Parenting support in community settings: parental needs and effectiveness of the home-start program
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6 General Conclusions and Discussion

Parenting support programs are designed to promote well-being in families. Aims are the prevention of family crisis, stimulation of family well-being and the prevention of problems in later stages of life. Parenting support programs try to do so by empowering families to be able to cope with everyday problems. Parenting support is often aimed at parents of young children, preferably under the age of five, based on the assumption that the first five years of life are of crucial importance for further development. Parenting support is often offered to families of the obvious ‘at risk groups’ such as single mothers, low SES mothers, or to mothers of children with (physical) handicaps.

There are several developmental perspectives that have influenced the development of parenting support programs. An example of an influential developmental perspective is Bronfenbrenner’s (Bronfenbrenner & Ceci, 1994) bio-ecological model, which has been described in chapter one of this dissertation. This model states that development occurs within multiple contexts, from proximal interactions within the families to more distal policies applied by governmental politics. Sameroff and Fiese (2000) added to this theoretical model that the interplay between risk and protective factors operating in the different systems influenced child development. Therefore, interventions do not need to focus on a ‘symptom’ of problems within families, but on the family system as a whole. The hypothesis is that change in one or more aspect(s) of the system might result in changes in the functioning of the system as a whole.

In the current dissertation, three questions dealing with parenting support in community settings were examined. The first quite general question concerned the determinants of need for support in a community sample. The second question deals with the effectiveness of one specific parenting support program, Home-Start. And the final question of the present thesis concerned the differential effectiveness of this intervention as a function of participant and program characteristics. Longitudinal data were collected from a group of Home-Start mothers and from a community sample of which a sub-sample reported support needs. In addition to information obtained from the families themselves data were also collected from Home-Start volunteers. Self-report questionnaires, home observations, and structured interviews were used to answer the research questions.
6.1 Importance of parenting support, its determinants, and its effectiveness.

A body of research suggests that many problems shown during adolescence have their origins in early childhood years (e.g., Moffit, 1990; Olson, Bates, Sandy, & Lanthier, 2000). Moreover, the importance of parenting practices as a predictor of behavior problems becomes more and more clear (e.g., Murris, Meesters, & van den Berg, 2003; Thompson, Hollis, and Richards, 2003; Gartstein & Fagot, 2003). Therefore, several parenting support initiatives have been developed. Although the developers of these initiatives have the best intentions, good intentions do not automatically mean effective programs. Effectiveness of parenting support is achieved when later problems have indeed been prevented. Since it is quite difficult to ‘prove’ in the short term what has been prevented, in the present study effectiveness has been defined on three different levels. On the level of the parent, we expected parental characteristics such as depressive mood and competence to improve as a consequence of the Home-Start intervention. As a consequence of this, we expected subsequently an improvement of parenting behavior in interaction with the child (second level), i.e., a decrease in negative parenting and an increase in positive parenting behaviors. Finally, we expected a decrease in child behavior problems (third level).

However, it is not only the effects on parents and children who happen to be enrolled in the program which comprehensively define effectiveness. An important question was whether programs reach families who need it. In order to find out who needs parenting support, the more general question, namely, what determines need for support, has to be answered. Until now, characteristics for people who need support have been defined from those families who happen to be enrolled in programs. However, programs are often targeted at certain groups of families, and have recruited certain types of families. Therefore, the line of theory suggesting that families who need support belong to certain ‘at risk’ groups is a consequence of the assumption that those families need support and of actions (offering those families support) following this assumption. Risk factors have been found to predict negative outcomes. Consequently, parenting programs have been developed that are aimed at risk groups, for example single mothers. In previous research, links have often been found between the presence of risk factors and unfavorable child outcomes (Hermanns & Leu, 1998; Sameroff et al.,
General Conclusions and Discussion

1987). Most studies treated negative parenting behavior as a risk factor (e.g., Dawson McClure, Sandler, Wolchik, & Millsap, 2004). However, negative parenting can also be a consequence of risk factors (Groenendaal & Deković, 2000; Meyers, 1999). The assumption was that families in which adverse circumstances or risk factors were present would need support and would benefit from it. However, before building programs on theoretical assumptions one has to be sure that there is indeed a relationship between risk factors and need for support. Apart from this, an issue in the evaluation of parenting support programs is that most programs do not reach those who need it most (Barton et al., 2002; Prinz, 1994).

6.2 Parenting support programs - for whom?

In the first study, we examined whether mothers in a community sample reported need for support, and whether these families reported more parenting trouble and child behavior problems. Alongside this, we also examined whether need for support was related to risk factors in the families. Results in our first study showed that there was indeed need for support in a community setting. Apparently, not only the most obvious ‘at risk’ groups, but all mothers of preschool children can experience support needs. The current study showed that, in a community sample, a substantial number of mothers with a child of 1.5-3.5 years of age report need for parenting support. Study 1 further indicated that need for support is an indicator of family problems: families with need for support reported more negative parenting behaviors than families without need for support. Since there was a relationship between child behavior problems and need for support, the reported need for support seems justifiable. Since no observational data were used in study 1, it can be argued that these outcomes are the consequence of a same-source, same-method bias. In order to test whether this claim could be true, additional analyses were carried out for a sub-sample (N = 100) for which observational data were available. These additional analyses showed that need for support was significantly predicted by observed child negativity, thus suggesting that the reported need for support was indeed justifiable. Study 1 further indicated that need for support gradually increased in the presence of risk factors. This means that it is probably useful to target certain parenting support programs towards ‘at risk’ groups. However,
Parenting Support in Community Settings

study 1 shows that also less obvious ‘at risk’ families can experience a need for support too.
Study 1 extended previous research in the field of risk factors and their effects by showing that the presence of risk factors can lead to an increased need for parenting support. Previous research has examined the relationship between risk factors and child outcomes (Rutter, Murray, Pickles, & Eaves, 2001; Sameroff et al., 1987), and the relationship between the presence of risk factors and parenting behaviors (Meyers, 1999). However, the present study was one of the first to examine the presence of risk factors in relation to need for support. Finally, this study provided insight into the determinants of need for support in a community setting. The information that there is a relationship between need for support and risk factors present, and the fact that the more risk factors are present the larger the need for support is, might help programs to identify those who need parenting support.

It is important in this context to make a distinction between objective and subjective support needs. Families with objective support needs (i.e. defined by professionals) do indeed need support, for example because they are confronted with risk factors that increase the probability of negative developmental outcomes, or because the children in the family already show some problems. Most interventions target families with objective support needs (by selecting the participants on the basis of risk factors or actual problems). The question is whether these families themselves feel the need for support (i.e. actually perceived or felt need). The distinction between objectively assessed need for support and experienced need for support is important, because the effectiveness of a program might be influenced by the motivation of the participants, which in turn is related to an experienced need for support. The possible differences between objectively assessed need and experienced need for support were examined in this study. In addition, the determinants of the experienced need for support were investigated. In the present study, experienced support needs appeared to be strongly related to objective support needs.

6.3 Effectiveness of Home-Start

In the second study, we narrowed our focus by examining the effectiveness of one particular parenting support initiative, Home-Start. Changes in maternal well-
being accompanied by observable changes in parenting and child behavior were expected. Study 2 indeed showed effects of Home-Start in improving maternal well-being: after 6 months of intervention, perceived parenting competence increased while maternal depressive mood decreased. Several parenting behaviors improved: consistency increased, and rejection and negative control decreased in the Home-Start group. The results were confirmed by standardized observations and there was a trend towards an increase in sensitivity for the Home-Start mothers. However, not all expectations were confirmed. There were no group x time effects for responsiveness and positive control. Also, the non-standardized observations showed only time effects. Moreover, child behavior problems decreased, but not more than in the comparison group. Therefore, these changes cannot be attributed to Home-Start.

Study 2 revealed that changes in maternal well-being and in several parenting behaviors do not necessarily result in changes in child behavior problems. Possibly, the Home-Start intervention is not specific enough to change child behavior. It is also possible that changes in child behavior will become manifest in later stages of life as a consequence of increased positive parenting behavior. An important question for further research is how the changes in well-being and parenting took place.

6.4 Differential effects of Home-Start on parental characteristics

Many studies examining parenting support programs examine overall group effects (as we did in study 2). However, by doing so, these studies ignore possible group differences in program responsiveness. It is, therefore, important to examine individual differences in effectiveness. Apart from characteristics of participants that could influence the effectiveness of a program, program characteristics may also influence outcome. The third aspect of differential effect examined in study 3 was the effect of the interaction between participant and program characteristics. Possibly, certain program characteristics work well for certain participants whereas others prefer other approaches.

The results of study 3 showed that only a few characteristics of participants predicted change in two different parenting outcome measures. Program intensity was the only program characteristic that significantly predicted change in two of the outcome measures: rejection and negative control. Some effects were found for the
interaction between participant and program characteristics in predicting change for two of the outcome measures. Apparently, certain program characteristics worked better for some families, e.g., single mothers, mothers with low education and mothers with a low income showed most improvement if the program was less intense. Overall, only few predictive effects were found, possibly due to the small sample size for each individual group. Therefore, the conclusion that the Home-Start intervention is equally effective for all participating families seems warranted. A merit of the current study is that it points attention to the fact that it is important to examine the ‘fit’ between family and program characteristics.

6.5 General conclusions

Taking the three studies together, there are several general conclusions to be drawn. In the first place, it is important to acknowledge that a substantial number of mothers of the general population report need for parenting support, and that this need for support is related to risk factors, child behavior problems and negative parenting behaviors. Seen from a transactional perspective, these findings suggest that need for support is determined by several sub-systems in which both child and maternal aspects play a role. These findings confirm Parke’s statement that traditional unilateral models of parent-child relationships are untenable (Parke, 2004). Parents do not just influence their children, but characteristics of children also influence parents, as is the case here. Child behavior problems seemed to predict maternal support needs. The current study further examined the effectiveness of Home-Start, an easily accessible parenting support initiative. The point of departure was Bronfenbrenner’s (Bronfenbrenner & Ceci, 1994) bio-ecological perspective that families are embedded in a variety of other social systems. Development is supposed to take place in interplay with the various factors in the different systems. It was hypothesized that providing parenting support would function as a protective factor, which might influence each of the different systems. Theory of change was, according to the program itself, that Home-Start would lead to increased maternal well-being, which would, in turn, change parenting behaviors and child behavior. The present dissertation revealed that Home-Start indeed changed maternal well-being and some parenting behaviors. There is a decrease
in child behavior problems and a significant percentage of children within the Home-Start group even decreased from clinical CBCL range to non-clinical. However, child behavior did not improve more in the Home-Start group than in the comparison group. Patterson and Forgatch (1995) also reported that child behavior problems decreased even though there was no treatment. This effect - also known as the Hawthorne effect (Rosenthal & Rosnow, 1991) - might be the result of participating in research itself. Possibly, participation in this study was a small intervention in itself, with four home visits paid to families within a year. Additionally, filling out several large questionnaires within a year might have made the mother more aware of her and her child’s behavior, which can also cause change in behavior. Finally, the decrease in behavior problems can also be the consequence of a developmental effect of age. Child behavior problems seem to decrease in most children from 24 months of age (NICHD, Early Child Care Research Network, 2004).

What did we find with regard to the intervention model that Home-Start influences maternal well-being, which will result in a decrease in negative parenting, which, in its turn, will result in diminished child behavior problems? The current results provide information that maternal well-being does indeed improve and that some behavioral changes do occur. The results of the present study suggest that changes in parenting behavior and maternal well-being precede changes in child behavior problems. However, we cannot be sure that changes in child behavior problems will eventually take place. We hypothesized that the control dimension would take a larger place in the parenting process than the support dimension, because the behavior of children in the second or third year of life requires specific parenting controlling behaviors. Most improvements were indeed visible in the control dimension: improvements were found on rejection, negative control and consistency. We also found effect on the support dimension: observed maternal sensitivity increased.

Finally, differential effects for characteristics of the participating families and of program characteristics were examined. Only very few effects of either participant or program characteristics, or their interaction were found. However, this study was one of the first in the field to examine the predictive effects of the interaction between participant and program characteristics. Although we found only few effects, we want to stress the importance of examining such relationships as opposed to examining simple linear relationships.
6.6 Limitations

In studies 2 and 3, it has been noted that our sample size was small, which has made it difficult to draw conclusions for specific subgroups. The small sample size is a consequence of our decision to also use observational data. Because all families had to be observed in their homes, the data collection was quite intensive, which resulted in smaller sample sizes. However, it has to be noted that the sample size of the Home-Start group (N = 54) is considered to be a sufficient sample size according to Weisz, Jensen Doss, & Hawley (2005), which is often not achieved in treatment outcome research, where the average group size is 22.

Another issue concerning the sample of the present research is the fact that only few mothers of an ethnic minority participated in our study, while 40% of the Home-Start population is of an ethnic minority background (Terpstra & van Dijke, 1998). Possibly this small number is a consequence of the fact that we used observational data. Alternative explanations are that Home-Start at the moment does not serve such a large number of ethnic minorities or that people of an ethnic minority less often gave permission to pass on their names and phone numbers to the researchers.

A final problem concerning the sample is the fact that there were differences between the Home-Start families and the comparison group (need for support families) at measurement 1. We have tried to overcome this problem by correcting for these individual differences by including them as a covariate in the analyses. However it is always preferable to have a sample that does not differ at pre-test.

6.7 Future research

In order to find out whether ‘need for support’ on the part of mothers of toddlers is a variable or a stable concept, it is important to examine ‘need for support’ longitudinally. With that information, it is possible to determine whether ‘need for support’ is a ‘state’ of the family or a temporary ‘trait’, related to life events or the age of the child. If ‘need for support’ is just a phase, it is important to offer some extra support to parents with children of certain ages or to parents in a certain phase of life. However, if need for support is a stable concept in certain families, substantial parenting support has to be offered.
General Conclusions and Discussion

Future research concerning the Home-Start parenting support program should focus on two aspects. In the first place it is important to determine whether there are long-term effects of the program. Did Home-Start succeed in preventing problems in later stages of life? To find out, follow-up research should take place after seven to ten years, when the children will be adolescents. The primary question which will have to be answered then is whether the effects that were found now will have been maintained. In line with this, it will be important to determine whether there will be ‘new’ effects, for example for child behavior problems, which are not yet visible at the present time. The true effect of an intervention may not be visible for many years (Gillham, Shatté, & Reivich, 2001).

A second future line of research should determine whether Home-Start could be more effective if a specific component that is aimed at a decrease in child behavior problems would be added. For mothers who report serious problems with their children’s behavior, possibly a more directive approach (e.g. a parent management training or a parent-child interaction therapy) would be helpful. This is exactly what several mothers noted in the final interview. It would be worthwhile to examine the effect of an extra intervention added to the standard Home-Start treatment.

Study 3 is one of the first studies in the field to examine the predictive effects of the interaction between participant characteristics and program characteristics. Although only few effects were found, it is important to examine these relationships in future research with larger samples. Possibly, only few interaction effects were significant because we were examining relatively small numbers of families. Future research on the interaction between participant and program characteristics might provide useful information in order to determine which program will be best for whom.

Another issue of interest for future research is examining the direction of influential pathways in changes in the family. Parenting support programs might be helped with knowledge about whether maternal well-being influences parenting, whether child behavior problems influence parenting behaviors, or whether the influential lines are the other way around. In order to examine these possible influential lines, sample sizes of at least 100 in each group are needed.

A final issue that might be worthwhile examining in future research, is including more families of ethnic minority groups, in order to make sure that the sample
that participates in the study is representative of the families participating in the Home-Start program. This higher number might be achieved by providing information about the study in the mother tongue of the families or by stressing the importance of participation to all mothers by the local Home-Start coordinator.

6.8 Practical implications

The current study has several practical implications. Since a substantial number of non-clinical families report need for support and since that need for support is related to childrearing and child behavior problems, it is important to recognize this need for support in time and to act upon it by providing support to the families. Such a screening could easily be carried out by asking parents to fill out a ‘need for support’ questionnaire upon their regular visits to the well-baby clinic. In order to diminish child behavior problems, it might be useful to add a more intense, more directive training component to the Home-Start program, aimed at the approach to and the management of child behavior problems. Possible surplus interventions could train parents to use the behaviorist principles in child management. For that purpose one of the successful programs from the United States of America could be translated and adjusted to the Dutch situation (e.g., Webster-Stratton, 1998).

These studies also emphasize the need to evaluate parenting support programs especially those that are broadly applied in a rigorous fashion. In order to draw conclusions on the effectiveness of a program in preventing family dysfunction and child behavior problems, evaluation studies including a pre and post-test design and comparison groups should be used. Information of multiple information sources would be preferred.

In order to make the realization of such evaluations possible, service providing agencies should actually include evaluations of effectiveness in their regular work and policy. In this way they would continuously be able to monitor whether the program they offer is effective. If every person that is enrolled in a program would be included in the evaluation of the effectiveness, more information would become available about for whom the program does work, if there is large drop out and why there is drop out.