

Using Prevention Science to Enhance the Safety and Well-Being of Children

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University of Maryland, Baltimore
Founders Week 2004
Faculty Research Lecture of the Year

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Acknowledgements

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 - Diane DePanfilis, PI
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 - MD Children’s Trust Fund
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 - Title IVE Education for Child Welfare Program
 - U.S. DHHS, SAMHSA, Center for Substance Abuse Prevention
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- Maryland's Title IVE Education for Child Welfare Program (support for some program staff)
- Philanthropic gifts (e.g., Maryland Charity Campaign, personal donations, in-kind support)

Acknowledgements

- 103 social work interns and over 70 faculty, staff, doctoral students, and MSW students have contributed to either the service delivery or research associated with Family Connections.
- Most importantly, 345 families and 1,035 children have received services, most of them participating in research about the efficacy of the program.

Objective of this Lecture

- To report on the use of prevention science principles to design and evaluate a community based program focused on preventing child neglect.
 - Family Connections was designed through a collaboration between social work and health professionals at the University of Maryland Schools of Social Work and Medicine and the Department of Pediatrics.

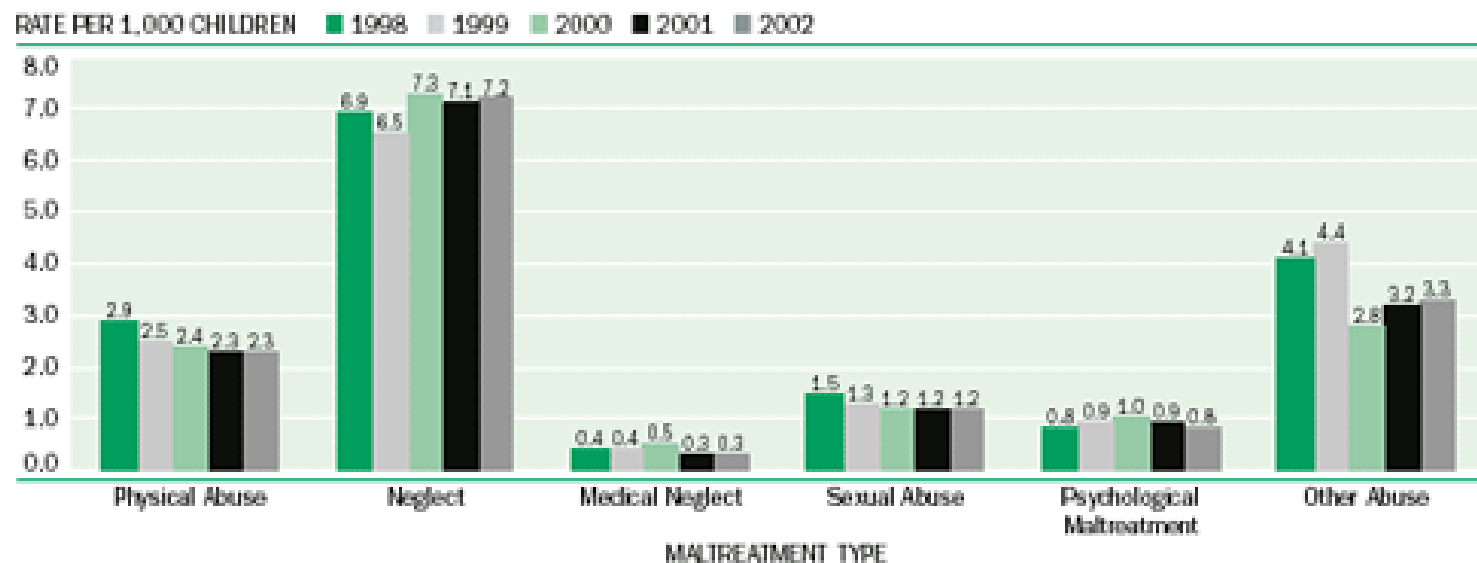
Why neglect prevention?

- 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.



Rates of Maltreatment - Nationally

Figure 3-3 Victimization Rates by Maltreatment Type, 1998-2002



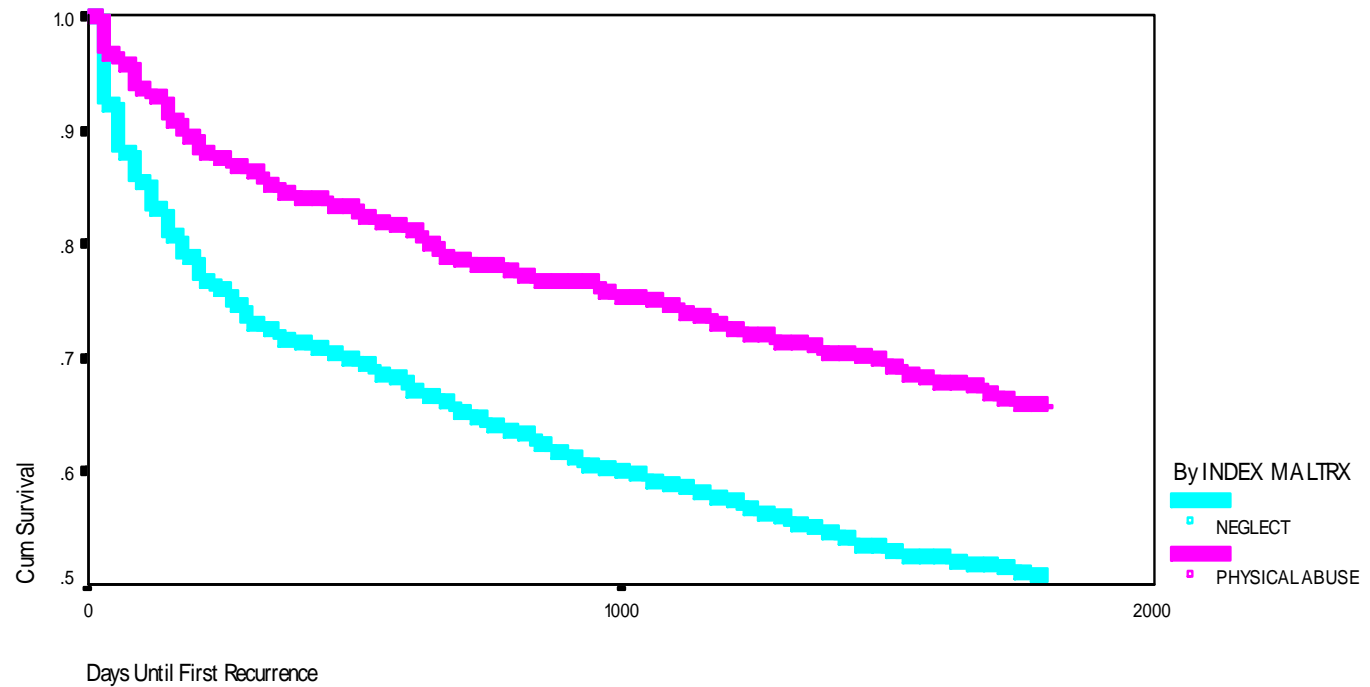
Based on data from table 3-5.

USDHHS, Administration on Children, Youth and Families (2004).
Child maltreatment 2002. Washington, DC: U.S. Government Printing Office.

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

Figure 17. Survival (Without Recurrence)

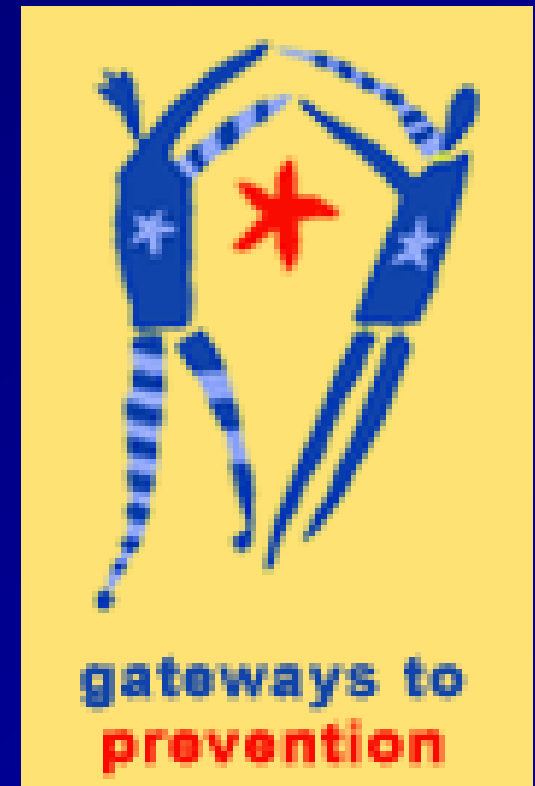
Over Five Years



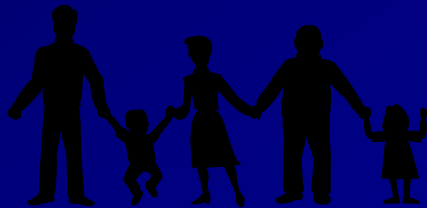
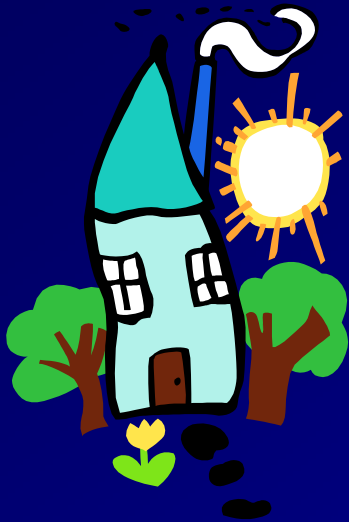
DePanfilis, D. (1995). Epidemiology of Child Maltreatment Recurrences.
Doctoral Dissertation. University of Maryland at Baltimore.

Prevention Science Framework

- Increase 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.

Mission



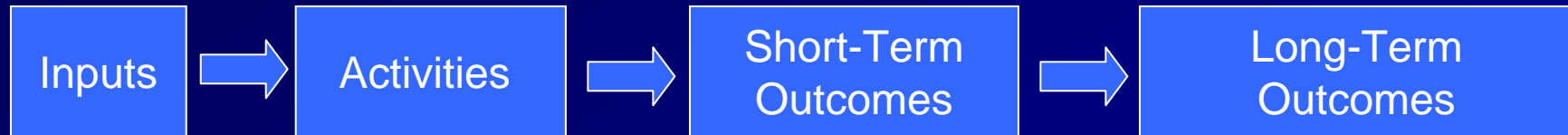
- To promote the safety & well-being of children, families, & communities

Mission

- By combining
 - Education
 - Service
 - Research



Logic Model



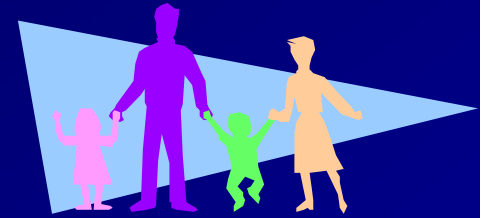
*OCAN
*Annie E. Casey
*DHR
*Title IVE

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

Enhance Protective Factors
Decrease Risk Factors

Child Safety
Child Well-Being

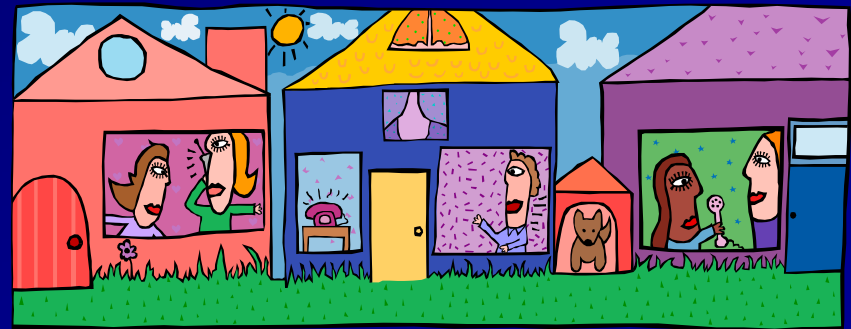
Target Population



- **Geographic location**
 - The family lives in the West Baltimore Empowerment Zone
- **Family demographics**
 - Child between 5 and 11 years living in the household
- **Basic needs may be unmet**
- **Presence of at least 2 risk factors**
- **Voluntary status**
 - There is no current CPS involvement
 - The family is willing to participate

Intervention

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



Premise



- Situational risks may be addressed in shorter term intervention
- Enduring risks may require longer intervention to yield sustained change

Purpose of Initial Study



- To explore the relationship between length of service and outcomes of a five-year federally funded demonstration project to help families prevent neglect

Intervention Research Questions

Is there change over time in:

- **risk factors?**
- **protective factors?**
- **child safety or well-being outcomes?**

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

Social work interns followed an intervention manual to deliver services to both groups.

Data Collection Methods

- **Self-directed, computer-assisted interview**
 - Standardized self-report measures administered at baseline, case closure, and six-month follow-up
- **Standardized self report and observational measures**
 - Administered at 30 days: three and six months, and closure
 - Intern driven → integrated with intervention

Data Analysis

Repeated Measures Analysis

- Assess change over time
- Baseline → Closing → 6-month Follow-up
- Comparison of length of service –
3 versus 9 months

Study Sample: Caregiver Demographics

- 154 families
- 86% African American
- Mean age = 39 years old
- 98% female (151 females, 3 males)
- 58% unemployed, 19% employed full-time, 8% employed part-time, 10% in training, 5% retired
- 5% married, 65% never married, 13% separated, 10% divorced, 7% widowed
- 62% had less than high school degree

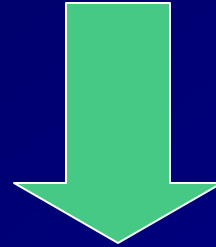
Study Sample: Child Demographics

- **Average number of children in families = three**
 - 17% have one child
 - 25% have two children
 - 27% have three children
 - 31% have four or more children
- **Mean age = 9 (range 1 month to 21 years)**
- **49% female and 51% male**
- **Relationship to caregiver**
 - 78% are children
 - 14% are grandchildren
 - 8% are other relative

Constructs in this Analysis

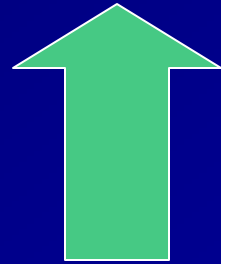
Decrease Risk Factors:

- Caregiver depressive symptoms
- Parenting stress
- Life stress



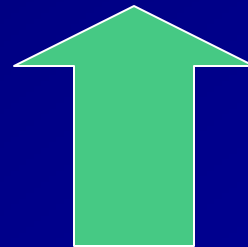
Enhance Child Safety

- CPS reports
- Physical care
- Psychological care



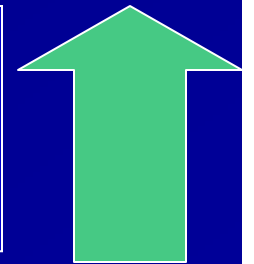
Increase Protective Factors:

- Parenting attitudes
- Parenting competence
- Family functioning
- Social support



Enhance Child Well-Being

- Child behavior



Results: Risk Factors

Decrease Risk Factors:

- Caregiver depressive symptoms
- Parenting stress
- Life stress

- Significant decreases over time in all areas

Results: Protective Factors

Increase Protective Factors:

- Parenting attitudes
- Parenting competence
- Family functioning
- Social support

- Significant increases over time in 3 out of 4 areas (all but family functioning)

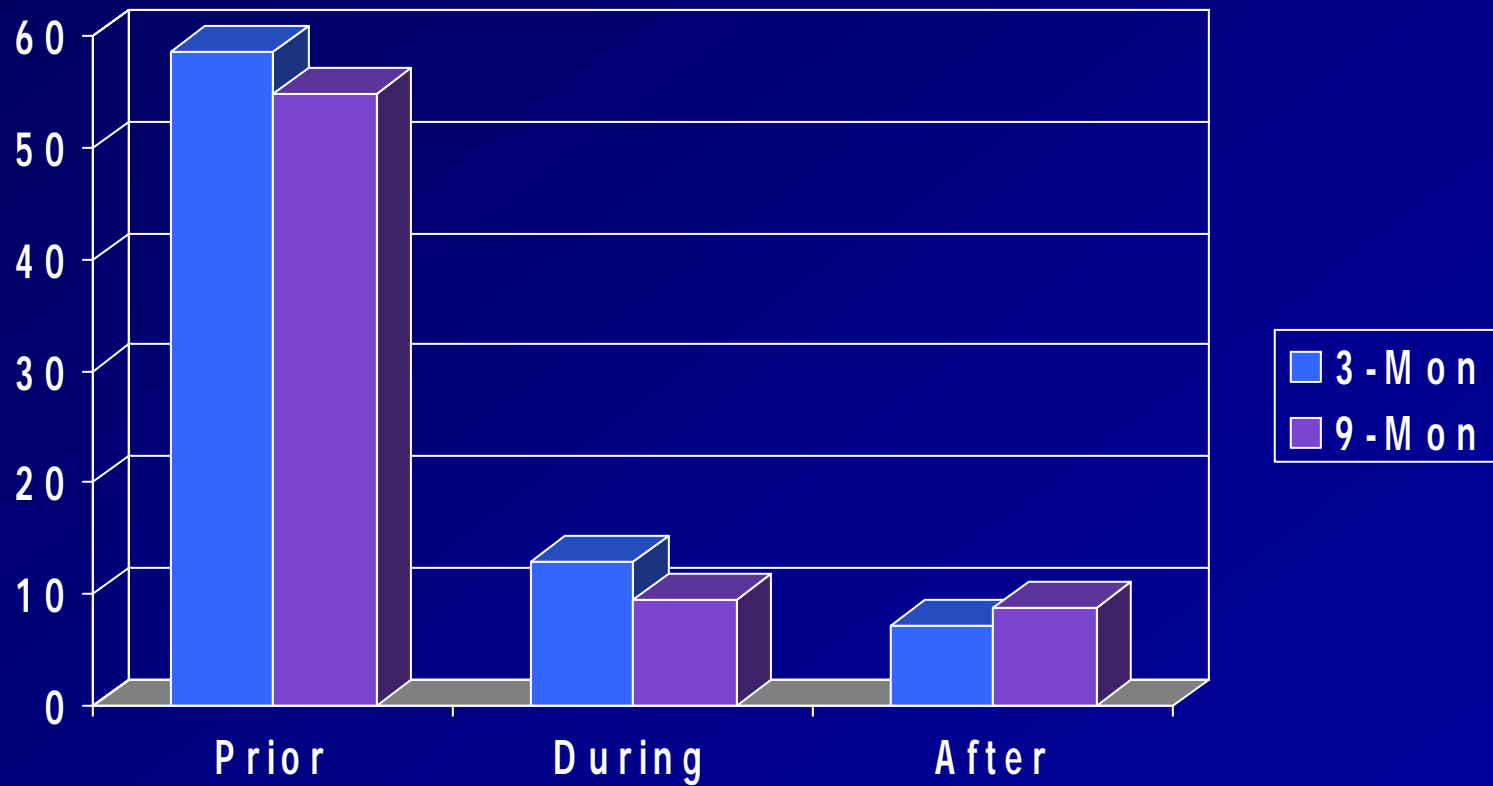
Results: Child Safety

Enhance Child Safety

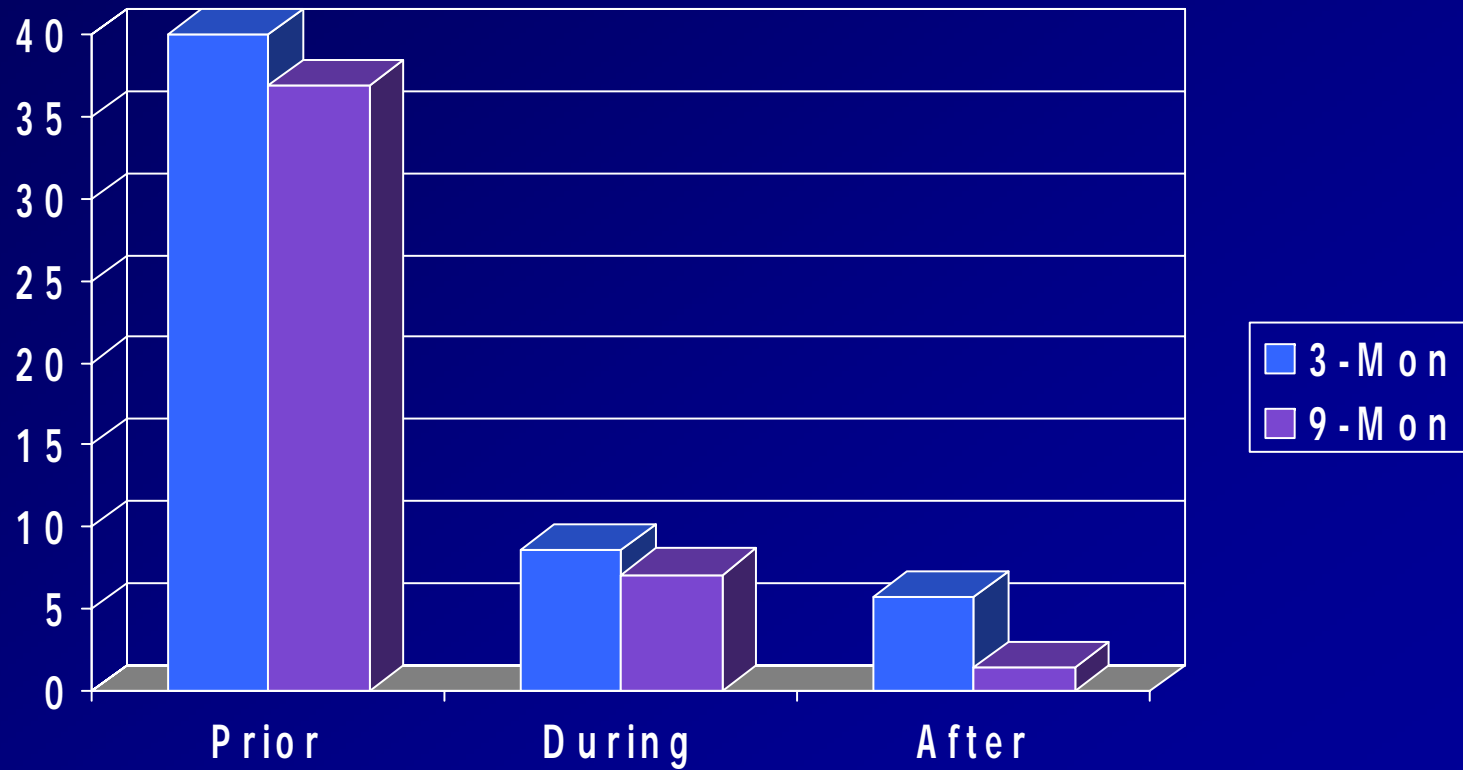
- CPS reports
- Physical care
- Psychological care

- Fewer CPS reports
- Improvements in physical and psychological care

Child Safety: CPS Reports



Child Safety: Indicated CPS Reports



Observational Assessments

■ Physical Care

- CWBS Household furnishings
- CWBS Overcrowding
- CWBS Household sanitation

■ Psychological Care

- CWBS Mental health care
- CWBS Caregiver teaching of children

Results: Child Behavior

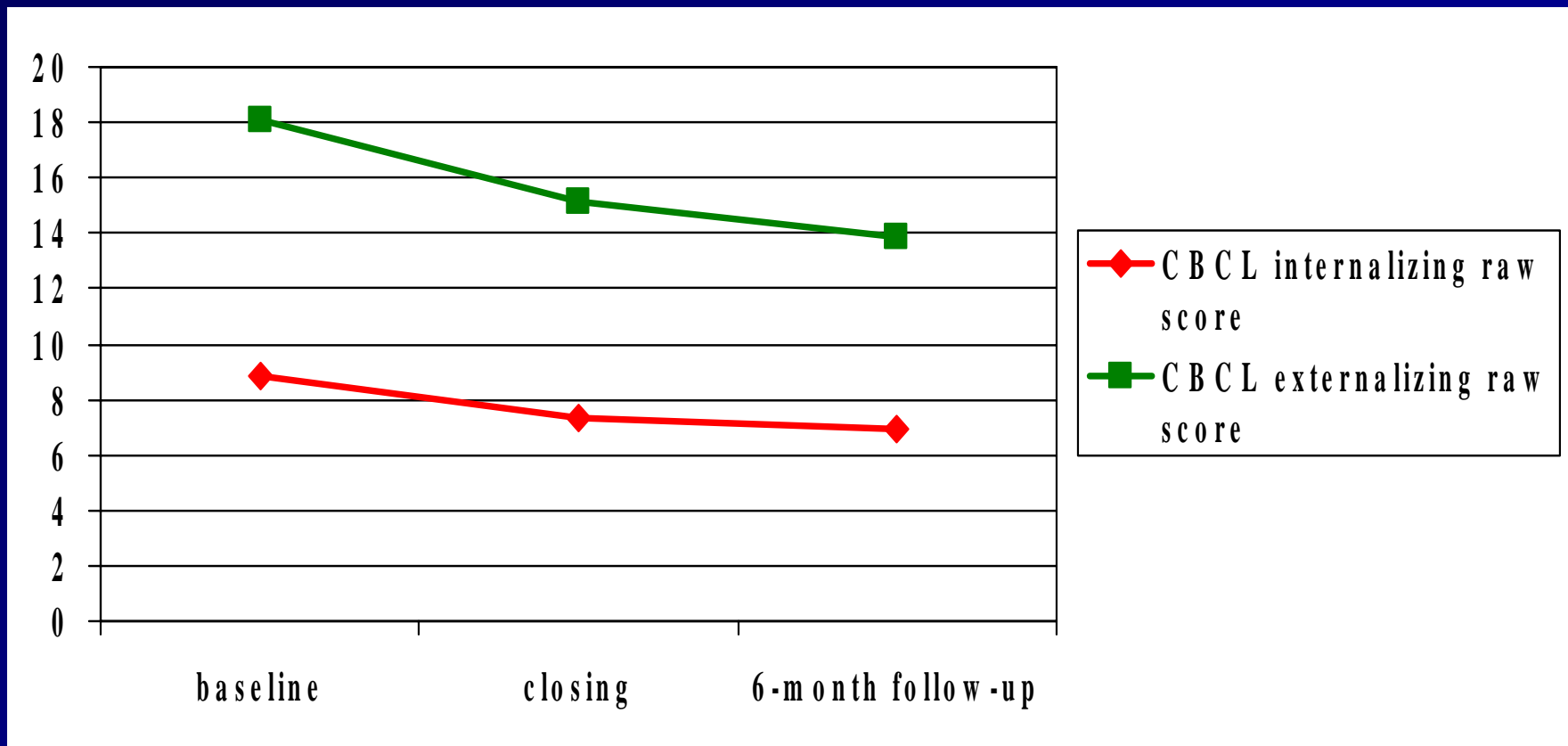
**Enhance child
well-being**

•Child behavior

- Decrease in externalizing behavior
- Decrease in internalizing behavior

Specific Results

■ Decrease in Child Behavior Problems



Results

- Does length of service affect change over time in:
 - risk factors?
 - Parental depressive symptoms
 - protective factors?
 - No difference
 - child safety?
 - No difference
 - child well-being?
 - Child behavior

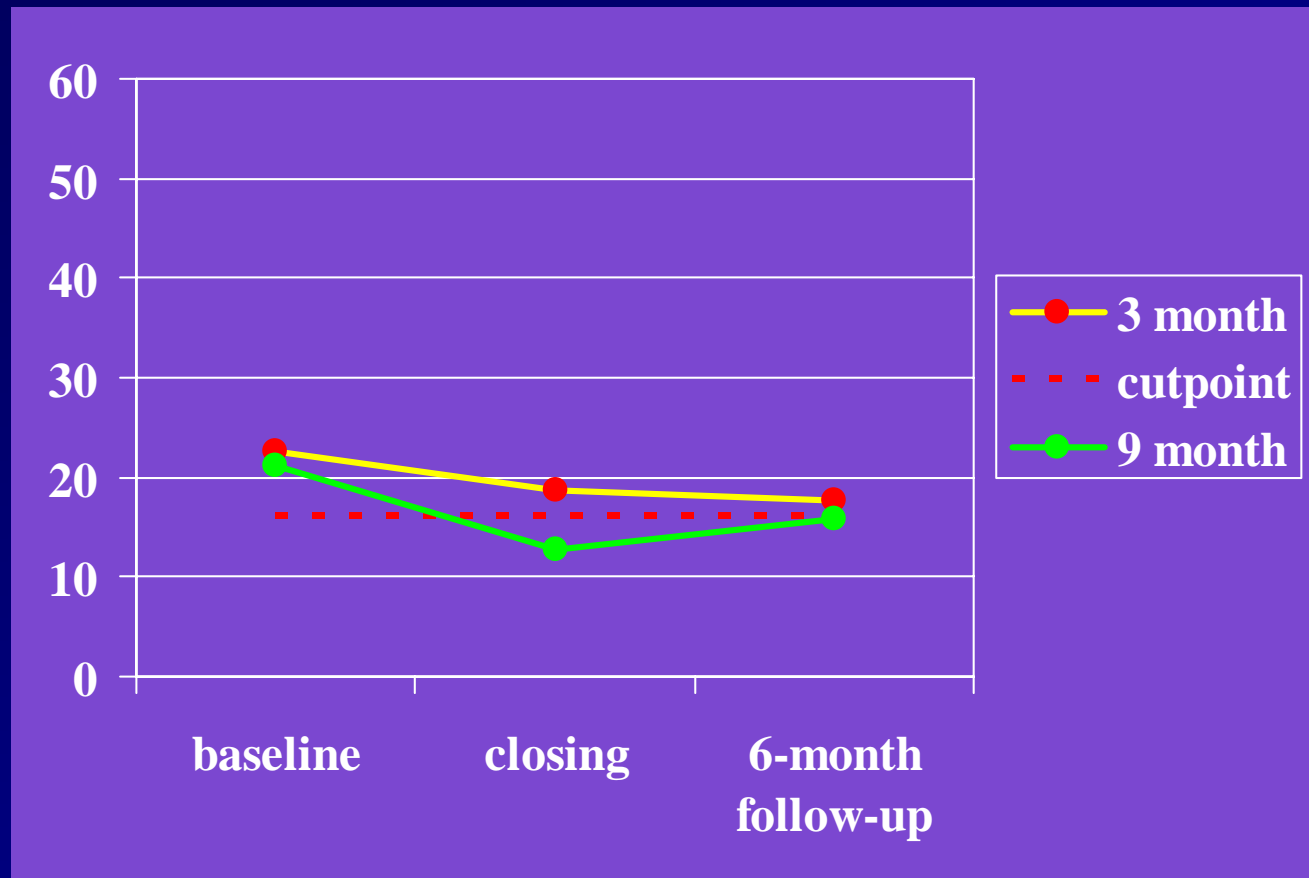
Specific Results: Depressive Symptoms

- Center for Epidemiologic Studies-
Depressed Mood Scale (CES-D) (Radloff,
1977)
 - 20 items measure:
 - Feelings of guilt and worthlessness
 - Feelings of helplessness and hopelessness
 - Loss of appetite
 - Sleep disturbance
 - Scores of 16 or more = high depressive symptoms

Specific Results: Depressive Symptoms

- 101 (65.6%) caregivers (N=154) had a CES-D total score of 16 or higher at baseline
- 58 (42.6%) caregivers (N=136) had a CES-D total score of 16 or higher at case closing
- 62 (45.6%) caregivers (N=136) had a CES-D total score of 16 or higher at 6-month follow-up

Specific Results: Depressive Symptoms (N=125)

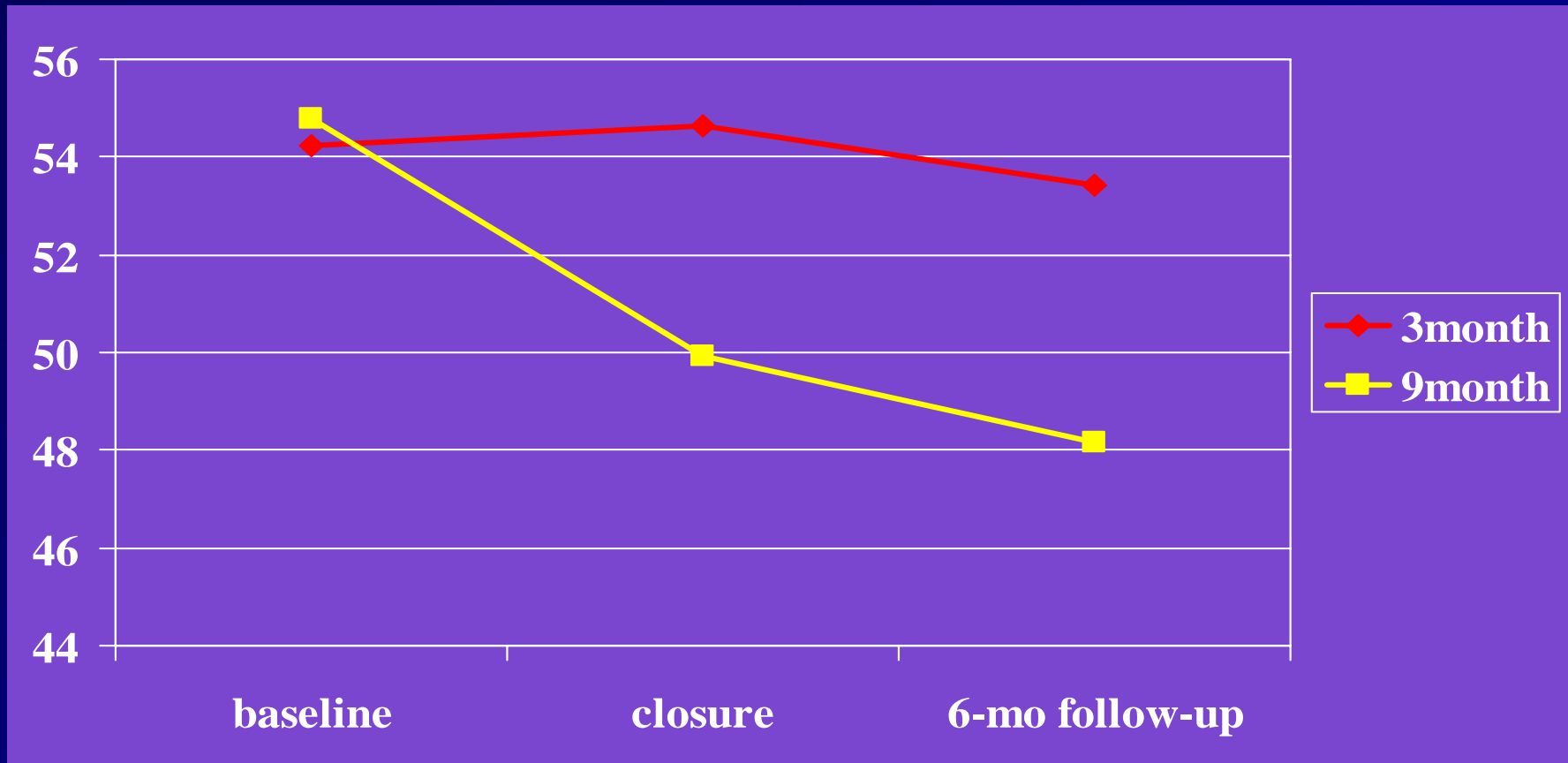


1. 9 month group had larger decrease between baseline & closing
2. 9-month group dropped below cut-point
3. At follow-up, 9-month group still has lower score (at cut point)

Specific Results: Child Behavior

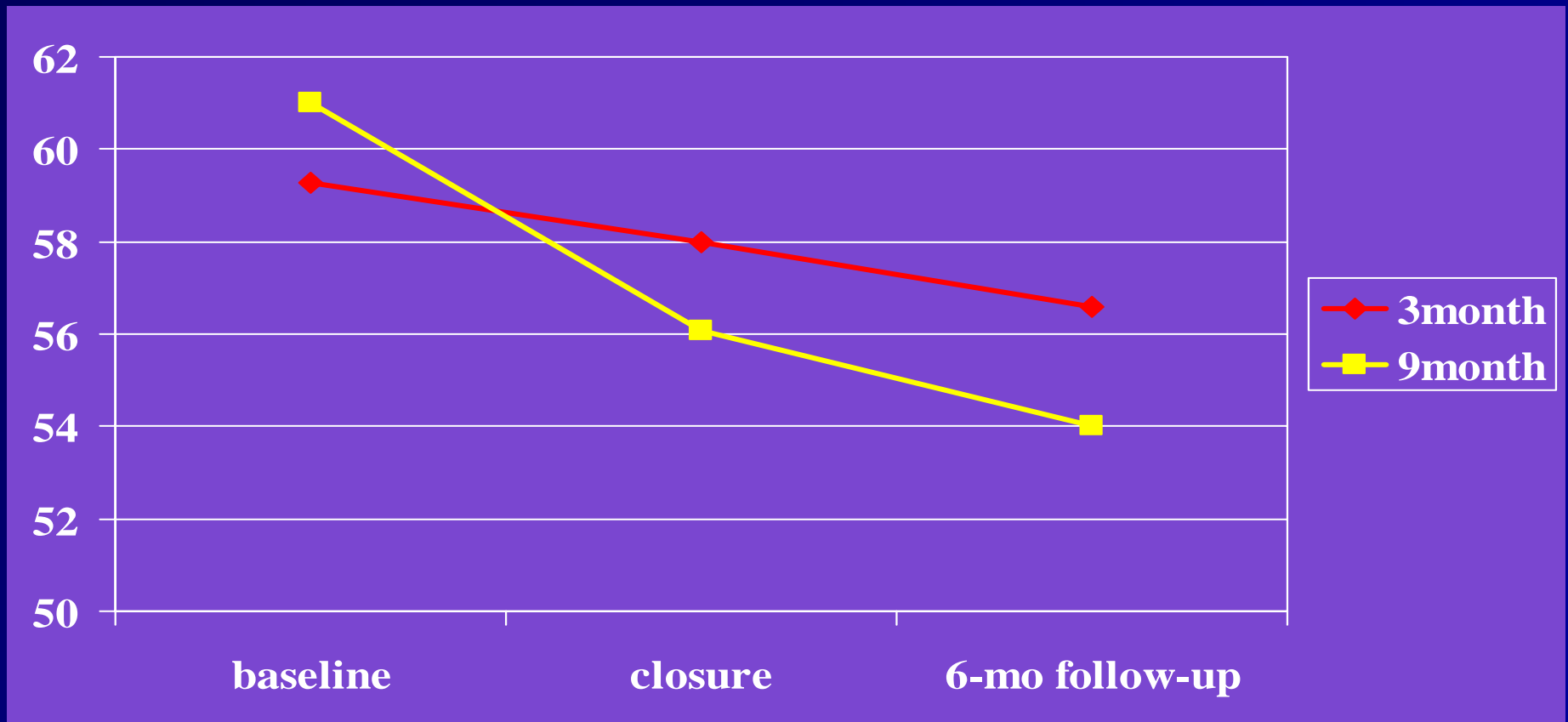
- **55 (36.9%)** children (N=149) had a CBCL total problem score > 63 at baseline
- **39 (30.5%)** children (N=128) had a CBCL total problem score > 63 at case closure
- **35 (28.7%)** children (N=122) had a CBCL total problem score > 63 at 6-month follow-up

Specific Results: Internalizing Behavior (N=111)



Whereas internalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Specific Results: Externalizing Behavior (N=111)



Whereas externalizing t scores of two groups are similar at baseline, 9 month scores are lower at both closing and 6-month follow-up than 3 month group.

Conclusions

■ Analyses suggest that intervention may have an effect on:

– **Reducing Risk Factors**

■ depressive symptoms

■ parenting stress

■ life stress

– **Increasing Protective Factors**

■ parenting attitudes and satisfaction

■ social support

AND.....

Conclusions

- **Results suggest improvement in targeted outcomes:**
 - **Child Safety**
 - decreased CPS involvement
 - fewer housing problems
 - improved mental health care
 - enhanced parental teaching of children
 - **Child Well-Being (Behavior)**
 - decreased externalizing behavior and internalizing behavior
- **Most positive effects endure six months following case closure.**

Conclusions

- **Differences in change over time between groups in:**

- Caregiver depressive symptoms
- Child behavior

- **No differences between groups in other domains**

- (e.g., parenting stress, life stress, parenting attitudes, social support, household safety).

Limitations

- Convenience (relatively small) sample
- Intervention delivered primarily by MSW interns
- Questions about fidelity of intervention (despite intervention manual)
- Short follow-up (only 6 months)

What Next?

- Replication of the program with different target populations in different geographic locations.
 - DHHS, ACYF Funding Announcement Priority area 2003D.1 Replication of Demonstrated Effective Practices in the Prevention of Child Abuse and Neglect.
 - 8 cooperative agreements to replicate Family Connections (FY04 - FY08)

Baltimore Replication of Family Connections

Using lessons learned since 1996, Grandparent Family Connections will respond to the needs of vulnerable, grandparent families in West Baltimore to prevent the neglect of children in their care.



Slides will be available at
<http://www.family.umaryland.edu>

Family Connections Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Family Connections

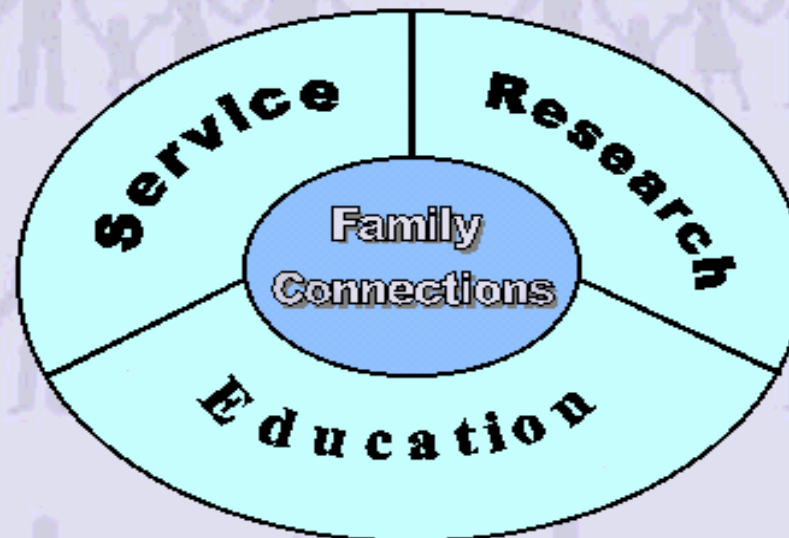
Families & Communities Working Together

Combining Service, Education, and Research to promote safety and well being for children, families, and communities.



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