

**CHRONIC NEGLECT IN PERSPECTIVE:
A STUDY OF CHRONICALLY NEGLECTING FAMILIES
IN A LARGE METROPOLITAN COUNTY**

EXECUTIVE SUMMARY

**The National Resource Center on Family Based Services
The University of Iowa
School of Social Work
Oakdale, Iowa 52319**

**Principal Investigator: Kristine Nelson, D.S.W.
Co-Investigator: Edward Saunders, Ph.D.
Project Director: Miriam J. Landsman, M.S.W.**

**Research Associate: Margaret Tyler, M.A.
Research Assistant: Carla Marcus, M.S.W.
Research Assistant: Shannon Spahr, M.S.W.**

in association with

**The University of Pittsburgh
School of Social Work
Pittsburgh, Pennsylvania**

**Project Director: Janet Hutchinson, M.P.A.
Site Project Director: Edward Sites, Ph.D.
Research Associate: Suzanne McDevitt, M.S.W.**

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INTRODUCTION

Child neglect, historically, has received less attention than either physical abuse or sexual abuse of children. This study attempts to bring needed clarity to the problem of child neglect, especially chronic neglect.

The study was conducted in Allegheny County, Pennsylvania - Pittsburgh is its principal city - between October 1986 and December 1989. It identifies three groups of families referred for child neglect:

- 1) **New neglect:** families referred for neglect who had been known to the child protective system for less than three years;
- 2) **Chronic neglect:** families referred for neglect who had been involved in the child protective system for three years or more; and
- 3) **Unconfirmed neglect:** families who were referred for child neglect that was not confirmed.

Of the 345 families who were contacted, 182 (53%) agreed to an Intake Interview. Thirty-six of these families were new, confirmed cases; 55 were chronically neglecting cases; and in 91 cases, neglect was not confirmed.

The study was conducted by the National Resource Center on Family Based Services, The University of Iowa School of Social Work, with the cooperation of the Allegheny County Children and Youth Services agency and the University of Pittsburgh School of Social Work, and funded by the U.S. Department of Health and Human Services and the Vira I. Heinz Endowment (Pittsburgh, PA).

FINDINGS

All family groups

- * All families in the study were poor: 85% received food stamps, 78% received public assistance, and 80% reported that they ran out of money before their next check arrived. Three times more study families than families in the same census tracts received public assistance.
- * Nearly 50% of the study families were referred to the child welfare agency for inadequate supervision of preschool-aged children. However, only 11% had received day care services in the past year and 71% reported that they did not have enough money to pay a babysitter.
- * 20 to 30% of the families reported unsafe housing conditions.

- * All groups experienced higher levels of psychological distress than in families in several other studies which used the same measure.
- * Nearly one-third of the families in the study had family relationship scores which indicated clinically significant problems.
- * There were no differences among the groups in the amount of social support they received from relatives, friends, and neighbors.
- * Two-thirds or more of the study families had experienced a death, birth, and/or change of residence in the past three years. Less than a third of families had stayed in the same house for three years, compared to two-thirds of their neighbors who had not moved in five years.
- * Black families were generally poorer, were more likely to receive public assistance, and lived in worse housing in worse neighborhoods in comparison with white families.
- * Never-married caretakers were more likely to be black, had the lowest incomes, had the worst relationships with their families, and were least likely to get or use services in comparison with divorced, separated or married caretakers.

Chronically neglecting families

- * Chronically neglecting caretakers had more and older children than the other two groups.
- * The chronically neglecting families were poorer than the newly neglecting and unconfirmed families, supporting an average of one more person on the same income.
- * Chronically neglecting families were referred more often for inadequate housing than either of the other two groups.
- * Chronically neglecting families were assessed as having significantly more problems at intake to the study than newly neglecting or unconfirmed cases including child hygiene and nutrition, money management, unemployment, mental retardation in children and adults, medical neglect, parent-child conflict, child mental illness, truancy, and other school problems.
- * Chronically neglecting caretakers had less parenting knowledge and more inappropriate expectations, particularly regarding communication with their children.
- * Chronically neglecting caretakers reported following up on service recommendations significantly more often than the other groups.

Newly neglecting families

- * Newly neglecting families were under significantly more stress than the other two groups, and 75% had experienced a serious illness or injury in the prior three years.

- * Psychological distress (except for perceived health problems) was higher among newly neglecting caretakers than the other two groups: they reported more loneliness, confusion, trouble concentrating, restlessness, fears, and feelings of helplessness.
- * Family relationships were significantly worse for newly neglecting caretakers, particularly those who were never married.
- * Newly neglecting families also reported a higher incidence of drug use in their neighborhoods.

Changes in families at 10-12 months follow-up: differences between unconfirmed and confirmed (both new and chronic) groups

- * Over time, neglecting caretakers made improvements in social support, overall mental health, and in their parenting knowledge and expectations.
- * For both the unconfirmed and confirmed neglect groups, improved mental health was significantly related to having enough money to manage and less stress.
- * Although the neglectful families improved significantly in their parenting knowledge and expectations, their feelings toward the most problematic child in the family became more negative over time.
- * Crisis intervention was the only service received significantly more often by the confirmed than the unconfirmed group.
- * Over a third of the confirmed neglect cases, compared to less than a quarter of the unconfirmed cases, added a child to the family over the follow-up period.

RECOMMENDATIONS FOR POLICY AND PRACTICE

Policy initiatives

This study found overwhelming evidence implicating extreme poverty in the etiology of neglect, and especially of chronic neglect. Therefore, policy initiatives may well be more effective in ameliorating neglect than interventions with individual families. Policy makers should:

- * Increase income supports for poor families.
- * Increase educational and vocational opportunities and low-skill jobs with adequate wages.
- * Provide affordable and flexible child care.
- * Increase the supply of adequate low-income housing and rent subsidies.
- * Bar discrimination in housing against large families.

- * Decrease drug trade and violence in urban neighborhoods.
- * Increase access to drug treatment, medical and family planning services.
- * Increase attention to minority population needs.

Practice guidelines

While policy interventions are most needed to address the problems of chronically neglecting families, specific services and service approaches may well offer hope of improvement to individual families. Human service agencies should:

- * Provide comprehensive, in-home services.
- * Provide paraprofessional services focused on parenting skill development.
- * Provide individual and group counseling focused on stress management and issues of grief and loss.
- * Provide family counseling to families experiencing relationship problems.
- * Create a service delivery system which recognizes the varying needs of families with a continuum from non-intrusive family support to long-term family maintenance services.