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Research article

Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families

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ABSTRACT

Maltreatment of children is a key predictor of a range of problematic health and developmental outcomes. Not only are affected children at high risk for recurrence of maltreatment, but effective interventions with known long term impact are few and limited. While home visiting is one of the most tested secondary prevention models for improving parenting, its primary focus on young primiparous mothers underemphasizes one of the most important risk groups: child welfare involved multiparous mothers. This study's focus is a randomized controlled trial of Healthy Families New York that included a subgroup of mothers ($n = 104$) who had at least one substantiated child protective services (CPS) report before enrolling in the program. By the child's seventh birthday, mothers in the home visited group were as half as likely as mothers in the control group to be confirmed subjects for physical abuse or neglect ($AOR = .46, p = .08$). The number of substantiated reports for mothers in the control group was twice as high as for those in the home visited group (1.59 vs. $.79, p = .02, ES = .44$). Group differences were only observed after the child's third birthday, suggesting the possible effect of surveillance in early years. Post-hoc analyses indicate that home visited mothers had fewer subsequent births that may have contributed to less parenting stress and improved life course development for mothers. In light of our findings, we suggest considering and further testing home visiting programs as a tertiary prevention strategy for child welfare-involved mothers.

1. Introduction

Early-childhood home visiting programs are among the most rigorously tested child maltreatment prevention models, having been implemented with diverse populations within the United States and in other countries (Avellar & Supplee, 2013; Barlow et al., 2007; Casillas, Fauchier, Derkash, & Garrido, 2016; Chen & Chan, 2016; Fergusson, Boden, & Horwood, 2013; Guterman, 2001; Sanders, Turner, & Markie-Dadds, 2002). Evaluation findings have demonstrated positive effects in many areas, including birth outcomes, child health and development, maternal health and life course development, and parenting practices (Avellar & Supplee, 2013; Fergusson et al., 2013; Gomby, 2007; Kirkland, 2013; Lee et al., 2009; Olds, Henderson, Kitzman, & Cole, 1995, 2002).

Despite these promising outcomes, program impacts on child maltreatment prevention have been inconsistent and mixed (Avellar & Supplee, 2013; Casillas et al., 2016; Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012; MacMillan et al., 2009). Most critically, families with current or prior substantiated reports of maltreatment are often excluded from early childhood home visiting

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interventions as such interventions frequently focus on primiparous mothers and on preventing maltreatment before it occurs (Easterbrooks et al., 2012; Green, Sanders, & Tarte, 2017; Lanier & Jonson-Reid, 2014; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Williams et al., 2017). Nor is it clear to what extent families with child protective services involvement and prior substantiated maltreatment do participate in early childhood home visiting programs when parity is not a consideration for eligibility (Jonson-Reid et al., 2018). Consequently, research on the impact of home visiting programs for these families is underdeveloped as only a few trials have been conducted, with mixed results (Chaffin et al., 2012; Jonson-Reid et al., 2018; MacMillan et al., 2005).

In this study, we investigate the long-term maltreatment outcomes from Healthy Families New York (HFNY)'s randomized controlled trial. The trial includes a group of mothers who are at higher risk of recurrent child maltreatment given at least one substantiated CPS report prior to randomization. The prospective study examines HFNY's impact on preventing recurrent child maltreatment and adds to the current discourse on the promise of home visiting programs for this underserved population.

1.1. Evidence based home visiting programs

A large body of research, spanning over thirty years, has provided a compelling rationale for expanding evidence-based home visiting models through the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program in the United States (Avellar & Supplee, 2013). To date, evaluation findings have demonstrated the positive impact of home visiting on birth outcomes and child health (Kitzman et al., 2010; Lee et al., 2009; Olds et al., 1986; Williams et al., 2017), child development (Barlow et al., 2015; Kirkland, 2013; Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan, 2011; Olds et al., 2004), maternal health and life course development (Kitzman et al., 1997; Olds et al., 2007), and parenting practices (Dishion et al., 2008; DuMont et al., 2008; LeCroy & Krysik, 2011) in various samples of high-risk families. In other industrialized countries, such as New Zealand, Australia, and Canada, a range of home visiting programs targeting at-risk populations have also been implemented with positive results (Chartier et al., 2017; Sanders et al., 2002; Fergusson et al., 2013).

While preventing maltreatment is an explicitly stated program outcome for many evidence based home visiting programs (Avellar & Supplee, 2013), several randomized controlled trials (RCTs) have shown mixed results. Program impact during early follow-up periods is generally positive on self-reported parenting behaviors, (DuMont et al., 2008; LeCroy & Krysik, 2011) but is null or limited when measured through official CPS reports (Duggan et al., 2004, 2007; Easterbrooks et al., 2012; Green et al., 2017). For example, a trial targeting first-time adolescent mothers found positive effects on parenting stress but no significant group differences in CPS records at the two-year follow-up (Jacobs et al., 2016). In the first trial of the Nurse Family Partnership (NFP), the program effect was limited to a subgroup of poor, unmarried teen mothers (Olds et al., 1986). Findings for HFNY have shown similar patterns: At the year 2, year 3 and year 7 follow-ups, program effects were observed on self-reported or observed parenting outcomes for all mothers, and a subset of first time mothers, but not on substantiated maltreatment reports (DuMont et al., 2008, 2011; Rodriguez, Dumont, Mitchell-Herzfeld, Walden, & Greene, 2010).

When home visiting programs were found to be successful in preventing child maltreatment through verified records, effects typically occurred after the program had ended or even as far off as a decade later. A home-based therapeutic intervention for multi-risk mothers of young children demonstrated a significant reduction in CPS involvement but only three years after enrollment (Lowell et al., 2011). An evaluation of Early Start, a New Zealand home visiting program modeled after the Hawaii Healthy Start Program, demonstrates how early effects on parenting behaviors can be translated into sustained effects on later maltreatment outcomes (Fergusson, Grant, Horwood, & Ridder, 2005, 2013). In an earlier follow-up of the program, effects of home visitation were observed in the areas of child health and parenting but there were no significant group differences in official child abuse and neglect reports (Fergusson et al., 2005). In the nine-year follow-up, program benefits include reduced unintended injury and harsh punishment (Fergusson et al., 2013). Likewise, the impact of NFP on child maltreatment prevention was most pronounced at the 15-year follow-up (Olds et al., 1997) with earlier results showing positive maternal and child health/development outcomes but no impact on substantiated maltreatment (Olds et al., 1986).

Frequent contact with agency staff and mandated reporters, leading to enhanced family surveillance, has been suggested as a possible explanation for limited differences in verified child maltreatment outcomes during early follow up periods among program families (Fergusson et al., 2005; Olds et al., 1995). Measuring later or sustained program impact remains difficult given intense resources needed for longitudinal studies. NFP has pioneered these efforts by providing rich data on “ sleeper ” effects (Eckenrode et al., 2010; Kitzman et al., 2010), and has identified reduced childbearing and decreased reliance on public assistance as possible mechanism for long-term effects on child maltreatment prevention (Eckenrode et al., 2017).

1.2. Home visiting programs for families involved in the child welfare system

Despite the promise that home visiting programs hold for families at risk of child maltreatment, far less is known about how home visiting programs impact families with prior substantiated maltreatment. First, many statewide and national home visiting models in the US specifically target first-time mothers based on the assumption that they are more receptive to home-based parenting education than multiparous mothers (Easterbrooks et al., 2012; Green et al., 2017; Olds et al., 1986; Williams et al., 2017), thus limiting the potential pool of participants for study. Second, it is unclear to what extent child protective service agencies seek collaboration with early childhood home visiting programs (Stahlschmidt et al., 2018). Given the complexity and variation of the child welfare system across the states, implementation of any innovative approach is challenging (Proctor, 2012). Child welfare workers may lack training in early childhood development and available services and may face challenges in working with other systems (Allen, Hyde, & Leslie, 2012).

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