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Changes in parenting and child behavior after the home-start family support program: A 10 year follow-up

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ABSTRACT

Background: Home-Start is a parenting support program in which mothers experiencing difficulties in family life and parenting, receive weekly support at home from a volunteer. The present study extends the work of Hermanns et al. (2013), by examining self-reported and observed parenting and child behavior outcomes at 10.6 year follow-up.
Methods: The mothers of the Home-Start group ($n = 59$), who received Home-Start for on average 6.6 months, a comparison group, who reported elevated parenting stress and need for support ($n = 56$), and a randomly selected community sample ($n = 36$), reported on their feelings of competence about parenting, their parenting behavior and their child's problem behavior. Observational data were collected on five of the seven measurement occasions, until 8.8 year follow-up.
Results: Improvements on feelings of competence, consistent and non-rejecting parenting behavior and internalizing and externalizing problem behaviors during intervention period are sustained. That means that on the long term, the parent and child's improvements did not further improve, nor did they deteriorate. Observational measures showed a decrease in positive and negative parenting and positive and negative child behaviors in general for all groups.
Conclusions: Home-Start, a volunteer-based community wide family support program, contributes to positive short term changes, which are sustained in the long-term.

1. Introduction

In order to help families who perceive difficulties with family life or parenting, parenting support programs have been developed (e.g., Early Head Start; Love et al., 2005). Volunteer-based in-home services gained popularity in political circles because it is relatively inexpensive and easily accessible. Because the goal of parenting support programs is to improve parenting behavior and to prevent maladaptive child development, it is important to investigate whether volunteer-based, home-visiting programs lead to the desired changes (Powella, 2013). One of such interventions is Home-Start, a volunteer-based program which aims to support and empower the mother and takes great care in doing so in line with mothers' needs (Frost, Johnson, Stein, & Wallis, 2000). The desired change is an improved maternal sense of competence with regard to parenting. The present study extends prior work (Asscher, Deković, Prinzie, & Hermanns, 2008; Asscher, Hermanns, & Deković, 2008; Deković et al., 2010; Hermanns, Asscher, Zijlstra, Hoffenaar, and Deković (2013)), by reporting on changes in self-reported and observed parenting and child behavior after participating in Home-Start in the Netherlands at 10 year follow-up.

In general, meta-analyses have found positive effects of home-visiting programs on maternal behavior (Filene, Kaminski, Valle, & Cachat, 2013; Nievar, Van Egeren, & Pollard, 2010; Sweet & Appelbaum, 2004). However, the effect sizes range from 0.14 (Sweet & Appelbaum, 2004) to 0.37 (Nievar et al., 2010) indicating that the effect sizes (Cohen's *d*) are small to medium and vary widely. Also, positive effects on child behavior outcomes were found to have small to medium varying effect sizes (MacLeod & Nelson, 2000; Sweet & Appelbaum, 2004). The varying effect sizes indicate that effects of parenting support programs may be program dependent (Filene et al., 2013; MacLeod & Nelson, 2000; Sweet & Appelbaum, 2004). Furthermore, programs aimed at parents may need longer follow-up periods before results on child development can be seen (Gray & McCormick, 2005). Therefore intervention specific studies that investigate long term effects may be more informative.

The intervention investigated in the current study is Home-Start. Home-Start describes itself as “An organization in which volunteers offer regular support, friendship and practical help to young families under stress in their own homes, helping to prevent family crisis and breakdown” (Frost et al., 2000). The intervention is aimed at families who have at least one child under the age of 6 and experience difficulties

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in family life or childrearing. The underlying idea of Home-Start (as with many other parenting programs) is that by empowering mothers, a chain of change is activated. By empowering mothers a) maternal competence increases, which will result in b) more effective parenting, which, in turn, is supposed to result in c) a decrease in child behavior problems. Eventually this is supposed to result in more optimal development.

Previous research on Home-Start in the United Kingdom shows a positive effect on maternal well-being for 64% of the participants, and improved parenting confidence for 51% of the participants (Frost et al., 2000). However, McAuley, Knapp, Beecham and McCurry (2004) as well as Barnes, Senior and MacPherson (2009) have found no evidence for enhanced parenting that could be attributed to Home-Start. In earlier articles of Home-Start in the Netherlands, positive changes were reported immediately after intervention for the parenting behavior on the dimensions consistency (structure) and sensitivity (warmth) for families who received Home-Start (Asscher, Hermanns, et al., 2008). At six months follow-up, Asscher, Deković, et al. (2008a) reported that of those families the ones who were worst off initially were most likely to show a reliable change, and the families who were best off before were more likely to show clinical recovery. Deković et al. (2010) found that maternal sense of competence of parenting practices mediated the link between Home-Start and improved parenting behavior, in the period from pretest to 1 year after the program started. Participation in Home-Start was related to a significant improvement in parental sense of competence, which in turn predicted improvements in parenting. At 3.5 year follow-up positive effects for child behavior were found, that is, a decrease in externalizing problem behavior as well as on internalizing behavior problems (Hermanns et al., 2013). However, for externalizing problem behavior, this change was also seen in the comparison group. The research group concluded that multi-informant assessment would be more convincing for assessing change after participation in Home-Start.

The present study expands on previous studies of Asscher, Deković, et al. (2008), Asscher, Hermanns et al. (2008), Deković et al. (2010) and Hermanns et al. (2013) by including two more measurement waves until 10.6 years after the first measurement occasion, with observational data at 8.8 years after the first measurement occasion. To our knowledge, this is the first follow-up study evaluating a volunteer-based home-visiting parent support program examining such a long-term follow-up period, providing the opportunity to test the assumption that parenting support indeed promotes more optimal development on the long run. To test whether the healthier development has occurred, components of the supposed chain of changes are investigated, i.e. maternal feelings of competence, parenting behavior and child behavior. First, by empowering mothers it is suggested that mothers show an increase in feelings of competence. According to the self-efficacy theory of Bandura (1997) people who regard themselves as more efficacious, think and act differently from those who regard themselves inefficacious. Therefore, by increasing feelings of competence about parenting, parenting behavior is supposed to improve. The link between the sense of competence and the actual parental behavior is well established (Jones & Prinz, 2005). Parenting behavior can be described in terms of the six dimensions warmth, rejection, structure, chaos, autonomy support and psychological control (Skinner, Johnson, & Snyder, 2005). Warmth, structure and autonomy support are related to healthy child development whereas rejection, chaos and psychological control are related to development of child problem behavior (Aunola & Nurmi, 2005; Laukkanen, Ojansuu, Tolvanen, Alatupa, & Aunola, 2014; Skinner et al., 2005). In the literature distinction is made between externalizing and internalizing problem behaviors. Internalizing problem behavior reflects problems within the self, such as emotional reactivity, anxiety, depression, somatic complaints without medical cause and withdrawal from social contacts, whereas externalizing problem behavior conflicts with other people and with their expectations for children's behavior represents (Achenbach & Rescorla, 2000). Thus, in order to examine whether the aims of Home-Start are realized, changes in the feelings of competence, parenting behavior and child behavior are investigated. Parenting and child behavior are measured with self-reports as well as observations on five of the seven measurement occasions. We expected that the improvements made during the intervention period further improved or were sustained from three years to ten years after the Home-Start intervention.

2. Method

2.1. Participants

The current quasi-experimental design involved three groups: a Home-Start group ($n = 59$ mothers), a comparison group of mothers who experienced similar stress levels or reported need for support ($n = 56$ mothers), and a community group with no stress levels or reported need for support ($n = 36$ mothers) (for a more elaborate discussion on the method used, see Hermanns et al., 2013). In total, 151 mothers were assigned to participate. Only mothers were included since the intervention mainly addresses mothers.

The Home-Start participants were recruited by local coordinators of 26 Home-Start centers. In general, families can approach Home-Start through health clinics, social workers, child protection services, and self-referral. After enrollment, a local coordinator visits the family for an appointment, and matches the family with a suitable volunteer. The volunteers have attended a 3-day training program in which they were trained to be supportive in a non-directive way. In addition, the volunteers receive supervision once a month and attend a training day twice a year. After a match is made between the family and the volunteer, the volunteer visits the family once a week, adjusting the service to the mothers' needs, as indicated by the mother. These services cover different kinds of support: emotional support (e.g. listening to the mother's problems and comforting her); instrumental support (e.g. baby-sitting, helping the mother with household); and informational support (e.g. helping mothers to find community services or to fill out forms). Each center provided 2–5 participants. Families received Home-Start for a period of on average 7 months ($SD = 1.68$ months). The mean number of visits per month was 3.49 ($SD = .82$) with an average duration of 2.4 h ($SD = .46$). The intensity of the intervention in the sample was comparable to the way Home-Start is conducted commonly in The Netherlands (De Bruyn, Galama, & Thomas, 2013).

The comparison and community groups were recruited through child health centers in a region where Home-Start was not (yet) available. A thousand mothers with a child in the relevant age group were sent a short questionnaire assessing parental stress (Dutch version subscale parental stress of Parenting Stress Index-Short Form; De Brock, Vermulst, Gerris, & Abidin, 1992). In addition, the following questions were asked: "Do you need support regarding parenting every now and then?" (Yes/No), "If this support were to come from a volunteer who'd come to support you three hours each week, would you make use of this service?" (Yes/No), "How often do you find your child to be more difficult than other children?" (score ranging from (1) *hardly ever* to (4) *almost always*). From the returned questionnaires ($n = 375$) the comparison group was selected. The two criteria used to include families in this group were: (a) parental stress levels above the normed mean for non-clinical groups as assessed by the Parenting Stress Index ($M \geq 2.48$) or (b) at least two of the three additional questions answered in ways that indicate stress or need for support or both. The community sample was randomly selected from the rest of the families.

Demographic characteristics of the three groups are presented in Table 1. No differences between the Home-Start group and comparison group were found for age of the child, gender of the child, ethnicity, number of children and health problems. However, Home-Start mothers were significantly younger, had experienced more life events, had a