

INVITED COMMENTARY by Elizabeth Fernandez

on 'Using prevention science to reduce the risk of child neglect' by Diane DePanfilis

Neglect features prominently in child protection referrals, both by itself and associated with other forms of abuse. It has continued to receive far less attention than other forms of abuse publicly and professionally. Yet, neglect continues to be one of the largest categories in child protection statistics, accounting for over a third of the reports recorded and for whom child protection plans are made (AIHW 2009:26). The deleterious effects of neglect on children's emotional, physical, cognitive and social development have been documented (Burns et al. 2004; Stevenson 1998). In the last two decades, public acknowledgement has expanded to include recognition of the 'profound psychological consequences that stem from even the most subtle neglect' (Erickson & Egeland 2002, p.4).

There is also evidence of the tendency for neglect cases to be filtered out of the system at various 'thresholds' and for practitioners to ignore neglect cases until an incident occurs. It is evident that neglect has a low profile in professional and public awareness relative to physical and sexual abuse, presumably because it is a long-term developmental issue, rather than a crisis event. In addition, child neglect has been described as almost indistinguishable from the effects of poverty, especially in its early stages (Stevenson 1998). The broad association of child and family poverty with increased rates of neglect and abuse may mean that large effects can be achieved through better prevention efforts.

There have been calls for child protection systems to respond differentially to cases involving substantial, high risk maltreatment as opposed to cases where families need services, less coercive responses and preventative family-based interventions (Waldfogel 1998). There is a danger that narrow child protection responses may yet lead to further 'neglect of neglect'.

In times of increasing professional accountability, the question of 'what works' comes to the forefront of any discussion of intervention. Internationally child welfare research has come a long way. There has been an ever-increasing flow of empirical studies and research data to build a comprehensive knowledge base for effective policies and practice in child welfare. Child welfare research by itself will not solve the problems that poor and disadvantaged families and children face, but it is vital for us to have the best available research to inform policy analysis and development and to improve welfare practice (Lindsey & Schlonsky 2008; Pelton 1989). Against this background of increasingly rigorous and useful research there are lingering questions about whether and how the system is serving the

best interests of children and families and what works best, for whom, and at what cost.

Dr DePanfilis' research focuses on these important questions and is an important addition to the limited research in the area of neglect. Her research – which focuses on a multifaceted family-based program, 'Family Connections', that works with families to reduce risk of neglect and enhance overall family functioning – highlights the importance of approaching programming in a logical and informed manner using prevention science. Dr DePanfilis must be commended for bringing clarity to the application of a systematic framework to programming and evaluation, for stimulating critical reflection on methodology, and reinforcing the importance of theory-driven research. Drawing on a public health paradigm and a resilience-oriented theoretical framework, her research suggests that to protect children in their own homes, practitioners must identify the strengths, resources, and protective capabilities present in the immediate family, extended family, and community environment that can be marshalled and enhanced to mitigate risk factors and threats to the child's well-being. She draws on an assets approach which identifies and builds on strengths of families in their personal and interpersonal systems.

This points to the need for knowledge, in depth assessment of 'risk' and 'protective factors' – assessments that go beyond 'incident' focused approaches. It also requires access to the frameworks and tools to guide practitioners in undertaking ecologically oriented assessments that identify inherent and nascent family strengths and protective capacities of families, and the quality of formal and informal supports available to them, as well as factors that threaten or inhibit their children's wellbeing.

The gains from Dr DePanfilis' work for the Australian context lie in the template offered for designing and evaluating preventative interventions. Findings demonstrate that concrete assistance combined with home visiting and other supportive interventions, including professionals and parents working together, led to decreased risk factors, enhancement of protective factors, evidence of improved physical and psychological care and safety. The 'Family Connections' program holds promise for neglect prevention and we look forward to the research evidence from intended multi-site replication of the program.

The theme of prevention and family preservation is widely supported in Australia and a range of models operate (AIHW 2006; Tomison 1997). However, program options and

organisational configurations for implementing these programs vary from state to state, as does the commitment to systematic evaluation and the building of an evidence base on outcomes. Early intervention and prevention programs must become more rigorous in how they assess outcomes, and in communicating findings to legislators, policy makers and funders. Committing resources to support longitudinal studies to track interventions and outcomes over extended periods is important to advance any outcome research on family-based interventions, especially in the context of the range of early intervention programs emerging and operating in various Australian states.

Another finding of note highlighted by Dr DePanfilis' research related the comparative analysis of outcomes associated with three month and nine month interventions. The findings that intervention extending over nine months had a positive impact on children's behavioural outcomes is perhaps indicative of the need for sustained, longer term support to parents in managing children's behavioural difficulties, and the need to ensure that strategies for direct therapeutic work with children are at the forefront of preventive interventions.

Results indicated that the three month intervention was more cost effective in reducing risk factors and enhancing protective factors than the nine month intervention. This suggests that short-term intervention aimed at families at risk for child neglect can be effective in reducing their vulnerability and that the effects of risk exposure can be lessened by timely, short-term interventions. In the context of recurrent episodes of vulnerability characteristic of children in neglecting families, such intensive periods of intervention can be ameliorative, particularly if they are part of a long-term plan, considering that the conditions that lead to neglect are not the same for all families, and that the influence of antecedent relational factors can persist. Findings related to outcomes from the three month intervention may also be viewed with caution lest they portray an unrealistic expectation of 'quick fix' in an organizational culture which emphasizes time limited service and limited cycles of funding of early intervention programs.

There are further messages from this research. The professional uncertainty around neglect indicates the need for training to give workers greater confidence in their judgments so that they are less likely to act in a way that is either oppressive towards families, or professionally careless. There are also professional and emotional

challenges in working with complex neglect cases which have important implications in terms of staff supervision.

We must continue to explore and apply prevention strategies, and resources must be devoted to enhancing parenting environments and ensuring the well-being of children before they are maltreated. In tandem with these approaches, efforts are needed to reduce poverty and social exclusion and create a national context in which support for families is the norm, and investment in families is a policy priority.

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