

Child Neglect: Voices from Arizona Communities

May 2018



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Project funded by



ARIZONA
COMMUNITY FOUNDATION

'Community Voices' a welcomed addition to Child Neglect series

From its inception, the "Spotlight on Arizona's Kids" project was a different type of initiative undertaken by Morrison Institute for Public Policy and none more important – the safety and well-being of children whose lives intersect with the child welfare system.

This multi-year project, funded by Arizona Community Foundation (ACF), includes data and expertise provided by Arizona Department of Child Safety (DCS), along with input from national and local child welfare experts. To date, the project has produced five publications – including this one – that examine the breadth and complexity of issues related to child neglect with the goal of informing effective policy in Arizona.

In 2017, Arizona communities self-identified a need for better categorization of types of child neglect, calling for a study that would provide clear definitions with data on incidence. In response to this call, Morrison Institute examined 800 reports made to DCS between 2013 and 2015, resulting in a groundbreaking report that provided a descriptive analysis of child neglect in Arizona.

That major study shed light on the nuances and circumstances surrounding neglect, including issues such as parental substance abuse, domestic violence, juvenile delinquency and financial hardship, and brought much needed data to conversations around prevention, intervention and enforcement.

This current report, *Child Neglect: Voices from Arizona Communities*, furthers that discussion by sharing local perspectives on community assets and gaps in supporting families and responding to child neglect. It informs the work of the Morrison Institute Child Welfare Leadership Advisory Board, which met on May 9 in Phoenix.

In the interest of transparency and public engagement, all briefing papers from the "Spotlight on Arizona's Kids" project are posted on the Morrison Institute website, MorrisonInstitute.asu.edu. Additionally, Morrison Institute has presented the neglect analysis results to interested groups across Arizona and to influential decision-making bodies including the Supreme Court Juvenile Justice Committee, the Arizona House of Representatives Health Committee and the Arizona Senate Health and Human Services Committee. Their input helps all stakeholders better understand unique regional challenges and opportunities.

Morrison Institute looks forward to the continuance of this important project, thanks to funding from ACF and the ongoing engagement of DCS, child welfare advocates, practitioners, elected officials and community leaders. As with all Morrison Institute research initiatives, we welcome your input, as well.

Sincerely,



Andrea Whitsett
Director

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In October 2017 Morrison Institute for Public Policy released an analysis of Arizona child neglect that included definitions of neglect types and identified those occurring most often in Arizona. While that analysis provides valuable insight about neglect in Arizona, it did not capture nuanced experiences of individuals from diverse communities across the state. These communities are coping with the complex challenges arising from the silent and cumulative nature of child neglect – challenges that can vary across communities in ways that are important to understand.

To understand these challenges, researchers from Morrison Institute visited communities across Arizona from July 2017-January 2018 to discuss child neglect, local community strengths and unmet needs. Discussion group contributors varied depending on the location, but attendees included family service providers, advocates, police officers and foster parents. These individuals offered valuable perspectives on the struggles facing families. Community conversations were held in Coconino, Pima, Yavapai, Cochise and Yuma counties. What follows are summaries of these discussions, edited for clarity and length.

Summary of Findings

In each community, participants were eager to discuss how to better serve families and address child neglect. Community characteristics varied depending on region and demographics, but there were several topics that came up repeatedly, regardless of location in the state. Child neglect is a situation that is often surrounded by other factors affecting the family and community, these discussions highlighted those factors. The views and ideas shared in these community discussions lend support for policies such as:

- More training for mandated reporters such as teachers, doctors and police officers who are required by law to report child abuse or neglect, to increase awareness and ability to identify and report child abuse and neglect.
- More professional staff recruitment and retention in rural communities in the areas of mental health and specialty services for children such as pediatricians, dentists and developmental therapists.

Coconino County

The community discussion for Coconino County was held in Flagstaff at the Coconino Coalition for Children and Youth. Topics of discussion addressed foster care and kinship care, childcare, housing, transportation, domestic violence and substance abuse.

Prevalence of Neglect Types

Participants identified lack of supervision as a prevalent neglect type in the area. Others reported having observed shuttling and instances in which parents leave children without making proper arrangements for the temporary caregiver to properly care for them. Some participants said that parents sometimes leave children with inappropriate caregivers due to a lack of childcare.

Most participants agreed that domestic violence and substance abuse seem to be common in Coconino County and were linked to child neglect.

Types and subtypes of child neglect used in Neglect in Arizona, 2017

Types and Subtypes of Child Neglect				
Supervisory	Physical	Medical	Emotional	Substance-exposed Newborn
Abandonment	Inadequate food	Denial or delay of medical health care	Inadequate nurturing/affection	
Expulsion	Inadequate clothing	Denial or delay of dental health care	Unrealistic developmental expectation	
Shutting	Poor hygiene	Denial or delay of mental health care		
Dangerous exposure	Inadequate shelter			
Dangerous exposure related to domestic violence				
Deliberate exposure of a sexual nature				
Inappropriate caregiver				
Failure to prevent risky behavior/encouraging maladaptive behavior				
Permit a child's drug and alcohol use				
Lack of supervision				

2017 Morrison Institute Spotlight in Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Community Strengths in Coconino County

- **Service-oriented community**—Many agreed that Coconino County is a strong community. One individual said that people in social service agencies care deeply about helping children and families and come together to discuss how to improve family situations. Others mentioned the strong faith-based network in Flagstaff. Similarly, participants said Flagstaff city leadership is supportive of initiatives to help struggling families.
- **Noteworthy programs**—Participants discussed how Flagstaff excels in providing clothing to children, which is especially important considering the harsh winter weather. There are also multiple mobile and stationary food pantries and other places to get a free meal. Summer Café is a food program that provides free meals for children under 18. Another program, called Better Bucks, is a voucher program targeting the homeless population. The vouchers can be used at various establishments to purchase food.

Service Gaps in Coconino County

- **Foster care and kinship care**—Participants reported a lack of foster care homes in Coconino County and voiced a desire to have an accurate number of licensed foster homes and unlicensed kinship placements in the county. The group felt that knowing these numbers could help them recruit foster parents in the county. One participant said that there is a need for improved financial and service support for unlicensed kinship families. The participant said that these supports would be beneficial for children because living with family is better than placement in a non-relative foster home.
- **Childcare**—High child care costs and a lack of quality providers were also main topics of discussion with one participant saying, “paying for childcare is like paying for a second mortgage.” Participants said that there are too few childcare providers in the area and the providers that are available are either inadequate or too expensive.
- **Housing**—Discussion participants said that it is common for multiple families to live in one home because of a lack of affordable housing in Coconino County. One service provider representative said

Coconino County Snapshot

Population

Coconino County is located in the north central region of Arizona

- Coconino County has a population of approximately 138,064
- Children under 18 comprise about 22 percent of the total population
- The median family income for the county is \$63,669
- For a single-male householder the median income is \$43,213
- For a single-female householder the median income is \$31,531
- Median gross rent for the region is estimated at \$1,025

Poverty, food stamps and unemployment

- Approximately 22 percent of Coconino County’s population is living below the poverty level
 - About 7,619 of those living below the poverty level are children
- Around 6,056 households receive food stamps
 - 3,777 of the households receiving food stamps have children under 18 years of age
- The unemployment rate in this county is about 8 percent
- Coconino County had a population of about 37,944 enrolled in AHCCCS as of November 2017

Sources: U.S. Census Bureau American Community Survey 5-Year Estimates, 2012-2016. Tables S0101, S0901, S1903, S1701, S1101, S2301 B22002, B25064 retrieved from <https://factfinder.census.gov/>
AHCCCS Population by County. Retrieved from https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Nov/Members_by_County_Report.pdf

that she moved to the area for a job and couldn't find a place to live for six weeks. She said that when she finally did find a place to live, her rent for a one-bedroom apartment was more than what she was paying for a four-bedroom house in a city where she lived previously. Participants told stories about having to live in a hotel when they first moved to Flagstaff because there was no housing available.

- **Transportation**—Public transportation that serves Flagstaff does not extend to rural areas. Due to this, families in rural areas of Coconino County face challenges getting to service providers, getting to work on time and picking up kids from school.

Pima County Community Discussion

The community discussion for Pima County was hosted by the Arizona Daily Star in Tucson. Groups represented in the discussion included local food banks, Pima County juvenile court, Department of Child Safety, advocacy groups, and family and child service providers.

The Prevalence of Neglect Types

Discussion participants wondered why educational neglect was not included in the Morrison Institute analysis. They said educational neglect is an issue in the area and there are many children who frequently miss school. Though educational neglect is included under statutes in some states, it is not recognized as a form of neglect by Arizona statute and was not included in the codebook used for the 2018 child neglect analysis.

Participants also touched on the prevalence of substance abuse in the area.

Community Strengths in Pima County

- **Evidence-based programs**—The group noted Parents as Teachers and Nurse Family Partnership as two effective evidence-based programs implemented in the county. Parents as Teachers is a program that delivers parent education through personal visits and group meetings to equip parents with knowledge about early childhood development and resources parents can access. Nurse Family Partnership is a program in which trained nurses visit first-time mothers from early in

Pima County Snapshot

Population in Pima

Pima County is located in the southern region of Arizona

- Pima County has a population of approximately 1,003,338
- Children under eighteen comprise about 22 percent of the total population
- The median family income for the county is \$58,613
- For a single-male householder the median income is \$40,640
- For a single-female householder the median income is \$29,963
- Median gross rent for the region is estimated at \$831

Poverty, food stamps, and unemployment

- Approximately 19 percent of the population in Pima is living below the poverty level
 - About 58,947 of the people living below poverty are children
- Around 58,237 households receive food stamps
 - 31,152 of the households receiving food stamps have children under 18 years of age
- The unemployment rate in this county is about 9.2 percent
- Pima County had a population of about 291,206 enrolled in AHCCCS as of November 2017

Sources: U.S. Census Bureau American Community Survey 5-Year Estimates, 2012-2016. Tables S0101, S0901, S1903, S1701, S1101, S2301 B22002, B25064 retrieved from <https://factfinder.census.gov/>
AHCCCS Population by County. Retrieved from https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Nov/Members_by_County_Report.pdf

pregnancy until the child is 2 years old. The program helps to improve pregnancy outcomes and improve child health and development.

- **Innovative programs**—Pima College has Parent University, which offers seminars and classes for parents in the area. Pima County also uses what is known as a Promotora model. This establishes a community health worker, who is a trusted or embedded member of a local community, and serves as a link between health services and community members to help increase access to and knowledge of services. This model aims to reduce health disparities and promote health among groups that usually lack access to quality care. Participants identified this as an effective model for working with Hispanic/Latino communities.
- **Collaboration**—Recently, there has been a push for more collaboration among agencies and providers. For example, a partnership between Jewish Community Foundation of Southern Arizona (JCFSa) and the Flowing Wells School District provides supplemental support to children. Participants said that this model could be used and adapted to other communities in the future. Participants also said grants are starting to require more collaboration, which has encouraged partnerships between service providers.

Participants said the Pima County Superior Court has made an effort to address the issue of youths who are simultaneously involved with the Department of Child Safety and the juvenile justice system. Through this collaboration, the court is trying to communicate and coordinate to make sure efforts are not duplicated.

Service Gaps in Pima County

- **Agency coordination**—The discussion started out with a focus on coordination of care and communication across agencies. Participants said that non-profits and service agencies often do not partner and interact with other community organizations. As a result, individuals seeking support can get lost in the shuffle and never receive the assistance they need.
- **Systems response to needs**—Participants highlighted the importance of follow-up and ongoing support, because individuals can get easily discouraged by the processes of seeking government benefits. One participant shared that she had clients who wanted to have a Department of Child Safety investigation because they heard it could speed up the process of receiving government benefits. There was agreement about the pressure that cuts to the Temporary Assistance to Needy Families program have put on families. The cuts have led to long service waitlists and pushed families to the brink of crisis where one medical incident or broken-down car could push them over the edge.
- **Social capital**—Participants also saw a gap in community involvement and expressed a need for more social capital such as increased community connection and cooperation, because there are not enough people willing to volunteer and organize support for struggling families. There was also an expressed need for data sharing between agencies so that agencies could gain a more complete understanding of families they serve.
- **Kinship**—The group spent a substantial amount of time discussing support for kinship families. Discussion focused on the lack of sufficient financial assistance or resources for kinship families.

Participants felt that grandparents do not get a lot of assistance or support for kinship care, yet they are often the caregivers when a child is removed from the family. The group also discussed the fact that kinship caregivers and grandparents sometimes do not go through the state licensing requirements and that, because they are informal placements for struggling families, they are unable to receive financial assistance.

- **Matching needs to services**—Participants also expressed concern about a disconnect between family needs and assigned treatment and intervention. Discussion continued around the idea that a family may be receiving services, but not the services they really need. Quality of services was discussed as well. When it comes to paraprofessional services, participants said that the services are only as good as the assigned caseworker and have seen instances in which paraprofessionals are not trained or prepared for the work, which ultimately hurts families.

Yavapai County Community Discussion

The community discussion for Yavapai County was held in Prescott at Prevent Child Abuse Arizona. This community discussion brought together people from a variety of agencies and non-profits organization, some of which include, the Department of Child Safety, the Division of Developmental Disabilities, First Things First, and child and family service providers.

The Prevalence of Neglect Types

The participants of the community discussion were asked about the types of neglect they encountered most frequently. One participant shared that most of the issues they see are supervisory. Many participants agreed that dangerous exposure related to domestic violence was one of the most common neglect subtype in the community.

Participants spent considerable time talking about reports made to the Department of Child Safety that do not rise to the level of acceptance for investigation. Participants shared that some families need extra support because a pattern of neglect exists even though a report doesn't meet the threshold to receive an investigation by DCS. This discussion caused participants to wrestle with the question, "In these situations, who fills the gap?"

Yavapai County Snapshot

Population

Yavapai County is located in the north central region of Arizona

- Yavapai County has a population of approximately 218,586
- Children under 18 comprise about 17.3 percent of the total population
- The median family income for the county is \$56,516
- For a single-male householder the median income is \$41,980
- For a single-female householder the median income is \$35,118
- Median gross rent for the region is estimated at \$892

Poverty, food stamps and unemployment

- Approximately 15 percent of the population in Yavapai County is living below the poverty level
 - About 7,695 of the people living below poverty are children
- Around 10,357 households receive food stamps
 - 5,056 of the households receiving food stamps have children under 18 years of age
- The unemployment rate in this county is about 9 percent. AHCCCS reported population statistics for all the counties in Arizona
- Yavapai County had a population of about 52,858 enrolled in AHCCCS as of November 2017

Sources: U.S. Census Bureau American Community Survey 5-Year Estimates, 2012-2016. Tables S0101, S0901, S1903, S1701, S1101, S2301 B22002, B25064 retrieved from <https://factfinder.census.gov/>
AHCCCS Population by County. Retrieved from https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Nov/Members_by_County_Report.pdf

Community Strengths in Yavapai County

- **Prescott Valley police**—Two representatives from the Prescott Valley Police Department Family Violence Unit were in attendance. Participants said this unit is a unique community strength. This unit works to connect families with resources and works closely with shelters in the area and other service providers in the community.
- **Collaborative community**—The group agreed that the community as a whole is “close-knit” because the scarcity of resources forces them all to collaborate and rely on each other. Many participants said that organizations and non-profits in the area have created a strong network and strive to get one another connected to the right resources.
- **Early childhood programs**—Early childhood programs were identified as a strength, though some participants mentioned it was limited in size and wished that it could serve more families. In addition to this, participants agreed that providing clothing and food for families was a strength of the community.

Service Gaps in Yavapai County

- **Substance abuse**—Group members all agreed that substance abuse is prevalent in the Yavapai County area and there are 115 halfway houses or recovery centers in the county. Even with the large number of addiction service centers, there are still long waiting lists for people who want to receive treatment.
- **Mental health**—Participants discussed this topic in depth. Many reported that there are inconsistencies in behavioral health practices in the region and even between offices operating under the same agency. Other challenges mentioned were high turnover rates that affect services for individuals, and a lack of professionals in the community. One participant used the term “mental health desert” to describe the area and said that it’s hard to find pediatric and specialty providers that want to work in a rural community like Yavapai County.
- **Housing and homelessness**—Participants said that there has been an increase in the homeless population in Yavapai County. Group members also said that there is no local housing authority in Yavapai County and the existing housing vouchers are given to the elderly and people with disabilities, leaving no vouchers for families.

Cochise County Community Discussion

The Cochise County community discussion was hosted by Arizona’s Children’s Association in Sierra Vista. They gathered a diverse group of individuals that could speak on a variety of issues surrounding child neglect.

The Prevalence of Neglect Types

One participant said that the neglect analysis was reflective of the types of neglect he saw in his work.

Another participant said that she felt there were a lot of mothers who were addicted and exposed their

children to men who then took advantage of the children in the home.

Participants said that methamphetamine use as well as heroine use is high in Sierra Vista. Other participants expanded, saying that drug preference changes based on what is available at the time and what is cheapest.

Strengths in Cochise County

- **Local engaged Foundation**—The participants identified The Legacy Foundation of Southeastern Arizona as being a source of great support for Cochise County. Participants mentioned that one employee at the Foundation worked to compile a list of child and family resources and contacts. She also works to keep this information current so the community has a list of services in the area for families.

- **Back to school drives**—Group participants also indicated that Sierra Vista hosts successful back to school drives for the children to help get them school supplies.

Service Gaps in Cochise County

- **Substance abuse**—When asked about service gaps, participants said that even though families struggle with substance abuse issues, there are no medically assisted drug abuse treatment centers in Sierra Vista and that individuals had to go to Tucson or Phoenix to receive treatment. Participants added that sometimes the only way to transport an individual to treatment was an ambulance ride to Tucson. Another added that people sometimes wait 6 hours before a crisis team can arrive on scene, partially due to the rural nature of the county.
- **Children's specialists**—Participants also said there is no children's dentist that accepts AHCCCS coverage in the county. The group added that there are no specialty therapy services such as therapists for developmentally disabled children. If families need those services, they must drive 76 miles to Tucson to receive them.
- **Child abuse and neglect identification training**—Another gap that participants identified was training

Cochise County Snapshot

Population

Cochise County is located in the southeast corner of Arizona

- Cochise County has a population of approximately 128,177
- Children under 18 comprise about 22 percent of the total population
- The median family income for the county is \$54,773
- For a single-male householder the median income is \$34,883
- For a single-female householder the median income is \$27,551
- Median gross rent for the region is estimated at \$790

Poverty, food stamps and unemployment

- Approximately 19 percent of the population in Cochise County is living below the poverty level
 - About 7,589 of the people living below poverty are children
- Around 7,955 households receive food stamps
 - 4,428 of the households receiving food stamps have children under 18 years of age
- The unemployment rate in this county is about 9 percent
- Cochise County had a population of about 39,728 enrolled in AHCCCS as of November 2017

Sources: U.S. Census Bureau American Community Survey 5-Year Estimates, 2012-2016. Tables S0101, S0901, S1903, S1701, S1101, S2301 B22002, B25064 retrieved from <https://factfinder.census.gov/>
AHCCCS Population by County. Retrieved from https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Nov/Members_by_County_Report.pdf

mandatory reporters. A few participants agreed that there were inconsistencies in the quality of training for mandated reporters on how to identify and then report child maltreatment to the Department of Child Safety.

Yuma County Community Discussion

The Yuma County community discussion was hosted by Arizona's Children's Association in the city of Yuma. They gathered a diverse group of individuals that could speak on a variety of issues surrounding child neglect. Discussion participants included court-appointed special advocates (CASAs), a local legal defense attorney, medical professionals, the regional behavioral health authority, and family and child service providers.

The Prevalence of Neglect Types

The group agreed that the neglect analysis results closely reflected what they encounter in their work. Another participant shared that she felt there were a lot of pregnant women abusing substances in the area.

Strengths in Yuma County

- **Faith community**—Participants said that the faith community was very strong and active in Yuma. For example, the group said the Arizona Baptist Children's Association gives out diapers and bottles for children. Some churches help out with basic needs like food and clothing. Another church makes baskets specifically for teenagers.
- **CASA program**—The court appointed special advocate (CASA) program was reported as being strong and innovative in Yuma County. Participants said the CASA program has developed its own portal in which requests for specific items, such as funding for a school uniform, can be posted and fulfilled by other CASAs.
- **Community cohesion**—One participant said that Yuma County is a very giving and close knit community so that when there is a need, everyone comes together to try to address it.

Yuma County Snapshot

Population

Yuma County is located in the southwestern region of Arizona

- Yuma County has a population of approximately 203,292
- Children under 18 comprise about 26 percent of the total population
- The median family income for the county is \$44,989
- For a single-male householder the median income is \$32,251
- For a single-female householder the median income is \$22,921
- Median gross rent for the region is estimated at \$831

Poverty, food stamps, and unemployment

- Approximately 20 percent of the population in Yuma County is living below the poverty level
 - About 15,561 of the people living below poverty are children
- Around 13,882 households receive food stamps
 - 9,222 of the households receiving food stamps have children under 18 years of age
- The unemployment rate in this county is about 12.5 percent
- Yuma County had a population of about 80,723 enrolled in AHCCCS as of November 2017

Sources: U.S. Census Bureau American Community Survey 5-Year Estimates, 2012-2016. Tables S0101, S0901, S1903, S1701, S1101, S2301 B22002, B25064 retrieved from <https://factfinder.census.gov/>
AHCCCS Population by County. Retrieved from https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2017/Nov/Members_by_County_Report.pdf

Service Gaps in Yuma County

- **Staff turnover**—Participants mentioned that there is a lot of turnover in the staff at behavioral health agencies. One participant said that part of this was because of the pay structure. The only way behavioral health specialists could get higher salaries was to move to different organizations.
- **Accurate diagnosis**—One participant said that there was a problem with correctly diagnosing children. She continued by saying that many of the children in her caseload have been diagnosed as having attention deficit disorder (ADD). In her experience, she does not believe that this many children have ADD (because it exceeds normal diagnosis rates) but believes that this is the default diagnosis in the area due to a lack of trauma-informed assessment and practice happening in Yuma County.
- **Addressing family needs versus treatment for child**—One participant said that there seems to be a “crack” in the system that parents are falling through. She said that organizations do a great job of obtaining services for the children, but had a difficult time getting services for the adults in the family.
- **Training for police officers**—One participant said there was a gap in the training provided to police officers for domestic violence situations. He said there are a few officers who are really good at referring families to the Department of Child Safety when a child is involved. He said that only a couple officers are responsible for 90 percent of referrals and the majority of officers have never referred a family. He said this is detrimental to the community long term and believes that training regarding how to identify abuse and neglect should be improved.

Conclusion

The discussions highlighted that communities in Arizona feel a strong sense of commitment to helping families. Rural communities across the state also expressed the need for more training for mandated reporters to increase awareness and ability to identify and report child abuse and neglect; more professional staff recruitment and retention in rural communities in the areas of mental health and specialty services for children such as pediatricians, dentists and developmental therapists; and increased service access in rural areas due to unique challenges based on a lack of transportation options.

In Arizona, where policy decisions are usually made in the urban center of Phoenix, the voices of rural communities are a source of valuable insight for policy directed at addressing child neglect in all of Arizona.

Appendix A: Codebook

Type	Subtype	Definition	Example
Physical	Inadequate Food	<p>Parent's failure or refusal to provide sufficient food to meet child's nutritional, developmental or survival needs for reasons other than poverty, or when parents intentionally spend all financial resources on drugs.</p> <p>This form of neglect may manifest as poor growth or failure to thrive, usually diagnosed by a pediatric health care provider. It is important to ensure that the poor growth is not due to a medical problem.</p>	<p>When a child's weight/height (how much the child weighs considering his or her height) decreases below the 10th percentile.</p> <p>Meals have not been provided at all for several days, children eat spoiled food or nonfood items like starch or dog food.</p>
Physical	Inadequate Clothing	<p>When a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter or when children lack clothing so that they are dangerously exposed to the elements and the absence of adequate clothing poses a health risk to the child.</p> <p>Ensuring that the child has clothing that is sanitary and permits the child freedom of movement.</p>	<p>Not having a warm coat, shoes and gloves when the weather is cold.</p> <p>Clothes that are much too big or too small, dirty clothes.</p>
Physical	Poor Hygiene	Constant and consistent inattention to child's personal hygiene that threatens child's health and development.	Smells of urine or feces. Child has lice that is untreated, chronic or to a severe degree. Hair is matted or tangled and dirty; skin is dirty; teeth are encrusted with green or brown matter; soiled diapers are not changed for hours/days.
Physical	Inadequate Shelter	The conditions of the home present a threat to the child's health and safety. Filthy home (client induced), inadequate housing or facilities (not client-induced).	Faulty wiring, feces on the floor, spoiled food left accessible to the child, dirty dishes, food laying open, smells of urine; the residence is infested with roaches or vermin; no heat or hot water, falling plaster. Leaking gas from stove or heating unit, hot water/steam leaks from radiators.
Supervisory	Abandonment	The desertion of a child without arranging for his/her reasonable care or supervision.	<p>Leaving an infant on a doorstep, in a trash can, or on the side of the road; being unwilling to provide supervision, care, and support for a child.</p> <p>Guardian is unwilling to provide parental care.</p>
Supervisory	Shutting	Child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or caregiver to maintain custody.	Caregiver leaves a child in the care of grandparent, relative or friend with the intent of returning but no express date given. Temporary guardian is not provided with ability to make legal decisions such as obtaining medical care for child.
Supervisory	Expulsion	The permanent or indefinite expulsion of a child from the home, without adequately arranging for his/her care by others or the refusal to accept custody of a returned runaway.	Caregiver kicks the child out of the house, locks doors, changes locks.
Supervisory	Inability to supervise due to incarceration	Caregiver is taken into custody by law enforcement and cannot supervise children.	Caregiver is arrested and cannot provide supervision of children; no alternative caregiver is present at the time of arrest.

Type	Subtype	Definition	Example
Supervisory	Dangerous exposure	Dangerous exposure means caregiver does not take adequate precautions to ensure a child's safety in and out of the home; reckless disregard for the child's safety and welfare; exposure to safety hazards.	<p>Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug; immediate physical dangers inside or outside the home such as broken glass, unguarded electrical fixtures and dangerous implements like knives and firearms, drunken driving with children in car, has access or exposure to illegal drugs, not using safety restraints in cars, unsupervised toddler around pool, leaving a child unattended in a hot car.</p> <p>Child discloses or parent has knowledge of physical abuse and the parent does not take any action, e.g. call law enforcement, prevent the perpetrator from having access to the child, seeking medical attention or mental health treatment for the child.</p> <p>Parent's mental health condition contributes to lack of ability to take adequate precaution to ensure child's safety in and out of the home.</p> <p>Substance abuse contributes to parent's reckless disregard for child's safety and welfare.</p>
Supervisory	Dangerous exposure related to domestic violence	<p>Domestic violence that involves a minor who is a victim or was in imminent danger during the domestic violence.</p> <p>Caregiver engages in violent behavior that imminently or seriously endangers child's physical or mental health.</p>	Caregiver engages in domestic violence against other parent or caregiver in the home without regard to child's safety or welfare; dangerous or deadly weapons used by abuser on victim by caregiver.
Supervisory	Deliberate exposure of a sexual nature	<p>Based on Arizona neglect statutes ARS §8-201, deliberate exposure by a parent, guardian or custodian to sexual conduct, sexual contact, oral sexual contact, sexual intercourse or explicit sexual materials. It also encompasses acts committed by the parent, guardian or custodian (sexual contact, oral sexual contact, sexual intercourse, bestiality) with reckless disregard as to whether the child is physically present.</p> <p>Not taking protective action when a child is sexually abused and the caregiver has knowledge of the abuse -</p> <p>*Note: not distinguishing between child or adult perpetrators</p>	<p>Deliberate exposure means that the parent, guardian or custodian knowingly and willingly subjected the child to the listed sexual activities, including having the child read or view explicit sexual materials (pornography), taking the child to a strip club or having the child view others engaged in sexual activity. Note that exposure to sexual conduct and explicit sexual materials (pornography) applies to deliberate exposure only and not to reckless disregard.</p> <p>Child discloses or parent has knowledge of abuse and the parent does not take any action, e.g. call law enforcement, prevent the perpetrator from having access to the child, seeking medical attention or mental health treatment for the child.</p>
Supervisory	Inappropriate caregiver	Leaving a child in the care of someone who is either unable or should not be trusted to provide care for a child or does not have the legal authority sufficient to meet child's needs, and the primary caregiver is aware of the alternative caregiver's status.	<p>Examples of inappropriate caregivers include a young child, a known child abuser, a known or registered sex-offender, persons with a known history of violent acts towards children, or someone with a substance abuse problem.</p> <p>Caregiver has a severe psychiatric condition that makes appropriate supervision of children highly unlikely, e.g. caregiver has delusions or hallucinations.</p>
Supervisory	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	<p>Permitting or not keeping the child from engaging in risky, illegal or harmful behaviors. The child threatens serious or severe harm to self or others and caregiver cannot control the behavior or is unwilling to arrange for necessary care.</p> <p>The encouragement or permission of other maladaptive behavior under circumstances where the parent or caregiver has reason to be aware of the existence and the seriousness of the problem, but does not intervene.</p>	<p>The parent knew the child was engaged in an illegal or other harmful activity and did not take reasonable efforts to control the child's behavior. These activities include a child who was using alcohol or drugs, not attending school, coming home late, staying out all night or engaging in another illegal or harmful activity (e.g., prostitution). Chronic delinquency, assault or the caregiver either exposes or involves the child in illegal activity or other activities that may foster delinquency or antisocial behavior in the child.</p> <p>Parent has knowledge of child's self-harming behavior and is unable or unwilling to prevent it.</p>

Type	Subtype	Definition	Example
Supervisory	Permit drug and alcohol use	The encouragement or permission by the caregiver of drug or alcohol use by the child or providing medication that could be harmful or is not appropriate for child.	Allowing a child to smoke marijuana that is not deemed medically necessary, or providing drugs or alcohol to child.
Supervisory	Lack of supervision	The child is left completely alone for a time inappropriate to child's age or developmental level with no provisions for supervision or physical needs. Child does not know how to care for self or protect self in emergencies, does not know who to contact or how to contact them. Distinct from abandonment because child is left for short periods here as opposed to days, weeks or months.	<p>A child is left unattended while a parent goes on a trip or to work; for an infant, 1 minute unattended in a bath tub can be fatal; allowing a young child to play alone outside or wander.</p> <p>Substance abuse contributes to neglect by impairing caregiver's ability to adequately supervise child's safety and welfare (e.g. parent passes out from drug or alcohol use and cannot supervise child).</p> <p>Mental health contributes to neglect by impairing caregiver's ability to adequately supervise child's safety and welfare.</p>
Supervisory	Inability to supervise due to other circumstances	Caregiver is not able to provide supervision due to extenuating circumstances such as temporary hospitalization or residence at an in-patient substance abuse rehabilitation program.	Other examples of situations preventing a caregiver from supervising a child include death of caregiver or deportation of caregiver.
Emotional	Inadequate nurturing/affection	The persistent, marked inattention to the child's needs for affection, emotional support or attention.	Ignoring the child's need to interact, failing to express positive feelings to the child, showing no emotion in interactions with the child, denying the child opportunities for interacting and communicating with peers or adults.
Emotional	Unrealistic developmental expectations	Caregiver's inappropriately advanced expectations of child.	<p>Expecting an infant to be toilet trained, assigning child advanced adult responsibilities such as waking up mom or preparing other children for school and preparing meals.</p> <p>Includes unrealistic expectations of children with mental health issues or disabilities.</p>
Medical	Denial or delay of medical health care	<p>The failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition or impairment.</p> <p>The failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention.</p>	<p>Examples include not getting preventive medical care for a child, not obtaining care for a sick child or not following medical recommendations.</p> <p>Misuse/overuse of prescribed medication. Excessive medical concern for children, overprotective use of medical care, potential Munchausen syndrome of caregiver.</p>
Medical	Denial or delay of dental health care	The failure to seek timely and appropriate dental care.	Not getting preventive dental care for a child.
Medical	Denial or delay of mental health care	Failure to seek or follow up on behavioral health services for a child.	<p>Preventing child from obtaining mental health care.</p> <p>Failure to seek treatment for a child in any of the following circumstances: A child who has been physically or sexually assaulted or threatens to physically assault other children living in the home. A child who has displayed self-harm behaviors (cutting) or talks about suicidal ideation.</p>
Substance Exposed Newborns	Newborns exposed or addicted to drugs	Newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. Newborn has fetal alcohol syndrome or fetal alcohol effects.	Urinalysis or hair analysis of mother tests positive for substance; or urinalysis, hair analysis or meconium (fecal matter) analysis tests positive for substance in infant; or mother admits to substance use during pregnancy.

Endnotes

¹ This organization seeks to provide leadership in developing community-wide strategies that enhance the well-being of children and youth in Coconino County. Discussion group participants included representatives from local businesses, behavioral health agencies, therapeutic foster homes, and child and family service agencies.

² A daily newspaper serving the Tucson and Southern Arizona area.

³ California Evidence Based Clearinghouse. (n.d.). *Nurse-Family Partnership*. Retrieved from <http://www.cebc4cw.org/program/nurse-family-partnership/detailed>

⁴ Rhodes, S. D., Foley, K. L., Zometa, C. S., & Bloom, F. R. (2007). Lay Health Advisor Interventions Among Hispanics/Latinos. *American Journal of Preventive Medicine*, 33(5), 418-427.

⁵ Id.

⁶ An organization that seeks to shift the public conversation about child maltreatment so that prevention is the priority.

⁷ This organization provides a tailored collection of services that are family-focused, strength-based, and culturally sensitive to improve outcomes for children and families in need. Arizona Children's Association. (n.d.). *How We Help*. Retrieved from <https://www.arizonaschildren.org/>

⁸ Id.