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Evaluating the effectiveness of combining Home-Start and Triple P parenting support in the Netherlands

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ABSTRACT

The effects of Home-Start compared to Home-Start extended with Triple P group training were studied. The underlying theoretical models of change of both programs complement each other and therefore it was assumed that combined support leads to increased positive outcomes. Outcomes related to parental wellbeing, parenting behaviour and child behaviour were included. One hundred forty four parents, all mothers, were randomly assigned to either the Home-Start program or the combined support of Home-Start and Triple P group level 4. Parents reported on wellbeing, parenting behaviour, and child behaviour at baseline, post-program and at 6-month follow-up. Based on intention to treat analyses, families in the combined intervention condition showed similar effects on the majority of primary and secondary outcomes as the only receiving Home-Start condition. A negative effect on parental depression and on two subscales of the Child Behavioral Checklist (anxiety and oppositional defiant behaviour) was found for families in the combined Home Start and Triple-P condition. The hypothesized stronger positive effect of combining Home-Start and Triple P support on selected outcome measures was not confirmed. Combining promising evidence-based parenting programs with complementary underlying theoretical frameworks does not necessarily lead to better results.

1. Background

Parenting young children can be demanding, especially when families are experiencing multiple stresses in their daily lives (Hermanns, 1998). The long-term consequences of dysregulated parenting behaviour, with child maltreatment being the most severe form of dysregulated parenting, are well known. For an overview see Hermanns (2011). Many parenting support programs are therefore designed to enhance more positive parenting skills and to reduce long-term negative impact on child development (Eisner, Nagin, Ribeaud, & Malti, 2012). Two types of widely implemented interventions can be distinguished: non-manualized home visiting support (such as Home-Start provided by volunteer community members) and manualized parent management trainings (such as Triple P provided by trained professionals).

Evaluation studies of parenting support programs showed diverse results. A systematic review and meta-analysis on home visiting programs by Kendrick et al. (2000) reported improvement in the quality of the home environment and parenting behaviour. Sweet and Appelbaum (2004) found several (moderate) positive effects of different elements of home visiting programs for families with young children in their meta-analysis. Also Olds, Sadler, and Kitzman (2007) found that home visiting pograms result in positive changes. However results were inconclusive related to which aspects caused the positive effects. Home visiting is a method of delivering services rather than a service in itself. Therefore, what actually happens during the home visits related to visitor-parent interaction and actual activities inducing change remains difficult to quantify. A review on paraprofessional home visiting programs found that these programs achieved modest effects on decreased harsh parenting behaviour and improved cognitive development (Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). However, on a majority of the studied outcomes the included studies failed to establish desired effects. This could be due to the high-risk families enrolling in support and the limited possibilities of support providers to reduce these present contextual risks in the limited amount of time they are working with families. Additionally, home visiting programs often address a variety of problems rather than a specific target group or problem. A more targeted approach might yield more positive outcomes (Peacock et al., 2013).

Also the results of manualized parent management training evaluations are mixed. Positive results are repeatedly found for reducing disruptive behaviour (Weisz & Kazdin, 2010). Fewer positive results were found when these programs are implemented as a preventive community based strategy instead of an intervention for selected

Abbreviations: PMT, parent management training.

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families (Eisner et al., 2012; Scott, 2005). A meta-analysis on parent management training emphasized that observed results were related to family characteristics. More disadvantage families (low SES, more present risk-factors) seemed to benefit relatively more from these programs than less disadvantaged families (Gardner, Hutchings, Bywater, & Whitaker, 2010).

In this paper we report the combined effects of volunteer home visiting program Home-Start as a parent support program and Triple P group level 4 as a parent management training. Both programs are based on the assumption that it is best to support families during the early onset of parenting problems and preferably as early on in a child's life. They differ, however, in their approach.

Home-Start focuses on improving parental wellbeing through social support in the form of 'temporary friendship' offered by volunteers. The underlying theoretical model of change, as formulated by Hermanns, Venne-van-de, and Leseman (1997), describes the sequence of change within families. The support provided in the program may increase parental wellbeing, which is considered as a primary outcome. More positive parenting experiences, in turn may result in increased feelings of competency. Feeling more competent will result in more positive parenting behaviour, ultimately leading to a reduction of child problem behaviour. The latter two are considered secondary outcomes of the program. These mechanisms of change have been confirmed in several evaluation studies of the program (Asscher, Dekovic, Prinzie, & Hermanns, 2008; Dekovic et al., 2010; Hermanns, Asscher, Zijlstra, Hoffenaar, & Dekovič, 2013). Home-Start is based on principles such as respect and equality rather than offering manualized support. Families are supported through demand-oriented strategies and parents themselves defined the problems addressed during support. In addition, parents are encouraged to design and evaluate self-generated solutions. This type of support results in a variety of strategies and activities implying that each support trajectory is unique.

So far research into the effectiveness of Home-Start in the Netherlands has shown moderate effects in parental wellbeing, parenting behaviour and perception on child behaviour on short-term follow-up (Asscher, Dekovic and Hermanns, 2005; Asscher, Hermanns and Dekovic, 2005; Asscher, Hermanns, Dekovic, & Reitz, 2007). A long-term follow-up study from Hermanns et al. (2013) reported more evident reduction of child behavioural problems within the Home-Start group compared to the comparison group receiving no support. A 10 year follow up showed that effects were still present after 10 years (Aar, v Asscher, Zijlstra, Deković, & Hoffenaar, 2015). Several Home-Start evaluation studies in the United Kingdom show positive results on some but not on all selected outcome measures. The study of Frost, Johnson, Stein, and Wallis (2000) showed increased parental wellbeing, positive outcomes on social support and parenting behaviour. However, Barnes, MacPherson, and Senior (2006) and Barnes, Senior, & MacPherson (2009) found no effects on parental wellbeing but did find a larger reduction in parent-interaction difficulties compared to matched-controls in an additional study. McAuley, Knapp, Beecham, McCurry, and Sleed (2004) found no changes within the Home-Start group even though qualitative data of the study indicated that families valued the services and that the support had resulted in a change in their lives.

Manualized Triple P, provided by professional supporters, presents parents with a fixed package of knowledge, activities and parenting techniques on how to positively influence their children's development and manage difficult behaviour (Barlow & Stewart-Brown, 2000; de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008b; Sanders, Markie-Dadds, & Turner, 2003). The program focuses on changing parenting behaviour to enhance parent-child interaction and protective factors such as parental wellbeing. It aims to reduce risk factors that are associated with influencing child development such as negative parenting. These factors are targeted by increasing knowledge, parenting skills and confidence of parents. The positive parenting program is based on five principles; ensuring a safe and engaging environment, creating a positive learning environment, using assertive discipline, having realistic expectations as parent and taking care of oneself as a parent. The program consists of different modules and has five intervention levels increasing in intensity. All levels of the program are based on social learning principles to change parent-child interaction. Tailoring content of the support towards the personal situation of families is limited compared to the home visiting program Home-Start.

Positive results for the Triple P program were found in some but not all conducted evaluation studies (Nowak & Heinrichs, 2008; Sanders et al., 2003; Sanders, Kirby, Tellegen, & Day, 2014). In the Netherlands de Graaf, Speetjens, Smit, de Wolff, and Tavecchio (2008a); de Graaf et al., 2008b) found positive effects of Triple P level 4 on reducing child behavioural problems, dysfunctional parenting style, improving efficacy and parental wellbeing. Later studies found however that these results in general did not exceed those of care as usual (Onrust, De Graaf, & Van der Linden, 2012). Other studies also did not find positive effects of the program on outcomes related to child behavioural problems or parenting practices (Eisner et al., 2012; Malti, Ribeaud, & Eisner, 2011).

In the current study we included the parent management training Triple P group level 4. This level targets families experiencing behavioural problems in children and is implemented as targeted and community based preventive strategy. The selection of this parent management training was based on observations during the previous Home-Start studies in the Netherlands (Asscher, Dekovic et al., 2005; Asscher, Hermanns et al., 2005): 1) baseline scores showed clinical child behavioural problems. 35% of families reported problems in the clinical range on the CBCL; 2) changes in child behavioural outcomes were not established at short-term follow up; and 3) families indicated that they would have gained from specific information and training in parenting skills on how to deal with child behavioural problems in addition to the support they had received from their Home-Start volunteer. Triple P group level 4 is offered in the Netherlands both as a universal or selective preventive program for families experiencing mild to severe parenting problems and child behavioural problems (de Graaf et al., 2008b); and level 4 is considered the core program of Triple P.

The described underlying theoretical models of change of both programs seem to complement each other: long-term non-manualized support within the home setting and short-term structured and more intense group support focusing on knowledge transference. Due to this complementary aspect, we hypothesize that offering combined support consisting of Home-Start and Triple P group 4 will result in stronger effects on parental wellbeing, parenting behaviour and child behaviour, than offering Home-Start only. In addition there is a need for evidence that offering these programs can result in (long-term) changes within families in a community based setting. To our knowledge, the combined effect of these two universal parenting support programs in every-day practice has not yet been studied.

2. Method

2.1. Participants and recruitment

The current study was conducted simultaneously with an evaluation into the effectiveness of Home-Start compared to care as usual parenting support. The Home-Start national office selected the 18 municipalities where Home-Start was implemented which were either not yet involved in the other evaluation study or had a larger capacity to participate in research. Coordinators of 16 Home-Start schemes in 14 municipalities accepted and actively recruited respondents. Families were recruited in the period of January 2009 – December 2011. Every newly enrolled family in Home-Start with a child in the age range of 1,5–3,5 years was approached for participation. Furthermore, families needed a sufficient knowledge of the Dutch language to be able to participate in a Dutch-spoken parent management training. No selection criteria other than sufficient knowledge of the Dutch language were