Targeting risk and protective factors to strengthen families and prevent neglect

Child Protection: Lessons Learned, Future Priorities – Research, Practice, & Policy

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Has documented that she has no relevant financial relationships to disclose or COIs to resolve.
Acknowledgements*

• 1996 -2008 Development & Demonstration of Family Connections
  – US DHHS Children’s Bureau (90-CA1580)
    • Diane DePanfilis, PI (Howard Dubowitz & Esta Glazer-Semmel, Co-PIs)
  – US DHHS Children’s Bureau (90-CW-1126)
    • Diane DePanfilis, PI (Clara Daining, Co-PI)

*Presentation based on experience developing and testing Family Connections
Acknowledgements

– Additional support:
  • Annie E. Casey Foundation
  • Helena Foundation
  • Baltimore City Department of Social Services
  • Jimmie Swartz Fund
  • MD Children’s Trust Fund
  • MD Department of Human Resources
  • Title IVE Education for Child Welfare Program
  • U.S. DHHS, SAMHSA, Center for Substance Abuse Prevention
  • Philanthropic gifts (e.g., Maryland Charity Campaign, personal donations, in-kind support)
Acknowledgements

• Over 150 social work interns and over 80 faculty, staff, PhD, and MSW students have contributed to either the service delivery or research associated with Family Connections.

• Most importantly, over 700 families and 2,200 children have received services, most of them participating in research about the efficacy of the program.
Purpose of this Presentation

- Illustrate the steps used by the Family Connections program to target and tailor intervention focused on reducing risk factors and decreasing risk factors
- Summarize the results of initial research
Prevention Science

- Promotes capable and healthy youth, adults, families, and communities.
- Promotes the application and translation of intervention science into community practices to improve people’s health and well-being.
- Answers questions about how preventive interventions produce outcomes.
Types of Prevention Strategies

- **Universal** strategies designed to prevent precursors of child maltreatment in the general population.
- **Selective** strategies designed to target groups or subsets of the general population based on risk factors.
- **Indicated** strategies designed for children and families identified with maltreatment problems.
Definition: Risk factor

- A measurable characteristic of individuals that heightens the probability of a worse outcome in the future for groups of individuals who share the risk factor or who have more of the risk variable than a comparison group who do not have the risk factor or have less of the risk variable (Masten & Wright, 1998, p. 10).
Definition: Protective Factor

• A correlate of resilience that may reflect preventive or ameliorative influences: a positive moderator of risk or adversity (Masten & Wright, 1998, p. 10).
Prevention Science Implementation Steps

- define and describe the problem,
- identify risk and protective factors,
- develop and test prevention strategies,
- design & conduct further efficacy studies and replication trials
- conduct large scale clinical trials
- facilitate the dissemination of results, adoption, and ongoing evaluation of community based programs.
- evolve to widespread adoption of prevention principles and strategies.
First Step: Define the problem

• For example:
  – Develop understanding of extent, nature, effect of child neglect
Child Maltreatment 2007

Figure 3–4 Victims by Maltreatment Type, 2007

- Neglect: 59.0%
- Multiple Maltreatments: 13.1%
- Physical Abuse: 10.8%
- Sexual Abuse: 7.6%
- Other: 4.2%
- Psychological Maltreatment: 4.2%
- Medical Neglect: 0.9%
- Unknown or Missing: 0.1%

Based on data from 3–8.
Baltimore City: Comparison of recurrences over 5 years between neglect and physical abuse cases - n = 1167

Figure 17. Survival (Without Recurrence)

Over Five Years

Days Until First Recurrence


Second Step:

• Develop knowledge about risk and protective factors related to the problem (e.g., child maltreatment)
Sample Risk & Protective Factors

• Risk Factors
  – Everyday stress
  – Parental stress
  – Mental health problems
  – Alcohol & drug problems
  – Family conflict
  – Poverty and environmental stress

• Protective Factors
  – Parenting attitudes
  – Parenting competence
  – Family functioning
  – Social support
  – Safe neighborhoods
  – Family friendly community resources
Third Step:

- Develop and test prevention strategies geared to:
  - Enhance protective factors
  - Reduce risk factors
What is a Theory of change?

• Underlying assumptions about why your proposed strategies will respond to your statement of the problem and achieve your intended outcomes
  – Example – Interventions designed to increase protective factors and decrease risk factors will eventually lead to the prevention of child neglect.
Use methods to systematically review the evidence

- about what works best to enhance protective factors & decrease risk factors with your target population
Develop an implementation plan

- That carefully engages all relevant stakeholders and follows the critical determinants* of successful implementation.
Document a program model based on the best available evidence

- A well defined set of prescribed interventions and procedures. (Bond, et. al., 2000).
  - More complex to define these procedures when the intervention is home based and depends on skills of the practitioner and when multiple methods are employed.
Making Family Connections

• Family Connections was specifically designed to:
  – reduce risk factors associated with neglect and
  – enhance protective factors that may help families more adequately meet the basic needs of their children.
Intervention

• Multi-modal intervention: Individualized services geared to increase protective factors and decrease risk factors.

• Practitioners use an Intervention Manual to guide & tailor service delivery.
Develop Intervention Manual

- Specifies
  - Theory
  - Practice Principles
  - Process (outreach, engagement, assessment, planning, tailored outcome driven case plans, intervention strategies, methods for evaluating change).
Supporting families to meet the basic needs of children

- Adequate food and nutrition
- Supervision
- Health care
- Protection
- Education
- Nurturance & love
- A home
Purpose of Initial Study

• To explore the relationship between length of service and the achievement of intermediate outcomes (risk and protective factors) and final outcomes (child safety and behavior).
Target Population

• Geographic location
  - The family lived in the West Baltimore Empowerment Zone

• Family demographics
  - Child between 5 and 11 years living in the household

• Basic needs may have been unmet but not at a level to report to CPS for neglect

• Presence of at least 2 risk factors

• Voluntary status
  - There was no current CPS involvement
Intervention: Random assignment

- 3-Month Intervention
  - Emergency assistance
  - Home based counseling services
    - Family Assessment
    - Outcome driven service plans
    - Service Referrals
  - Service coordination and facilitation

- 9-Month Intervention
  - Emergency assistance
  - Home based counseling services
    - Family Assessment
    - Outcome driven service plans
    - Service Referrals
  - Service coordination and facilitation
Data Collection Methods

- **Self-directed, computer-assisted interview**
  - Standardized self-report measures administered at baseline, case closure, and six-month follow-up

- **Standardized observational measures**
  - Administered at 30 days: three and six months, and closure
  - Intern driven \(\rightarrow\) integrated with intervention
Logic Model - Family Connections

Inputs → Intermediate Outputs → Final Outputs → Short-Term/Intermediate Outputs → Long-Term Outcomes

Diverse Funding → Emergency Assistance → Comprehensive Family Assessment
Eligibility Criteria and Referral Procedures → Service Plan Development
Trained Staff → Direct Counseling Services → Advocacy
Program Objectives

Number of families who complete services

Increase Protective Factors
- Parenting Attitudes
- Parenting Competence
- Social Support

Decrease Risk Factors
- Life Stress
- Parental Stress
- Depressive symptoms

Increase child safety
Improve child behavior

*Change over time in all outcomes*
Results: 3 vs. 9 Month Group Comparison

• 9 month intervention demonstrated greater improvement than the 3 month group in:
  – Child behavior

• No differences between groups in other domains (e.g., parenting stress, life stress, parenting attitudes, social support, household safety)
Limitations of Initial Evaluation

- Relatively small sample
- Some questions about fidelity of intervention (despite intervention manual)
- Short follow-up (only 6 months)
- No control group
Current Research

- Replication with grandparents (2003-2009) (DePanfilis & Daining)
Check the RYC Web site for more information: www.family.umaryland.edu
For more information:


Other Sources

