Parental Concerns, Child Behavioural Problems and Use of Early Intervention Services

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Background

- Parents play a central role in recognising early developmental, emotional and behavioural difficulties in young children.
- Parental concerns are associated with developmental risk, but they do not always align with standardised behavioural assessments or professional identification.
- Early childhood behavioural difficulties may be difficult to interpret, as transient developmental variation can resemble emerging clinical problems.
- Understanding how parental concerns and behavioural symptoms jointly relate to service contact may help improve referral pathways to Child Development Services.

Objectives

- Examine the association between parental concerns and children's emotional and behavioural problems.
- Assess whether parental concerns and behavioural symptoms are independently and jointly associated with contact with Child Development Services.
- Explore whether associations with service contact differ by behavioural severity and symptom domain.

Methods

Participants:

3,868 parents of children aged 18–72 months insured by the largest health maintenance organisation in Israel. Children were 52.9% boys and 84.3% were from Hebrew-speaking families. Overall, 26.5% had contact with Child Development Services.

Measures:

Parents' Evaluation of Developmental Status (PEDS) | Child Behavior Checklist for Ages 1.5–5 (CBCL) | Child Development Services (CDS) contact: referred, waiting, or currently receiving treatment versus no contact.

Analysis:

Logistic regression models examined predictors of CDS contact. Models tested main effects of PEDS and CBCL, the PEDS × CBCL interaction, stratified analyses by CBCL severity group and domain-specific models for externalising, inernalising and somatic symptoms.

Results

Parental concerns and behavioural symptoms were related but not interchangeable

Parental concerns were strongly associated with children's emotional and behavioural problems ($r = .60$, $p < .001$). However, the model including the PEDS × CBCL interaction fit better than the main-effects model, indicating that parental concerns and behavioural symptoms provide complementary information about service contact.

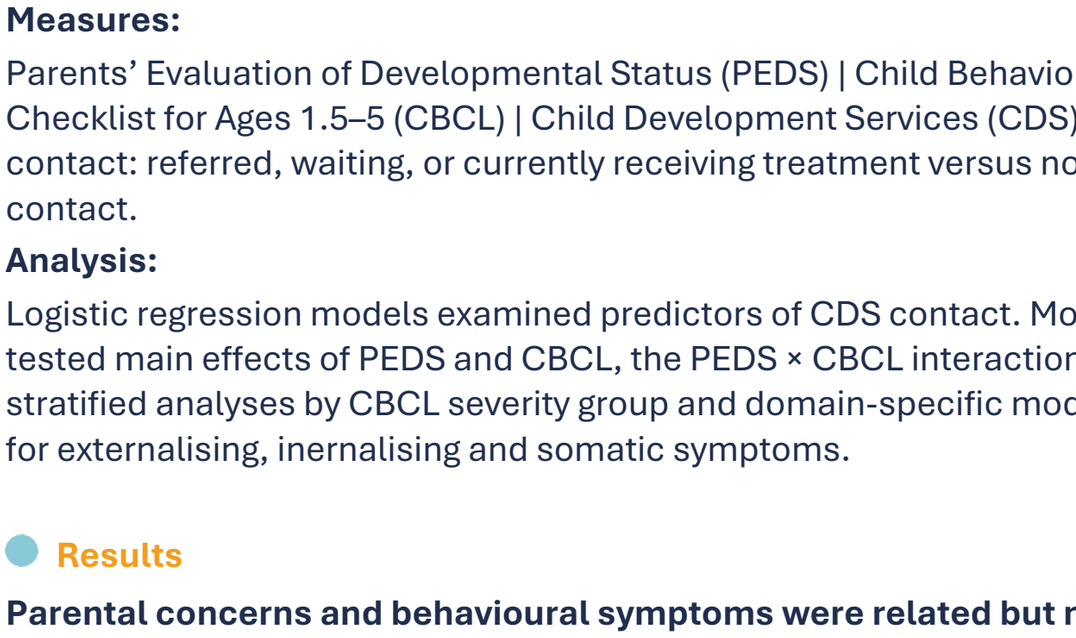

Figure 1: Predicted probability of CDS contact by PEDS total score and CBCL severity group.

Parental concerns were most influential below clinical thresholds

Higher parental concerns predicted increased odds of CDS contact. This association was strongest among children whose behavioural symptoms were in the non-clinical range, suggesting that parental concerns may be especially important when difficulties are less clinically apparent.

CBCL severity group	PEDS association with CDS contact
Non-clinical	OR = 1.36 [1.32, 1.40] ***
Subclinical	OR = 1.30 [1.20, 1.42] ***
Clinical	OR = 1.29 [1.19, 1.40] ***

Type of symptom mattered for service contact

Externalising symptoms were positively associated with CDS contact, internalising symptoms were not significantly associated, and somatic symptoms were negatively associated with CDS contact.

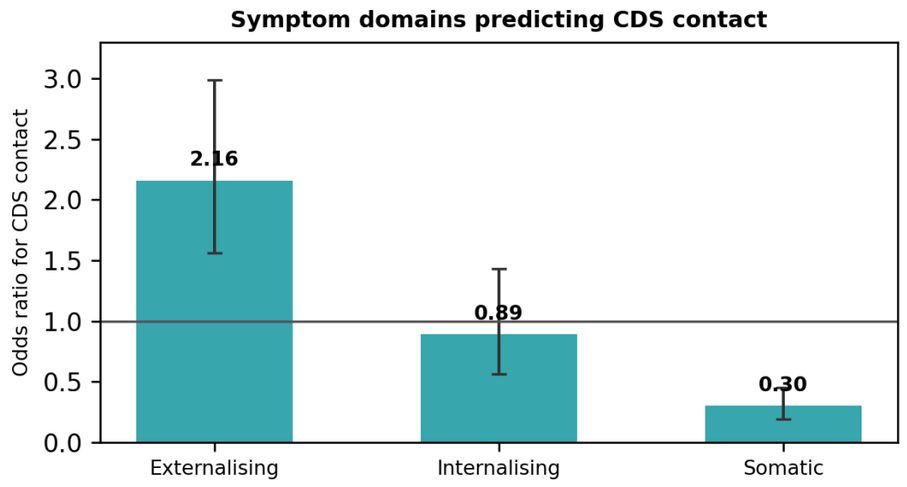

Figure 2: Odds ratios for CDS contact by symptom domain. Error bars show 95% confidence intervals.

Conclusion

- Parental concerns and structured behavioural assessments provide complementary information about children's developmental and behavioural needs.
- Parental concerns may be particularly influential in service pathways when children's behavioural symptoms are below clinical thresholds.
- Concern does not necessarily translate directly into service contact; families may face barriers between recognising a concern and accessing appropriate services.
- Service contact appears to be shaped by symptom visibility, with externalising behaviours more likely to lead to CDS contact than internalising or somatic presentations.
- Referral pathways should combine parental concerns, structured behavioural assessment and attention to access barriers to improve early identification and equitable service use.

References

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