



Using Prevention Science to Reduce the Risk of Child Neglect

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 - Diane DePanfilis, PI (Howard Dubowitz & Esta Glazer-Semmel, Co-PIs)
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 - Diane DePanfilis, PI (Clara Daining, Co-PI)

**Presentation based on experience developing and testing Family Connections*

Acknowledgements

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Acknowledgements

- Over 150 social work interns and over 80 faculty, staff, doctoral students, and MSW students have contributed to either the service delivery or research associated with Family Connections.
- Most importantly, 700 families and 2,211 children have received services, most of them participating in research about the efficacy of the program.

Objective of this Seminar

- To report on the use of prevention science principles to design, implement, and evaluate a multi-faceted, community-based service program (Family Connections):
 - that works with families in their homes and in the context of their neighborhoods
 - to help them meet the basic needs of their children and reduce the risk of child neglect.

Why neglect prevention?

- Many families struggle to meet the basic needs of their children.
- Though the consequences of neglect are serious, we know less about how to assess and intervene in comparison to other forms of child maltreatment.
- Our mandated systems often get involved too late resulting in situations that lead to repeated maltreatment.



Prevention Science

- Built on the premise that there are empirically identifiable precursors to public health and social problems



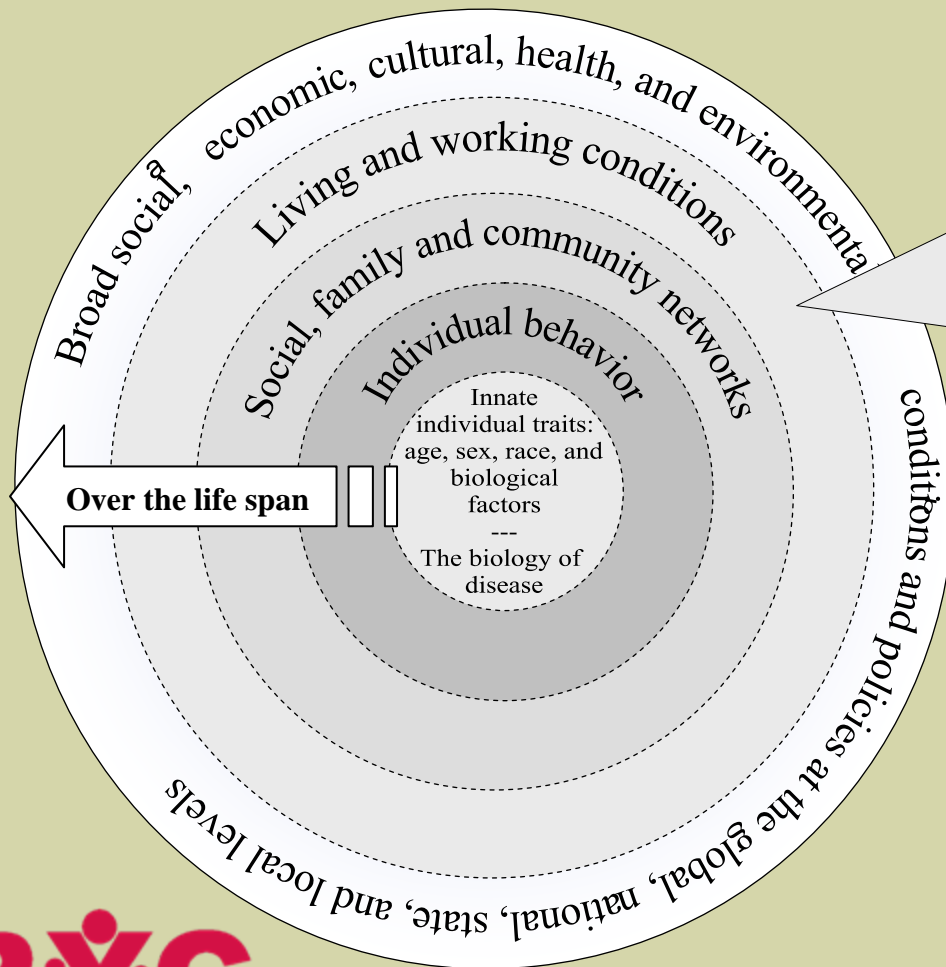
Goals of Prevention Strategies:

- **Decrease risk factors**
(precursors that increase the likelihood of neglect)
- **Increase protective factors**
(moderators, reducing the effects of risk exposure)



Approach and rationale

Builds on a public health model



Living and working conditions may include:

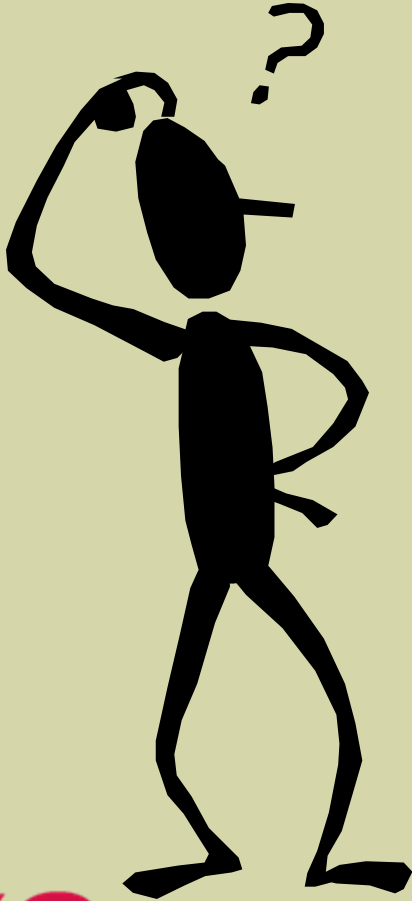
- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built^c environments
- Public health services
- Health care services

Source: Institute of Medicine (2002). *Future of the Public's Health in the 21st Century*. Washington, DC: Author.

Prevention Science Framework

- Based on the public health approach has four broad steps:
 - define and describe the problem,
 - identify risk and protective factors,
 - develop and test prevention strategies, and
 - evolve to widespread adoption of prevention principles and strategies.

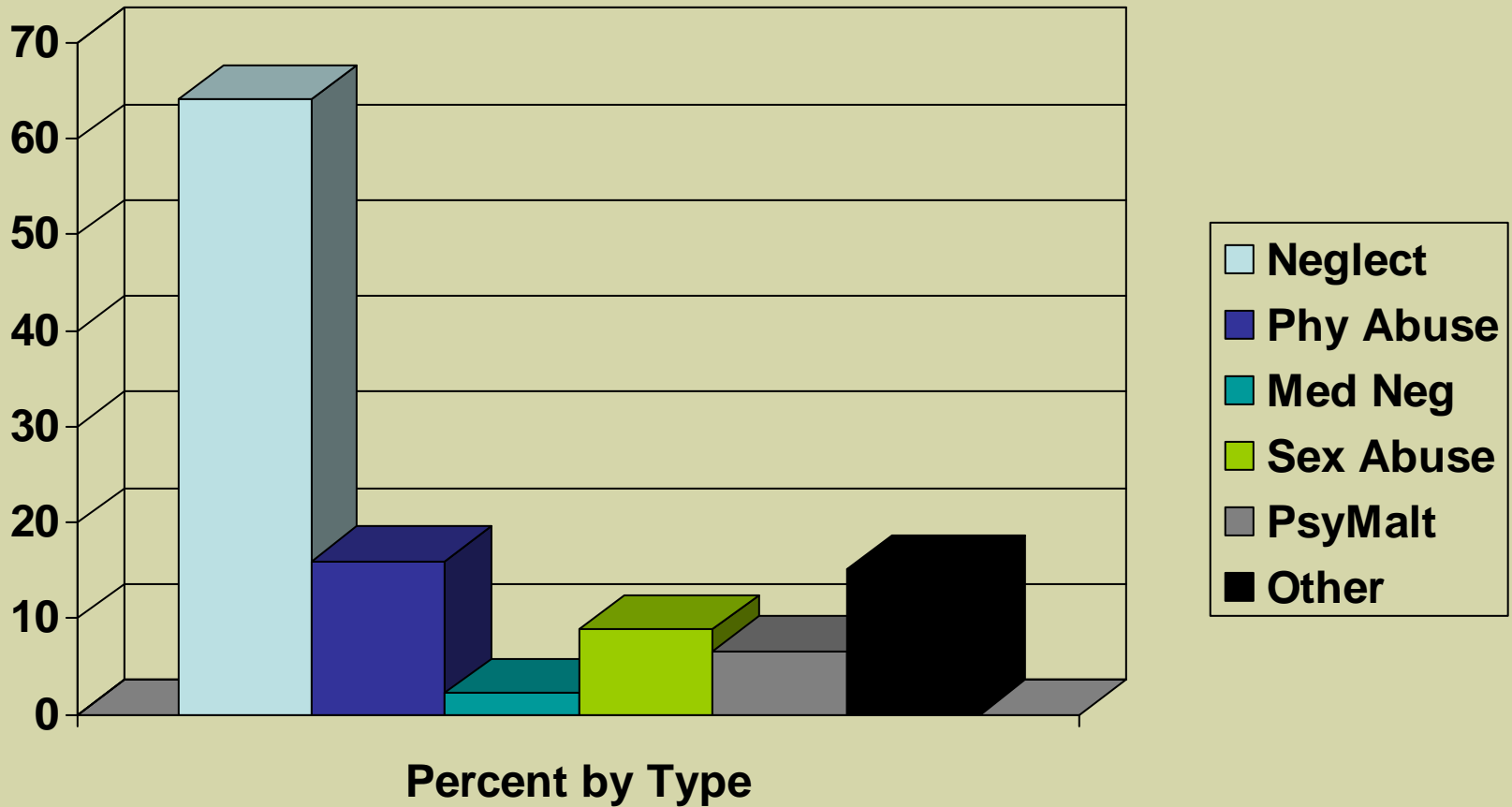
First Step:



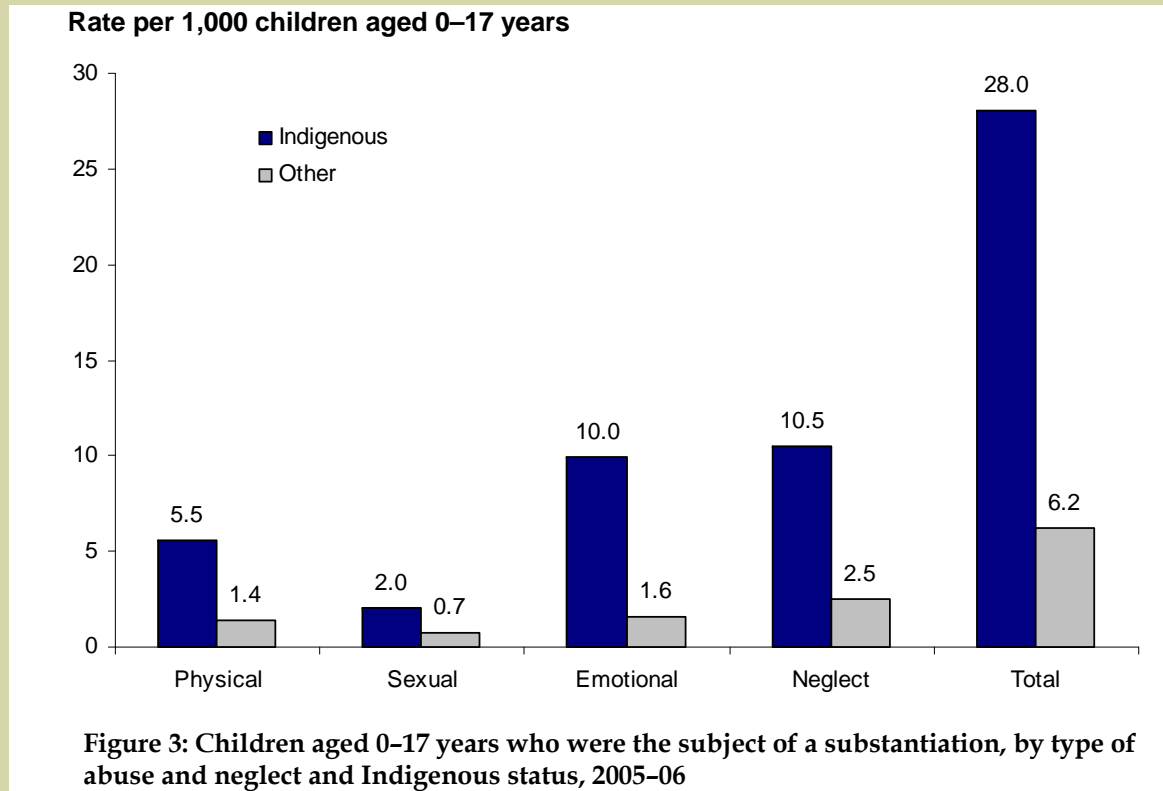
- Epidemiology of child neglect
 - Develop understanding of extent, nature, effect of child neglect

Child Maltreatment in the U.S. 2006

Source: U.S. Department of Health & Human Services

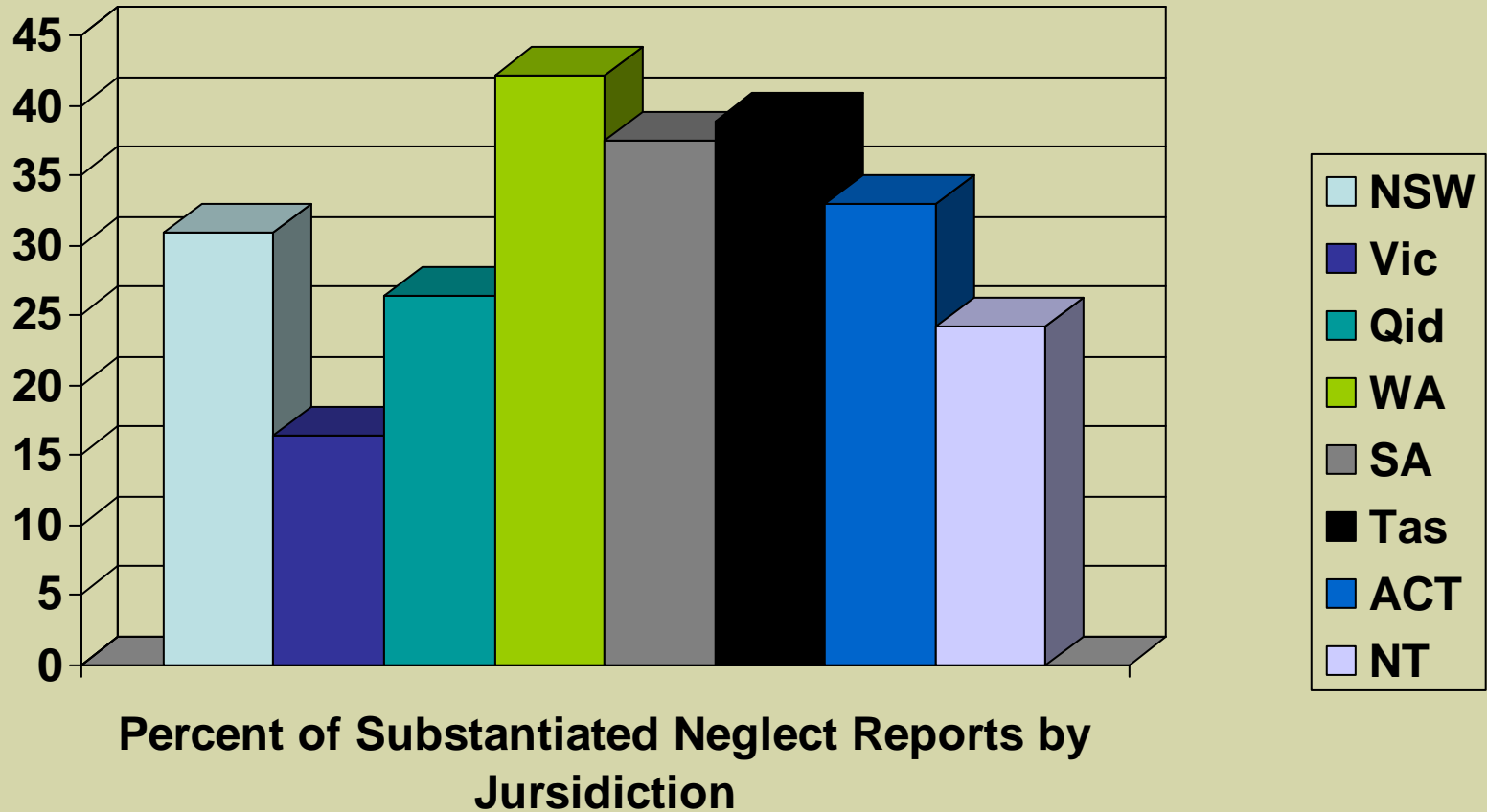


Type of abuse or neglect



Child Neglect in Australia. 2006 - 2007

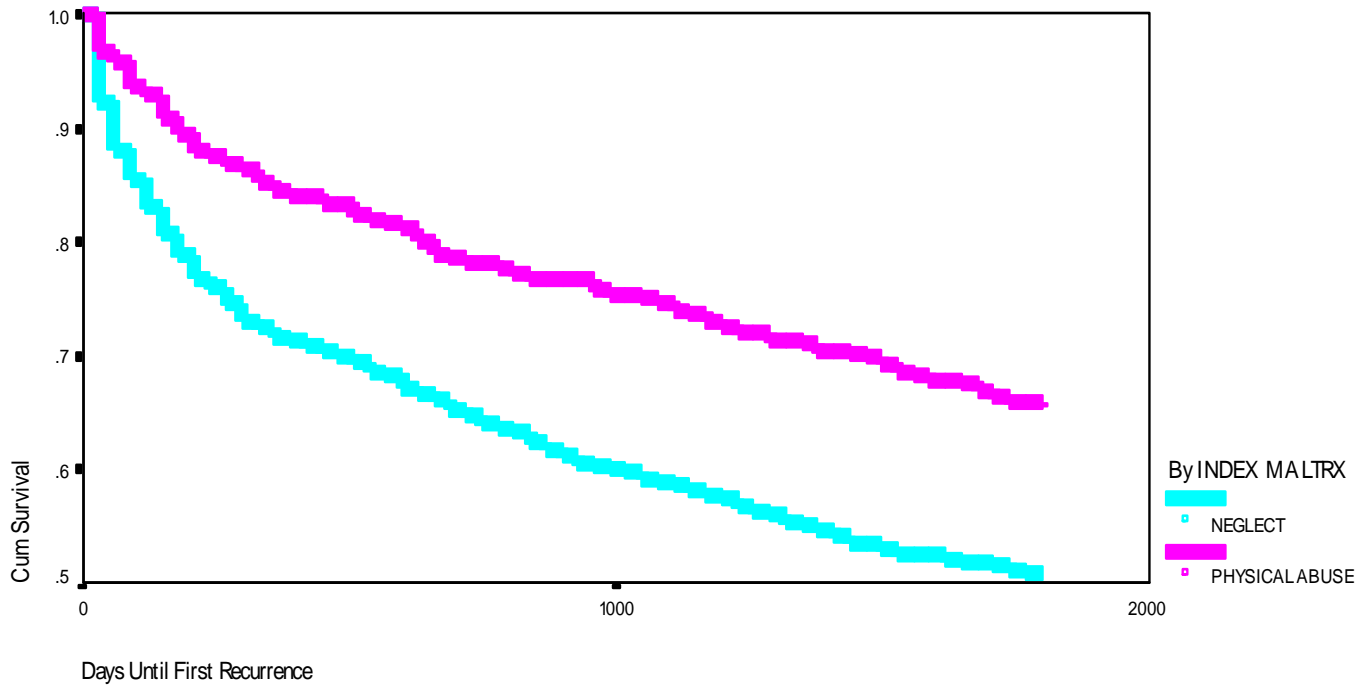
Source: Australia Institute of Health and Welfare



Baltimore City: Comparison of recurrences over 5 years between neglect and physical abuse cases - n = 1167

Figure 17. Survival (Without Recurrence)

Over Five Years



DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.
Doctoral Dissertation. University of Maryland at Baltimore.

Second Step:



- Develop knowledge about risk and protective factors related to neglect

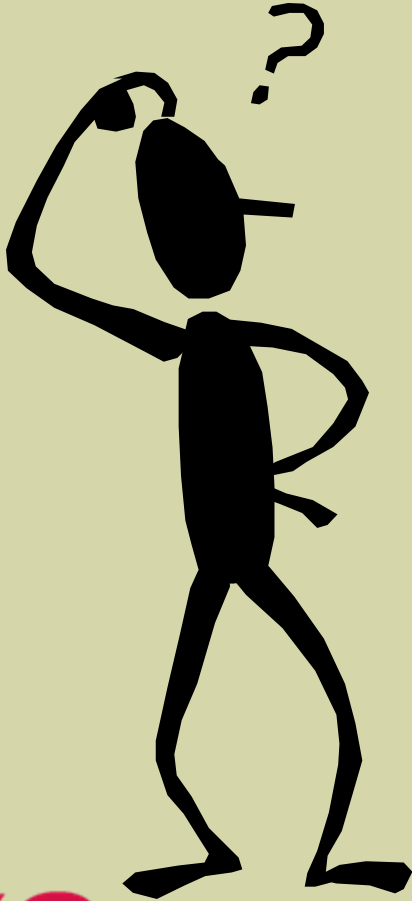
Risk Factors

- Family conflict, chaos, stress, domestic violence
- Caregiver mental & physical health problems, substance abuse
- Child behavioral, mental and physical health problems
- Poor caregiver-child relationships
- Social isolation
- Poverty & community violence

Protective Factors

- Supportive caregiver-child relationships
- Positive discipline methods
- Close monitoring & supervision of children
- Coping strategies by adults & children
- Social support & community connections
- Spirituality
- Cultural roots
- Economic stability

Third Step:



- Develop and test prevention strategies geared to:
 - Enhance protective factors
 - Reduce risk factors

Use methods to systematically review the evidence

- about what works best to enhance protective factors & decrease risk factors



Making Family Connections

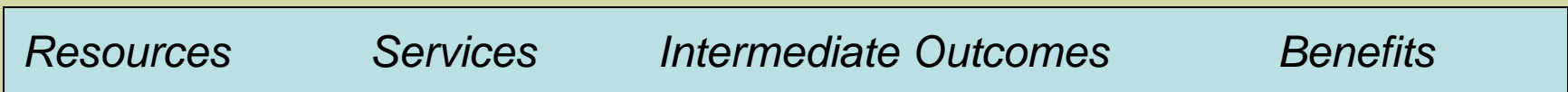
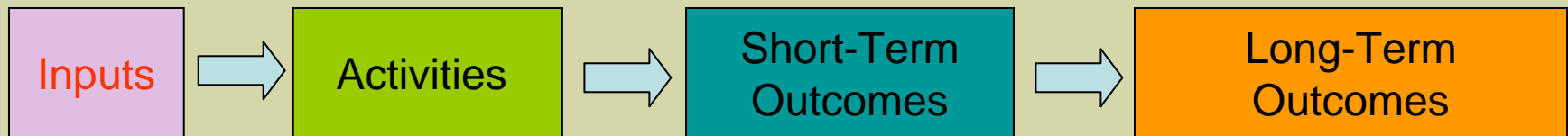


- Family Connections was specifically designed to:
 - reduce risk factors associated with neglect and
 - enhance protective factors that may help families more adequately meet the basic needs of their children.

Design & Implement Test of Efficacy

- Important Steps:
 - Clearly define target population with inclusion & exclusion criteria
 - Establish a logic model that clearly articulates the program model and how it will influence the targeted outcomes

Simple Logic Model



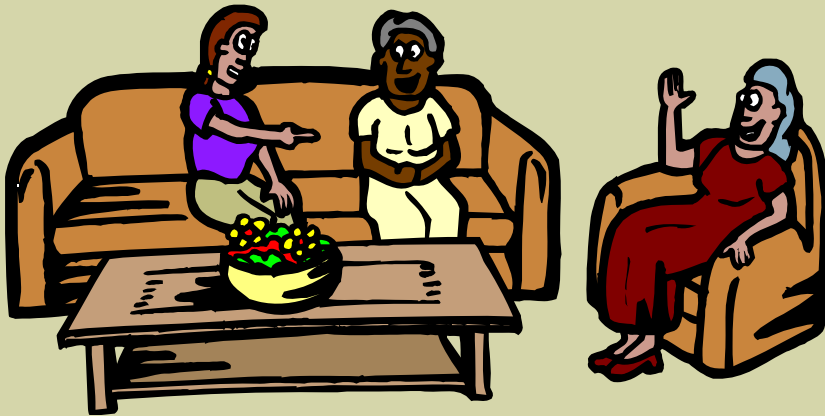
*OCAN
*Annie E. Casey
*DHR
*Title IVE

*Emergency Services
*Family Assessment
*Service Planning
*Advocacy
*Multi-Family groups

Enhance Protective Factors
Decrease Risk Factors

Child Safety
Child Behavior

Document a program model based on the best available evidence



*Bond, et. al. (2000).

- A well defined set of prescribed interventions and procedures.*
 - 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.

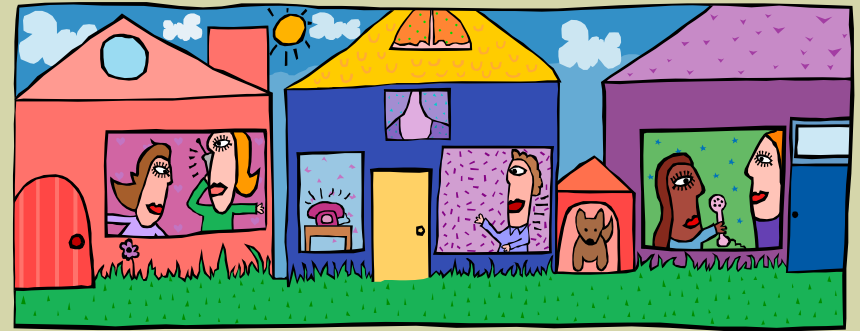
Intervention Manual



- Specifies
 - Theory
 - Practice Principles
 - Process (outreach, engagement, assessment, planning, tailored outcome driven case plans, intervention strategies, methods for evaluating change).

Intervention

- Multi-model intervention: Individualized services geared to increase protective factors and decrease risk factors.
- Practitioners use an Intervention manual to guide & tailor service delivery.



Philosophical Principles

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Cultural competence
- Outcome-driven service plans

Supporting families to meet the basic needs of children

- Adequate food and nutrition
- Supervision
- Health care
- Protection
- Education
- Nurturance & love
- A home



Focus on Practitioner

- Teaching model and skills
- Coaching and mentoring
- Individual and group supervision
- Routine in-service
- Emphasis on fidelity of implementation



Words of wisdom

Mastery. . .

“Excellence is
not an act,
but a habit.”

- Aristotle



Initial Intervention Research Questions

- **Is there change over time in:**
 - **risk factors?**
 - **protective factors?**
 - **child safety or well being outcomes?**

Initial Intervention Research Questions

- **Does length of services affect change over time in:**
 - **risk factors?**
 - **protective factors?**
 - **child safety or well-being outcomes?**

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

Summary Results: Risk Factors

- Comparing all caregivers baseline to 6 months post intervention, significant reduction in:
 - Risk Factors ↓
 - Caregiver depressive symptoms
 - Parenting stress
 - Life stress

Summary Results: Protective Factors

- Comparing all families baseline to 6 months post intervention, significant increase in:

Protective Factors ↑

- Parenting attitudes
- Parenting satisfaction
- Social support

Summary Results: Child Safety

- Significantly Improved **Physical Care**
 - Household furnishings
 - Overcrowding
 - Household sanitation
- Significantly Improved **Psychological Care**
 - Mental health care
 - Caregiver teaching stimulation of children
- **Fewer CPS reports** & CPS indicated reports

Summary Results: Child Behavior

- Comparing all families baseline to 6 months post intervention, significant decrease in: ↓
 - Total behavior problems
 - Internalizing behavior problems
 - Externalizing behavior problems

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)

Fourth Step:



- Evolve to widespread adoption of prevention principles and strategies



Replication of Family Connections

- Formal replication in 8 sites in the U.S. with support from the U.S. DHHS Children's Bureau
- Cross-site evaluation of implementation process, fidelity, cost, & outcomes

(Current Stage)

Words of wisdom

“Coming together is a beginning; keeping together is progress; working together is success.”

- Henry Ford





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To promote the safety, permanence and stability, and well-being of children, youth, and families in their communities through:

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- research and evaluation
- best practice service programs

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- Systematic Reviews

Best Practice Services

- Evidence-based Practice Blog
- Family Connections
- Family Connections Replication
- Grandparent Family Connections

News & Events

- Applications being accepted for Director of Child Welfare Academy
- Family Connections named a Promising Program
- Diane DePanfilis Testifies Before Maryland Legislators
- Grandparents Graduate From a Life Skills Class
- Family Connections recognized as Promising Practice
- New Reports Released

Check the RYC Web site for more information:

www.family.umaryland.edu



For more information:

- DePanfilis, D., & Dubowitz, H. (2005). Family Connections: A program for preventing child neglect. *Child Maltreatment*, 10, 108-123.
- 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, 674-685.
- DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. *Child Abuse & Neglect*, 32, 335-351.