



## Early detection of parenting and developmental problems in young children: Non-randomized comparison of visits to the well-baby clinic with or without a validated interview



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### ABSTRACT

**Objective:** Determine whether the early detection of parenting problems and developmental problems in young children improves with the help of a validated structured interview.

**Design:** Non-randomized controlled trial held from December 2006 until January 2008.

**Setting:** Preventive child health care services in the Netherlands.

**Participants:** 4438 eligible 18-month-old children and their parents.

**Interventions:** A visit to the well-baby clinic with and without (usual care) the use of a validated structured interview for the early detection of parenting problems and developmental problems in young children: the Structured Problem Analysis of Raising Kids.

**Outcome measures:** The primary outcome consists of the difference in the number of 18-month-old children with high or increased risk for parenting and developmental problems. Secondary outcomes are the differences in care needs as expressed by child health care nurses, the percentage of parents and other children of the family attending, follow-up actions, the scores of parent report questionnaires and the time needed for the consultation. Data were analyzed by means of ordinal regression with propensity score adjustment.

**Results:** Certain discrepancies were noticed: during usual care visits, nurses found fewer children with high (1.2 versus 2.6%) or increased risk (14.5 versus 20.7%) than during visits in which the Structured Problem Analysis of Raising Kids was used ( $p = 0.002$ ), but they also indicated that more help was needed. Conversely, no additional contacts were advised for 25% of the children whom the nurses in the care-as-usual group labelled as high risk, while all high-risk children visited with the Structured Problem Analysis of Raising Kids received additional contacts.

Abbreviations: CHC, child health care; SPARK, Structured Problem Analysis of Raising Kids; ARCAN, Advice and Reporting Centres for Child Abuse and Neglect; ASQ, Ages and Stages Questionnaire; ASQ:SE, Ages and Stages Questionnaire: Social Emotional; NOSIK, Nijmeegse ouderlijke stress index – kort (Dutch version of the short Parenting Stress Index).

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**Conclusions:** The Structured Problem Analysis of Raising Kids, a validated structured interview, improves the early detection of parenting and child-developmental problems in young children, compared to regular visits without an instrument. Structuring the collection of information about parents' concerns and care needs gives nurses information beyond their professional viewpoint and results in joint decisions that better match parental care needs and risk levels determined.

**Trial registration:** [www.trialregister.nl](http://www.trialregister.nl). Identifier: NTR1413.

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### What is already known about the topic?

- The early detection of parenting and child-developmental problems is of vital importance.
- Using valid and reliable screening tools and highly structured interviews may improve the identification of problems and reduce current judgement variation between nurses.
- The Structured Problem Analysis of Raising Kids (SPARK) is a valid and reliable structured interview tool for the early detection and assessment of parenting and/or developmental problems in young children.

### What this paper adds

- The SPARK improves the early detection of parenting and child-developmental problems in young children, compared to care as usual.
- The SPARK gives nurses valuable information beyond their professional perspectives and creates opportunities for joint decision making that matches better with parents' care needs and risk levels.
- With the SPARK, all children with increased and high risks are offered referrals or follow-up care, in contrast to usual care.

## 1. Background and aims

In most countries, the early detection of parenting, health, psychosocial and developmental problems is an important part of preventive child and youth health care services (CHC) (Bricker et al., 2004; Commissie evaluatie basistakenpakket JGZ, 2013; Department for CSF, 2009; Hermanns et al., 2005; Hertzman et al., 2010; Moran et al., 2004). In the Netherlands, the law stipulates that early problem detection and assessing the care needs of families should be part of the national standard set of CHC tasks (Ministerie van VWS, 2002, 2013).

In the Dutch CHC system, all children from birth onwards to adolescence are invited for regular check-ups held at pre-determined intervals. During these check-ups, their development and growth are monitored, there is room for questions from parents, and the CHC nurses and doctors offer preventive advice. CHC nurses are expected to assess parents' care needs, clarify the problems experienced by parents, explain to them what is part of normal development and make a risk assessment of parenting and developmental problems, usually with the options 'at risk' and 'not at risk'. However, no guidelines are given as to

how the early detection of problems and the assessment of care needs and possible risks should be carried out.

To improve current practice, we have developed and validated a structured interview that assesses the care needs of parents of young children, enabling joint decisions about any further care and the formulation of an assessment in three categories: low risk, increased risk or high risk for parenting and developmental problems. This instrument, the Structured Problem Analysis of Raising Kids (SPARK) (Staal et al., 2011, 2013; van Stel et al., 2012), uses both the experiences of parents and the perspective of the CHC nurse. Our previous research has shown that the SPARK is a suitable instrument for the combined task of early problem detection and the assessment of parents' care needs (Staal et al., 2011, 2013; van Stel et al., 2012).

To assess whether the SPARK offers added value to usual care, we set up a study comparing regular visits to the well-baby clinic with visits using the SPARK. We assumed that the structured interviewing of parents about parenting issues and child development would result in a better detection of children at risk for parenting and developmental problems, compared to regular consultations without the use of a structured interview. Furthermore, we investigated populations in terms of care needs as expressed by parents and CHC nurses and in terms of parent-reported child development and parenting stress.

## 2. Methods

### 2.1. Study design

We performed a non-blinded, non-randomized trial study, set in the daily practice of CHC, to compare visits to the well-baby clinic by parent and child with and without an instrument for the early detection of problems in parenting and child development. We opted for children aged 18 months, for two main reasons: at that age, children are in a transitional phase from baby to toddler, and in the Netherlands all children at that age are invited for regular consultations at the well-baby clinic. The main goals of these visits are to check the development of the child, to assess the risk for parenting and developmental problems and to plan further care if needed. To minimize potential bias, all children who reached the age of 18 months during the study period in the participating areas were eligible for participation in our study. On a monthly basis, these children were identified in the municipal population registries; this was done by an independent practice assistant from each participating CHC organization.

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