Identification of Risk for Maltreatment within Early Head Start: A Mixed-Methods Study
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Introduction

• Within the developmental-ecological framework, Saltky (1991) identified factors at the child, parent, interactional, and environmental levels that are associated with risk for child maltreatment.
• Early Head Start (EHS) is a federally funded early intervention program that provides multidisciplinary services for children birth through three. Families are eligible for EHS in part due to specific criteria that are associated with increased risk for maltreatment, such as poverty, homelessness, and developmental disability (U.S. DHHS, 2013).
• While families enrolled in EHS are at increased risk for maltreatment, not all participating families will experience maltreatment (Duro, 2000; Mikon & Buchart, 2009). Although EHS has shown promise for maltreatment prevention (Avrock, Panush, Sama-Miller, & Del-Grossi, 2013; Cosenza, et al., 2014), frontline, paraprofessional service workers within home visiting programs are often ill-equipped to identify and address risk factors associated with maltreatment (Aunce-Longing, 2011; Tandon, et al., 2008).
• If the program can identify the highest risk families, EHS could prevent maltreatment through the provision of program components designed to target specific risk factors. EHS provides a comprehensive array of services for families that can ameliorate specific risk, often through partnerships with community agencies as recommended in the Performance Standards (U.S. DHHS, 2009). Families also receive weekly home visits and mental health services, though little is known about how at-risk families utilize these services.
• In an initial phase of this study (Schreter, et al., 2015), semi-structured interviews were conducted to identify how EHS program staff identify risk for maltreatment. The current study builds upon those findings, employing a mixed methods approach. Qualitative analyses are paired with quantitative analyses of archival data to identify the relationship between home-visitor identified risk factors for maltreatment, participation in EHS program components, and court-substantiated maltreatment.

Method

Participants

• Participants in the qualitative interviews were 14 EHS home visitors and supervisors employed by an EHS Services program in southeastern Nebraska. Home visitors ranged in age from 22 to 57 (M = 46.67, SD = 11.88). 414 participants were female and 11 (7.8%) identified as White. Ten participants (71.4%) had at least a Bachelor’s degree (28.6%) attended some college or had an Associate’s degree. Participants had birth to 6 months of experience (M = 92.21, SD = 51.09).
• Subjects in the archival database were 743 children enrolled in the same EHS program. One child was randomly selected as the target child in families with multiple enrolled children; these 522 children were used in subsequent analyses. Parents enrolled these children from the prenatal period through their child’s second birthday. Children were 14 months-old on average, 25.2% of children were male, and 50.4% were European-American. See Table 1 for additional child and caregiver demographic information.

Measures

• Risk for maltreatment was measured using archival data collected by the local EHS program at enrollment and during the first year of enrollment. Risk factors (Table 2) were extracted from the following: Enrollment records. The EHS program gathers information from the family prior to enrollment to determine eligibility for the program. This information includes family demographics, an assessment of family strengths, and an assessment of need for services and support upon entry to the program.
• EHS Records. Risk factors were gathered from ChildPlus, the database used by EHS staff for case management and record keeping. This information includes child and family demographics, child and family characteristics, and service utilization information.
• Court substantiated maltreatment was measured by the presence of a filed case with juvenile court involving the enrolled child or a sibling, with the child’s primary caregiver cited in the record.
• Participation in EHS program components was measured from program records of number of visits from a home visitor, mental health services, and number of services received through EHS as identified in the Program Information Report (PIR; Table 3).

Procedures

• A sequential mixed methods approach was used for the proposed study. Semi-structured interviews were conducted with EHS home visitors (see Schreter, et al., 2015); the home visitor risk model is comprised of factors identified during these interviews. Following coding of the qualitative interviews, risk factors were extracted from archival EHS program and clinical records.

Results

• In the qualitative interviews, home visitors most commonly identified risk factors related to the caregiver or the broader interactional environment. Four child factors were identified in the interviews, though no child factor was named by more than half of all home visitors. For more detailed information on the qualitative results, see Schreter et al., 2015.
• Univariate and bivariate analyses were conducted to examine the frequency of home visitor identified risk factors in this sample and the association between these risk factors and court-substantiated maltreatment (Table 2). Of the 522 families in the current study, 78 (14.9%) experienced a court-substantiated instance of maltreatment subsequent to the birth of the target child.
• At the child level, a chronic physical health or emotional health condition was significantly associated with a juvenile court record, r = .30, p < .01. At the caregiver level, mental health concerns (r = .19, p < .01), substance abuse concerns (r = .16, p < .01), and being a single caregiver (r = .17, p < .01) were related to presence of a juvenile court record. At the family interactional level, intimate partner violence concerns (r = .28, p < .01), recent divorce or separation in the immediate family (r = .19, p < .01), chronic physical health or emotional health condition of a family member (r = .16, p < .01), housing concerns (r = .19, p < .01), prior maltreatment or CPS involvement (r = .26, p < .01), and percentage of missed home visits (r = .219, p < .01). No variables at the social environmental level were significantly associated with maltreatment.

Discussion

• Results demonstrate the presence of high rates of court-substantiated maltreatment in EHS. Approximately 15% of families enrolled in EHS experienced maltreatment. While this is consistent with rates seen by other studies involving EHS (Cosenza, et al., 2014), it is substantially higher than rates seen in the general population (U.S. DHHS, 2016).
• The majority of significant associations were within the two levels (i.e., caregiver, interactional) identified by home visitors in qualitative interviews. Factors such as caregiver mental health, substance abuse, intimate partner violence, inadequate housing, and being a single parent increase demands on the caregiver and reduce the ability to provide adequate care.
• There was also a negative correlation seen between frequency of home visits and juvenile court record. This suggests that families that are less engaged in the program are more likely to have a report of maltreatment filed against them.
• Interestingly, receipt of ESL, employment training, and marriage education were negatively correlated with the outcome variable. This could potentially reflect a reduced risk for families who are actively engaged in services designed to improve access to resources and family well-being.
• Overall, results of this study provide valuable insight into how frontline, paraprofessional home visitors identify families at risk for maltreatment in EHS. A better understanding of the relationship between these risk factors and maltreatment status can be used by EHS programs to provide targeted interventions designed to prevent child abuse and neglect. Services provided by the program can prevent these stresses from leaving parents unable to effectively care for their children (Katten & Lefkowitz, 2006).
• Future research will explore the predictive nature of these risk factors, and the association between these risk factors and service utilization. These findings can also be used to better train home visitors in risk identification and engaging families in program and community-based services in a manner that reduces risk for and prevents maltreatment.