well as the co-occurring issues that burden the lives of these families.

A Framework for Addressing Chronicity

The Center for the Study of Social Policy (2006), in a report on chronic abuse and neglect, lists seven areas of action as a framework for agencies to increase understanding of and strengthen responses to the needs of this population:

1. Develop a better understanding of the phenomenon of "repeated involvement" or "chronicity."

2. Assess whether change is needed in management, staffing, and training in the agency and in the court.
3. Assess the current array of services and supports for families with chronic involvement.
4. Determine ways to listen to parents when developing a plan to address the family's needs.
5. Assess how well the needs of children and youth are being met.
6. Assess the level of involvement with community-based efforts that focus on economic development of neighborhoods, community revitalization, employment training and preparation, and affordable and safe housing.
7. Improve the level of collaboration with other child and family-serving agencies.

Integrating Approaches Along the Child Welfare Continuum

Two child welfare approaches—differential response and prevention—have particular relevance for addressing chronicity.

Differential response systems may be the most promising framework for treatment of neglect and chronic neglect. Greater breadth and depth are encouraged in conducting family assessments in differential response systems; thus, workers are better able to detect safety and risk factors (Johnson, 2009). Agencies may set up a chronic neglect pathway that can identify families that repeatedly come to the attention of the child welfare agency (Johnson, 2009).

When the third referral is received by the hotline (or another number as designated by agency policy or protocol), the family receives specialized response and intervention. Having a dedicated chronic neglect pathway allows for targeted screening and case assignment to workers with specialized knowledge of and expertise in working this population. It provides an opportunity for the agency to assign a family to a worker who is familiar with them, and conversely, offers families an option to work with someone they already know (Johnson, 2009). With easy access to case history at the second and third report, child protective services may respond by offering voluntary, concrete services to the family and assist in building support systems (Gilmore, 2009). Concrete Support and Social Connections are just two of the [known protective factors](#).

For more information about differential response, visit the Children's Bureau's National Quality Improvement Center on Differential Response in Child Protective Services at <http://www.differentialresponseqic.org>.

Many **prevention services** (e.g., respite, family support, home visiting, etc.) are effective at different points of families' involvement with the child welfare system and may keep families from becoming chronically involved. Unsubstantiated cases of maltreatment often signal significant need of services. One option for agencies is to mandate that a second report of maltreatment triggers an enhanced assessment and case management plan to ensure needed services are accessed, regardless of immediate risk of harm (Jonson-Reid, 2012).

Some of the most promising prevention initiatives nationwide are types of community

empowerment, including the investment in early childhood education (Wilson, 2010). In times of economic hardship, community agencies, churches, and neighborhoods can join together to support child development in poor families (Wilson, 2010). Community programs that sustain morale under these conditions will:

- Provide concrete emergency assistance to families on the verge of destitution
- Offer ongoing emotional support, especially to single-parent families
- Involve families in creating a better future for their children
- Make sustained investments in poor children's intellectual and social development (Wilson, 2010)

Examples of Promising Interventions and Evidence-Informed Programs

As more innovative programs are tested and more research is carried out, both researchers and practitioners are learning more about what works in addressing chronic neglect. The following are two examples of programs focused on chronic neglect.

Minnesota and the Family Asset Builder

In 2009, Casey Family Programs and the American Humane Association partnered to develop a new intervention model for cases of

chronic child neglect. The model, called the Family Asset Builder (FAB), was implemented in two Minnesota counties in February 2011. It is a strengths-based, solution-focused approach that calls for chronic neglect workers with reduced caseloads to partner with and more fully engage families through frequent and consistent contact over an 18-month period. Preliminary results suggest that the model has enabled workers to establish better working relationships with families and focus more productively on manageable goals. It also has given workers a sense of accomplishment regarding the program's positive impact on families.

For more information, visit the Casey website: <http://www.casey.org/Resources/Initiatives/FamilyAssetBuilder/default.htm>

Missouri and the Chronic Neglect Worker

In response to the highly publicized 1995 death of an infant due to chronic neglect, as well as part of a larger reform effort, the St. Louis, MO, child welfare system revamped its practice by making the following changes:

- Changing removal criteria to focus on accumulation of harm
- Providing training and new processes focused on assessment
- Revamping the criteria for case closure in cases of chronic neglect
- Developing a protocol for coordination between agencies
- Reducing caseloads (Johnson, 2009)

A chronic neglect worker position was created, and this specialist was responsible for identifying and working with families impacted

by chronic neglect. Other innovations included hiring a chronic neglect family support worker from the neighborhood, integrating social work students in meaningful functions, using family team meetings and a family relationships map, and providing specialized training for workers.

For more information, read Frances Johnson's (2009) "Chronic Neglect Practice With St. Louis Families," *Protecting Children*, Vol. 24, at <http://www.americanhumane.org/assets/pdfs/children/pc-pc-chronic-neglect-st-louis.pdf>.

In addition, Missouri's *Child Welfare Manual* includes a chapter on chronic neglect and recommended practice: http://www.dss.mo.gov/cd/info/cwmanual/section7/ch1_33/sec7ch10.htm.

Conclusion: The Importance of Hope

Hope is the linchpin to intervention and the motivation to change, in particular, to counteract the omnipresent impacts of despair and demoralization. Hope aims to raise expectations of a better future and increase the possibility of its attainment (Kaplan, et al., 2009). Families that have hope are able to look ahead and envision a time when their problems are under control and their children are happy and healthy. Workers who can maintain a positive, forward-thinking attitude and who can radiate that optimism have a greater chance of igniting hope in families who may have had little reason to be hopeful in the past.

EVIDENCE-INFORMED PROGRAMS

The following list provides links to programs that focus on prevention or intervention to help families with chronic neglect. Each of these programs has some level of empirical support for their effectiveness; program activities have been found, based on an objective standard, to lead to intended goals.

- [Circle of Security](#)
- [Family Connections](#)
- [Healthy Start](#)
- [Healthy Families](#)
- [Helping Families Prevent Child Neglect](#)
- [Nurse Family Partnership](#)
- [Families and Centers Empowered Together \(FACET\)](#)
- [Nurturing Parents Program](#)
- [Project Healthy Grandparents](#)
- [Project Safe Care](#)
- [Project Twelve Ways](#)
- [Strengthening Families Program](#)
- [Therapeutic Child Care](#)

“A touch of hope, a trustworthy attachment, growing self-esteem and a sense of being in control make the unbearable somewhat less so.” (Krugman, 1987, in Kaplan, et al., 2009)

“By hypothesis, any factor or set of factors that influence the hopes of poor parents that they may one day have a better life, affects their morale, which, in turn, affects their parenting practices.” (Wilson & Horner, 2005, in Kaplan, et al., 2009)

“Goals regarding intervention should be founded on building hope, self-esteem and self-sufficiency for both the parents and the children.” (Gaudin, 1993, in Kaplan, et al., 2009)

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Acknowledgment:

This bulletin was developed by Child Welfare Information Gateway in partnership with Caren Kaplan, M.S.W. This document is made possible by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.

Suggested Citation:

Child Welfare Information Gateway. (2013). *Chronic child neglect*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

Appendix

National Statistics on the Number and Percentages of Child Neglect Cases

Year ¹	Number of Children With Substantiated Reports of Child Maltreatment ²	Number (percent) Who Were Victims of Neglect
2000	862,455	515,792 (59.8)
2001	903,089	516,635 (57.2)
2002	895,569	523,704 (58.5)
2003	787,156	479,567 (60.9)
2004	872,088	544,050 (62.4)
2005	899,454 ³	564,765 (62.8)
2006	885,245	567,787 (64.1)
2007	740,517	436,944 (59.0)
2008	758,289	539,322 (71.1)
2009 ⁴	693,174	543,035 (78.3)
2010	688,251	538,557 (78.3)

Numbers are taken from Federal *Child Maltreatment Reports* (<https://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>) and are based on tables at the end of Chapter 3 presenting case-level data for type of maltreatment.

¹ States include District of Columbia and Puerto Rico. Not all States reported case-level data every year. The reports used aggregate data when case-level data were not available.

² Victims of neglect may have also experienced other types of maltreatment, including medical neglect. Medical neglect is not included in this number.

³ Increase in total number of victims in 2005 is largely attributed to the inclusion of case-level data from Alaska and Puerto Rico, which had not been included in 2004.

⁴ Beginning in 2009, *Child Maltreatment* reports broke down the numbers by unique vs. duplicate count victims. The duplicate count of child victims counts a child each time he or she was found to be a victim. The unique count of child victims counts a child only once regardless of the number of times he or she was found to be victim during the reporting year. These numbers refer to unique victims.



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