Spotlight “In their Own Words: Sharing the Findings of Key Informant Interviews on the Prevention of Child Neglect”

From November 2012 through January 2013, as a major component of the National Alliance of Children’s Trust and Prevention Funds initiative on child neglect prevention, with funding from the Doris Duke Charitable Foundation, Alliance Senior Consultant Caren Kaplan, MSW conducted 22 Key Informant (KI) interviews in accordance with the methodology described in the Research Savvy Practitioner (see page 10). These 22 individuals with varied expertise, experiences and perspectives about child neglect and its prevention each voluntarily participated in individual hour-long telephone interviews. The overarching framework of the interview was anchored in the socio-ecological model and respondents were asked questions in which their responses addressed each level of this model – child/individual; parents/family; neighborhood/community; and society.

More specifically, the interview focused on the following elements:

1. Risk and Protective Factors at each of the four levels of the Socio-Ecological Model
2. What is working well at the family, community, system and policy levels to prevent neglect
3. What efforts need to be made to make significant progress on preventing neglect

In late Spring 2013, a report will be released by the Alliance that details the many aspects of this research endeavor. What follows is a preview of the report, providing a snapshot of the findings revealed in the words of the KIs. The author will serve as the narrator, providing connection and context as warranted between and among the expression of the KIs’ perspectives.

1. For the purposes of this article, Child Neglect is defined as a failure to meet children’s basic needs – whether the failure is the responsibility of parents, communities, or society – and this void places children in harm’s way.
2. The Key Informant Interview included two additional areas that are not addressed in this article – the identification of the role and contributions to be made by the National Alliance of Children’s Trust and Prevention Funds and the identification of the roles and contributions to be made by the Alliance’s members - state Children’s Trust and Prevention Funds.
3. This snapshot, given the limitations of space, does not cover all major themes of the KI interviews. The upcoming report on the Key Informant Interview findings is more comprehensive in its scope.
4. In some instances, KIs’ statements have been edited to complete sentences and make grammatical amendments.
5. The words of KIs are noted in italics. Each paragraph begins a new “voice,” that is, a different key informant.
The KI interview begins, as stated above, with inquiries related to the identification of risk and protective factors at each of the levels of the socio-ecological model. With rare exceptions, the responses of the respondents are consistent with the literature in this area. That said, presence in the literature is not always synonymous with evidence. (Many KIs indicated that commonly purported factors required increased research and knowledge in order to be considered ‘evidence’.)

The most frequently identified risk factors of child neglect were: history of trauma; poverty/insufficient resources; maternal depression/mental health; substance abuse; and devaluing/minimizing the challenges associated with raising children. Poverty was the dominant response and a prevalent topic discussed by respondents. The most frequently identified protective factors of child neglect were: understanding of/focus on brain architecture; universal early children education and development; standards of adequate parent care/parenting behaviors; resources to meet families’ needs; and competent parenting. Below protective and risk factors are discussed by each level of the socio-ecological model.

**AT THE LEVEL OF THE CHILD**

**PROTECTIVE FACTORS**

_Certain children have more resilience and more capacity to take care of themselves._

_The children that are self-sufficient tend to be more appealing (no data on this)._  
_There is a nurturing relationship between parents and child, a quality attachment, sibling relationships, a resiliency of the children who have talents and capacities and a stubborn will to survive._

_...They are able to express what they need when they need it...._  
_These children have the ability to form a social connection, beginning with a smile, which is very protective._

**RISK FACTORS**

_Children who have different challenges are at increased vulnerability - - these could be physical or mental health disabilities, difficult temperament or temperamental mismatch between child and caregiver, special needs, chronic health problems, behavioral problems, developmental demands, issues related to attachment, etc._

In requesting information about the child, many KIs expressed concern about and discomfort with identifying anything inherent to the child as if doing so were to blame the child for the neglect that occurred. The interviewer frequently needed to clarify that emphasis was on the child’s ‘vulnerability’ as opposed to conditions that foster or cause neglect. Selected KIs highlighted risk factors that were not intrinsic to the child:

_Normal child behaviors that parents find irritating, such as, crying, tantrums and difficulty toilet training..._

_Children that are closely spaced together; age of the children (younger are more vulnerable); number of children (very rare to have child neglect cases where there is only one child present in the family)._
AT THE LEVEL OF THE PARENTS/FAMILY

PROTECTIVE FACTORS

Much like the risk factors, there was significant agreement about the protective factors for families in the prevention of child neglect.

Parental self-efficacy and resilience, social support, high involvement in child’s activities, employment (protective factor), healthy relationship with partner...

Presence of Protective Factors - If families have basic needs met, if they understand child development and how to engage and nurture their child, if they have support in their neighborhood....

RISK FACTORS

Most of the KIs provided responses consistent with these two comments:

There are lots of issues around the family - - a large part is centered on the family itself - - the adults’ own history of care giving, limited resources and capacities they have internally within their family, issues that contribute such as insufficient income, inadequate sources of support, domestic violence that impact the children’s quality of care....

...lack of income, material hardship - - basic needs, lack of access, untreated mental illness, especially parental depression, domestic violence, inadequate housing, substance abuse, overall lack of stability – transient families.

AT THE LEVEL OF THE NEIGHBORHOOD/COMMUNITY

PROTECTIVE FACTORS

‘Collective impact’ was one recurrent theme at the Neighborhood/Community level. This was mentioned by multiple respondents in association with the need to change social norms.

...the extent to which communities are tuned in and committed to helping those around them, shared community norms regarding acceptable behaviors and communicating that parenting is a tough job; it is okay to ask for help; raising children is a tough job. The presence of social cohesion within the community and sufficient levels of support are protective factors.

It DOES take a village to raise its children. The ultimate protection of children is a local community that loves and values its children.

Communities that pay attention to the protective factors have opportunities to address basic needs and create the potential for reduced and prevented maltreatment.

....Caring neighbors, access to good skills, needed services, stable housing – all are able to promote child and family well-being.

Increased knowledge about neighborhood based interventions that consider the whole ecological system and are designed to be responsive to the landscape of contributors to child neglect (e.g., Durham Family Initiative & Triple P- Positive Parenting Program).

RISK FACTORS

Community risk factors include the lack of quality and stable child care, lack of safe neighborhood, lack of safe place to play; lack of ways for people to gather in healthy and supportive ways.
Poverty, lack of adequate basic care resources and support services, poor schools, high crime, lack of community cohesion.

The primary risk factor is isolation of parents and families from each other. In most places in the United States, there is an ever-growing isolation of adults at the local level. This is a primary source; this lack of those relationships at the local level, I would think is the most significant and associated with domestic violence and substance abuse.

...(We have made very little progress) because our neighborhoods are without tradition, culture, history and knowledge to raise children together.

AT THE LEVEL OF THE SOCIETY

PROTECTIVE FACTORS

There was a dearth of responses by KIs that were directly responsive to the identification of protective factors in our society when it comes to preventing child neglect. Given that the named risk factors were quite extensive (i.e., poverty and deprivation of basic needs; the lack of a shared responsibility for children; and the lack of political will or absence of political priority), it was obviously difficult to provide a “half-full glass.” In some instances, a “wish list” was provided in lieu of existing protective factors.

Government policies and programs that provide economic support to both vulnerable families and those that are of modest means (e.g., Earned Income Tax Credit (EITC); Temporary Assistance to Needy Families (TANF); Food Stamps; Child Care Credit; Family and Medical Leave Act)

Advances in neuroscience in terms of knowledge of what makes a healthy child (and depicts effects of short and long-term neglect).

Recognize the importance of parenting and offering education, social and material support to parents who are struggling with raising children and at the same time have their own personal issues.

Consciously designing prevention strategies that are addressing all levels has the greatest likelihood of being effective.

Universal policies that support new parents, universal support for parents, economic policies, tax incentives, investment in the public health system, responsive social infrastructure, public institutions that possess the awareness and commitment to prevent abuse and neglect.

RISK FACTORS

In the United States, the American culture values extreme individualism, differentiating our country from other Western and non-Western Societies.

We allow very high rates of child poverty; punish children of undocumented immigrants; fail to provide safe quality early education for all children; fail to provide housing for economically marginal families; and have policies that prevent family members from reaching out to one another (public housing rules). Generally, society does not place very high value on a family with young children and views the raising of young children as an individual, not a social, obligation.

Society has general apathy of poor people, with no overriding sense that we should care for one another, and that disproportionately impacts families that are at risk of neglect.
SPOTLIGHT
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“WHATSOEVER HAPPENED TO THE IDEA...THAT WE ALL DO BETTER WHEN WE ALL DO BETTER?”

There is no public will. Capitalism undermines the shared spirit that would benefit us in the long term. A common cause would benefit us in the long haul but it is undermined by market forces and our economic system.

There is plenty of poetry and rhetoric about how we love our kids but somehow we don’t walk the walk. I think this country has the belief in the individual and less of collective spirit; we count on parents and families to do this job and are less inclined to see these children as “our children.” Not a deep part of our culture. We don’t like the narrative of being quite interdependent.

OVERARCHING SENTIMENT OF KEY INFORMANTS

Poverty was the dominant risk factor and a prevalent topic discussed by respondents. There were 100 mentions of the word ‘poverty’ across all interviews. And this does not take into consideration other ways to express the same concept, such as ‘insufficient resources’, ‘economic hardship’, etc. And while some KIs mentioned this word more than others, 20 of the 22 respondents used it during the course of their interview. Below are four of the innumerable mentions of poverty as a major culprit in the neglect of children:

Poverty is number one condition that creates likelihood of child neglect – the child that doesn’t have access to housing, clothing, food; the impact of the parents’ financial concerns leads to stress...if we could address poverty we could get a huge proportion of neglect reduction.

So much of neglect is driven by poverty and therefore likely to be resistant to community education. Broad societal interventions are needed to address poverty.

Big elephant in the room is POVERTY. Poverty is the biggest problem– and associated burdens. When I give talks and mention poverty, people THANK me. Related are the other short comings. We focus way too much attention to individuals and not the broader context...we have a long long way to go. Lisabeth Schorr points out that valuable programs providing wonderful services are not enough. If we are serious about tackling this problem, we have to focus on the broader societal culture and problems. We are mostly stuck downstream, trying to rescue the bodies from the water.

Until we have political will, the momentum and desire to truly and adequately address poverty, neglect will always be a staple or increasing source of trauma for kids.

WHAT IS WORKING WELL NOW

Home visiting was the dominant response by KIs when asked what is working well now. In conducting a word search of all interviews, in aggregate, ‘home visiting’ was mentioned 22 times by more than half (13) of all KIs.

In recommending the approach of starting with the “low hanging fruit,” KIs suggested that we embrace strategies, projects or approaches that are effective, and do more of them. Included in this list are: Home Visiting – universal & targeted; Family Connection; Project Safe Care; Triple P – Positive Parenting Program; Strengthening Families Initiative; Nurturing Parent Program; Early Head Start; Incredible Years and Circle of Parents; Nurses for Newborns.
WHAT NEEDS TO CHANGE OR BE IMPLEMENTED TO SIGNIFICANTLY REDUCE CHILD NEGLECT

AT THE LEVEL OF THE PARENTS/FAMILY

We need to create a context in which it is easier for parents to do their job. We provide a universal assessment at the time the child is born and determine whether parent has know how and resources to parent their child --housing, income, education, knowledge of basic care, access to regular medical care. Some parents know what basic care is -- but not nurturing. We need to get them into a service system that addresses their particular needs.

Parents face very big challenges and anything that enables them not to be in it alone is very important. Parents are buffeted by multiple responsibilities and multiple crises. Families are not well supported to carry out their responsibilities. The message is that support is of critical importance. Understanding your child is centrally important.

A parent who cannot care for herself is not in any position to care for a child. Parents need to have resources to learn about parenting. Parents who want basic information about parenting should have a place to go (to get this information).

There is far too little time spent on engaging the people who are experiencing the problem...those to whom this is most pertinent. We do not honor the voice and wisdom —the actual reality of their personal family history, poverty, and lack of community organization. We are not giving enough attention to those who are in it and what they would say is needed to address it.

I would like to see a dialogue with parents themselves — specifically with parents who have come out of the substance treatment program -- what they would like to see in terms of their children while they were in treatment. Strength based approach in terms of what is good enough with families that are struggling and how do we build on those strengths. Success stories are out there....

AT THE LEVEL OF THE COMMUNITY/NEIGHBORHOOD

We need to build a sense of community responsibility for the well-being of children in the neighborhood. You cannot be on target for your children every waking moment of every day (although we all can set that as our goal). There needs to be many adults involved and concerned about and interested in the outcomes of children in their community...-- a collective responsibility. Every adult who touches that child has an impact...and potentially an impact on the child’s development and sense of self. This is a learning collaborative for all of us -- school teachers, youth-serving agencies, coaches, etc. We put an enormous amount of emphasis on each of us as individuals... There has to be recognition that we all have a role to play with one another. It is this collective responsibility for caring and raising our children together that is needed.

Prenatal care is so important...back it up even more....preparing young men and women for parenthood; parent education around needs of baby, support services; early intervention services – accessible and affordable to families; coaching and home visiting where there is not a good temperament match with the caregiver.

There is a need for really good skill-based parenting programs to help parents learn about child health and development, address their own stress, ways to seek help, and ways to attend to their children’s needs – home visiting and having a coach to come into the home. The issues that come up for me are the quality of these programs and the type of providers that have the skills to build parental capacity.
AT THE LEVEL OF THE SOCIETY

A Bounty of Research

We need to do a better job to understand what works through rigorous testing - - What works under what conditions for whom and for how long? It would not be great to try a whole bunch of things without knowing what will work...We need to be very precise on the strategies that are selected...I would like to try to understand the kinds of interventions that will support families and help families meet their basic needs. We can use intervention research and implementation science to be very purposeful about these activities.

We need instrumentation and measures to calibrate child well-being. Physicians can document physical measures in cases such as failure to thrive. Generally lack of accepted consensual standards in terms of children who are not thriving and child well being. And we wait until there are developmental indicators or serious problem behaviors that are observed and by then we are responding to the problem rather than adopting preventive measures. So we need accepted measure in terms of what we expect re child development and accepted standards of parenting behaviors.

...researching what happens when we integrate comprehensive anti-poverty efforts into established prevention efforts? How much prevention can we buy if we deal with the economic stuff?

A better understanding is needed about poverty and its relationship to neglect. It is important to gain a better understanding of the chronic families, where chronicity is a condition - lots of poor families do just fine and others who are crushed under the pressure, i.e., research to be done to understand the difference between these families.

Research dedicated to attaining a better understanding of and identifying strategies that mitigate children's exposure to adverse child experiences [ACES]. In building this successful, comprehensive prevention infrastructure, we can reduce exposure to adverse childhood experiences.

The use of brain research would be an effective way to communicate the importance of preventing neglect. There is something about understanding how all of our brains work that resonates...something that is universal and speaks to everyone’s family. We need a hopeful message about what parents can accomplish with support...a hook that provides the way to an optimistic path.

Community/Neighborhood (broad scale)

We need to integrate the provision of supports, services and resources in an integrated hub and provide access in a non-threatening, non-judgmental way. Bringing the services and supports to where families are or where they will gather together, resulting in access and receipt of needed services.

Society/Systems/Policy

Prevention of child neglect is tied to prevention of other forms of violence. Being in a silo of child neglect is counter-productive. Partnering with other folks that work on child exposure to domestic violence, community violence prevention, and teen dating violence will result in greater success; we need to combine resources and work together so that there is a stronger impact...There is not one solution. How is it that we come together on this to create a comprehensive approach that is not based in silos?

Somehow we have created divisions in order to organize and encapsulate the work and ultimately we have done a disservice to the impact that we are trying to achieve and a disservice to children and their families. We cannot be limited by programmatic

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levels; we have to put together research and theory and practice and policy in a way
that can lead to transformational change.

Opportunities for systems to come together in not very complex ways to change
practice of how they in a very supportive way can change the approach (punitive) and
focus (problem) they are addressing with the family. Changing this would make a big
difference.

State and philanthropic funders are discovering that isolated programmatic funding
is not going to have the impacts we need to achieve--more systems are doing cross
system. Cross disciplinary, visioning, planning and investing.

Several KIs made the case for joining forces where the target population is the same or
overlapping. For example, increased involvement in effective treatments for substance
abuse, interpersonal violence and/or mental health conditions is likely to positively
impact the well-being of families in these treatment populations who are experiencing
child neglect. In addition to investment in comorbid conditions, respondents identified
less obvious endeavors to “join” in order to prevent child neglect: Ounce of Prevention;
Comprehensive Community Change Initiatives; Half in Ten; Differential Response
Systems (child welfare); Promise Neighborhoods (DOE); Choice Neighborhoods
(HUD); Invest in Children (Cuyahoga County, OH); Project Gain (Milwaukee, WI); and
Help Me Grow.

Several KIs highlighted the multiple opportunities available to address the needs of this
population via the Patient Protection and Affordable Care Act.

*We need to seize the opportunity of implementing health care reform* so that low
income parents get access to health insurance and the health and behavioral health
care services they need. Such access will allow for effective and successful treatment
for depression and physical health care and can moderate the added instability of the
economy due to the recession.

*We need a more holistic approach…to address multiple levels of the social ecology
simultaneously.* We are still in early stages in engaging as a national problem...
This is a hidden epidemic, not the kind of thing that comes to mind when people think
about maltreatment. We need to develop broader dialogue – with policy makers –
and talk about the causes, consequences, effects on children ...size and scope (high
incidence and prevalence) and then enter in a serious dialogue – Does this deserve
a stronger federal investment/engagement? If there is a decision that there is to be
greater federal engagement, then we need to engage many other stakeholders --
legal, education, health and social service professionals.

*We need to create a narrative that challenges the notion that support to families
is coddling them.* There is polarization in the U.S. about what we do about social
problems. When you talk about correcting the excesses associated with Capitalism,
we are told we are just coddling people. Somehow we need to recreate the narrative.

*We need accepted measures in terms of what we expect regarding child
development and accepted standards of parenting behaviors.* Social norms really
support a tremendous degree of parenting styles or lack of adequate parenting
behavior: Families are given a broad leash in terms of acceptable parenting behavior.
This lack of consensual standards of what is adequate parenting behavior needs to be
addressed.

*We need to give more media attention to that which has been successful…within
the families and within the communities. What are key decision points and why did
people respond the way they did?* Real stories of families in trouble – face and voice
of families in trouble. Why did family members respond the way they did? We have reality shows on everything…why not on child neglect. We need to put a face and a voice on families in trouble and hold them up.

SOME SPECIFIC RECOMMENDATIONS AND TAKEAWAYS

The list that is provided below is intended to provide targeted activities that are related to the advancement of efforts and activities in the prevention of child neglect. Many of the items are associated with the prior section that provided more global areas that require advancement.

- Decrease fear of showing interest in or intervening with other people’s children. One of many needs in this effort is committing to a shared responsibility for children that are not yours. It begins with you.

- Bolster the development of informal support and services networks that enable parents to find other parents. Where barriers exist that discourage involvement, do whatever you can to diminish or eliminate them.

- Find ways to engage individuals and their communities that are directly impacted by neglect so these individuals can be involved in addressing definitional issues and development of solutions. We need to have parents tell us what would have made it easier and try to be responsive to the barriers they encountered and need to be resolved.

- Facilitate dialogue and convenings among influential community members with the contributions of researchers …Strategic Partnerships need to be a core of this – to increase knowledge of neglect; to determine what can & will be done; to implement the action plan. The public can be involved in discussion of child development, early brain development, the need to intervene early, and the ACES study. If possible, select something that is universal and speaks to everyone’s family…a hopeful message about what parents can accomplish with support.

- Contribute to the public’s awareness of child neglect – its prevention, prevalence and short-term effects and consequences and long term cumulative harm. Powerful messages need to be a part of this. Use public health messaging - “Support from the get go - ”; “Nurturance from the start…from infancy”.

- Advocate for and promote use of universal screening for maternal depression – There are high levels of correlation and impacts between maternal depression and neglect. Caregiver depression, expressed by an inability to cope or respond, is likely to promote situations in which child neglect occurs.

- Start with the “low hanging fruit” – There are many places to start in which potential results are promising in the prevention, identification and/or treatment of child neglect. Administering a universal depression screen can provide a red flag indicating the need for medication or treatment and also prevent the occurrence of depression and thus, harm to the child. Should depression exist, there is an array of psycho-social programs that provide effective treatment with the same outcome for the child.

- Conduct comprehensive assessment of eligibility for public benefits and then advocate for accessing all qualifying benefits that individual is not receiving; provide emergency assistance to address crises including eviction & utility shut-off; build skill in making good financial decisions. (These are the three pillars of intervention of the Milwaukee Community Response System.)
Advance Protective Factors Framework - The philosophy of promoting the protective factors is so important…and we need to build a strong evidence base around them and develop more tools to be able to measure the factors as they increase. We need it to be here now.

Advocate for and promote use of universal assessment at the time the child is born. It really takes a lot to turn this around so we should start at birth. Families should be linked with a medical home during the first five years before the child enrolls in school.

Advance respite centers, perhaps with universal availability- - a safe place where parents can assure that their children’s needs will be met and they can do this without stigma and shame. Provide safe and stable places for children to go.

Take direct or indirect actions that prevent, reduce or eliminate the divisions of the haves and have-nots – that are relevant to your professional and personal endeavors.

SUMMARY

The 22 interviews of KIs on the prevention of child neglect confirm that neglect, while the most prevalent of all types of child maltreatment, is the most complex and least understood. While an examination of neglect requires consideration of the whole ecological system, existing and accessible protective factors are more abundant in two of the four levels of this socio-ecological system - - children and their families. KIs were able to identify the current risks and protective factors at the neighborhood/community and society levels, but the inroads to enhancing improvements in or solutions to these ‘high level’ risks and increasing the presence of protective factors require additional research, changes in our social norms and political influence and investment.

It is clear from the comments of these 22 individuals that child neglect and poverty are deeply entwined. And whether the lack of economic sufficiency is a tipping point of future child neglect or a primary culprit for the entrenchment and chronicity of neglect, KIs were clear that poverty must be confronted if we are to make significant headway in preventing child neglect. The co-occurrence of many other conditions and situations – such as substance abuse, interpersonal family violence, mental illness and depression, social isolation and inadequate social supports – confounds our understanding.

Despite the comprehensivity that is required in understanding child neglect, in considering prevention strategies, practices, programs and policies, we will not get very far by attempting to tackle neglect in a global way. The scope of whatever is undertaken must be narrowed so that it is doable, achievable, meaningful and will make a concrete contribution. Wisdom from the KIs indicates that we should build on that which is promising:

- Support or engage in research that will expand or strengthen the evidence
- Identify what is working and do more of it – programs and practices that have demonstrated evidence should be spread
- Join others in their endeavors that serve the same or similar target population but whose central focus may differ from preventing child abuse and neglect- - such as housing, child care, and neighborhood development, to name just a few.
No one strategy will work for all families and communities. No one discipline or interest group has the answer. It is clear that neglect is more than a family matter and that preventing it will take all of us.

“WHATEVER HAPPENED TO THE IDEA…THAT WE ALL DO BETTER WHEN WE ALL DO BETTER?” U.S. SENATOR PAUL WELLSTONE (MN) 1999.

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