Pathways to Service Use among Families at Risk of Child Maltreatment

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Background and Significance

Families at risk of child maltreatment or those already involved with child welfare have multiple problems. Yet many do not receive enough services to meet their needs (Drake, Johnson-Reid, Way & Chung, 2003; UHHS, 2009). Previous studies found that involvement in child welfare, types and numbers of caregiver's problems, (Staudt & Cherry, 2009) and ethnicity (Libby et al., 2006) were associated with service receipt.

However, what other factors hinders or facilitates service use for at-risk families is not fully understood. This is troublesome because caregivers' service use can be closely related to children's well-being and safety. To know whether pathways to service use vary among at-risk caregivers, this study examines what predicts service use of caregivers with perceived service needs and caregivers without perceived service needs. I hypothesize that there is a difference in predictors of service use between these two groups of caregivers.

Research Hypothesis
Different factors will predict service use of caregivers at risk of child maltreatment depending on their perceived service needs.

Methods

The Setting and Procedures: The study used subgroup of caregivers who participated in the Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) (N=602) both at wave 4 and wave 6. LONGSCAN surveyed 1354 caregivers and focal children in 5 cities in the U.S. since 1991. Caregivers of CPS reported families and matched non-reported families were interviewed biannually and the current study utilizes information from wave 4 and wave 6 surveys.
Participants: The sample consists of biological mothers, grandmothers, foster mothers and adoptive mothers of the focal child. Two subgroups of caregivers are created in the sample; caregivers who perceived service needs (n=181) and those who did not perceive service needs (n=421) at wave 4.
Measures: The outcome of caregiver service use (measured at child age 6) is defined as caregivers' receipt of help from professionals in various areas including mental health, health, social services, work counseling, and substance abuse treatment in the past year. The analysis models included a variety of individual and family factors both from wave 4 and 6.
Analysis: For a bivariate analysis, Kruskal-Wallis test and chisquare test were used to compare sample characteristics of two groups (caregivers who used services at child age 6 and those who did not). Kruskal-Wallis test is bivariate analysis method used without the assumption of normality of variables. Chisquare test was used for categorical variables.
Multiple imputation using PROC MI and PROC MIANALZE in SAS 9.2 was used to handle missing values and the possible small sample size when cases with missing values are dropped. After multiple imputation, logistic regression was conducted with multiple imputed datasets and the results were synthesized by PROC MIANALYZE. Logistic regression model was used to examine how various factors at the wave 4 and wave 6 predict caregivers' service use at child age 6.

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Results

Table 1. Characteristics of caregivers in two different groups

	Caregivers **with** perceived service needs		Caregivers **without** perceived service needs	
Factors measured at age 4	N	Mean or %	N	Mean or %
Social support***	165	34.6	389	39.5
Negative life events***	165	-4.1	408	-2.5
Psychosomatic symptoms***	165	30.6	400	26.3
Family functioning***	165	11.4	397	12.8
Caregivers' service receipt ***	181	62.4 %	421	11.2 %
Perceived service needs for the child***	181	41.4 %	421	21.4 %
Child's receipt of service***	181	33.2 %	421	18.6 %
Have taken medication for emotional condition***	179	20.1 %	367	4.6 %
Have participated substance abuse program ***	179	23.5 %	363	8.3 %
Have been hospitalized with MH ***	180	16.7 %	365	6.0 %
Reported child maltreatment reported***	181	72.4 %	421	49.2 %
Factors measured at age 6				
Income (1=< $9,999, 2=<$19,999, 3=>$20,000)	162	2.03	396	1.96
Social support **	168	35.9	378	39.0
Everyday stressor***	165	38.8	379	34.5
Poor health***	170	3.0	400	2.3
Being White***	165	52.1 %	399	24.1 %
Being African American ***	165	36.4 %	399	63.0 %
Reported child maltreatment***	181	31.5 %	421	15.7 %

*<.05, **<01, ***<.001

Table 2. Predictors of caregivers' service use

	Caregiver **with** perceived service needs		Caregiver **without** perceived service needs	
Factors measured at age 4	β	Odd Ratio	β	Odd Ratio
Social support	.07*	1.07	-.03	.97
Negative life events	-.03	.97	-.02	.99
Psychosomatic symptoms	-.02	.98	.00	1.00
Family functioning	-.12	.89	.12	1.13
Caregivers' service receipt	.03	1.03	.66**	1.93
Perceived service needs for the child	.36	1.43	.06	1.06
Child's receipt of service	.26	1.30	.14	1.15
Have taken medication for emotional condition	.55	1.74	.08	1.08
Have participated substance abuse program	.80**	2.22	.76**	2.15
Have been hospitalized for MH problems	.33	1.39	.54	1.72
Reported child maltreatment reported	.15	1.16	.06	1.06
Factors measured at age 6				
Income	.39	1.48	.09	1.10
Social support at age 6	.02	1.02	.05	1.04
Everyday stressor	.08**	1.09	.06*	1.06
Poor health	-.15	.85	.19	1.21
Being White	.46	1.58	-.13	.88
Being African American	-.27	.76	-.65*	.52
Being single	.52**	1.68	.86**	2.37
Reported child maltreatment	.21	1.24	.18	1.20

*<.05, **<01, ***<.001

In Table 1, caregivers with perceived service needs showed overall more negative aspects in a variety of factors such as social support, family functioning, reported child maltreatment, everyday stressors, degree and experience of mental health problems.

In Table 2, there are predictors of caregivers' service use both similar and different across two subgroups of caregivers. For those with perceived service needs, more social support at age 4 predicted service use along with everyday stressor, being single, and ever been in substance abuse treatment. For caregivers without perceived service needs, caregivers' previous service receipt, ever been in substance abuse treatment, everyday stressor, being African American, and being single were significant predictors.

Discussion/Conclusion

The findings suggest the possibility of different pathways to service use among caregivers at risk of child maltreatment. Although there were common predictors of service use such as substance abuse treatment, everyday stressor, and being single, there were also different factors. It is interesting that social support at child age 4 was a significant predictor only among those with perceived service needs although they had less social support overall. Among caregivers without perceived service needs, previous service use was a strong predictor along with being African American predicting less likelihood of service use.

Different approaches to facilitate service use can be considered; when caregivers perceived their service needs, social support might help caregivers get information on services, have access to services and complete service receipt. Practitioners could help at risk caregivers first to realize their needs and to develop and maintain social support so that they can voluntarily seek the services and meet their needs.

However, odd ratio is very small for social support and the finding is preliminary. More studies needs to be conducted to validate this study's findings and establish different pathways to service use of caregivers at risk of child maltreatment.