

**SUPPLEMENTAL REPORT TO THE CHILDREN'S JUSTICE ACT TASK FORCE
CHILD NEGLECT STUDY**

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Supplemental Report to the Children’s Justice Act Task Force Child Neglect Study

From July 2004 through June 2005, The Child Welfare Partnership conducted a study of practices, programs, and research regarding child neglect in Oregon and across the nation. The Final Report submitted in June 2005 describes the results of two statewide surveys and an analysis of Department of Human Services administrative data on neglect in Oregon. This Supplemental Report repeats and expands the review of the research literature on best practices, reports the results of an additional survey of best practices in Oregon, and synthesizes state and national findings as a basis for developing a strategic plan to address child neglect in Oregon.

Literature Review

Partnership researchers conducted a thorough review of national research regarding child neglect cases and models of intervention, examining published literature as well as program evaluation reports between 1995 and January 2005. (A selected annotated bibliography is attached to the final report as Appendix A.) In the review of literature, the following major themes emerged:

“Neglect of Neglect”

Neglect is considered an overlooked form of child maltreatment, a situation often referred to as the “neglect of neglect.” Although nationally it is the largest category of CPS cases and is increasing more rapidly than other forms of maltreatment, comparatively little is known about best or promising practices with families referred for neglect (Berry, 2003; DePanfilis, 1999; Gaudin, 1993). Child neglect is insufficiently studied and little is known about the differences between families experiencing neglect and families experiencing other forms of child maltreatment. Few studies examine the effectiveness of intervention models for neglectful families separately from families dealing with other types of child abuse. Difficulty in defining neglect, the perceived complexity these cases, the challenge of engaging neglectful families in services, and the commonly held

misperception that neglect is less harmful to children than physical or sexual abuse offer some explanation for why so few rigorous studies have been conducted (Connell-Carrick, 2003; DePanfilis, 1999; Gaudin, 1999; Harrington et al, 2002; Straus & Kantor, 2003).

Challenges in Defining Neglect

Many challenges exist in defining neglect. Because child neglect is an act of omission, it is not as clearly defined as physical abuse or sexual abuse (Zuravin, 1999). Researchers, CPS field staff, administrators and lawyers continue to debate whether a definition of neglect should be based on measurable harm to a child or on the actions of the parents or caregivers, regardless of whether a child is harmed (Straus & Kantor, 2003).

Furthermore, variations in community standards affect the community's perception of what is or isn't child neglect. Several states specifically exclude families who are unable to provide for a child's basic needs because of financial inability from their definition of neglect (Connell-Carrick, 2003).

Risk Factors

A number of risk factors are associated with the children and families who enter child protective services due to neglect. Poverty, low educational achievement, and unemployment or under-employment are clear risk factors for neglect (Connell-Carrick, 2003; DiLauro, 2004). Although most families living in poverty are able to meet the basic needs of their children, "neglectful families are the 'poorest of the poor,' often lacking adequate housing, health care, and child care" (Morton & Salovitz, 2001). Single motherhood, young maternal age, maternal depression, and younger children are also characteristics associated with neglect (Connell-Carrick, 2003, DePanfilis, 1999; Gaudin, 1999). Neglectful families are generally believed to be more chaotic, less organized, less expressive of positive feelings with higher rates of parental conflict. A higher number of children in the home (three or more) increases a family's risk of neglect (Gaudin, 1999; Smith & Fong, 2004). As with other forms of child maltreatment, substance abuse is highly associated with child neglect (Ondersma, 2002). Neglectful families tend to have smaller social networks with fewer social interactions and receive less positive support. The literature also indicates that neglectful caregivers have fewer parenting and social skills (Connell-Carrick, 2003, DePanfilis, 1999; Gaudin, 1999; Morton & Salovitz,

2001). In Oregon, the methamphetamine epidemic is believed to have greatly contributed to the problem of neglect because addiction to the drug and consequent inability to parent occur so rapidly after a caregiver first begins use.

CPS Response to Neglect

Little is known about child protective service system responses to neglect separate from other forms of child maltreatment. In fact, evidence suggests that child protective service systems make no practical distinctions between the assessment and treatment of neglect and other types of child maltreatment. Concern exists that the threshold for intervention in neglect cases is too high and, because of limited resources in child welfare agencies, physical and sexual abuse are given a higher priority. Studies indicate that children who have experienced neglect receive fewer mental health services than victims of physical or sexual abuse even though the consequences of neglect – particularly chronic neglect – are often more severe (Burns et al, 2004; Garland et al, 1996). The high rate of concurrent issues such as substance abuse, mental illness, domestic violence, and poverty create many barriers to working with families experiencing neglect (Gaudin, 1999; Morton & Salovitz, 2001). The literature suggests that families who neglect their children are likely to have many chronic and severe problems, all of which may need to be addressed simultaneously. Thus, the high level of intervention required by neglectful families and the limited resources of child welfare agencies pose a considerable challenge to implementing successful interventions.

Risk Factors in Oregon

Data from two sources were drawn to understand the relative importance in Oregon of the many risk factors known to be associated with child neglect. The first was a sample of providers around the state who responded to a survey administered by the Child Welfare Partnership at Portland State in Fall 2004. Complete results of this survey are provided in the Final Report submitted to the Community Justice Alliance Task Force in June 2005. The second source was the state's administrative data on families referred for maltreatment between October 2002 and September 2003. Data from these two sources

provide contrasting impressions of the population for whom neglect is a concern in Oregon.

Providers overwhelmingly cited domestic violence as the single most critical risk factor for neglect, followed by lack of social/personal support, mental illness, substance abuse, and parenting skills. Other factors such as poverty and developmental delay among parents were noted less often. By contrast, administrative records on families that enter the public child welfare system indicate that substance abuse is the single most common risk factor. Following substance abuse, the most common risk factors in this data set were unemployment (or under-employment), single parent (mother), and criminal history. Overwhelming childcare problems, housing instability, and younger age of parent also appeared in the state data but were not noted by community-based providers.

These contrasting findings might reflect misperceptions on the part of providers about the families they serve or, alternatively, inaccurate data at the state level. However, it is also possible that community-based providers are serving a population of families that are somewhat different from those who enter the public child welfare system, highlighting issues related to prevention efforts as well as the CPS response. For example, at the practice level, the methamphetamine epidemic is believed to have greatly contributed to the problem of neglect because addiction to the drug and consequent inability to parent occur so rapidly after a caregiver first begins use. This perception very likely results in a speedier and higher-level CPS response to families where meth use is apparent than for families, for example, where the most critical issue is domestic violence. Both may be equally involved in child neglect.

Promising Practices for Neglect

A number of studies have been conducted examining the effectiveness of interventions aimed at neglecting families; however, few of these studies have been rigorous enough for any clear program models to emerge. Nevertheless practices or program components considered to be “promising” (Berry et al, 2003; DePanfilis, 1999, 2005; Fong & Smith,

2004; Gaudin, 1993, 1999; Morton & Salovitz, 2001) address clusters of known risk factors as illustrated below:

Table 1: Risk Factors and Promising Practices

Risk Factors	Promising Practices
Poor parenting Inadequate social skills Social isolation Depression	Early intervention addressing child development Parenting and social support In-home services
Poverty Unemployment Inadequate housing Low education	Concrete services Employment/job skills training Flexible funding Case management
Substance abuse	Substance abuse assessment, treatment, and aftercare.
Multiple challenges	Multi-disciplinary and interagency teams

These recognized practices potentially form the basis for assessing the likely effectiveness of programs where intervention or treatment for neglect is the goal. Using a public health model, a recent review of best practices identified three necessary levels of service in preventing child abuse and neglect: (1) primary prevention activities including public awareness, parent education, and family support; (2) secondary prevention with a focus on high-risk families including parent education and support, home visiting, and family resource centers; and (3) tertiary prevention to reduce negative consequences when maltreatment has already occurred. These include family preservation services, parent mentor programs, parent support groups, and mental health services. Programs addressing child neglect include parent education and parent support programs such as

Parents as Teachers, home visitation programs such as *Healthy Start*, and respite and crisis care programs including crisis nurseries (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). Additional work is needed to develop clearer specifications for these practices and the means to assess fidelity or the quality of implementation.

Program Models

Home Visitation Programs

With respect to specific programs that are considered evidence-based, in 2003 the Children's Bureau Office on Child Abuse and Neglect named the *Family Connections* program as the one "Demonstrated Effective Program," out of all recent neglect program grant recipients (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). *Family Connections* is a community-based neglect prevention program developed for at-risk families. The target population for *Family Connections* is families who have at least one child between 5 and 11 years old and no active involvement with child protective services, although half had previous involvement. The families must be willing to participate and must have a total of three risk factors for neglect and abuse. Risk is assessed if family is identified by a referral source as experiencing at least one of 19 neglect subtypes such as unsafe housing, unsanitary housing conditions, or inadequate health care. Additionally, the family must have two or more risk factors for neglect related either to the child or caregiver such as developmental delays, domestic violence, or substance abuse problems (DePanfilis & Dubowitz, 2005).

Family Connections provides home-based services which (1) identify family support systems and tangible needs, (2) engage in consistent early contact with the family while assessing needs and strengths at numerous levels, (3) develop a service plan to reduce risk and increase family strengths, (4) provide strength-based interventions, (5) identify community resources, and (6) identify opportunities for the family to engage in family-friendly activities. Results of the initial evaluation of *Family Connections* suggest that the program effects positive changes in social supports, parenting attitudes, and parenting competence while also decreasing risk factors such as parental depression and stress. Additionally, results suggest that physical and psychological care of children improved as

did children's behaviors. Currently there are eight communities participating in a replication project of the *Family Connections* program that is being funded from 2003-2007 by the Children's Bureau, U.S. Department of Health and Human Services (DePanfilis & Dubowitz, 2005).

An additional program that has been developed to address families at risk for abuse and/or neglect is *Healthy Families New York* (HFNY). This abuse and neglect prevention program serves women who are pregnant or have recently given birth and who have been identified as high risk for abuse or neglect. Families are identified as high risk if they live in communities that are considered high risk by the New York State Department of Health. Risk factors include high teen pregnancy rates, low birth weight babies, high infant mortality rates, high numbers of Medicaid births, and births to mothers with little or no prenatal care. In addition, the program identifies families at risk due to a history of parental substance abuse, domestic violence, mental illness, childhood abuse, and/or criminal activity. The goals of HFNY include (1) prevention of child abuse and neglect, (2) enhancement of positive parent-child interactions, (3) promotion of optimal health and development of children, and (4) an increase in parents' self-sufficiency as measured by employment rates and educational attainment. The home visits are conducted by paraprofessionals who live in the community and who share the cultural and language background of the participating families. The program includes a parenting component, a child health and development component, and a parents' life course development component. Parental involvement is more intensive at the start and continues until the identified child is five years old (Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005).

Healthy Families New York was evaluated in three sites using a randomized experimental design. As of the first year of the evaluation study, evidence suggests that the HFNY Program promotes significant changes in all three identified domains. Specifically, parents show less likelihood of child neglect and report fewer acts of physical aggression and psychological abuse. Additionally, parents report better birth outcomes and some reduction in depression and in drug and alcohol use (Mitchell-Herzfeld, et al. 2005).

Project 12-Ways is an abuse and neglect prevention program that has shown success with high-risk families. This program has been in place in Illinois since 1979 and has reduced the rate of subsequent child abuse and neglect reports up to 4 years post treatment. Project 12-Ways takes an ecobehavioral approach and provides individual assessment and up to 12 services to families (Lutzker, et al, 1998). *Project SafeCare*, developed particularly for families at risk for neglect, incorporates three areas of intervention from the *Project 12-Ways* program: (1) home safety which includes training in home safety and accident prevention techniques, (2) infant and child health which includes an educational module and role-play scenarios, and (3) bonding and stimulation which provides parent-child training from infancy to 9 months to support increased parent-child interaction. Each module is composed of five-week training sessions. A quasi-experimental design incorporated pre- and post-testing which included baseline data on health knowledge, safety knowledge and safety measures in each home, and parent-child interaction assessments. Subsequent to the training modules clients completed social validation questionnaires and were assessed regarding health knowledge, safety precautions, and parent-child interactions. Results suggest that the training components were highly effective in improving child-parent interactions, home safety, and child health knowledge (Gershater-Molko, Lutzker, & Wesch, 2003; Lutzker, 1998).

Substance Abuse Programs

As noted above, substance abuse has been identified as a risk factor in cases of neglect (Ondersma, 2002). In a review of promising practices in substance abuse programs specifically geared towards families involved with CPS, Semidei, Radel, and Nolan (2001) identified two programs that have been developed to increase engagement and retention in treatment. *Delaware's Title IV-E Waiver* demonstration project is a program that provides substance abuse counselors on-site at child welfare offices. These counselors provide substance abuse evaluations and treatment resource identification and referral. They work with clients during the assessment and referral process so that clients do not disengage in the process and also provide case management to caseworkers

regarding issues of substance abuse. The treatment group had a 37% reduction in lengths of stay in out of home care and 34% engaged in treatment compared to 6% of the control group.

Family Drug Courts, developed in numerous states throughout the mid-1990s, have shown some promise in promoting client engagement and retention. Participation in the program is voluntary, yet mandatory once engaged in program. The Manhattan Family Treatment Drug Court which works with families who are involved in child welfare due to neglect provides (1) prompt intake and assessment, (2) monitoring of progress in the treatment program, (3) communication with child welfare in a timely fashion to help with placement decisions, and (4) coordination and monitoring of clients and services. At the time of the report, more than 75% of the clients were compliant or had graduated from the program (Semidei, Radel, and Nolan, 2001).

Oregon Service Provider Survey Results

Using a sample of 48 service providers identified through the two previous surveys, a third survey was developed to assess the types of services that are being provided to families at risk of neglect throughout Oregon. Providers were requested to complete either a mail-in survey or an online version. Surveys were mailed to the agencies in February 2006; three surveys were returned with no forwarding address available and one agency indicated that the identified program was no longer being provided. Out of the remaining sample of 44 agencies, 16 surveys were completed for a response rate of 37%. Attempts were made to increase the response rate through additional email and phone contacts. A number of agency personnel indicated they would complete the survey yet unfortunately did not follow through.

Agencies report that they serve from 5 to 1620 families a year; the median number of families served is 108. Table 2 provides the average percentage of families served by race/ethnicity. Table 3 provides the average percentage of funding sources for the agency program.

Table 2. Racial/Ethnic Background of Families Served

Race/Ethnicity	Mean
European American (white/Caucasian)	79.0%
African American	4.8%
Latino/Hispanic	19.6%
Native American	2.6%
Asian/Pacific Islander	1.5%
Other ethnicity	4.7%

With the exception of one program focusing exclusively on the Latino/Hispanic population (*El Programa Hispano*), the programs that responded to the survey seem to be addressing the needs of Caucasian families more than the African-American and Native American families who are overrepresented among neglect referrals in Oregon.

Table 3. Average of Funding Sources

Funding Source	Mean
Federal government	21.5%
State government	41.2%
Foundations	29.8%
Fundraising	26.8%
Fees	5.0%
Other	13.4%

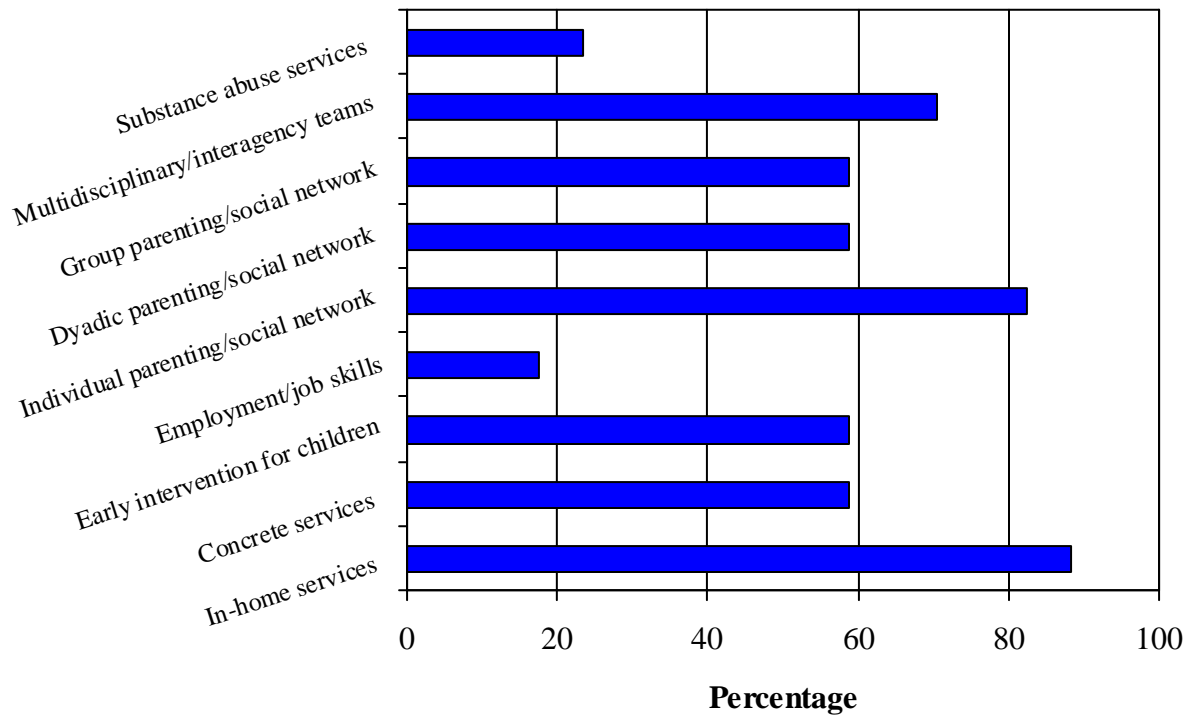
Other funding sources included funding from county government funds, the United Way, and the Department of Human Services.

Services provided by the agencies included (1) parent education to promote bonding, understanding of child development, and acquisition of parenting skills; (2) home visits; (3) drug abuse treatment services; (4) concrete services including transportation and

financial assistance for rent, food, electricity, clothing, and school supplies; (5) mental health services, (6) case management and referrals, and (7) domestic violence services.

Providers were asked if promising practices identified in the research literature were components of their programs. As can be seen from Chart 1, promising practices most often included in these programs were in-home services, individual parenting and social support services, and multidisciplinary/interagency teams. About half of the programs provided concrete services, early intervention for children, and dyadic or group interventions to improve parenting and social support. Less than a quarter provided employment or job/skills services or substance abuse services.

Chart 1. Promising Practices



Programs reported that dyadic services (parent-child or couple) focusing on attachment, home-based and wraparound services, parent education, and concrete services were most effective with neglect. They found group parenting classes, short-term or one-time

services, and services that don't address basic needs and are not culturally appropriate to be ineffective. Services needed to improve outcomes for children and families at risk of neglect include parent education at the child's birth, substance abuse treatment, mental health services and medications, services to meet basic needs, better relationships and referrals to DHS, and community education on neglect. Respondents also listed other organizations in their communities that provided especially helpful services to children and families at risk of neglect (see Appendix A).

Respondents' identification of needed services reflects the challenges in providing successful interventions with neglect identified in the previous two surveys. These included lack of funding and resources, lack of education for professionals and the community regarding neglect, lack of collaboration and communication among agencies, and inability to address systemic issues including poverty and substance abuse.

Promising Practices in Oregon

It is encouraging that national models of promising practices are being replicated in Oregon. Providers were asked if their program services were based on particular evidence-based models. Five programs cited *Make Parenting a Pleasure*, a comprehensive group-based parenting curriculum disseminated by Birth to Three (www.birthto3.org). Although based on best practice principles, it has not been widely evaluated. Two agencies used nationally disseminated parenting programs: *The Incredible Years* (www.incredibleyears.com), a program for children with conduct problems that has been supported by experimental research, and *Parents as Teachers* targeting parents with children from birth to 5. Three agencies modeled their programs on Healthy Start (www.healthystartassoc.org), a federally-funded program that provides case management to improve maternal and infant health for women and children at high risk. Although evaluation results are mixed, the program is regarded as "promising." One other agency used a program noted in the best practices review by the Children's Bureau as a "Reported Effective Program." *Circle of Security* is a 20-week parent education

group in Head Start centers that uses videotapes of parent-child interactions to increase parenting skills and attachment (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003).

Although most of these programs do not rise to the level of best or evidence-based practice, they do reflect the components of effective programs for neglecting families. The following table highlights risk factors noted most frequently in Oregon in the two prior surveys and the administrative data analysis for this study and the best practices cited by programs responding to the current survey, both in bold.

Table 4: Risk Factors and Promising Practices in Oregon

Risk Factors	Promising Practices
Poor parenting Inadequate social skills Social isolation Depression	Early intervention addressing child development Parenting and social support In-home services
Poverty Unemployment Inadequate housing Low education	Concrete services Employment/job skills training Flexible funding Case management
Substance abuse	Substance abuse assessment, treatment, and aftercare.
Multiple challenges	Multi-disciplinary and interagency teams

Although needed services in substance abuse and employment are reported less frequently by these programs, several address other risk factors with promising practices (services thought by the providers to be especially effective with neglect are listed in italics):

Primary Prevention Programs

For the Children (Prineville)

Information on improving parenting skills through media, schools, fliers, guest speakers, and community trainings. *Child abuse prevention month.*

Calling on Moms (Baker City)

Provides *developmental skills-based parenting classes*, home visits to new mothers. Stresses developmental stages.

Early Intervention Programs

Mid Valley Partnership for Safe Schools/Healthy Students (Salem)

An early childhood component works one-on-one with parents and young children on bonding, attachment, and physical development to prevent neglect and abandonment issues.

Family Building Blocks (Salem)

Provides *therapeutic classrooms, teacher home visits, wraparound services, and individual and dyadic attachment therapy* to high risk families who have children six weeks to five years old with a specific focus on early brain development and caregiver-child attachment.

New Parent Services and Families First (Hood River)

Healthy Start home visiting, screening and assessment to first time birth parents. *Weekly home visits including parenting education, modeling, and linking to resources* provided to high risk families. Includes “welcome baby visit” with packet of information and community resources. Playgroups, clothing closet (baby clothes and equipment), and parenting classes.

Relief Nursery, Inc (Eugene)

Therapeutic preschool, *monthly home visits, frequent phone calls/conferences*, peer support for addiction recovery, *mental health counseling*, special education services for children, Healthy Start, transportation, *one-on-one and group parent education*, crisis intervention and immediate respite.

Family Relief Nursery, Volunteers of America (Portland)

Respite care, developmentally appropriate classroom, *home visits, parenting class (Families Together)*, transportation.

Parent Education/Parent Support/Case Management

El Programa Hispano, Catholic Charities (Gresham)

Parenting skills classes, child development classes, parent support groups. Counseling and groups for parents and children, crisis problem solving. Classes, support, and case management (housing and financial assistance) for families with child abuse or neglect. Culturally competent and appropriate services provided by staff from same culture.

Families First of Grant County (John Day)

Parent education (Born to Learn), home visiting, family support and connections, wraparound, homeless and emergency services, mentoring.

Concrete Services

Tillamook County Family and Youth Services Team (Tillamook)

Resource and referral information. Intense case management focusing on basic needs, flexible funds for rent, utilities, food, medical, mental health, dental services for children. Provides clothing, shoes, and school supplies.

Court and Substance Abuse Services

Fostering Attachment: A Family Dependency Treatment Court (Salem)

Combines family dependency court services for infants and toddlers in foster care with therapeutic day care, mental health, therapeutic visits, parent education and skill building, and addiction services. Dyad work that fosters secure attachment.

Adapt (Roseburg)

CRAFT Program provides treatment and parent skill building for substance abusing pregnant and parenting women. Women specific outpatient and inpatient (women and children) and parenting classes. Drug court program.

Other programs that provided information included three family preservation programs, a residential program for children and youth with serious emotional problems, and a child abuse assessment center.

Together these programs provide local examples of promising practices that address the pressing problem of child neglect in Oregon. They include the necessary span of services from raising public awareness of neglect and its consequences, to early intervention with at risk families, to intensive services for families with substance abuse, mental health, and legal problems. In addition, *El Programa Hispano* is an excellent example of a culturally responsive program for an underserved and high risk population. Although not included in this study, other culturally specific programs include the Family *Enhancement Program at Self-Enhancement Inc.* in Portland, a community-based program founded and staffed by residents of the African American community it serves, and *Native American Rehabilitation Association*, providing substance abuse services for Native Americans.

With the nation promising practices and program models described in this report, these programs provide a rich array of possibilities to improve service to Oregon families at risk of neglect. To achieve better outcomes, however, the numerous challenges identified including lack of funding and resources, lack of education for professionals and the community regarding neglect, lack of collaboration and communication among agencies, and inability to address systemic issues including poverty and substance abuse also need to be addressed.

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Appendix A. Additional Programs Supporting Families and Children at Risk for Neglect in Oregon

Responding Agency For the Children	Agency Location	Additional Programs	Additional Programs	Additional Programs
	Prineville	St. Vincent DePaul Food Bank. Emergency shelter, heat, water etc., interviews links and referral to other needed services.	Local churches. Referral to local services for shelter, food, clothing, etc. as well as limited financial help.	
Family Building Blocks	Salem	Marion County Public Health Department provides home visits for medically fragile children through the Cacoon program and mother child nutrition programs through WIC.	Marion Healthy Start provides regular home visits to first time families.	Silverton Together provides an array of parent education options to families that has been phenomenally successful.
Fostering Attachment: A Family Dependency Treatment Court	Salem	Family Building Blocks	Healthy Start	Children of Incarcerated Parents Project
Kindred Support Services, LLC	LaGrande	Building Healthy Families-- Wallowa County Offers free community parent education classes in Wallowa and parent/child observations in Union and Wallowa	Mountain Valley Mental Health--Baker City Offers DBT group which has been well attended and appreciated by clients	
Catholic Charities El Programa Hispano	Gresham	Head Start	Listen to Kids	Portland Children's Intervention Program Salvation Army--West Shelter
"Calling On Moms"	Baker City	Dept of Human Services Child welfare	DHS Self-sufficiency	
New Parent Services and Families First	Hood River	Commission on children and families (Hood River) Coordination, awareness, accountability, focus on prevention	Big Brothers/Big Sisters	CASA Early Head Start
Scar/Jasper Mountain	Jasper	The Child Center	Looking Glass	
Families First of Grant County, Inc.	John Day	Early Intervention	Grant County Public Health Department Maternity Case Management	Babies First WIC

Liberty House	Salem	Family Building Blocks--relief nursery	Family Building Blocks--relief nursery		
Relief Nursery, Inc.	Eugene	Food for Lane County - food bank, kitchen, etc...	Food for Lane County - food bank, kitchen, etc...	Looking Glass Counseling Services counseling children 4-18 and support for their families	Catholic Community Services - food boxes, financial assistance, young father programs
Family Relief Nursery-- Volunteers of America	Portland	Lifeworks NW--case management services to families on a voluntary basis after DHS has received a call at the child abuse hotline but case was not opened.	Lifeworks NW--case management services to families on a voluntary basis after DHS has received a call at the child abuse hotline but case was not opened.	Insights Teen Parent Program Parents Anonymous	Multnomah County Community Health Workers Healthy Start Program Head Start/Early Head Start DHS/CPS
Adapt	Roseburg	Umpqua Community Action Network food, housing, child care resource and referral, transitional housing, Head Start	Umpqua Community Action Network food, housing, child care resource and referral, transitional housing, Head Start	Family Development Center (Parent Relief Nursery) Healthy Start Home Health Nurses	Educational Service District Early Intervention DHS/SCF
Tillamook County Family and Youth Services Team	Tillamook	Tillamook School District #9 The principals and counselors of all the schools are members of the FYST team and contribute services.	Tillamook School District #9 The principals and counselors of all the schools are members of the FYST team and contribute services.	Tanya Wehage, Shoes That Fit Coordinator and Manager of the LGF foundation (dedicated to provide clothing for children)	
Intensive Family Services Program--Lane County	Eugene	Relief Nursery--parenting classes, labs, parent/child interactions, respite care, skills for parents in recovery	Relief Nursery--parenting classes, labs, parent/child interactions, respite care, skills for parents in recovery	EC Cares--assessment and services for children 0-6 with developmental issues	Looking Glass--teen parenting programs and family treatment; youth mentoring

Appendix B. Sample of Program Brochures—Oregon Programs Supporting Families and Children
at Risk for Neglect in Oregon