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

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Introduction

- Within the developmental-ecological framework, Belsky (1993) identified factors at the child, parent, interactional, and environmental levels that are associated with increased 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, 2015).
- While families enrolled in EHS are at increased risk for maltreatment, not all participating families will experience maltreatment (Daro, 2000; Mikton & Butchart, 2009). Although EHS has shown promise for maltreatment prevention (Avellar, Paulsell, Sama-Miller, & Del-Grosso, 2013; Green et al., 2014), front line, paraprofessional service workers within home visiting programs are often ill-equipped to identify and address risk factors associated with maltreatment (Azzi-Lessing, 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 (Schreier 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 home-based program in southeastern Nebraska. Home visitors ranged in age from 22 to 57 (M = 36.57, SD = 11.58). All 14 participants were female and 11 (78.6%) identified as White. Ten participants (71.4%) had a Bachelor's degree and four (28.6%) attended some college or had an Associate's degree. Participants had between six and 189 months of experience (M = 52.21, 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 siblings; these 522 children were used in subsequent analyses. Parents enrolled their children from the prenatal period through their child's third birthday. Children were 14 months old on average, 52.3% of children were male, and 50.4% were European-American. See Table 1 for additional child and caregiver demographics.

Measures

- Risk for maltreatment was measured using archival data collected by the local EHS program at enrollment or in 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 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 Schreier 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.

Table 1
Child and Caregiver Demographics

		Child	*Caregiver*
Age		*M* = 1.18 (.90)	
Gender	Male	273 (52.3%)	16 (3.1%)
	Female	249 (47.7%)	506 (96.9)
Ethnicity	White	263 (50.4%)	292 (55.9%)
	Hispanic	109 (20.9%)	92 (17.6%)
	Black or African American	84 (16.1%)	86 (16.5%)
	Multiracial/Bi-racial	35 (6.7%)	27 (5.2%)
	Asian	25 (4.8%)	12 (2.3%)
	American Indian/Alaska Native	5 (1.0%)	9 (1.7%)
Primary Language	English	300 (57.5%)	304 (58.2%)
	Middle Eastern/South Asian	112 (21.5%)	110 (21.1%)
	Spanish	77 (14.8%)	77 (14.8%)
	East Asian	16 (3.1%)	16 (3.1%)
	African Languages	8 (1.5%)	9 (1.8%)
	European/Slavic Languages	5 (1.0%)	5 (1.0%)
	Other	1 (0.2%)	1 (0.2%)
Highest Grade Completed	Less than high school degree		186 (35.6%)
	High school diploma/GED		191 (36.6%)
	Some college/Associates degree		103 (19.7%)
	Bachelor's Degree		33 (6.3%)
	Advanced Degree		9 (1.7%)

Note: N = 522

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 Schreier 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 = .103, p < .05. At the *caregiver level*, mental health concerns (r = .149, p < .01), substance abuse concerns (r = .107, p < .01), and being a single caregiver (r = .197, p < .01) were related to presence of a juvenile court record. At the *family interactional level*, intimate partner violence concerns (r = .281, p < .01), recent divorce or separation in the immediate family (r = .192, p < .01), chronic physical health or emotional health condition of a family member (r = .166, p < .01), housing concerns (r = .149, p < .05), prior maltreatment or CPS involvement (r = .248, p < .01), and percentage of missed home visits (r = .219, p < .01). No variables at the *social environmental level* were significantly associated with maltreatment.

Table 2
Home Visitor Risk Factors and Pearson's Correlation with Court-Substantiated Maltreatment

	n (%)	*M* (*SD*)	*r*
Child Level			
Behavior problems	114 (21.8%)		.043
Chronic physical health or emotional condition	143 (27.4%)		.103*
Developmental disability	191 (36.6%)		.016
Toddler (ages 1-3)	275 (52.7%)		.051
Caregiver Level			
Unemployed	303 (58%)		-.084
Mental health concerns	166 (31.8%)		.149**
Substance abuse concerns	27 (5.2%)		.107**
Less than high school degree	190 (36.4%)		.007
Teen parent	32 (6.1%)		.027
First time caregiver	161 (30.8%)		-.047
Single parent	220 (42.1%)		.197**
Interactional Level			
Intimate partner violence concerns	101 (19.3%)		.281**
Recent divorce or separation	81 (15.5%)		.192**
Chronic physical health or emotional condition of other family member	208 (39.8%)		.166**
Housing concerns	82 (15.7%)		.149**
Prior maltreatment or CPS involvement	74 (14.2%)		.248**
Household size		4.02 (1.58)	-.010
Close birth spacing (< 18 months)	81 (15.5%)		.058
Missed EHS home visits (%)	286 (54.8%)	22.5 (16.6)	.219**
Social/Environmental Level			
Household resource concerns	361 (69.2%)		.081
Recent immigration	80 (15.3%)		-.075
Lack of medical coverage for child	12 (2.3%)		-.007

*p < .05, **p < .01

- Univariate and bivariate analyses were also conducted to understand the utilization of EHS services and the association between EHS services and court-substantiated maltreatment (Table 3).
- Number of visits by an EHS home visitor was negatively correlated with having a juvenile court record, r = -.163, p < .01. Number of EHS services as identified in the PIR (M = 3.72, SD = 2.22) was not significantly associated with maltreatment. Receipt of ESL services (r = -.176, p < .01), employment training (r = -.094, p < .05), and marriage education (r = -.095, p < .05) were negatively correlated with the outcome. Child abuse prevention services (r = .239, p < .01), domestic violence assistance (r = .202, p < .01), and assistance obtaining child support (r = .099, p < .05) were positively associated with presence of a maltreatment record.

Table 3
EHS Program Components and Pearson's Correlation with Court-Substantiated Maltreatment

	n (%)	*M* (*SD*)	*r*
Home Visit Count	521 (99.8%)	45.93 (37.35)	-.163**
Program-based Mental Health Treatment	51 (9.8%)		.014
Program-based Mental Health Assessment	106 (20.3%)		.010
Program-based Mental Health Home Visit	101 (19.3%)		.028
Community-based Mental Health Services	161 (30.8%)		-.006
Emergency Crisis Assistance	275 (52.7%)		-.085
Housing Assistance	135 (25.9%)		-.014
English as a Second Language (ESL)	127 (24.3%)		-.176**
Adult Education	181 (34.7%)		-.085
Employment Training	70 (13.4%)		-.094*
Substance Abuse Services	14 (2.7%)		.069
Child Abuse Prevention Services	30 (5.7%)		.239**
Domestic Violence Assistance	28 (5.4%)		.202**
Assistance Obtaining Child Support	28 (5.4%)		.099*
Parenting Education	454 (87%)		.011
Marriage Education	22 (4.2%)		-.095*
Women, Infants, and Children (WIC)	412 (78.9%)		-.057

*p < .05, **p < .01

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 (Green 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.
- 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 front-line, 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 intervention designed to prevent child abuse and neglect. Services provided by the program can prevent these stressors from leaving parents unable to effectively care for their children (Knitzer & 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.

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