



## Chronic Child Neglect

Chronic child neglect occurs when a caregiver repeatedly fails to meet a child's basic physical, developmental, and/or emotional needs over time, establishing a pattern of harmful conditions that can have long-term negative consequences for health and well-being. This differs from a report of child neglect, which refers to a single incident of failing to meet a child's basic physical, psychological, or safety needs. While Federal statistics indicate that approximately three-quarters of all child maltreatment victims in the United States during fiscal year 2017 were victims of neglect (U.S. Department of Health and Human Services, 2019), chronic child neglect is more difficult to quantify. Child welfare systems often lack the assessment tools, time, and resources to analyze child protective service reports and records for patterns that may constitute chronic child neglect.

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This bulletin outlines how child welfare professionals can identify and understand chronic neglect and looks at the important role of casework and community partnerships in strengthening families and their ability to provide safe care for children. It explores prevention and early intervention efforts to prevent and moderate the harmful effects of chronic neglect; outlines information on training and evidence-informed interventions; and provides State and local examples of ongoing work to address chronic neglect through casework practice, community collaboration, and efforts to build family well-being and resilience.

## What Is Chronic Neglect?

Chronic child neglect refers to cases in which families are reported to child protective services (CPS) for multiple incidents of neglect in multiple domains rather than single instances of a specific type of neglect. It may accompany other forms of maltreatment and often coexists with enduring poverty, co-occurring mental health issues, substance use disorders, and domestic violence. Child welfare systems may consider neglect to be chronic based on its duration, frequency (e.g., the number of CPS reports or substantiated reports), a family's ongoing need for services, or referrals for multiple types of maltreatment.

There are several widely accepted indicators of chronic child neglect:

- One or more needs basic to a child's healthy development are not met.
- The neglect happens on a recurring or enduring basis.
- The neglect is perpetrated by a parent or a caregiver.

When these three identifiers result in cumulative harm or serious risk of harm to the child's safety, health, or well-being, a child can be said to be chronically neglected. Using this framework, chronic child neglect can be defined as a parent or caregiver's ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs for healthy growth and development (Kaplan, Schene, DePanfilis, & Gilmore, 2009).

States hold varying definitions of child neglect. Only two States, Oklahoma and Washington, refer specifically to chronic child neglect while others allude to it in their definitions (e.g., Kentucky, Pennsylvania, and North Carolina).

For more information, see Child Welfare Information Gateway's State Statute publication *Definitions of Child Abuse and Neglect* (<https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>).

Child Welfare Information Gateway's *Acts of Omission: An Overview of Child Neglect* (<https://www.childwelfare.gov/pubs/focus/acts/>) addresses incident-based neglect, whereas this bulletin considers the accumulated record of neglect over time. For information on intergenerational neglect, see *Intergenerational Patterns of Child Maltreatment: What the Evidence Shows* (<https://www.childwelfare.gov/pubs/issue-briefs/intergenerational/>).

## Risk Factors

Similar to incidents surrounding many types of child neglect—physical, educational, emotional, medical, etc.—chronic child neglect occurs within a social context that may include risk factors related to the family, community, and society. Prevention and remediation of chronic neglect requires reducing the associated risk factors and strengthening the protective factors that promote child safety and well-being.

## Using Data to Identify Risks

The Community Opportunity Map (<https://www.casey.org/community-opportunity-map/>) is a free tool created by Casey Family Programs to help identify at-risk neighborhoods and families by increasing access to publicly available community data in zip codes across the United States. The tool highlights ecological indicators associated with child maltreatment as well as factors associated with strong families and safe children from the city level down to individual neighborhoods. Local governments, policymakers, child welfare leaders, and community service providers can use it to determine which neighborhoods and families are having the hardest time keeping children safe and how to work with those families to help improve outcomes.

While assessing for chronic neglect requires the consideration of a family's full pattern and comprehensive history of child neglect, rather than determining whether a specific alleged incident did or did not occur, most child protection statutes, policies, and protocols assess for specific incidents (American Humane Association, 2010). Several risk factors that may be predictive of chronic neglect include the following (Logan-Greene & Semanchin Jones, 2018):

- Families with children under age 1 and/or larger families
- Families with multiple allegations at the time of report
- Substantiated allegations in the first report to CPS
- Families with a child/children who was/were in the care or custody of others in the past
- A parent or caregiver with a history of domestic violence, substance use, mental health issues, social isolation, and/or cognitive impairment

A study of the case records of 38 families with five or more screened-in reports of neglect in a large Northeastern jurisdiction demonstrated multiple stressors associated with chronic child neglect: financial stressors in 92 percent of the families, substance use in 85 percent, domestic violence in 79 percent, and parental mental health issues in 76 percent (Semanchin Jones & Logan-Greene, 2016). The study also showed that most families (89 percent) included a child experiencing significant emotional or behavioral issues. A majority were single-parent families. The most frequent allegations in initial reports were, in descending order, inadequate guardianship; lack of supervision; parental substance use; minor physical abuse (bruises, scrapes, welts, etc.); and inadequate food, clothing, or shelter.

Vulnerable families may not understand that their children may be at risk. Because chronic neglect is often a recurring problem for such families, child welfare agencies are at risk of underserving them (Inkelas & Halfon, 1997) or having low expectations that parents can change (Daro, 1988). Caseworkers who embrace a strengths-based approach and who maintain optimism and a forward-thinking attitude are more likely to inspire change in the families they serve.

Protective factors in families and communities can help mitigate the risk factors associated with chronic neglect. This includes building a family's resilience, social connections, knowledge of parenting skills and child development, concrete supports, and the social-emotional competence of children. For more information, see Child Welfare Information Gateway's *Prevention Resource Guide* (<https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/resource-guide/>) and *Protective Factors Approaches in Child Welfare* (<https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>).

## Impacts of Chronic Neglect

Children who have experienced chronic neglect may suffer serious cognitive and social deficits because of the potential lack of responsive parent-to-child interaction that is essential for healthy child development (Logan-Greene & Semanchin Jones, 2018; O'Hara, et al., 2015; Painter & Scannapieco, 2013). Chronic child neglect can also result in abnormal physical development, a compromised immune system, and long-term chronic physical disease. The impacts of chronic neglect on children can be cumulative and like those from trauma exposure (e.g., difficulties with emotion regulation). Children who have experienced chronic neglect may develop insecure or disorganized attachment issues, social withdrawal, learning deficits, poor school performance, internalization of negative behaviors, and changes in the brain due to toxic stress. Chronic neglect also has been linked to aggression and delinquency in adolescence, particularly in boys (Logan-Greene & Semanchin Jones, 2015). The societal impact of chronic neglect may include school absenteeism and dropouts, substance use, crime, and high costs to child welfare systems, juvenile courts, and schools (Capacity Building Center [CBC] for States, 2018).

For more information on the impact of neglect on child development, see *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain* from the Center on the Developing Child at Harvard University (<https://developingchild.harvard.edu/resources/the-science-of-neglect-the-persistent-absence-of-responsive-care-disrupts-the-developing-brain/>).

## Implications for Child Welfare

It is essential for child welfare leaders to take a comprehensive and holistic approach to responding to families experiencing chronic neglect in the communities they serve. This section explores some of the strategies to address the complex nature of chronic child neglect.

The Children's Bureau's CBC for States developed a professional development tool that provides detailed guidance on how to affect systems change to benefit

children and families experiencing chronic neglect. The *Building Capacity to Address Chronic Neglect From a Systems Perspective* learning experience includes a simulated task force of child welfare administrators and frontline caseworkers who address chronic neglect-related concerns flagged in the most recent Federal Child and Family Services Reviews. Learning modules include the following:

- Understanding chronic neglect
- Locating and using data sources to evaluate the need for change
- Strategies for evaluating and implementing adaptive and technical challenges to change
- Leveraging community relationships and services

Users can create a free online account to access learning modules that explore the processes and partnerships needed to respond to chronic neglect (<https://learn.childwelfare.gov/>). Topics include strategies for building support for change, understanding the role of agency culture in responding to chronic neglect, and the importance of collaboration.

## Integrating Approaches Along the Child Welfare Continuum

Community-based child abuse prevention and differential response are two approaches that can be used to address chronic neglect. Community-based prevention and early intervention services (e.g., family support, home visiting, etc.) can help keep families from becoming chronically involved with child welfare. The FRIENDS National Center for Community-Based Child Abuse Prevention (FRIENDS) has a toolkit on preventing child neglect (<https://friendsnrc.org/neglect-toolkit>) and offers the Protective Factors Survey (PFS) (<https://www.friendsnrc.org/protective-factors-survey>)—as well as the second edition (PFS-2) of the survey—for use with parents and caregivers participating in family support and child maltreatment prevention services. The PFS and PFS-2 identify multiple protective factors that can help prevent child abuse and neglect. Both surveys can help agencies and programs assess changes in family protective factors—a major focus of prevention work.

In differential response, public child welfare systems assign screened-in CPS reports either to an investigative track or to an assessment track. For families served through the assessment track, caseworkers conduct a comprehensive assessment with an emphasis on child safety concerns and service needs, all while suspending the need to substantiate the child maltreatment allegation. For families who are chronically coming to the attention of child welfare, it is believed that the assessment track provides greater access to services designed to prevent the recurrence of child maltreatment. By encouraging a broader and more thorough assessment of a family's potential safety and risk issues, differential response has the potential to flag safety concerns for caseworkers and to be useful in cases of chronic neglect (Johnson, 2009). Differential response emphasizes meeting a family's broader needs through direct and community-based services and has been shown to reduce the need for traditional public child welfare services while enhancing family engagement, access to and participation in services, and satisfaction with the caseworker (Loman & Siegel, 2015; Ruppel, Huang, & Haulenbeek, 2011). The importance of providing families with early intervention services before a pattern of chronic neglect develops cannot be overemphasized.

For more information on differential response, see *Differential Response to Reports of Child Abuse and Neglect* at <https://www.childwelfare.gov/pubs/issue-briefs/differential-response/>.

## Casework Practice to Address Chronic Neglect

Persistent and pervasive chronic child neglect in a community can overwhelm local child protective systems and drain resources required to investigate or assess CPS reports (Loman, 2006). Because chronic child neglect is often entrenched in the family dynamic, confronting it requires a positive attitude, resolve, resources, skill, and patience. This section looks at steps caseworkers can take to work with families impacted by chronic neglect.

## Casework Skills

It is imperative for caseworkers to demonstrate the following skills and strategies when working with families dealing with chronic neglect (Kaplan, Schene, DePanfilis, & Gilmore, 2009):

- Ability to engage families and their support systems holistically
- Well-honed risk assessment and decision-making skills, including a recognition of patterns of neglect
- An understanding of the role of hope and how to inspire it in struggling families
- Ability to help families sustain positive changes before closing a case

## Intake

Caseworkers can look for common indicators of chronicity when screening reports of neglect, such as the number of reports during a specific timeframe and the range of allegations of neglect across multiple domains (e.g., hygiene, supervision, etc.). Caseworkers should consider a family's entire history and take note when numerous risk factors exist in the midst of few, if any, protective factors. Tapping into partnerships with other social service providers, educators, and local law enforcement may help to fill in details about a family's history. This initial discernment can inform next steps, as caseworkers consider the impact of the cumulative risk of harm from chronic neglect.

## Successful Engagement

Engaging with a family can increase a caseworker's ability to gauge the level of neglect, determine the family's specific needs, and influence factors affecting safety. The quality of this relationship can be a powerful factor in change. Caseworkers can do the following to engage the family:

- Listen to and address issues that concern the family while identifying and attending to their immediate needs
- Identify family strengths and networks of support within the community to address the identified concerns

- Focus initially on “baby steps” (small actions that lead to immediate improvements in the parent’s life and the child’s life) and avoid overwhelming the family with too many services at once
- Focus on improving the capacity of family members to meet their basic needs and improve child and family safety and well-being
- Recognize and praise parents’ strengths, especially examples of sensitivity to and concern for children in the family
- Return to the home regularly to develop a relationship with the caregiver and to evaluate the family’s progress over time

Casework interventions should seek to empower caregivers by providing them with choices whenever possible and engaging them in the decision-making process. A search should be conducted for extended family members who might be helpful to children and parents for respite care or, if needed, for out-of-home care (Wilson, 2016). Family members and extended kin can also provide valuable moral support, emergency assistance, and help to develop parental resilience (i.e., the ability to rebound from adversity).

For more information, see *Family Engagement: Partnering With Families to Improve Child Welfare Outcomes at* <https://www.childwelfare.gov/pubs/f-fam-engagement/>.

## Assessment

Comprehensive and individualized assessments can help to identify family members’ unique strengths and needs as well as the associated safety threats and risk factors for chronic neglect (Johnson, 2009). Instead of focusing on incident-based neglect, assessments should identify referral patterns, parental strengths and challenges, and possible sources of ongoing support. To make such a determination, the initial assessment should consider two points: (1) family history and cumulative developmental and physical harm resulting from neglect and other types of maltreatment and (2) services that have been utilized in past interventions. The assessment should carefully evaluate whether children’s basic needs are met and whether there is evidence of recurring omissions in care

that periodically create safety threats (DePanfilis, 2006). It is important to understand the parents’ perspective on what their challenges are as well as what they believe would increase their capacity to meet their children’s needs.

A study of families experiencing chronic neglect in the Northeast found that commonly used risk assessment tools may not be good at predicting chronic neglect, perhaps because they look at a point in time rather than the accumulation of harm that comes from chronic neglect (Logan-Greene & Semanchin Jones, 2018). In addition to conducting a comprehensive assessment of family strengths and needs, the authors identify the following as key to responding to chronic neglect (Semanchin Jones & Logan-Greene, 2016):

- More consistent use of standardized risk and safety assessment protocols
- Better recognition of past patterns of neglect
- Effective supervision for coaching, support, and accountability for frontline staff
- Manageable caseloads
- Use of specialized chronic neglect teams

## Case Planning and Intervention

Partnering with families to help them identify their strengths and needs allows them to feel greater ownership of their case plan and more invested in the outcomes. The following are elements to consider when intervening on behalf of families dealing with chronic neglect (Corwin, Maher, Rothe, Skrypek, & Kaplan, 2014):

- Meeting the concrete needs of the family first
- Building trust with the family members by keeping promises and promoting regular contact and accessibility
- Developing the family’s skills through small and measurable steps with clearly defined goals

- Strengthening the family's support network
- Working with the family beyond 12 months
- Using casework teams and promoting self-care to avoid caseworker burnout and secondary trauma (see Information Gateway's webpage at <https://www.childwelfare.gov/topics/management/workforce/retention/turnover/burnout/>)

## Case Closure

Families need a plan should they find themselves slipping back into the circumstances that brought them to the attention of child welfare agencies or if new issues arise. At the very least, such a transition plan will provide family members with the means to access ongoing family and community supports as well as any needed services. Caseworkers should ensure there is an appropriate handoff to community service providers in the event families require ongoing assistance and provide the families with information on how to seek services after their case is closed.

## Multisystem Collaboration and Partnerships

Community and multisystem partnerships can help to create a holistic response to chronic neglect and a multidisciplinary approach to engaging and supporting more families. Potential community partners may include private child welfare agencies, courts, substance use and mental health treatment providers, housing systems, early childhood centers, schools, and faith communities. Data from child welfare agencies, school counselors, community centers, and families receiving Temporary Assistance for Needy Families, housing, food bank, or Medicaid help may help identify populations needing help (CBC for States, 2018). Collaboration should be tailored to the characteristics and strengths of the community (FRIENDS & National Alliance of Children's Trust and Prevention Funds, 2018).

FRIENDS developed a collaboration toolkit to promote effective community collaboration efforts. The toolkit includes information on collaborating with the substance use, mental health, and domestic violence systems (<https://friendsnrc.org/neglect-toolkit>).

Visit Child Welfare Information Gateway's webpage on Cross-System Collaboration in Prevention Services (<https://www.childwelfare.gov/topics/preventing/developing/collaboration/cross-system-collaboration-in-prevention-services/>) and the FRIENDS webpage on Promising/Emerging Multi-System Efforts (<https://friendsnrc.org/neglect-toolkit/policies-public-systems/promising-emerging-multi-system-efforts>) for additional examples of multisystem collaboration.

## Evidence-Informed Interventions

Several evidence-based interventions and promising programs may prevent and mitigate conditions related to chronic child neglect. Because of the socioecological context in which chronic child neglect occurs, interventions require actions that go beyond standard service provision (Corwin, et al., 2014). This section looks at a sampling of interventions that may be relevant to chronic neglect cases.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) features a registry of evidence-based and nonevidence-based child welfare-related practices and interventions. Of the more than 300 programs it lists for children and families, only 5 programs specifically address neglect (CEBC, 2018). For more information, see the CEBC website at <http://www.cebc4cw.org/registry/>.

While the five CEBC programs do not address chronic child neglect specifically, interventions and programs that may be useful for families experiencing chronic neglect include the following:

- **Child First** (<http://www.childfirst.org/>) is an intensive therapeutic home visiting model for primary caregivers and their children from birth through age 5 who are at high risk for developmental, emotional, or behavioral problems or maltreatment. Child First (Family Interagency, Resource, Support, and Training) connects families with community-based services to reduce family stress levels and provides in-home clinical services to help build parent-child attachment, heal trauma in both the caregiver and child, and prevent additional toxic stress.

Child FIRST is rated as a “near top-tier” program by the evidence-based policy team at Social Programs That Work (formerly the Coalition for Evidence-Based Policy). Families participating in a Child FIRST trial were found to be 39 percent less likely to be involved with CPS and had a 98 percent increase in access to community services and supports (Robert Wood Johnson Foundation, 2015).

- **Childhaven Childhood Trauma Treatment** (<http://www.childhaven.org>) is an evidence-based therapeutic child care program with a CEBC rating of 2—or one that is supported by research, according to CEBC’s Scientific Rating Scale—for infants and children aged 1 month through 5 years and their families. Intensive early intervention and specialized treatment services are provided in a licensed child care setting to heal the effects of early toxic stress, prepare the child for learning, and improve parenting skills to strengthen family relationships and build family resilience.
- **Family Connections** (<http://www.family.umaryland.edu/fc-replication>) is a comprehensive family-centered home and community-based program for families with children ages 0 to 17 designed to help caregivers meet the basic needs of their children and reduce the risk of neglect. Family Connections seeks to increase family protective factors and decrease the risk factors associated with child maltreatment. CEBC rates the program a 3, or one backed by promising research evidence. Family Connections is governed by several service principles that may be particularly useful in practice with families experiencing chronic neglect. This includes community outreach, individualized family assessments, tailored interventions, and outcome-driven service plans.
- **Homebuilders** (<http://www.institutefamily.org/>) is an evidence-based program for parents and caregivers of children ages 0 to 17 with a CEBC rating of 2 that offers intensive family preservation services to help keep families together. The program is designed to engage families by serving them in their home environment and may be useful in neglect cases by helping primary caregivers improve their supervision of children and access to community-based supports.

- **SafeCare** (<http://www.safecare.org>) is an evidence-based home visiting program for parents and caregivers of children ages 0 to 5. With over 60 studies conducted to validate the program, SafeCare has a CEBC rating of 2. The program focuses on three risk factors that are key for chronic neglect cases: the parent-child relationship, child health, and home safety. The Washington State Institute for Public Policy (WSIPP) rated SafeCare as having the highest financial return on every dollar invested—\$22.41—in a cost-benefit analysis of various child welfare programs (WSIPP, 2018).

## State and Local Examples

Several initiatives are underway aimed at reducing risk factors for chronic neglect and addressing its harmful effects on children and families.

### Colorado

The Colorado Community Response (CCR) voluntary program provides families who have been reported to CPS—but whose cases were screened out—with comprehensive services, including access to vital support services, case management, and resource referrals to increase their ability to meet their children’s needs. An evaluation of CCR found that families participating in the program enhanced protective factors, built social capital, increased stability, improved family functioning and self-reliance, and received concrete supports (Colorado Department of Human Services, Office of Early Childhood, 2018). Additionally, families who completed CCR had lower rates of repeated child welfare involvement than those who did not complete the program.

### Connecticut

Connecticut’s Office of Early Childhood (OEC) developed several innovative programs with potential to help families that may be dealing with chronic neglect (A. McKenna, personal communication, August 28, 2018).

OEC launched a results-oriented initiative that incentivizes home visit providers to achieve important goals for children and families, such as a reduction in

child maltreatment and increased parental employment ([https://www.ct.gov/oec/lib/oec/ct\\_oec\\_miechv\\_rate\\_card\\_fact\\_sheet.pdf](https://www.ct.gov/oec/lib/oec/ct_oec_miechv_rate_card_fact_sheet.pdf)). The OEC pilot program uses an outcomes rate card to reward providers with a bonus payment for every family that achieves the following:

- A healthy birth that avoids a risky and costly preterm delivery
- Avoidance of emergency room visits or substantiated claims of child maltreatment that result in high costs and future treatment needs
- Attainment of measurable stability goals by at-risk families, including secured child care, health care, and housing
- Caregiver employment or completion of a job-training program or educational attainment that will help advance family economic stability

The pilot is built on a public-private partnership between OEC and the Hartford Foundation for Public Giving, which is contributing outcomes payments for providers in the Hartford area.

OEC's Mind Over Mood (MoM) maternal mental health initiative helps young mothers with postpartum depression and the related mood disorders that can contribute to maternal neglect. The MoM initiative gives expectant and new mothers access to insurance-covered clinical services through a central phone line and in-home services. MoM has processed over 250 referrals for clinical services that help to create maternal, infant, and family well-being in multiple areas, including the following (A. McKenna, personal communication, August 28, 2018):

- Decreased anxiety and depression symptoms
- Increased bonding with baby and enjoyment of caregiving
- Increased parental sensitivity
- Increased ability for self-care
- Improved self-esteem
- Increased motivation and planning for the future
- Enhanced ability to meet daily demands

## District of Columbia

The District of Columbia Child and Family Services Agency (CFSA) has instituted an "In-Home Levels-of-Care" system to help caseworkers address safety and risk factors that may perpetuate chronic neglect. The CFSA levels-of-care system ensures that families with multiple and complex needs receive more intensive engagement and attention. Each level of care defines a graduated set of family needs, interventions, contact requirements, and case-length standards (R. Matthews and L. Walker, personal communication, August 8, 2018):

- **Intensive-level cases** are those where a substantial risk to the safety and well-being of children has been flagged through the CPS investigation or a family is already being served through an in-home case. The majority of intensive-level cases have an active safety plan. Cases may be assigned to the intensive level when a court petition has been filed to spur compliance with a case plan (referred to as *community papering* and is particularly relevant to cases of educational or nonemergency medical neglect, substance use, or mental health problems). Other examples that might fall under the intensive-level category include cases where children are perceived to be vulnerable due to special needs or age, or where there is a perceived risk of exposure to domestic violence.

Intensive cases remain open for 8 to 10 months, and a CFSA social worker will meet face to face with the family once a week at a minimum. Families with an active safety plan may require more contact. The social worker ensures a team meeting is held within 60 days of the completion of the initial case plan, and additional meetings are held as needed.

- **Intermediate-level cases** are those with multiple risk factors (e.g., homelessness, limited life skills and support networks, difficulty meeting children's needs) that are deemed to require considerable attention and oversight to ensure children's needs are being met but where there is no imminent risk or danger. In these cases, which remain open for 6 months, a social worker visits twice a month at a minimum to ensure the family is moving toward case plan goals.

- **Graduation-level cases** are those where the family has demonstrated that there is no imminent risk or danger and child welfare involvement is no longer necessary. Cases remain open for 30 to 60 days at the graduation level, with the social worker making at least one visit to the home to discuss case plan goals and progress, barriers, and safety. At the close of the case, a celebration is held to reward progress and to develop a sustainability plan for the family. The family is provided with a list of contacts that they can go to for help and a signed certificate that shows they have completed services. CFSA social workers make a referral to the family's neighborhood collaborative to ensure the family has a smooth transition into a continuum of care. Typically, a CFSA social worker contacts the collaborative for an internal meeting to update them on the case, followed by a joint home visit with the family. CFSA has moved away from the use of the term "voluntary" services to encourage families to see child welfare as a continuum. If a family declines services, family members are assured that they are always welcome to seek help from the collaborative at any time.

CFSA's restructured in-home case management system seeks to ensure that social workers are better at assessing a family's underlying needs, increasing teaming efforts with families and providers, and developing case plans to help families change their behaviors and increase protective factors to improve child safety. In circumstances where, for example, children are consistently missing school or when parents are not attending parenting classes, CFSA may seek court approval for community papering to spur a change in the family's behaviors. This has helped with parental participation and accountability and has increased court involvement in cases that might not normally receive court oversight. When a family successfully addresses its safety issues, CFSA may close the case. If unsuccessful, CFSA may move children to out-of-home care. When a case extends beyond the accepted period for the assigned

level of care, CFSA reviews it to determine whether a different level of care should be assigned or whether a new direction is needed (e.g., community papering or out-of-home care) (R. Matthews and L. Walker, personal communication, August 8, 2018).

### Wisconsin

Wisconsin's Community Response Program (CRP) was created as a prevention program model for families who are screened out of CPS or whose cases are unsubstantiated but who demonstrate characteristics associated with chronic neglect and are deemed at high risk for a future CPS referral. CRP provides its families with case management, home visits, collaborative goal setting, a comprehensive assessment, and access to financial supports for up to 20 weeks. One of its primary goals is to reduce the economic stressors that can be associated with child maltreatment. CRP staff meet with families to identify immediate needs and to connect them with both formal and informal resources to meet those needs. CRP seeks to strengthen the families it serves, prevent maltreatment, and reduce repeated referrals to CPS.

For more information, see <https://preventionboard.wi.gov/Pages/OurWork/CommunityResponse.aspx>.

### Oregon

In Oregon, community-based crisis relief nurseries provide infants and young children at risk of early maltreatment with early learning and skills to help build resilience. The relief nurseries offer early intervention programs to help overcome potential developmental delays and early trauma; strengthen parenting and primary caregiver skills; and preserve families through home visits, support services, mental health counseling, parenting classes, early childhood education, and more.

Learn more on the Oregon Association of Relief Nurseries website (<https://www.oregonreliefnurseries.org/>).

## Competencies and Training

Specialized training is key to providing professionals with a clear understanding of the complexities of chronic neglect.

Trainings should include the following:

- How to engage with families, identify their informal supports, and relate to them as experts on their own strengths and needs
- How to listen effectively to support a family and tailor services to their specific needs
- How to perform comprehensive assessments that consider the family's past patterns of neglect and identify risk factors such as substance use, cognitive impairment, or domestic violence
- How to work with the Strengthening Families Protective Factors framework to promote family well-being and prevent recurrences of neglect
- Research on adverse childhood experiences (ACEs) to help adult family members understand their own trauma and how to minimize adversities for their children
- Research on early childhood science and brain development

Chronic neglect cases may affect agency workload issues because of their complex characteristics. For more information on managing casework loads, see Information Gateway's issue brief, *Caseload and Workload Management*, at <https://www.childwelfare.gov/pubs/case-work-management/>.

As mentioned on page 4, *Building Capacity to Address Chronic Neglect From a Systems Perspective* simulates a child welfare task force to explain chronic child neglect and how to address it. The comprehensive learning modules are available on the CBC for States website at <https://learn.childwelfare.gov/>.

## Importance of Hope

When families and caregivers have hope, they are more likely to work toward case goals and achieve safety, well-being, and permanency. It is essential for caseworkers to motivate families through an optimistic and strengths-based approach so that they engage in services and work toward positive goals. Child welfare professionals can support families by helping cultivate positive relationships, experiences, and environments that work to buffer ACEs and promote healthy childhood development (Sege & Browne, 2017). For State and local examples of how a public health approach to child welfare, reliance on community data, and the science of ACEs and brain development are working to improve child and family safety and well-being, see the following reports:

- *Balancing Adverse Childhood Experiences With HOPE (Health Outcomes of Positive Experiences): New Insights Into the Role of Positive Experience on Child and Family Development* (<https://hria.org/resources/hopereport/>)
- *The Evolution of Hope: How Communities Across America Are Building Better Futures for Their Children and Families* (<https://www.casey.org/hope2017/>)
- *Moving Hope Forward: How Safety, Knowledge, and the Power of Community Can Transform Lives* (<https://www.casey.org/hope2018/>)

## Conclusion

Chronic neglect is the product of significant and multiple stressors on individuals and families with the potential to span generations, particularly absent effective interventions that consider these complex factors. Partnerships that share common goals and make good use of community resources are essential in efforts to remediate and prevent chronic neglect. More research, prevention, and early interventions—combined with concrete supports and hope-based initiatives—are needed to address chronic neglect and its far-reaching effects on children and families.

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