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Chronic Child Neglect: Needed Developments in Theory and Practice

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ABSTRACT

The purpose of this article is to stimulate reflection and discussion on a subject that has received surprisingly little coverage: chronic child neglect. The article selectively reviews the literature and offers fresh observations and critical reflections pertaining to both causation and intervention. Chronic child neglect must, it is argued, be understood in greater depth and complexity in order to develop more effective interventions. In particular, a better understanding of the effects of long term, severe and concentrated poverty on parent's morale is needed to support interventions capable of infusing hope and bringing about a social world in which hope can thrive.

Neglect is the elephant in the living room in modern child welfare systems. The often-mentioned "neglect of neglect" is arguably a form of denial which, at its base, is a stubborn refusal to come to grips with the centrality of neglect in child protection. The amount of attention devoted to the various types of child maltreatment within public child welfare agencies, as measured by hours of specialized training and number of specialized units, appears to be in inverse relation to the frequency of child maltreatment. Thus sexual abuse receives the most specialized attention, followed by physical abuse and then neglect.

The situation is the same in child welfare scholarship. Readers of scholarly journals whose main subject is child abuse and neglect might conclude that sex abuse is far more common than neglect rather than vice versa. In addition, it is possible to read scholarly articles on important child welfare subjects—substance abuse problems of child welfare families, the disproportional representation of African American children in out-of-home care, Child Protective Services (CPS) recidivism and reentry into care, the mental health problems of foster children—that hardly mention child neglect. In truth, all of these phenomena are thoroughly enmeshed with the dynamics of chronic neglect.

There have been a number of excellent descriptions of child-neglecting families in recent years, (e.g., Berrick & Duerr, 1997; Gaudin & Dubowitz, 1997) but not much in the way of theory. The research on neglect has mentioned the poverty of the families and the multiple impairments of the parents (e.g., see the excellent summary by Hegar & Yungman, 1989), but there has been a remarkable lack of speculation in child welfare scholarship during recent years regarding a theoretical framework for neglect. It is as if researchers and practitioners see no need for theoretical help in understanding the parenting deficiencies of substance-abusing parents with mental health issues and a host of other personal problems.

Our thesis is that a theoretical perspective setting forth the connection between the economic condition of neglecting families and their multiple impairments needs to be developed. Moreover, a theoretical framework needs to be

combined in CPS with an experimental mind-set in order to more effectively work with neglecting families. We draw on data from Washington State where one of the authors has been a regional administrator in the public child welfare system to support our thesis.

Beyond the Prevalence Rates of Neglect in Child Welfare Systems

Child neglect is by far the most common form of child maltreatment reported to public child welfare agencies. Neglect referrals constitute more than 70% of CPS referrals accepted for investigation in Washington State; physical abuse referrals account for 20–25% of "screened in" CPS reports and sex abuse referrals for approximately 5–7% of investigated reports (Department of Social and Health Services Research and Data Analysis, 2005; Office of Children's Research, 2001). The percentage of CPS referrals classified as neglect is higher in Washington State than in the nation as a whole (60% of referrals according to the National Clearinghouse on Child Abuse and Neglect Information, 2004). During the 1990s, the number of neglect referrals per year doubled in Washington State, whereas the number of sex abuse referrals decreased by more than half (Office of Children's Research, 2001).

Referral rates, however, do not fully account for the impact of neglect within public child welfare systems; the chronicity of neglect, and its intractability to intervention must also be considered. Child neglect is more chronic than other forms of child maltreatment as measured by re-referral rates, the percentage of cases with multiple substantiations (i.e., official "findings" that children have been abused or neglected), reduced reunification rates, and higher rates of re-entry into out-of-home care following reunification (Berrick, Needell, Barth, & Jonson-Reid, 1998; Chalk, Gibbons, & Scarupa, 2002; Fluke, Yuan, & Edwards, 1999; Inkelas & Halfon, 1997; DePanfilis & Zuravin, 1999; Daro, 1988).

One meaning of *chronicity* is "likely to reoccur"; another meaning is "intractable to treatment." Chronic neglect is, by definition, likely to reoccur whether or not treatment or services are offered or provided to neglecting families by child welfare agencies. CPS agencies may respond to the chronicity of neglect by underserving them compared to physically abusing or sexually abusing families (Inkelas & Halfon, 1997) or perfunctorily providing services without the expectation that they will have a positive impact (Daro, 1988, pp. 103–108).

Washington State's Children's Administration utilizes a *chronicity screener* as a performance measure. The chronicity screener is a set of criteria for designating families investigated by CPS as *chronic cases*. The main criteria are "families … with three referrals in the prior year, four referrals in the prior two years or five referrals in the prior three years" (Children's Administration Performance Report 2002, p. 12). Approximately 15–20% of families with open CPS cases in Washington State are chronic by this definition (Department of Social and Health Services Research and Data Analysis, 2003).

Many of these families have had multiple referrals over a period of many years, usually for more than one form of neglect, and for physical abuse or sexual abuse as well. Studies of CPS practice in Washington State over a period of several years strongly suggest that chronic neglect is usually pervasive, that is, affecting several child care domains, and is part of a larger pattern of child maltreatment (Marshall & English, 1999; English, Marshall, Brummel & Orme, 1999).

There is good reason to emphasize the chronicity of neglect and the pervasiveness of maltreatment in such families. The neglectful behavior (e.g., failure to protect) of single-parent mothers often opens the door for physical abuse or sexual abuse of children by males with whom the mothers are romantically and/or sexually involved. This is not the only dynamic in chronic and pervasive maltreatment, but it is a common one.

Toward an Epidemiology of Chronic Neglect: Causation

Chronically neglectful and/or chronically maltreating families have some common characteristics, the most important of which is that they are almost always poor, often "dirt poor," and have severe psychological and emotional impairments, usually including substance abuse and mental health problems such as depression, along with high rates of domestic violence and criminal histories (Berrick, Needell, Barth, & Jonson-Reid, 1998; Nelson, Saunders, & Landsman, 1993; Gaudin & Dubowitz, 1997). The poverty of the families is frequently of long duration, that is, "entrenched," and severe, even when comparing the families to other poor families and frequently concentrated in high poverty neighborhoods and communities as well.

The parents usually have multiple impairments; for example, substance abuse with severe depression. These impairments may have had their origin in childhood histories of child abuse and/or neglect, along with destitution and family violence. This is a grim picture, one that may lead helpers to feel as overwhelmed and hopeless as many of the families they seek to help. Fortunately, not every chronically neglecting family is in such dire straits, but almost all of these families are poor, troubled, and hard to help.

It is noteworthy that modern public child welfare systems view chronically referring families of the sort just described through the lens of child maltreatment, that is, with a concern about the influence of poverty, family violence, and substance abuse on child abuse and neglect. Concerned citizens and governments in the 18th and 19th centuries were

more likely to see the same constellation of factors (toxic influences on children) through the lens of destitution. Prior to the modern era, child abuse and neglect were just one of many evils likely to befall children growing up in the care of parents on the verge of starvation and homelessness (Illick, 2002; O'Conner, 2001). Practitioners and advocates in past centuries had deeply felt concerns about the ability of children raised in these conditions to become self-sufficient, law-abiding citizens, even though the social, political, and economic background of the parents' problems was frequently ignored (Nelson, 1995).

Today, destitute families in which caregivers consistently engage in self-destructive behavior that endangers the health, safety, and future prospects of their children evoke strong moralistic reactions in neighborhoods, schools, law enforcement agencies, and often within the extended families of the parents. These moralistic reactions are understandable, but they usually are an obstacle to engaging and helping the families.

Pervasive Poverty

We sometimes ask audiences of child welfare professionals what they believe the relationship is between the poverty of the families and their multiple impairments. This is the main theoretical question in seeking an understanding of chronic neglect, and it is a sad commentary on the lack of theoretical vitality in child welfare scholarship that this question is asked and answered so infrequently.

The initial response to this question is almost always that addicted parents and parents with serious mental health problems will have difficulty finding or maintaining employment; that is, severe impairments lead to unemployment which leads to poverty. Another common answer is that the parents' childhood histories of maltreatment and destitution have left them poorly prepared to compete in the job market, a background leading to high rates of welfare dependency.

The idea that severe parental impairments lead to poverty sounds obvious, but it is not an adequate explanation for family poverty, because, after all, most of the families were never middle class. This idea works better to explain why many families are trapped in poverty, and why there is a percentage of people who cannot or will not find work. In other words, "substance abuse and mental health problems lead to poverty" can account for why some families seem permanently stuck in extreme poverty, though, as a matter of fact, many parents with these problems have regular jobs, including jobs in various professions.

Occasionally in these discussions, someone in the audience offers the thought that substance abuse may be a way of coping with entrenched poverty, for example, by medicating depression, or someone suggests that mental health problems may be the effect of poverty, perhaps in combination with domestic violence, rather than its cause.

Poverty and Depression

There has been extensive research regarding the relationship between material hardship and depression, though most of these studies have been conducted by researchers interested in welfare-to-work issues (e.g., see Lennon, 2001). The usual finding in these studies is that approximately 40% of women in welfare-to-work programs are severely depressed (Coiro, 2001). Furthermore, depression is known to have dramatic negative effects on parenting behavior (Zaslow, Hair, Dion, Ahluwalia, & Sargent, 2001). The role of depression in chronic neglect—indeed in child abuse as well—is a promising avenue of exploration for theorists and researchers (Hegar & Yungman, 1989; Culp & Culp, 1989). Norman Polansky's famous description of the "apathy–futility syndrome" in neglecting families may be usefully viewed as an in-depth account of depressive symptomatology (Polansky, Borgman, & Desaix, 1972), though this was not Polansky's view of the problem.

Polansky's descriptions of neglecting parents continue to resonate with practitioners, even though researchers haven't displayed much interest in his work since the mid-1980s when increasingly large numbers of substance-abusing parents began to be referred to public child welfare agencies.

When considering the effects of depression on chronic neglect, it is useful to keep in mind the concept of a depressive spectrum rather than conceptualizing depression as a unitary mental/emotional state of being. Almost every adult is familiar with feeling glum or sad, but depression takes on another dimension when it includes a strong cognitive element; for example, "*X* is hopeless."

Demoralization

Despair and demoralization lie at the extreme end of the depressive spectrum; these emotional states reflect a deep, profound giving up or lack of caring, either about oneself, loved ones, or the world at large. Lack of self-care, indifference to deplorable physical conditions, lack of responsiveness to children or to the distress of family members or friends (if any of these persons are still around) are indicators of demoralization. However, the diagnostic giveaway to demoralization is apathy in the face of threat (Frankl, 1959).

Demoralized persons lack the motivation, the spirit, to respond to challenging conditions. One way of understanding substance abuse is as a dangerous short-term therapy for demoralization (Wilson, 1998), which may in the long run lead to the complete demoralization of drug addiction.

Nicholas (1994) has pointed out that one meaning of demoralization is "loss of one's moral bearings." There is a small number of chronically maltreating parents who appear to have lost moral sense or grounding of any sort, either as a result of long-term drug addiction, or in response to extreme poverty or life-endangering violence (Dash, 1997). Treatment in these circumstances requires more than medication for depression or extended stays in residential drug/alcohol treatment facilities.

Demoralized individuals are difficult to engage in helping efforts because of their hopeless helpless attitudes and because of their lack of follow through. There is always a risk that helpers will become infected with the hopelessness of parents before effectively communicating their helpfulness and resourcefulness to family members. This is one reason why case management teams are useful in working with neglecting families in child welfare settings. Teams provide helpers with mutual support and encouragement in the face of parents' hopelessness.

Many, perhaps most, chronically neglecting families can be accurately described as substance abusing with depression (U.S. Department of Health and Human Services, 1999; Berrick, 1997), but there is a significant fraction of neglecting parents for whom this is not an adequate description.

Substance Abuse and Antisocial Characteristics

There is a group of neglectful and/or chronically maltreating parents with distinctly antisocial traits. These parents are often dealing drugs as well as using drugs. They often have anger control problems and extensive criminal histories.

Neglecting parents with antisocial features have more energy than depressed parents; they are sometimes skilled manipulators or threatening to social workers. Social work with antisocial persons must emphasize structure, fairness, dispassionate application of consequences, and justice, whether the setting is a probation department, substance abuse treatment facility, or child welfare agency.

Substance Abuse As a Form of Self-Destruction

There is also a small fraction of drug addicts on child welfare caseloads for whom it would be euphemistic to describe as depressed and inaccurate to label *antisocial*. These persons are well along the road to self-destruction and seem bound and determined to finish the job. Counselors or other helpers who have not given up on these parents sometimes want to use these parents' children as lifelines. Many of these parents will succeed in destroying themselves through drug/alcohol addiction unless they experience complete spiritual transformation; for example, through a Christian born-again experience or other ego-shattering revelation—a mystical experience.

Mental and Emotional Impairments

There are also small subgroups of neglecting parents who are not substance abusers, but who have other profound impairments. The most important of these subgroups are mentally ill parents and developmentally delayed parents with emotional deprivation. In both of these instances, parents' chronic cognitive and/or emotional impairments result in an inability to recognize or respond to children's needs for extensive periods of time, and also prevent the acquisition of skills or a conceptual understanding of children's needs. This is not to say that all mentally ill or cognitively impaired parents neglect their children or are incapable of learning. There is, however, a percentage of chronically neglecting parents who suffer from these afflictions and who have great difficulty in parenting children.

Intergenerational Transmission of Abject Poverty With Social Isolation

Finally, there is a small group of neglecting parents who are not engaged in substance abuse and who are not mentally ill or cognitively impaired to an extreme degree. These are impoverished parents, often living in isolated conditions, who appear to take a diminished and deprived existence for granted. These parents usually have grown up in abject poverty filled with social humiliation and their parenting appears to reflect their social values. These parents want to be left alone and their children often feel the same.

In conclusion, the typology of chronic neglect we are advancing bears a notable resemblance to one developed by Polansky and colleagues over 30 years ago (Polansky, Desaix, & Sharlin, 1972). What has changed during this period of time is the growth of substance abuse among families referred to CPS and the resulting predominance of the substance abuse categories among the chronically neglecting population of families open on CPS caseloads.

The Effect of Neglect on Child Development

The profound mental/emotional impairments almost always present in chronic neglect, either separately or combined with pervasive poverty, substance abuse, depression, mental illness, and extreme cognitive deficiencies, have a devastating effect on child development through a common pathway: they interfere with the parents' ability to form a positive reciprocal relationship with a baby or young child. The parent's lack of responsiveness to the child's needs leads to insecure or disorganized attachment, which, in turn, lays the foundation for child behavioral problems of all sorts (Morton & Browne, 1998). Hildyard and Wolfe (2002) have commented that "emotional neglect appears to be particularly detrimental in infancy." "Over the course of several months emotionally neglected infants show major declines in performance on the Bayley Scales of Infant Development and their attachment problems worsen dramatically." "Such findings underscore the importance of emotional nurturance in the beginning stages of life on subsequent psychological development, comparable to the significance of food and safety on physical development" (pp. 685–686). Chronic and pervasive neglect has devastating effects on children's emotional and intellectual development through a form of affective starvation.

There is a rapidly growing body of research regarding the effects of early deprivation on brain development (Perry & Pollard, 1997; Perry, 2001). This body of research findings indicates a number of physical mechanisms by which neglect in infancy and early childhood negatively effects both cognitive development and affect regulation.

Substance Abuse in Chronic Neglect Cases: Intervention Issues

The therapeutic intractability of neglect, compared to physical abuse or sexual abuse, was firmly established before the large increase in substance abuse cases that occurred in the mid-1980s (Daro, 1988; Berrick & Duerr, 1997). Substance abuse being (by far) the major presenting problem of neglecting families whose children have been placed in out-of-home care has added to the difficulty of developing effective treatment programs. Chronic neglect with substance abuse—a chronically relapsing condition—is a tough therapeutic nut to crack.

A major finding of research on the effectiveness of substance abuse treatment with child welfare families is that most parents whose children are made legally dependent by juvenile courts do not enter or complete court-ordered substance abuse treatment programs (Gregoire & Shultz, 2001; Murphy, Jellinek, Quinn, Smith, Poitrast, & Goshko, 1991). Given this reality, parents involved in substance abuse treatment are likely to be a small percentage of parents referred by CPS social workers for drug/alcohol assessment. It is possible, therefore, that parents with open child welfare cases who complete treatment programs are, in effect, a self-selected minority of abusing and neglecting parents, that is, those parents most strongly motivated to retain or regain custody of their children. If so, statistics describing outcomes for parents completing treatment programs may be little more than proxy measures of a caregiver's motivation to parent.

Substance abuse, combined with neglect, is a poor prognostic indicator for reunification of children with their birth parents (U.S. Department of Health & Human Services, 2001). Reunification rates for children in out-of-home care began to dramatically decline in many states in the early 1990s (U.S. Department of Health & Human Services, 2001) and this decline has continued in Washington State in recent years (Department of Social and Health Services, Washington State, 2002). Arguably, the Adoption and Safe Families Act of 1997 (ASFA) was a response to the large influx of neglected babies and toddlers into out-of-home care, and the inability of public child welfare agencies to reunite a large percentage of these children with their birth parents.

The public policy response to the new world of child welfare characterized by neglect, substance abuse, infant placements, long lengths of stay in out-of-home care, and reduced reunification rates (Wulczyn & Brunner, 2000) has been to greatly increase funding for adoption, both through financial incentives to states for increased adoptions and more funding for adoption support to adopting families. This is not a balanced public policy response, but it has met surprisingly little resistance within public child welfare agencies or among child advocates.

The federal government and many state governments have made modest efforts to improve collaboration between child welfare agencies and substance abuse treatment programs, and to disseminate information regarding best practices in substance abuse treatment programs (U.S. Department of Health & Human Services, 1999). It has taken some time to learn that substance abuse treatment programs that provide comprehensive social services and mental health services (including transitional housing) are more effective with child welfare families than are programs with a narrow focus on abstinence from drugs and alcohol (Clark, 2001).

This is hardly a surprising conclusion given the impoverishment of the families and the parents' many personal problems. Possibly for this reason, the lessons derived from model substance abuse treatment programs for maltreating parents in the 1990s seem much the same as the lessons learned from the Berkeley Planning Associates' evaluations of federal demonstration projects designed for abusing and neglecting families in the 1970s: the families require long-term treatment with comprehensive services, including concrete services. Reabuse, or continued neglect, occurs during the course of treatment with distressing frequency (Cohn & Daro, 1987). Reentry-into-care rates approach 30% within 3 years after a child returns home (Frame, Berrick, & Brodowski, 2000).

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The need for long-term treatment with abusing and neglecting families has never been an easy sell within public child welfare agencies. Child welfare agencies want quick fixes—effective, short-term services—because of the relentless flow of new referrals that must be investigated and because of limited funding for in-home services. The main reason, in our view, that child welfare agencies in the

United States have been slow to develop innovative programs for neglecting families is that any approach that has a chance of success with chronically referring families is likely to require at least 1 year of intervention, and possibly several years when drug addiction is part of the picture, as it so often is. A number of scholars have argued that because substance-abusing parents are prone to relapse, family preservation services are needed for much longer than a few weeks or months (Besharov & Hanson, 1994; Barth, 1994, Wells & Tracy, 1996).

The above perspective has been met by silence within public child welfare agencies. Child welfare managers and policymakers may be unwilling to acknowledge the need for resources for long-term, in-home services when to advocate for these resources would elicit strong political resistance. Why are long-term, in-home services unaffordable while indefinite paid foster care, or many years of adoption support payments, are considered an acceptable and unavoidable expense in child welfare systems? This question should be answered by child welfare policy makers.

> Child welfare staff are intimately familiar with foster care and have well-founded doubts regarding the therapeutic benefits …

Untreatable Families?

The difficulty of engaging chronically maltreating families in treatment programs or keeping these parents engaged in services after they enter a program has led to discussions of "untreatable" families and of the need to move quickly to terminate parental rights on behalf of their young children in out-home-care.

In fact, there are large numbers of substance-abusing parents who vanish for long periods of time after their children are placed in out-of-home care. There is another group of parents who have lost several children in termination actions and who have failed a number of times to successfully complete drug/alcohol treatment. There is a very different set of issues with chronically mentally ill parents or parents with permanent and irreversible cognitive impairments. It is often the case that these parents' functioning cannot improve beyond a certain point due to genetics, brain damage, or a long history of mental illness. It is not necessary to maintain that these disparate groups of parents are "untreatable" to insist that public policy should not assume that they are likely to recover. Perhaps future discoveries in intervention technology will lead to greater optimism.

For the moment, many child welfare practitioners believe that a significant percentage of chronically neglecting families—not merely the above groups—are "untreatable." This judgment is perhaps based less on research on treatment outcomes with drug addicted, mentally ill, or cognitively impaired parents than on the repeated failure of CPS interventions to effect any change in these families.

Child death reviews and reviews of high-profile cases (sometimes due to tort actions) in Washington State often reveal a stubborn CPS insistence on problem-solving with parents around specific allegations of abuse or neglect contained in CPS referrals. CPS social workers often persist, despite numerous CPS referrals for a variety of problems, to direct parents to clean up filthy homes, make better supervisory arrangements, have children examined by physicians, etc., without consideration of underlying parental impairments. In fact, nothing is more characteristic of CPS practice with neglecting families than an emphasis on straightforward problem solving regarding specific neglectful conditions described in referrals.

Of course, there is a significant fraction of families reported to CPS for neglect for whom this is an effective approach. All neglect is not chronic neglect; what distinguishes chronic neglect from situational neglect or sporadic neglect is the futility of working with chronic families in a typical, problem-solving way. Once one problem or set of problems—for example, a filthy house or a child's need for dental care—is resolved, another problem arises, and then another, and so forth. Child care problems in these families are indicators of serious parental impairments as described above, along with entrenched poverty. "Untreatable" is not the same as "not amenable to normal problem solving."

CPS agencies need to develop another approach for chronically neglecting and chronically maltreating families, and this (in our experience) they are loath to do. A small percentage of neglected children are eventually removed from the home, often after a crisis has created a risk of imminent harm to children. Most neglected children remain with birth parents who come to tolerate and finesse periodic CPS interference in their lives. In these kinds of situations "untreatable" means little more than that CPS agencies have not found (and usually are no longer attempting to find) effective interventions.

Structural Issues in CPS Responses

An experienced and thoughtful CPS social worker recently commented to one of the authors that CPS investigations of sexual abuse allegations or serious physical abuse allegations have a structure that neglect investigations lack. The coordination with law enforcement agencies, the use of child interview protocols in sex abuse cases, and the dependence on

expert medical opinion in physical abuse cases creates an investigative and decision-making structure that is absent when intervening in child neglect. In addition, an investigative interest in incidents of child maltreatment makes sense in sexual abuse or physical abuse investigations, and is required if criminal charges are to be filed.

Incident-oriented investigations in chronic neglect cases usually miss the point: it is not a single neglectful incident that has harmed a child or placed a child at risk of harm, but rather a pattern of pervasive neglect which there is every reason to believe will continue. It is frequently the case that children are not injured by specific incidents of child neglect—for example, lack of supervision—and the degree of parental responsibility for accidents resulting in serious injury or death of children is often difficult to establish.

Nonetheless, with the need for structure in mind, there has been recent discussion in Washington State of criminalizing neglect or some forms of neglect; for instance, failure to feed a child or leaving preschool children without supervision. Child welfare staff usually have strong adverse reactions to this idea, but often agree that when egregious parental negligence results in serious injury or death of a child, parents should be held criminally responsible for their actions. However, this is a small fraction of neglect cases and would have little impact on the overall problem.

Still, the only reason criminalizing child neglect would be seriously considered by reasonable, well-meaning people is that child protection systems appear to be devoid of good ideas about how to better serve chronically neglecting families and appear to lack the motivation to develop more effective approaches.

Experimenting From an Epidimeological Perspective on Intervention

General acknowledgement of the ineffectiveness of current CPS practice with neglecting families does not translate into widespread support for innovative programs. Experienced child welfare staff understand that improving CPS practice with neglecting families will require a much bigger investment of staff time and service dollars and that these resources are not readily available. In addition, there is a lack of confidence among veteran staff that even if greatly increased resources for new programs were to become available, these resources could be invested in treatment programs that would be therapeutically effective.

This is a deplorable state of affairs in a child protective service system: current practice with the majority of chronically neglecting families is acknowledged to be ineffective, but there is a lack of will to do anything different.

Berrick and Duerr (1997) have written that "to date, researchers and practitioners have been unable to develop a proven technology for preventing or treating this form of maltreatment" (p. 65). In part, the lack of theory accounts for this problem, but the lack of a strong experimental ethos in public child welfare agencies also helps to account for the scarcity of innovative programs.

There are, of course, a large number of promising practices in working with neglecting families (DePanfilis, 1999). It is possible that these best practices may soon be developed into a coherent state of the art with strong empirical support. Any practice model that draws on existing research is likely to include provision of concrete services and social support, an emphasis on developing a therapeutic relationship with the parents, regular and frequent feedback on progress in substance abuse treatment, tight coordination with domestic violence agencies, and a focus on parent–child interactions (DePanfilis, 1996).

Therapeutic Child Care

One approach to intervention in neglecting families that CPS agencies should consider is to organize services around children's needs for dependable supervision, nurturance, and learning opportunities. Concretely, this means that for preschool children, including babies, therapeutic child care programs would be the core in-home service. These programs would have to include transportation, developmental testing, health care and dental care screening, and parent education.

There is a serious question of whether therapeutic child care programs can overcome the combined effects of neglect, poverty, substance abuse, depression, and domestic violence on child development; in some instances, the answer is surely "no." Some children must be placed out of the home; however, the cumulative effects of chronic maltreatment on a child's development should be considered in making placement decisions. Developmental testing of children should be a standard feature of CPS interventions in chronic cases.

Researchers who are skeptical about the value of early childhood education sometimes point out that increases in the IQs of children from poor families enrolled in model child care programs are temporary. Gains in IQ vanish by age 8 or 9 according to most studies (Bruer, 1999). Nevertheless, the weight of the evidence from evaluations of model child care programs, including large-scale programs in Europe, is that low-income children who have been in early childhood education programs do better in school and have lower rates of grade retention and special education (Barnett, 1998; Boocock & Larner, 1998). There is a small number of studies in the United States that indicate a relationship between early childhood education for children in poverty and higher rates of high school graduation. Barnett (1998) comments in his review of research on early childhood education for poor children that "across all studies, the findings were relatively uniform and constitute overwhelming evidence that ECE [early childhood education] can produce sizable improvements in school success" (pp. 31–32).

The Overall Importance of Emphasizing Education as a CPS Strategy

Education is more than IQ scores and scores on standardized tests. Public education is also inclusion in the social institution that, after the family, has the major responsibility in this country for socializing children. Educational achievement also launches youths into desirable adult employment careers or is a major obstacle to decent employment opportunities. Children who cannot acceptably function in a school setting are at high risk of antisocial adaptations. Investing in early childhood education for children from poor families increases the likelihood that they will have positive experiences in public schools (Barnett, Young, & Schweinhart, 1998). These investments also decrease the potential for criminal involvement in late adolescence and young adulthood.

Chronically neglected school-age children are likely to be behaviorally troubled. These children often have difficulty fitting into a classroom structure because of these problems and because their intellectual capacities have been impaired by child maltreatment and extreme poverty in early childhood. In addition, the families of these children are often chaotic and/or violent, as well as not very nurturing. Children have to be very resilient to perform reasonably well in school while living in these conditions.

School staff make more CPS referrals in Washington State (almost 25% of referrals) than any other professional group. It is common for school staff to lobby for the out-of-home placement of abused or neglected behaviorally troubled school-age children, and common for CPS staff to resist these pressures. CPS decision making is influenced by acute and chronic shortages of foster homes, especially homes for adolescents. However, even when foster homes are readily available for school-age children, CPS staff often refuse to place children. Child welfare staff are intimately familiar with foster care and have well-founded doubts regarding the therapeutic benefits of foster care for behaviorally troubled school-age children.

In Washington State, children 6–12 years old at entry into out-of-home care is the age group at highest risk of multiple placements (Wilson, 2000). A recent internal Children's Administration report on multiple placements found a strong association among age at entry into care, a history of many CPS referrals prior to placement, children's mental health problems, lengths of stay longer than 2 years, low reunification rates, and multiple placements (Department of Social and Health Services, 2002). School staff may naively believe that foster care is the answer for abused and neglected school-age children, but child welfare staff have good reasons to think differently.

School staff are not wrong, however, about the impact of child maltreatment on educational achievement. Burley and Halpern (2001) found that children and youth in foster care "score, on average, 15 to 20 percentile points below nonfoster youth in statewide achievement tests" (p. 1). Burley and Halpern's study also found that "at both the elementary and secondary levels, twice as many foster youth had repeated a grade, changed schools during the year, or enrolled in special education programs compared with nonfoster youth. Burley and Halpern state that "surprisingly, a youth's length of stay in foster care and other placement characteristics do not appear to be related to educational attainment." "Foster youth in short-term care … have on average the same educational deficits as children in long-term care" (p. 1).

Just as in-home services for neglecting families with preschool children should be organized around therapeutic child care, in-home services for neglected school-age children should be organized around schools and education. High quality mental health services delivered in the school setting may be necessary if these children are to have a chance of coping with the structure and demands of public education.

One might question why CPS systems, whose primary mission is to protect children from child abuse and neglect, should organize their family support services around child care and education? The answer for preschool children is obvious. School-age children, however, are at greatly reduced risk of neglect-related injuries compared to younger children. Nonetheless, the cumulative effects of chronic neglect, poverty, and (often) family violence become increasingly evident after children enter school (Manly, Kim, Rogosch, & Cicchetti, 2001). It is a strange child protective service system that is intensely interested in the immediate safety of children but doesn't care about how child maltreatment affects their emotional well-being or social development. It is equally strange for public child welfare agencies to ignore these issues while an abused or neglected child remains in the parents' home, but suddenly become interested in the child's development and educational performance after placement in foster care.

Some Fundamental Questions

CPS Policies

Child welfare systems in the United States have been so affected by their history of severe workload problems that many experienced staff at all levels of the organizations cannot imagine broadening their concerns beyond safety and permanency. Furthermore, within child welfare systems, safety is viewed narrowly as meaning "safe from abuse and neglect" and the concept of permanency involves little more than placing children in a home with a legally defined and protected parent–child relationship. Interventions in chronically neglecting or chronically maltreating families demand a broader perspective in which child development and children's emotional well-being matters to policy-makers, courts, and practitioners (Poertner, McDonald, & Murray, 2000).

One of the reasons it is difficult for child welfare systems to put child development and children's emotional well-being at the front and center of their mission statements is that the emotional effects of child maltreatment appear to be hopelessly entangled with poverty, family violence, and parents' mental health issues (Herrenkohl, Herrenkohl, Rupert, Egolf, & Lutz, 1995; Hartley, 2002). Child welfare systems want to draw clear lines between child abuse and neglect and poverty, even to the point in past years of denying their connection.

The line between child maltreatment and domestic violence is also currently muddled. An increasing number of child welfare practitioners in Washington State are willing to take legal action based on a pattern of children witnessing domestic violence, despite the fact that legal definitions of child abuse/neglect in Washington State law do not mention domestic violence. Administrative law judges in Washington State will typically overturn "findings" of child abuse or neglect based mainly on domestic violence incidents.

Furthermore, all forms of child maltreatment have a proven negative effect on child development and children's mental health over and above the effects of poverty (Manly et al., 2001). Yet it is usually difficult in specific cases to separate out the differential effects of poverty, abuse and neglect, family violence, and parent's substance abuse and mental health problems on a particular child's functioning. If, in fact, child welfare systems elevate the importance of child development and children's emotional well-being in their hierarchy of concerns (as they should), it will be increasingly difficult for child welfare policymakers and managers to answer the question "Why do child welfare organizations care so much about child abuse and neglect and so little about family poverty, family violence, and children's and parents' mental health problems?" In our opinion, thoughtful and careful deliberation on this question is likely to lead to serious doubt about whether child welfare systems should be organized around such an exclusive concern with child abuse and neglect. Why, indeed, do North American child welfare systems care so much about child abuse and neglect and so little about other major risks to child development and well-being?

Other Epidemiological Questions

From an epidemiological perspective, chronic neglect may be viewed as a poverty-related breakdown of social norms around parenting. The relationship between poverty and child neglect is not in question. The Third National Incidence Study (Sedlak & Broadhurst, 1996) found that the rate of child neglect for families with annual incomes under $15,000 was 45 times greater than families with incomes higher than $30,000 per year. A number of other studies have confirmed the strong association between neglect and poverty (Nelson, Saunders, & Landsman, 1993; Pelton, 1994). However, the more interesting epidemiological question is why some low-income populations are more vulnerable than others to a sharp decline, or even collapse, of parenting standards?

It is a plausible, though unproven, hypothesis that degree of material hardship, the period of time that families have lived in poverty, childhood trauma, and the extent to which ethnic groups are or have been subjected to racism influence rates of chronic neglect and (to a lesser degree) other forms of child maltreatment. In addition, there is good reason to believe that the characteristics of low-income neighborhoods, especially a neighborhood's extent of social integration, affects rates of child maltreatment (Garbarino & Eckenrode, 1997; Deccio, Horner, & Wilson, 1994). By hypothesis, any factor or set of factors that influence the hopes of poor parents that they may one day have a better life affects their morale, which, in turn, affects their parenting practices.

There is substantial evidence that various low-income groups do not as a whole have lower parenting standards than middle-class families. Some studies have found that ethnic minority residents of low-income neighborhoods have higher, not lower, parenting standards for their children than the standards of public child welfare systems (Rose & Meezan, 1996). Chronic neglect is *not* a part of a worldwide culture of poverty and it is not a social construct inflicted on the poor by middle-class social workers. Chronic neglect and chronic maltreatment are pervasive breakdowns of parenting standards that occur within a small percentage (arguably 10–20%) of poor families, depending on the factors mentioned above and possibly other factors as well.

One of the functions of cultural traditions, cultural values, and spiritual beliefs is to provide some degree of immunity from despair and demoralization in circumstances where giving up hope seems rational. This is also a function of social support and why the disintegration of social relationships in the lives of drug addicts or the mentally ill may convince desperately troubled people that they have reached a point of no return.

Conclusions

These reflections suggest the value of social policies and therapeutic interventions that take seriously the feelings and hopes of poor people about their future and the future of their children. Early childhood education, job training, housing assistance, GED programs, domestic violence programs, children's security accounts, cultural identity and cultural pride, family group conferences, and intentional communities are good platforms for work with neglecting parents because they infuse hope and bring a social world to life in which hope can thrive.

Lindsey (1994) wrote that "at the very earliest years, perhaps less than one, children know whether or not they have hope and opportunity" (p. 302). Lindsey comments that the alienation of youth, especially low income minority

youth, is one of the most destructive consequences of the existing inequality, and the society that is unwilling to pay for initial "equal" opportunity soon finds itself having to pay substantially more for child protective services, foster care, public assistance, drug rehabilitation programs, and overcrowded prisons." (p. 305)

Lindsey is one the few recent critics of American child welfare systems who has made the connection between poverty, hopelessness, child maltreatment, and the structure of child welfare. It is uncertain whether child welfare systems with the legal power to intervene in the intimate lives of poor families can develop more effective therapeutic interventions for chronic neglecting families without a change in social policies that will bring hope of a better life to poor families.

However, economic resources are not the whole story. An epidemiological understanding that parenting standards will break down in low-income populations at varying rates (especially under conditions of severe, long-term or concentrated poverty) depending on the extent of early trauma and on the strength of well-known resiliency factors can help practitioners and program developers design interventions that will reduce demorialized responses to extreme circumstances.

Child welfare interventions must do more than address the substance abuse and mental health problems of chronically neglecting families; they must plant the seed of hope and nourish the sense of personal agency which hope sustains.

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