



Child Neglect II: Prevention and Intervention

Anne Blumenthal
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Child neglect is one of the most recognizable, enduring, and prevalent forms of child maltreatment. Child Neglect I, examined the definition of, assessment of, etiology (causes) of, and sequelae (effects) of, and factors associated with child neglect. This information sheet, Child Neglect II, reviews¹ interventions aimed at preventing neglect occurrence, recurrence, or associated impairment.²

As shown in the conceptual model of interventions presented in Figure 1, interventions at each level have the potential to reduce the long-term impacts associated with child neglect. Interventions to prevent the occurrence of neglect and its associated subtypes (physical, emotional, medical, and educational) can be universally administered to populations, or targeted to at-risk families. Non-child protective service programs that target identified cases of neglect focus on preventing neglect recurrence. Interventions that treat impairments in child functioning associated with neglect occurrence and/or recurrence, are typically targeted to children and families with identified concerns around neglect.

Interventions to Prevent Neglect Occurrence

Home visitation programs

Home visitation programs geared to prevent the occurrence and recurrence of child maltreatment have become more widely implemented in the past 30 years. However, home visitation program elements vary significantly, and many of the positive impacts reported from home visiting programs have not been sustained over time or replicable in different settings. Home visiting programs consistently identified in the literature with moderate-to-strong and replicable reductions in child maltreatment outcomes for at-risk families are: the Nurse-Family Partnership and Early Start (Avellar, Paulsell, Sama-Miller, & Del Grosso, 2014; Fergusson, Boden, & Horwood, 2013; MacMillan et al., 1997; Olds et al., 2013; Reynolds, Temple, Robertson, & Mann, 2001; The California Evidence-Based Clearinghouse for Child Welfare, n.d.).

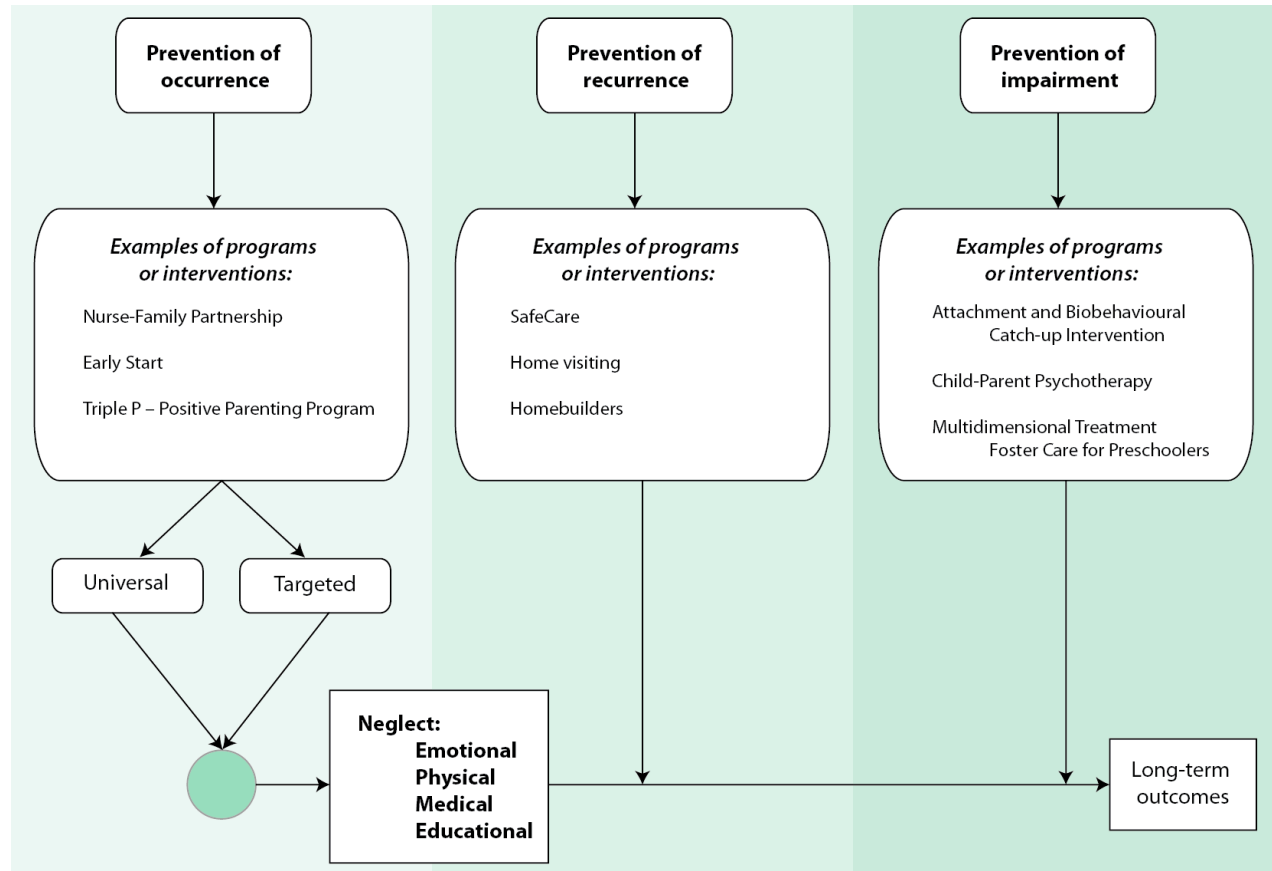
Nurse-Family Partnership (NFP)

The Nurse-Family Partnership's (NFP), efficacy has been examined in over 130 studies (US Department of Health & Human Services, 2013a). The program model includes home visiting by

registered nurses to at-risk low-income first time expectant mothers until the child is two years of age. The goals of NFP are to: improve pregnancy outcomes through health promotion, support mothers' aspirations and parenting in a strength-based way, and improve the material well-being of the household when applicable/achievable (Olds et al., 2013; Olds, Henderson, Chamberlin, & Tatelbaum, 1986).

Figure 1.

Conceptual model of interventions to prevent neglect occurrence, recurrence, or subsequent impairment ^



^ Adapted from: MacMillan et al. (2009)

In randomized control trials (RCTs), children in the NFP treatment group had a 56% relative reduction in child emergency department visits, as well as a statistically significant relative reduction in child maltreatment reports (Olds et al., 1997). RCTs have also shown that NFP has an enduring impact on families and children, with positive and significant impacts (e.g. lower rates of criminality among adolescents once enrolled in the program) observed nearly twenty years post-intervention (Eckenrode et al., 2010). In 2012 it was reported that a pilot NFP project had recently completed in Hamilton, Ontario, and that a randomized control trial was underway in British Columbia (Jack et al., 2012).

Early Start

Developed in the mid-1990s by researchers in New Zealand, Early Start specifically targets families facing stress and difficulty (Fergusson, Grant, Horwood, & Ridder, 2006). Unlike NFP, the Early Start program does not target expectant mothers. Families enrolled in the program receive services in-home from a family support worker (a nurse or social worker who has undergone a five-week training) for approximately two years. Family support workers assess and engage in collaborative problem solving while mobilizing the family's strengths (Fergusson, Grant, Horwood, & Ridder, 2005; Fergusson et al., 2006). Families enrolled in Early Start were found to have significantly lower child injury rates than those who did not (17.5% vs. 26.5%, $p < .05$; Fergusson et al., 2005). In a nine-year follow-up study, the positive effects of the program were found to have persisted compared to a non-enrolled control group, including: less harsh parenting practices, higher parenting competence, and fewer hospital visits for child injuries (Fergusson et al., 2013).

Triple P

Some researchers posit that the cause of child neglect is poor parenting and “that improved parenting is the cornerstone of child maltreatment treatment and prevention” (Sanders & Pickering, 2014, p. 105). Building from this assertion, Triple P (Positive Parenting Program) aims to improve parenting behaviours through multi-level positive messaging and training (MacMillan et al., 2009; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009; Sanders, 1999; Sanders & Pickering, 2014). The program's goals are to increase parental competence and decrease dysfunctional parenting behaviours. Originally developed in Australia, Triple P aims to ensure that *all* parents have the benefit of parenting help through evidence-based programs administered as a public health intervention (Prinz et al., 2009).

As a five-level intervention program, Triple P begins with a media messaging campaign regarding positive parenting at the population level. After the first level, parents are encouraged to seek out the Triple P resources, which are widely available and integrated (Triple P Program, n.d.-b). Level two of Triple P focuses on brief parenting advice and is composed of two delivery methods: (1) brief one-on-one consultations from a trained practitioner who regularly provides support to parents and children; and (2) parenting seminars delivered to large groups of parents. Level three narrows the focus to skills training through focused counselling for parents with children who have mild/moderate behavioural problems (MacMillan et al., 2009). This level consists of four consultations that incorporate skills training and parenting tip sheets. Level four focuses on parenting skills for parents of children with severe behavioural difficulties, with either a series of five group sessions or ten individual sessions (Prinz et al., 2009). Level five is intensive family intervention extension of level four that includes optional modules on partner communication, stress coping, etc. (MacMillan et al., 2009; Sanders & Pickering, 2014).

Triple P has been shown to reduce reported and substantiated maltreatment reports (Sanders, 1999; Sanders & Pickering, 2014). In a large, randomized population-based study in one Southwestern US state, it was found that among the counties that implemented Triple P, substantiated child maltreatment cases were nearly three percentage points lower than the control

counties ($t(16)=2.09$, $p<.03$, $d=1.06$) (Prinz et al., 2009).³ As of 2014, Triple P provider training was available in Calgary and Edmonton Alberta (Triple P Program, n.d.-a).

Interventions to Prevent Neglect Recurrence

Traditional case management through CPS is the main program dedicated to prevent child neglect recurrence. Due to ethical issues in withholding treatment, the efficacy of CPS services compared to no services is unknown. Other programs have been developed in addition to CPS that target parent behaviours and parent-child interactions to reduce neglect recurrence, but there is “insufficient evidence to conclude that neglect-specific interventions reduce recurrence” (MacMillan, et al., 2009, p. 253). Multisystemic Therapy, Childhaven Therapeutic Child Care, and imaginative play therapy have been shown to prevent recurrence of neglect in some cases, although more research is needed (Allin, Wathen, & MacMillan, 2005; MacMillan et al., 2009; Moore, Armsden, & Gogerty, 1998). This subsection reviews three interventions aimed at preventing neglect recurrence: SafeCare, a Canadian pilot home visiting program, and Homebuilders. Only SafeCare was found to have promising evidence of effectiveness.

SafeCare

SafeCare is a 24-week program focused on child health, home safety, and injury prevention, aiming to prevent child maltreatment (including neglect) recurrence among families with a history of child maltreatment or families at risk for child maltreatment. (US Department of Health & Human Services, 2013b). SafeCare is a more streamlined and less intensive version of Project 12-Ways, which was a program designed to give comprehensive, multifaceted support to at-risk families (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012). In a statewide trial, compared to services as usual, SafeCare clients had significantly lower risk of recidivism (Chaffin et al., 2012). SafeCare Augmented added motivational interviewing and additional training of home visitors on the identification and response to imminent child maltreatment and parental risk factors, such as substance abuse and depression to the base SafeCare curriculum. SafeCare Augmented has been shown to be more effective than SafeCare, though research on all three versions of this program suffer from poor, or non-generalizable research designs (MacMillan et al., 2009; US Department of Health & Human Services, 2013b). Although promising, more research is needed to determine if SafeCare reduces maltreatment recurrence.

Home Visiting in Canada

A two-year long Canadian public nurse home visiting program that targeted families with histories of CPS involvement for physical abuse and/or neglect was piloted in Hamilton, Ontario in the early 2000s. This program, which was a combination of elements from SafeCare and NFP, was evaluated using a longitudinal RCT research design and was found to be ineffective at reducing CPS involvement (MacMillan et al., 2009). Contrary to the research hypothesis, the intervention group showed higher rates of hospitalization for physical abuse and neglect than the control group (MacMillan, Thomas, Jamieson, Walsh, & al, 2005). The authors of the study hypothesized that the intervention may not have been early, intense, or long enough (MacMillan et al., 2005).

Intensive Family Preservation: Homebuilders

The California Evidence-Based Clearinghouse identified the intensive family preservation program Homebuilders as an intervention for neglect that is “supported by research evidence” (The California Evidence-Based Clearinghouse for Child Welfare, n.d.). However, the research upon which this statement rests may be shaky. Family preservation programs assume that a crisis often causes CPS involvement, and that intensive case management will stabilize an environment where children are at risk of maltreatment (Al et al., 2012). For cases of chronic, severe neglect, where the presenting problem may be a complex pattern of mental illness, and lack of resources; or cases where family relational patterns are problematic and family bonds may be weak, the intensive, short-term case management approach of family preservation may not be sufficient to reduce risk of neglect or maltreatment (Lindsey, Martin, & Doh, 2002). Furthermore, studies have repeatedly found that intensive family preservation programs do not reduce out-of-home placements (Al et al., 2012; Avellar et al., 2014; Lindsey et al., 2002; MacMillan et al., 2009). A meta-analysis did reveal that intensive family preservation programs had a moderately positive effect ($d=.486$) on family functioning (Al et al., 2012).

Interventions to Prevent Impairments Caused by Neglect

In their 2012 report the National Scientific Council on the Developing Child identified three promising intervention models for children who have experienced significant neglect. These interventions included: the Attachment and Biobehavioural Catch-up (ABC) intervention, Child Parent Psychotherapy (CPP), and Multidimensional Treatment Foster Care (MTFC). This section will summarize in detail the ABC intervention. CPP and MTFC are based on similar theoretical foundations as ABC, with similar (though not at all uniform) program elements. All three evidence-based programs aim to repair caregiver-child relationships so that children can build more secure attachments (Fisher & Chamberlain, 2000; Fisher & Kim, 2007; Lieberman, Ghosh Ippen, & Van Horn, 2006; National Scientific Council on the Developing Child, 2012).

Attachment and Biobehavioural Catch-Up Intervention (ABC)

The Attachment and Biobehavioral Catch-Up (ABC) intervention is an intensive training program for caregivers of young children who have been found to be neglected or maltreated (National Scientific Council on the Developing Child, 2012). The program rests on attachment theory and stress neurobiology research which posits that children’s natural attachment behaviour becomes disrupted when they experience early life stress and adversity (Bernard et al., 2012). According to this model, children who are neglected often do not attach to caregivers easily, and their behaviour may in turn may exacerbate parental non-caring behaviour (known as a disorganized attachment style; Bernard et al., 2012). The goals of the ABC intervention are: first, to help parents understand what their children’s true needs are and, second, to help caregivers provide attentive and nurturing care even when the child does not behave responsively (Dozier et al., 2009). The ABC intervention targets high-risk birth parents and caregivers of young children in out-of-home care who are likely to have children with attachment disruptions (Bernard et al., 2012). Highly trained parent coaches conduct 10 weekly one-hour home visits focused on: helping parents provide nurturance even when children do not appear to need it, reinforcing mutually responsive interactions in which caregivers follow the child’s lead, and providing care that is not frightening to children (Dozier, Meade, & Bernard, 2014). The parent coaches give feedback directly to

parents, in addition to videotaping each session so that more detailed feedback can be provided in future sessions.

The ABC Intervention was shown to be effective in increasing parental responsiveness to children, subsequently decreasing the rates of disorganized attachment in the intervention group (37%) compared to the control group in an RCT (57%, $n=55$, $d=.052$; Bernard et al., 2012). Although the intervention requires intensive services from a highly trained parent coach, the intervention may be cost-effective due to its short duration and apparently high level of effectiveness. Future research needs to examine the subpopulation for which this intervention is most effective (Bernard et al., 2012). This literature review did not find evidence of the intervention being applied to a Canadian context.

Reducing Neglect Through Poverty Reduction

Efforts to improve the social, economic, and environmental situations in which children live are also indirect efforts to reduce exposure to child maltreatment, although are not often viewed as such (Reading et al., 2009). Decades of research have shown that child neglect and poverty are strongly associated, and that many families involved with child welfare systems struggle with severe economic hardship and deprivation (Berger & Waldfogel, 2011; Jonson-Reid, Drake, & Zhou, 2013; Pelton, 1978; Slack et al., 2011; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Secondary analyses of nationally representative survey data from the US have shown that poor children are nearly seven times more likely to be the subject of child maltreatment reports than non-poor children (Brooks-Gunn & Duncan, 1997). Although it has been hypothesized that child poverty is a cause of neglect, the relationships and causal mechanisms between anti-poverty policies, child welfare policies, and child outcomes are poorly understood (Berger & Waldfogel, 2011). There is promising research that policies that seek to raise the overall well-being of families through economic interventions may decrease the incidence of child maltreatment. Cancian, Yang, and Slack (2013) found that the introduction of additional cash support to mothers receiving public assistance had a direct causal effect on the risk of child maltreatment; mothers who received the additional cash support were 10% less likely to have a child involved in a screened-in child maltreatment report ($OR=.881$, $p<.01$).

Conclusion

Successful maltreatment prevention programs like the Nurse-Family Partnership and Triple P are targeted widely to parents and have been shown to prevent maltreatment. Prevention of neglect occurrence efforts like these may be more cost-effective and productive than programs focused on prevention of neglect recurrence or of impairment caused by neglect. But efforts to prevent neglect should not be limited to formal intervention programs only. Studies have shown that when social welfare supports are removed or cut back, out-of-home care rates increase (Paxson & Waldfogel, 2002, 2003); conversely, when families are provided with more economic supports, maltreatment rates decline (Cancian et al., 2013). Broad, child-focused, social welfare benefit programs may also be effective child neglect prevention interventions.

About the author: Anne Blumenthal is a PhD student at the University of Michigan in the joint program in social work and sociology.

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¹ Literature on evidence-based programs to prevent neglect and associated impairment was retrieved through two mechanisms: a search on The California Evidence-Based Clearinghouse for Child Welfare website for “interventions for neglect” (The California Evidence-Based Clearinghouse for Child Welfare, n.d.); and through synthesis of sources cited by MacMillan et al. (2009) and by the National Center for the Developing Child (2012) in their reviews of interventions to prevent child maltreatment.

² Intervention programs to prevent neglect and associated impairment often have a combined focus on physical abuse and neglect (MacMillan et al., 2009, p. 251). Because different theories of causation explain these two maltreatment types, and because they have different sequelae, it can be extremely difficult to disentangle how a program prevents occurrence of, recurrence of, or impairment caused by neglect.

³ MacMillan et al. (2009) caution that within this study some elements remain unclear, and although Triple P is a promising maltreatment prevention program, more replication studies are needed.