Parenting support in community settings: parental needs and effectiveness of the home-start program
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Summary

It has been acknowledged that parents play an important role in child development. In particular, the first five years of a child’s life are considered important. In this period children acquire self-regulating skills and behavior problems in adolescence can often be traced back to these early years. Maternal well-being and parenting practices during this period are strongly linked to child development and well-being. According to the bio-ecological model, child development takes place within different systems or contexts in which the child functions. The interactions between the systems seem to be especially important. Therefore, parenting support initiatives have been developed in an attempt to influence the interactions within and between the systems. The hypothesis is that, by changing one element of one of the systems, the other systems will change as well. The underlying idea of a number of parenting support programs is that by changing maternal well-being both parenting behavior and child behavior will change. Whereas interventions are often targeted at the high-risk families where multiple risk factors are present, parenting support programs are supposed to be easy accessible and open to all families who need it.

This dissertation focused on parenting support for families with young children in community settings for two reasons. The first reason is that we cannot assume that mechanisms that were found in clinical or high-risk samples are the same for community samples. It is therefore important to examine the perceived need for support in a community sample. Second, it is important to find out whether an easily accessible intervention that has been set up in practice is effective. Research in the field of parenting support programs predominantly focuses on American programs which have been developed and organized by universities. It is nevertheless important to examine whether a non-American, ‘grass-root’-based and widespread program can be effective as well.

The current dissertation had three aims. The first aim was to examine whether there was need for support in a non-clinical community setting, and how this need for support was determined. For the second aim of the present thesis we narrowed our focus to one specific parenting support initiative (Home-Start), whose organisational structure and background was different from American parenting support initiatives, and examined whether this program worked as the program
theory predicted, in the sense that changes in maternal well-being, parenting behavior and child behavior were achieved. The third aim was even more specific: examining whether there were differential effects of the Home-Start intervention for certain groups of families or for certain variations in the program. In order to examine the first aim, the prevalence, correlates (child behavior problems and negative parenting) and determinants (risk and protective factors) of parental need for support were examined in a community sample of 177 mothers with a child of 1.5-3.5 years of age. The results of the first study showed that a substantial number of mothers in a community sample reported a need for support. This need for support was related to child behavior problems and to negative parenting. Maternal depression, difficult temperament of the child and life events as well as the total number of risk factors significantly predicted need for support. Satisfaction with support (and not the number of support sources) acted as a protective factor. Apparently, the need for support was justifiable in the sense that it is related to the presence of actual problems and risk factors.

The second study focused on the parenting support program Home-Start. In two waves (T1 at the start of the program, T2 six months later), self-report and observational data were collected from the 54 mothers and their 1.5-3.5-year-old children who participated in this early intervention program. These data were compared with those from 51 comparison families who reported equal amounts of stress and need for support recruited in an area where Home-Start was not yet available. The results showed significant improvements in parental well-being (increase in perceived parenting competence and a decrease in depressive moods), in some parenting behaviors (an increase in positive parenting and a decrease in negative parenting behaviors), and a decrease of child behavior problems at T2. However, some of the improvements (e.g., child behavior problems) occurred in both groups and are, therefore, not attributable to Home-Start.

The third study addressed the predictive effects of participant characteristics, program characteristics and their interaction on changes in parenting behavior of mothers who participated in the Home-Start parenting support program. The results confirmed previous findings that effects of participant and program characteristics differ by outcome variable. Overall, participant predictors seemed to have little effect: of the eight predictors, only five (gender of the child, income, perceived social support, single parenthood and education of mother) had an effect on some outcome measures, thus suggesting that Home-Start is equally
effective for all participants. The only program characteristic that affected changes in two outcomes (rejection and negative control) was the program intensity. One program characteristic (intensity) interacted with several participant characteristics in predicting changes in maternal rejection and negative control. These results showed the utility of examining interactions between participant and program characteristics when studying the effects of family support programs.

In summary, a substantial number of mothers in the general population reported to perceive a need for parenting support. This need for support was related to problems in families. Experience of satisfying support sources can diminish the need for support. Home-Start changed maternal well-being and several parenting behaviors. Although the percentage of children of Home-Start mothers in the clinical CBCL range significantly diminished, the decrease in child behavior problems in the Home-Start group was not larger than in the comparison group. The intervention model, which suggested that Home-Start influenced maternal well-being, which in turn would influence parenting behavior, which eventually would change child behavior problems, is partially supported by the current findings: maternal well-being and some parenting behaviors do indeed change. However, changes in child behavior problems have not (yet) occurred. Follow-up research is needed in order to determine whether changes will be sustained or whether changes in child behavior problems are still to occur.

Few differential effects were found for participant and program characteristics. This suggests that Home-Start is equally effective with all participants. However, the lack of effect might also be caused by the fact that our sample size was too small to detect changes within subgroups. The present study was one of the first to examine the ‘fit’ between program and participant’s characteristics in relation to effectiveness of the program. Although we found only few significant effects, we would like to stress the importance of this topic for improving and evaluating parenting support programs.

There are several limitations that are noteworthy. The first limitation is the small sample size. Especially in order to be able to draw conclusions about differences within a group of participants, a larger sample size is needed. Another limitation concerning the sample of the present study is that few ethnic minorities participated in this study. A final shortcoming is that the Home-Start and comparison group differed in certain characteristics at first measurement, which
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limits the possibility to ascribe the differences found at second measurement to the Home-start program and makes comparison between groups difficult. Future research on 'need for support' of mothers with young children should focus on the question whether 'need for support' is a variable or a stable concept. This makes it possible to offer support in specific periods of the child's life. Future research concerning Home-Start should first examine longitudinally whether effects have been sustained, or whether new effects occur (decrease in child behavior problems?). In the second place future research on Home-Start should focus on the question whether a specific behavior management component (in which parents are trained how to deal with specific behaviors of their child) could be added to Home-Start for mothers with children with behavior problems. Future research should also aim to use large sample sizes and focus on the 'fit' between participant's and program characteristics in relation to effectiveness.

This study has several practical implications. In the first place, the substantial number of mothers who report need for support suggest that this type of services should be more promoted and more actively offered to mothers with a child of this age. Possibly, need for support questionnaires could be included in the regular well-baby clinic visits. These studies also emphasize the need to evaluate parenting support programs, especially those that are broadly applied. In order to make such evaluations possible, program providers should include evaluating effectiveness and therefore collecting information in their regular work and policy.