



Understanding and responding to chronic neglect: A mixed methods case record examination



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ABSTRACT

Neglect is the most prevalent form of maltreatment, and thus comprises the bulk of cases for Child Protective Service (CPS) agencies, yet it remains under-studied. Cases in which children experience repeated or “chronic” neglect are particularly concerning. A growing body of research indicates that the effects of chronic neglect create a harmful accumulation of problems for child well-being, including detrimental impact on early brain development, emotional regulation, and cognitive development. The aim of this retrospective case record review study was to examine risk and protective factors of chronic neglect and relevant CPS agency responses and practices. Results demonstrated that families experiencing chronic neglect had multiple significant stressors (four or more stressors for all families in this study), such as domestic violence, poverty, children with behavioral problems, and/or substance abuse, indicating chaotic and toxic living environments. Key implications are outlined for strengthening CPS response to cases of chronic neglect, including the need for comprehensive assessment of families, more effective and consistent use of standardized risk assessment tools, and better recognition of past patterns of neglect to mitigate the risk of accumulation of harm.

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1. Introduction

The vast majority of cases of child maltreatment in the United States are reported by child neglect (U.S. Department of Health and Human Services, 2015). Neglect has consistently been the most prevalent form of maltreatment, and the prevalence has only grown. In 1995, the U.S. Department of Health of Human Services data indicate that 52% of all cases reported to Child Protective Services (CPS) were for neglect, while more recent data indicate that 78% of reports are for neglect (U.S. Department of Health and Human Services, 1995, 2015). These families thus comprise the bulk of the cases for all CPS agencies.

Although child neglect is the most prevalent form of maltreatment, it remains poorly understood. Child welfare scholars have suggested for decades that more research and evidence-informed interventions are needed to address child neglect, beginning with Wolock and Horowitz's (1984) seminal piece that described the ongoing “neglect of neglect.” Since that time, some research has been conducted on the potential risks and impact of neglect. Several studies have found that children who experience neglect are also more likely to experience repeat maltreatment (Loman, 2006). Repeated cases of neglect, in which children experience repeated or “chronic” neglect, are particularly

concerning. The current study adds to this much-needed body of research by examining the risks and indicators of chronic neglect, as well as an in-depth examination of specific CPS agency practices and policies in identifying and addressing chronic child neglect.

2. Background and significance

2.1. Definition of chronic neglect

There is no universal or federal definition of child neglect, as each state defines neglect within their statutes. However, definitions often include situations in which a caregiver is not providing adequate care to meet the developmental needs of the child across multiple domains, such as physical needs (adequate food, clothing, shelter), supervisory needs (being properly supervised given child's age), medical needs (timely access to needed medical care), emotional needs (available nurturance), or educational needs (enrollment and attendance at school) (Child Welfare Information Gateway, 2013). Chronic neglect also is not clearly defined, but it refers to multiple and repeated incidents of child neglect over time. Families experiencing chronic neglect are often facing multiple and complex issues, and children in these families may experience not just neglect but incidents of child physical or sexual abuse (Loman, 2006). Chronic neglect is generally experienced by children across multiple developmental stages (Graham et al., 2010).

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2.2. Risk factors

Research indicates unique risk factors for families who experience neglect compared to physical abuse, such as poverty, lack of social networks, single motherhood, and parenting at a younger age (i.e., under the age of 30) (Gaudin, Polansky, Kilpatrick, & Shilton, 1996). Two factors in particular, poverty and substance abuse, are consistently linked to child neglect in the empirical literature, along with other factors that affect parental stress. The most recent National Incidence Study indicated that families in extreme poverty (with incomes below \$15,000) are 7 times more likely to experience child neglect (Sedlak et al., 2010). A review of studies on child maltreatment also found that children from lower income families were more likely to experience neglect compared with children from higher income families (Slack, Holl, McDaniel, Yoo, & Bolger, 2004); and family poverty was also the strongest predictor of re-referral of child maltreatment (Connell, Bergeron, Katz, Saunders, & Tebes, 2007).

Parental substance abuse is a factor for the majority of families involved in the child welfare systems, with studies indicating 50% to 80% of all families are impacted (Child Welfare League of America, 2010). Data showed that children whose parents abuse drugs or alcohol are four times more likely to be neglected compared to families without parental substance abuse (Kelleher, Chaffin, Hollenberg, & Fischer, 1994). Other research found that, in addition to substance abuse, the other most common issues facing mothers who neglected were social isolation and mental illness (Berry, Charlson, & Dawson, 2003).

Past research also links specific familial stressors to chronic neglect, such as extreme poverty, parental mental health concerns, lack of social support, lack of parenting knowledge, and domestic violence (DePanfilis & Zuravin, 2002; Wilson & Horner, 2005). Additional studies found that child disability increased risk of multiple reports to CPS, as well as families having three or more children (Fluke, Shusterman, Hollinshead, & Yuan, 2008; Nelson, Saunders & Landsman, 1993). Chronic neglect cases are often characterized by chaotic or unpredictable environments and may have more frequent allegations of lack of supervision, inadequate hygiene, and educational neglect (Human Systems and Outcomes, 2006; Loman, 2006).

2.3. Impact of chronic neglect

A growing body of research indicates that the effects of chronic neglect create a harmful accumulation of problems for child and family well-being, including children's mental health and socio-emotional wellbeing (English, 1999). Chronic neglect may link to trauma symptoms that can impact early brain development and negatively impact later affect and emotional regulation and cognitive development (Perry & Pollard, 1998; Shipman, Edwards, Brown, Swisher, & Jennings, 2005; van der Kolk, 2003). For example, one study found that neglected children had lower emotional understanding and emotion regulation skills compared to children who were not neglected (Shipman et al., 2005). Other studies found that children who had been neglected fared worse on cognitive development tests compared to children who had been both neglected and abused (O'Hara et al., 2015; Slack et al., 2004). Additionally, children who had been neglected had limited peer interactions and increased internalizing problems compared to children who had been abused, suggesting that the cumulative harm for children who experience neglect may be more detrimental than other forms of maltreatment (Slack et al., 2004). As children's needs increase, the stressors on the parents and family may increase as well.

In addition to its impact on child and family well-being, chronic neglect remains a significant concern to child welfare agencies. Child welfare resources are limited, and these limited resources may be disproportionately allocated to cases of chronic maltreatment, including chronic neglect. Researchers in one study found that even though chronic neglect cases comprised less than 20% of all open cases, they

accounted for almost half of Child Protective Services costs (Loman, 2006). Overall, however, initial cases of neglect often receive less support and families receive fewer services than other types of maltreatment (Fluke & Hollinshead, 2003; Loman, 2006). One evaluation found that families experience chronic neglect, in part, because services do not adequately address the underlying causes of the neglect, as demonstrated by the frequency with which cases are closed and then later re-opened (Loman, 2006). Another study found that child protection workers respond to allegations of neglect less intensively by ascribing lower level of risk and providing fewer services in response to neglect compared to allegations of physical abuse or sexual abuse (Stokes & Taylor, 2014), suggesting that neglect does not get the attention it merits from practitioners.

2.4. Child welfare responses to chronic neglect

The research on neglect and chronic neglect clearly indicates both short- and long-term impacts on children's cognitive development, social and emotional regulation skills, and mental health outcomes (Slack et al., 2004; Bolger & Patterson, 2001; Hildyard & Wolfe, 2002). Even though neglect is the most common type of child maltreatment, little research has examined specific practices and intervention strategies used by child welfare agencies in cases of chronic neglect. However, there are a few promising models in addressing child neglect including Family Connections (DePanfilis, 2006); the Safe Care model (Gardner, Hodson, Churchill, & Cotmore, 2014), and Family Asset Builder (Corwin et al., 2014). Additionally, national child welfare organizations, such as the American Humane Association (2010) and Child Welfare Information Gateway (2013), have provided guidelines that outline potentially promising practices to meet the multiple needs of families experiencing chronic neglect. These guidelines include the need for more intensive services, support for families to meet basic needs, and providing in-home services or wraparound services for longer periods of time, such as 12 months or longer. Although these practice guidelines are helpful, more research is needed to build understanding and scholarly evidence around child welfare responses to cases of chronic neglect.

2.5. The present study

This present study included a mixed methods approach to conduct an in-depth examination of cases of chronic neglect within CPS. The aims of the current study were as follows: 1) to determine the characteristics of families experiencing chronic neglect, including parent- and child- related indicators; and 2) to examine specific CPS strategies and responses to chronic neglect, including comprehensive assessment strategies, risk and safety assessments, case documentation, and service referrals and follow-up. This is among the first detailed examinations in the literature of the phenomenon of chronic neglect and the system response.

3. Methods

3.1. Sample

This retrospective case record review study examined administrative child welfare records from one urban, diverse county in the Northeast region of the United States. The sample consisted of CPS cases of families that had experienced "chronic neglect," which was defined as families with five or more screened-in reports of child maltreatment with each report including at least one allegation of neglect. The minimum of five reports was decided by local officials as the cut-off for chronic neglect given the long study time frame, intended to be representative of the families they felt were most frequently reported for suspected maltreatment. Although there is not an agreed upon cut-off point for defining chronic neglect in the field of child welfare, the approach used in this study is congruent with previous studies that define

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