Parenting support in community settings: parental needs and effectiveness of the home-start program
Asscher, J.J.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
1 Theoretical Background

1.1 Introduction

Childrearing can be difficult for any family (Crnic & Greenberg, 1990). Especially bringing up children of preschool age can be hard from time to time. Crnic and Greenberg (1990) distinguished two kinds of daily hassles associated with having children. The first type is related to the everyday routine of the child’s life, such as caretaking. The other is directly related to the management of the child’s misbehavior. When the child enters toddlerhood the physical aspect of caring is still time consuming. When children enter the ‘terrible twos’, the management of misbehavior takes up more parenting time than in previous stages of the child’s life. When the child is able to move, starts to walk and talk and finds out that it has its own will, an increase in negativity and oppositionality is normal (Keenan & Wakschlag, 2000). The development of the child during the second and third year of life and the (behavioral) changes accompanying this development can be a burden for parents and might result in reduced parental well-being. Diminished parental well-being is associated with less adequate parenting practices such as unresponsiveness, an inept discipline style and a negative perception of children. It can also lead to a range of negative child outcomes, such as aggressive and disruptive behavior and child psychopathology (Beck, 1999; Gelfland & Teti, 1990; Olson, Ceballo, & Park, 2002).

On the other hand, it is just this preschool phase that is considered to be a period of crucial importance for later behavioral adjustment and development (Olson, Bates, Sandy, & Lanthier, 2000; O’Connor, 2002). Self-regulating skills develop, as does a sense of emotional security (Repetti, Taylor, & Seeman, 2002). Disruptive behaviors evident at this stage of life are often stable and predictive of negative mental health outcomes later on (Campbell, Pierce, March, Wewing, & Szumowski, 1994; Patterson, Debaryshe, & Ramsey, 1989; Stormshak, Bierman, McMahon, & Lengua, 2000; Tremblay et al., 2004). Experiences at this age can even be transmitted intergenerationally. The experience of less authoritarian behavior at preschool age predicted warmer and more stimulating parenting behaviors in interaction with the child’s own children (Belsky, Jaffee, Sligo, Woodward, & Silva, 2005). In conclusion, the preschool period is difficult for
Parenting Support in Community Settings

many parents, and, moreover, can have lasting effects for the child’s development and well-being in later life.

There has been a growing awareness that parenting behavior can play a crucial role in the development of adverse outcomes. Parenting styles that consist of little positive parenting behavior towards the child, lack of supervision and monitoring of the child’s activities, inconsistency, a harsh and inconsistent discipline style, little positive parental involvement, and lack of emotional and cognitive support, are related to the development of antisocial behavior and to social rejection, academic failure, and membership of deviant peer groups (Patterson, Debaryshe, & Ramsey, 1989; Stormshak et al., 2000). There has therefore been a growing concern to find methods to support parents and improve parenting skills in order to prevent or reduce negative outcomes (Kendrick et al., 2000). One of these methods is the use of early intervention.

1.2 Early interventions

The notion that “preventing is better than curing” is generally accepted in the Dutch youth care system. As a consequence, several early intervention programs have been developed. The Group for the Advancement of Psychiatry (1998) distinguished between universal, selective and indicated prevention. Universal prevention is applied prior to the onset of a problem and targets entire populations. Selective preventive programs are programs used when people are identified as being at ‘high risk’ of developing certain problems. Indicated prevention includes programs and treatments after a problem is manifest. Most early intervention programs can be categorized as selective, and in some cases, as indicated prevention.

Notwithstanding similar goals, early intervention programs differ substantially in many aspects, including the types of families served (e.g., all families or specific groups such as teenage mothers), targeted behaviors or outcomes (e.g., child behavior problems, parenting practices or both), length and intensity of services, types of services provided, methods of recruitment, methods of assigning families to treatment groups, type of service delivery, staff administration of the intervention (professionals or volunteers), and timing of intervention (during pregnancy or during the preschool period) (Fonagy, 1998; Sweet & Appelbaum,
2004). One category of early intervention programs are parenting support programs.

1.2.1 Parenting support programs

There are several developmental perspectives that have influenced the development of parenting support programs. One of the most influential is the ecological model of Bronfenbrenner and Ceci (Bronfenbrenner & Ceci, 1994; Garbarino & Ganzel, 2000), in which it is assumed that child development results from the interplay between biological, psychological, social and cultural forces. The full potential of an individual can be reached through an optimal interplay between genes and environment. In addition, the parenting process model of Belsky (1984) emphasized that parenting behavior develops in interaction with parental, child and contextual characteristics, which can influence parenting outcomes through different trajectories. A developmental perspective that builds on the bio-ecological perspective is the transactional perspective of Sameroff (Sameroff & Fiese, 2000). According to the transactional model, child development is a product of continuous dynamic interactions of the child and the experience provided by its environment. Modifications in child behavior are supposed to be the consequence of a series of changes among individuals within the family system. There are various factors that affect child development, ranging from parenting practices to parental well-being to economic factors. These factors can be seen as additive contributors to positive or negative child outcomes, and are often labeled 'risk' and 'protective' factors. Risk factors are those factors that are associated with a higher probability of negative outcomes (Deković, 1999; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). Risk factors can be distinguished on the level of the child, of the parent, of the family and on the contextual level (Yoshikawa, 1994). No single factor determines the entire outcome for the child, but an accumulation of the various factors can have harmful effects (Sameroff & Fiese, 2000). Many studies examined the relationship between the presence of risk factors and negative developmental outcomes (e.g., Berlin, Brooks-Gunn, McCarton, & McCormick, 1998; Brown, Cohen, Johnson, & Salzinger, 1998; Field, 1998; Sameroff, 1998). The presence of multiple risk factors (risk accumulation), in particular, is considered to have damaging consequences (Hermanns & Leu, 1998; Klein & Forehand, 2000; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987). The damaging effects of
risk factors can be reduced by the presence of protective factors. Protective factors can be seen as personal, social, or institutional resources that are associated with positive outcomes (Deković, 1999). Social support is one factor that may counter the effects of risks (Cohen & Wills, 1985).

A substantial number of parenting support programs aim to influence the social network of families, or to function as a professionalized form of social support, because of the hypothesized protective effects of social support (Hashima & Amato, 1994). Parenting support programs often focus on one or two aspects of the family system, assuming that alterations in these aspects will cause a chain of reaction eventually leading to outcomes that are favorable for the child.

The general goal of parenting support programs is to enhance developmental progress in families, by strengthening and empowering these families (Barnes, 2003; Osofsky, 1998). Parents are provided with support and information in the areas of child development, health and general parenting strategies, with the intention to improve parental well-being (MacLeod & Nelson, 2000). The assumption is that family functioning will improve if parents feel better and are more capable to cope better with the demands associated with being a parent. The present study focuses on Home-Start, one of the various programs designed to support mothers with young children.

1.2.2 The Home-Start parenting support program

Home-Start has its origins in the United Kingdom, but has spread all over the world. This study focuses on the Home-Start project in The Netherlands. Home-Start is an organization in which volunteers visit young families in their homes to offer support, friendship and practical help. The volunteers are selected and supervised by professional program coordinators. Its general goal is the prevention of family crisis (Frost et al., 2000). The program is aimed at families with at least one child under the age of 6 who experience difficulties with childrearing (Hermanns, Van de Venne, & Leseman, 1997). The volunteers are trained to give support in a non-directive, non-judgmental way and the program is aimed at parents rather than at children. As in other parenting support programs, the aim of Home-Start is to prevent the increase of family problems by decreasing the families’ stress levels, by increasing parental self-esteem, and by strengthening the parents’ social relations (Terpstra & van Dijke, 1998). Participating families are recruited through advertisements in local newspapers,
Theoretical Background

and flyers distributed throughout the community, personal invitation or referral (general practitioners, day care centers, well-baby clinics, etc.).

1.3 Evaluations of parenting support programs

1.3.1 Evaluating parenting support

It is important to determine whether the various parenting support initiatives that have been developed are indeed effective. A program is considered to be effective when the goals of the program, that is, solved family problems, ‘empowerment’ of the families, improved parenting skills and parental well-being, are reached as a consequence of the program.

The large variability in programs makes comparisons difficult and complicates the possibility to draw conclusions about the effectiveness of such programs. Systematic evaluations of family support programs show modest and inconsistent effects on both child outcomes and on family functioning (Shonkoff & Phillips, 2000). Brooks-Gunn, Berlin and Sidle Fuligny (2000) reported some positive, but mainly mixed, findings with regard to the effectiveness of early intervention programs on parents. The conclusion of a review article by Gomby, Culross, and Behrman (1999) was that studies showed some effects for parenting practices, attitudes or knowledge, but that outcomes for children, which were supposed to result from these changes, were seldomly found. Other studies found effects on some areas aimed at by the intervention, but not on all. Seitz, Rosenbaum, and Apfel (1985), for example, found an improvement in parental involvement with their child’s schooling, and found some effects regarding school attendance. However, they found no change in self-reported parenting practices and no impact on child’s IQ. Connolly, Sharry, and Fitzpatrick (2001) found a decrease in the problem behavior of children, but no changes in parental well-being. Others found results for particular groups only. Olds et al. (1997; 1998), for instance, found positive long-term outcomes of home visitation on children’s criminal antisocial behavior, but only for low-income, unmarried mothers. Duggan, Fuddy, Burrell, Higman, Windham, et al. (2004a) found no effects of a child abuse prevention program aimed at reducing parent risk factors when all families were entered in the analysis, whereas some effects were achieved when only those families who had received a high dosage of the program, were included in the analyses.

5
Parenting Support in Community Settings

There are several explanations for the inconsistent results of evaluation studies of parenting support programs. The first is that the programs vary considerably on a number of important dimensions, such as target population, intensity and duration of service delivery, and the child’s age at the start of intervention (Shonkoff & Phillips, 2000). Another reason for the inconsistent results might be found in the research designs of evaluation studies: many early interventions lack rigorous, controlled evaluations (Brooks-Gunn et al., 2000). So far, the most promising results have been obtained with university-based programs, rather than with programs that were broadly applied. However, it is often difficult to generalize such results to programs in applied settings. This is particularly important given that most effective programs are long lasting and intensive, and —as a consequence— often expensive and difficult to set up nation wide without additional funds or support. Weisz, Donenberg, Han, and Weiss (1995) described in detail which differences between university and practice based studies are important contributors to differences in their effectiveness. In contrast to university based studies, the characteristics of practice based studies are: more heterogeneous groups of participants, a multi-problem focus treatment carried out by a therapist with large caseloads with little pre-therapy preparation, longer treatment, and non-behavioral and flexible interventions. Another important difference is that participants in university based treatment were recruited clients (volunteers), whereas in practice based treatment clients were referred, some even coerced to participate in therapy. Given these differences, it is obvious that the results of university based studies have only limited relevance for clinical practice. It is therefore necessary to evaluate parenting support initiatives that are available for a broad public, in order to determine a program’s effectiveness and use in applied settings.

1.3.2 Evaluations of parenting support provided by volunteers

In particular, family support programs that work with volunteers have not yet been broadly evaluated. On the occasions when they have been evaluated, methodological limitations are often evident, for instance, small sample sizes, cross-sectional designs, and often there is a lack of information about exactly which activities of the volunteer are supposed to cause change. O'Connor (1999), for example, examined a community program aimed at mothers, in disadvantaged estates, who have just given birth to babies. About 40% of the participants
Theoretical Background

reported increased knowledge, self-esteem and parenting practices; 24% reported to be more confident. However, the sample consisted of only 17 participants. There was no comparison group and the research method was qualitative. Hanrahan-Cahuzak (2002) evaluated the Dutch version of the community mothers program and reported no effects of the program on maternal mental health. Programs that have been evaluated using control or comparison groups, just like evaluations of parenting support programs carried out by professionals, showed mixed results. The Irish community mothers’ program was evaluated using a randomized controlled trial. The results showed positive effects seven years after the program, on maternal self-reported parenting behaviors such as visiting the library, discouraging the child to watch TV, checking the homework, and disapproval of physical punishment. However, no improvements were found for parenting behaviors such as reading to the child and the child being bullied at school (Johnson et al., 2000). Kelleher and Johnson (2004) examined the effects of the Cottage Community Care project, a project that linked trained volunteers to vulnerable first-time mothers, on eight aspects of family functioning and found only two significant effects: mothers’ access to social support increased and her expectations of the child were more age appropriate. The design did involve a comparison group, but the sample sizes were quite small \((N = 25)\). Rosenberg, Robinson, and Fryer (2002) evaluated the impact of a paraprofessional support program for mothers and their young children. Mothers showed moderate improvement in mental health and a more positive attitude towards services. However, there were no effects on child outcomes, home environments, and service utilization. The evaluation of a volunteer home visitation program for adolescent mothers also showed positive effects for some of the variables for which change was expected. Nevertheless, while parenting behavior changed for the better as a consequence of the program, mental health and stress levels did not improve (Barnet, Duggan, Devoe, & Burrell, 2002).

Previous evaluations of Home-Start in both the U.K. and the Netherlands showed positive results, such as increased maternal well-being and competence, improved social networks and improved parenting behavior (Frost, Johnson, Stein, & Wallis, 1996; 2000; Hermanns et al., 1997). However, a shortcoming in previous Home-Start research is that most studies did not employ an appropriate control group (Frost, Johnson, Stein & Wallis, 1996), due to both ethical and organizational reasons. In a more recent study, McAuley, Knapp, Beecham, and
Parenting Support in Community Settings

McCurry (2004) included a comparison group and found no significant improvements in maternal well-being that could be attributed to the Home-Start intervention.

1.4 Present study

As described above, there are several problematic issues concerning previous evaluations of parenting support programs, especially those that have examined programs carried out by volunteers. These issues will be addressed in the current section.

The first important issue in the context of previous research is that determinants of need for support have hardly been studied, even though this can be useful information in determining who needs support and whether reported ‘subjective’ support needs are related to problems in the families and therefore have to be taken seriously. It is important to distinguish objective and subjective support needs. The objective support needs are defined by program developers: families in which multiple risk factors are present (‘at risk’ families) are considered to be in need of support. However, this does not automatically mean that these families themselves perceive that they need parenting support (subjective support needs). It is important to determine whether this subjective need for parenting support is predicted by risk factors present and whether it is related to family problems, and therefore has to be taken seriously.

Secondly, there is lack of studies examining parenting support programs that are carried out in community settings (Gillham, Shatté, & Reivich, 2001). Most evaluations concern university based programs, which are carried out by their developers, often in the United States. Therefore, it is important to examine programs that are developed and implemented in practice.

Next issue to note about previous research is that, so far, if programs in the Netherlands have been evaluated, the evaluations are often based on participants’ self reports, mainly assessing the clients’ satisfaction, perceived parenting competence and stress. Although information regarding client’s evaluation of both program and own competencies is highly relevant, it is not enough. Examination of program effectiveness should include investigations of behavioral outcome for both parents (changes in parenting behavior) and children (changes in child behavior).
Additional questions not yet addressed by earlier evaluations of the Home-Start intervention are, if the program works, why it works and for whom it works. The modesty of previously found effects in evaluation studies may be caused by the fact that most effectiveness studies try to find overall effects, whereas it is unlikely that all families benefit to the same extent from one program or one approach (Gomby, Culross, & Behrman, 1999).

In the present thesis we will try to answer the following questions, which will be discussed in detail in the next section.

1) Do mothers in a community setting report a need for parenting support, and, if so, how is this need for support determined?
2) Does the Home-Start parenting support program lead to changes in maternal well-being, and are those changes accompanied by observable changes in maternal or child behavior?
3) Is there differential effectiveness for certain types of participant’s, program characteristics, or their interaction?

1) Do mothers in a community setting report a need for parenting support, and, if so, how is this need for support determined?

An often-neglected issue in determining the effectiveness of parenting support programs is the fact that most parenting support programs do not reach all families who need support (Barton, 2002). Parents with children at greatest risk, especially, participate less to programs (Huber, Holditch-Davis, & Brandon, 1993; Prinz, 1994). So far, support has often been offered to families in which problems are already manifest, to particular target groups with ‘objective’ support needs, or to families who belong to groups with special needs (e.g., Llewellyn, McConnell, & Bye, 1998). However, as described before, all families can be confronted with risks and parenting can be difficult for all parents (Crnic & Greenberg, 1990; Östberg & Hagekull, 2000). It is then remarkable that the support needs of families and the background to these have hardly been studied. Very little is known about whether parents in a community setting report a need for support, and whether this need for support is related to actual problematic situations or to risk factors. Such information can be very valuable for the services that provide parenting support, which could become more cost efficient, and possibly intervene at an earlier stage. In the first empirical study of this
Parenting Support in Community Settings

dissertation the determinants of need for parenting support in a community sample will be examined.

2) Does the Home-Start parenting support program lead to changes in maternal well-being, and are those changes accompanied by observable changes in maternal or child behavior?

Many parenting programs that are being used in practice have not yet been evaluated. Studies examining the effectiveness of broadly available programs often use self-report measures only, or use designs without comparison groups. An important question is, however, whether these kinds of evaluations do indeed measure effectiveness of the program or whether they simply gauge either client’s satisfaction or reflect a developmental trend.

The aim of the second study included in this thesis is therefore to examine the effectiveness of the Home-Start parenting support program. The goal of Home-Start is the prevention of family problems and psychopathology later in life. Home-Start aims to achieve these goals by increasing maternal well-being and decreasing current family problems. We therefore will investigate whether Home-Start indeed improves parental well-being, parenting quality, and current child behavior problems, and thus prevents the occurrence or increase of a child’s problem behavior. In order to do so, parental well-being, parenting-, and child behavior will be examined pre- and post-intervention. Both self-report and observational data will be included.

3) Is there differential effectiveness for certain types of participant’s or program characteristics, or their interaction?

The belief that programs are equally successful for all participants is unrealistic (Farrell, Meyer, Kung, & Sullivan, 2001). However, the general approach in examining intervention effects is still analysis of overall program effects. By looking beyond overall intervention effects at group differences, the processes underlying intervention effects can be examined. Previous studies examining moderator effects are rare, and those that did, reported few significant findings (St Pierre, Layzer, & Barnes, 1995; Sweet & Appelbaum, 2004). In most of these studies, researchers focused on characteristics of the participating families, such as initial level of child behavior problems, age and gender of the child, cognitive ability of the child, maternal depression and marital status, community variables
such as SES, ethnicity, neighborhood (e.g., CPPRG, 2002; Kazdin, 1995), forgetting that characteristics of the program can also be of crucial importance in predicting success and clients’ responsiveness to the program. Moreover, the predictive effect of the fit between participant and program characteristics should be examined in order to be able to determine whether certain program characteristics are most effective for specific kinds of clients. Therefore, in the third study in this thesis, the moderating effects of family and program characteristics and the interaction between them will be examined for different outcomes.
Parenting Support in Community Settings