



Stevig Ouderschap

From OKé to Supportive Parenting

Primary prevention of parenting problems
in the Netherlands

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Partnerships

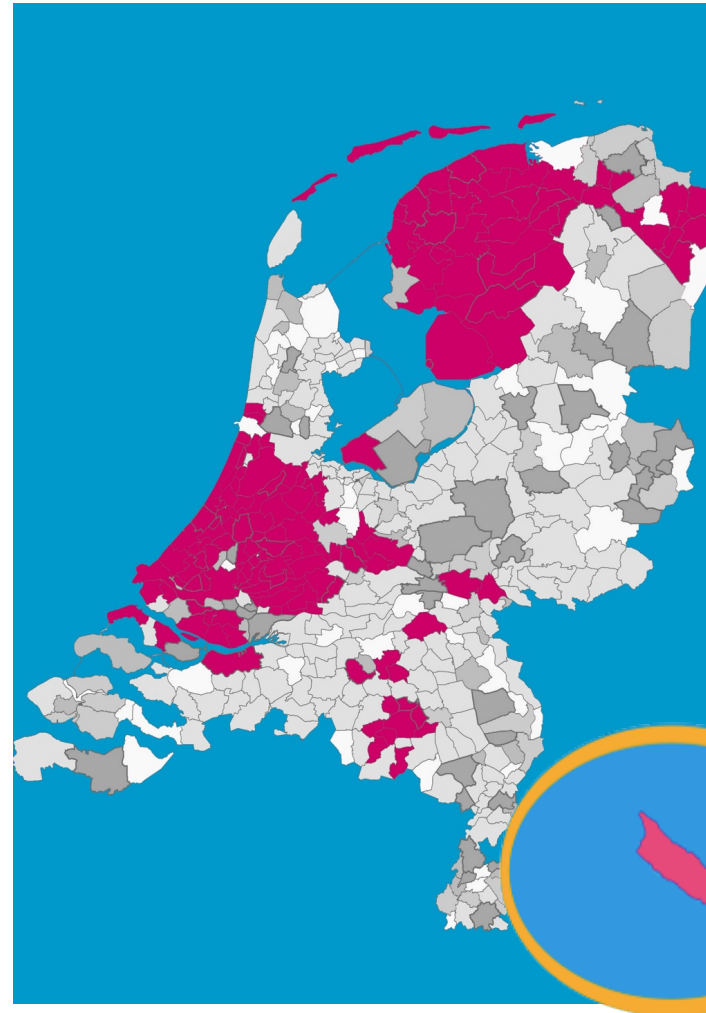
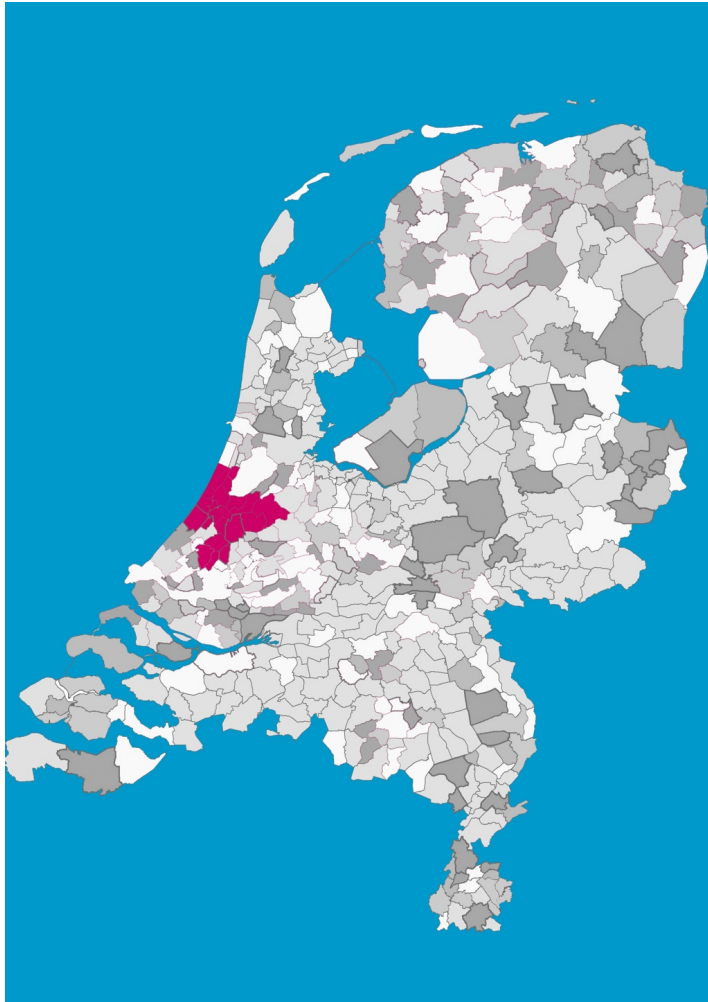
- *In research:*
 - Pediatrics
 - Clinical epidemiology
 - Educational Science (Orthopedagogy)
- *In practise:*
 - Youth Healthcare Nurses
 - A host of providers of care and support
 - Parents!



OKé/Supportive parenting

- **Aim:** *to prevent parenting problems/child maltreatment in at-risk parents with a (first) child age 0-2*
- **Means:**
- Questionnaire for parents with newborns to determine risks
- Approximately six home visits by trained nurses

10 years...





What I would like to share

- Original research project (2001-2005)
 - ✓ Selection-process
 - ✓ Process-evaluation
 - ✓ Effect-evaluation
- Pre-implementation and national implementation



Project overview

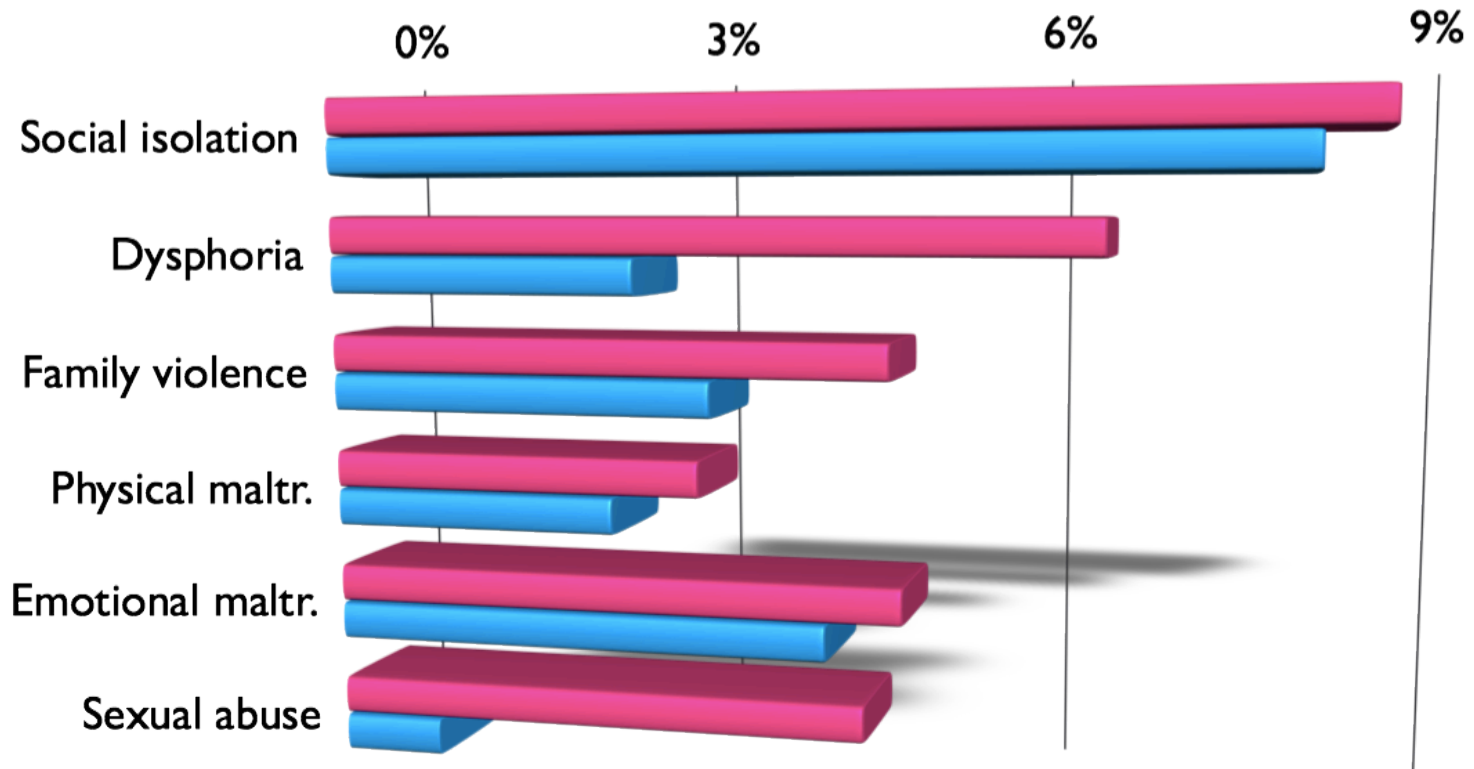
- Dutch 'Centers for Parent & Child Care' reach 98%
- First contact within 14 days: screening questionnaire
- Home visits in families at risk: 6 visits / 18 months by specially educated nurses
 - Proces-evaluation amongst nurses and parents (18 months)
 - Effect-evaluation amongst parents: 6 weeks (baseline) 12 and 24 months



Questionnaire

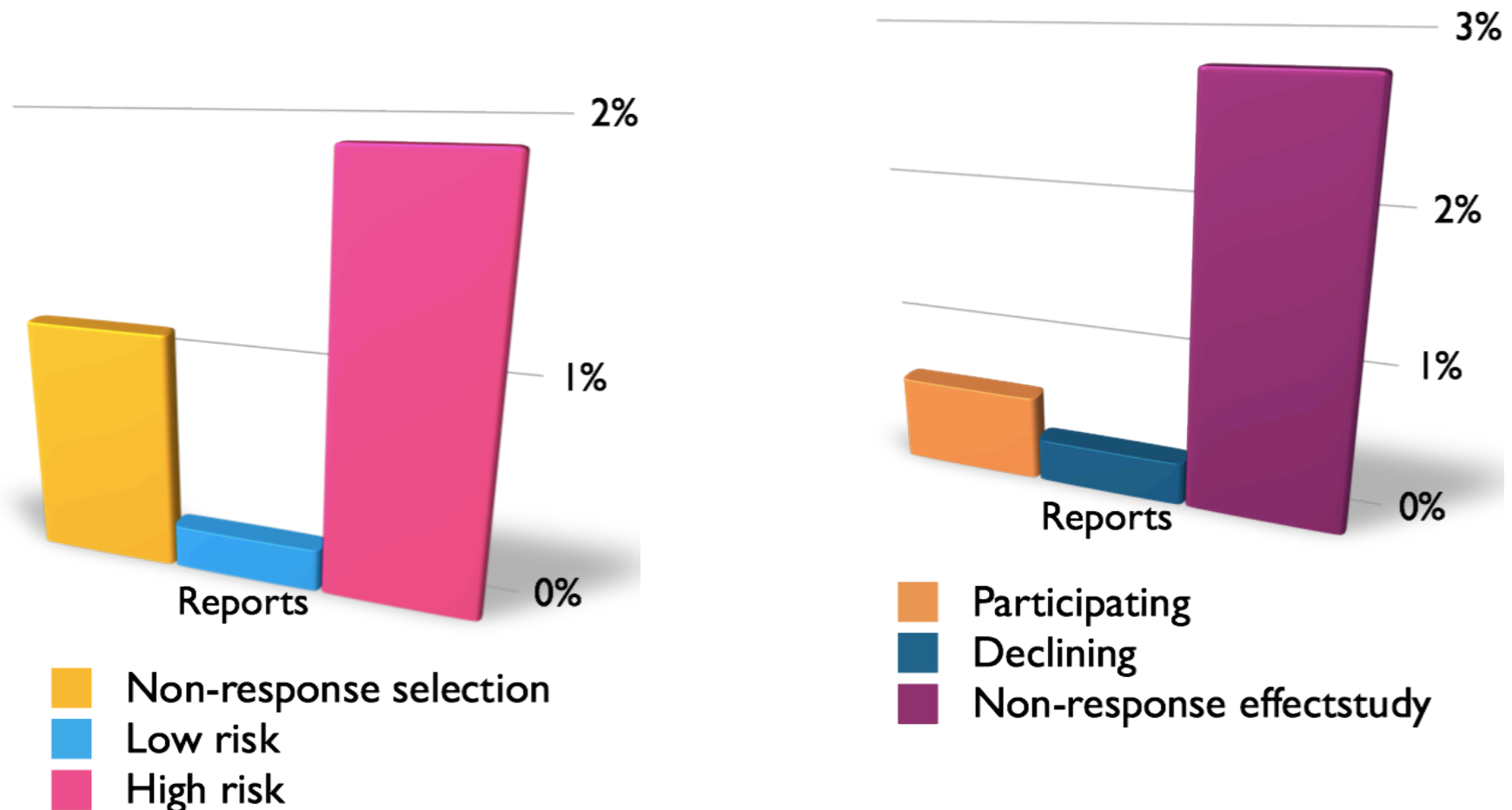
- Theory-based
 - Risk factors: ecological perspective (Belsky) with focal points on 'parental awareness' (Newberger/Baartman) and social context
- Subjective experiences
- Nurses' concern

Risk factors



■ Mother
■ Father

Maltreatment reports





The intervention: focus

- The influence of the parental developmental history upon their parenting functioning
- The quality and quantity of the family Social Support System
- The parental child rearing conceptions and expectations regarding childhood development

Sample OKé



8899 parents
with newborns



7419 (partial)
questionnaires
returned (83%)



1263 families
at risk (17%)



500 families
participating in
RCT (40%):
238 (I)/ 262 (C)



Maintained
after 2 years
I: 218 (92%)
C: 251 (96%)



Process Evaluation

- Home Visits
 - Number and Dispersal of visits, Duration of each visit
- Parental Satisfaction
 - Programming of Visits
 - Contents of Visits
- *Variation*
 - *First child, level of education, ethnicity, number of risk factors, number of stressors*



Sample Home Visits

Intervention group	238	
Program completed (av. 6,2 visits)	218 (92%)	6 visits as planned: 67% 5 visits: 10% 7-10 visits: 23%
Evaluation questionnaire returned	208 (95%)	
Dropped out	20 (8%)	Reasons: Not enough time (8) Too much on their mind (5) Relocation (4) Enough other support (3)

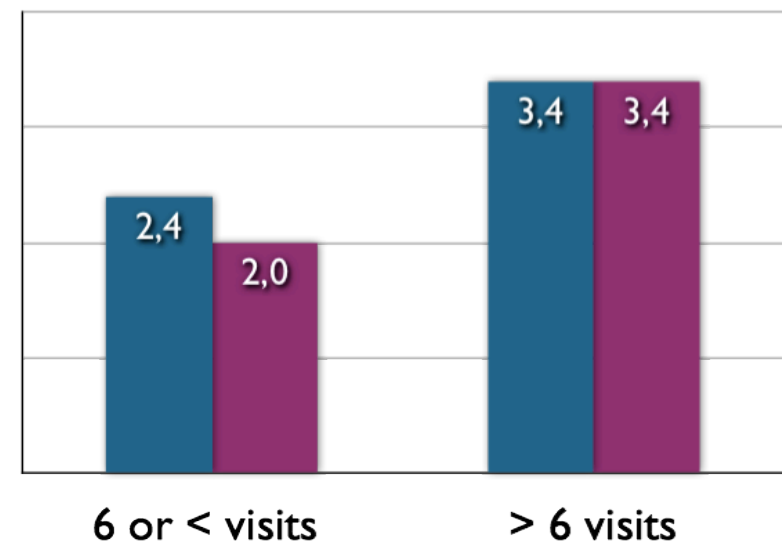
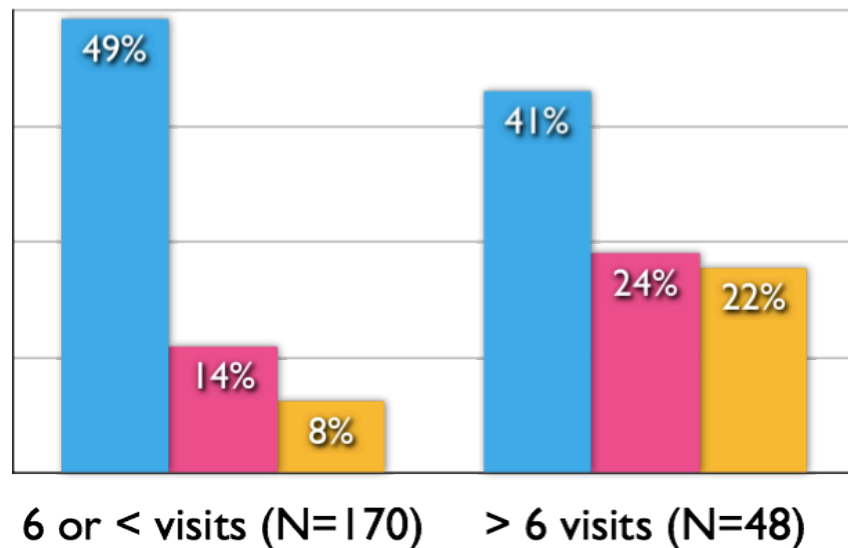
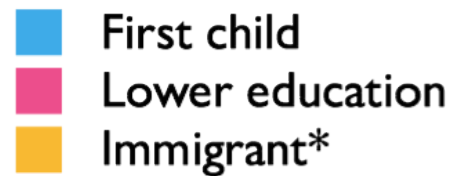


Home Visits

Dispersal and Duration

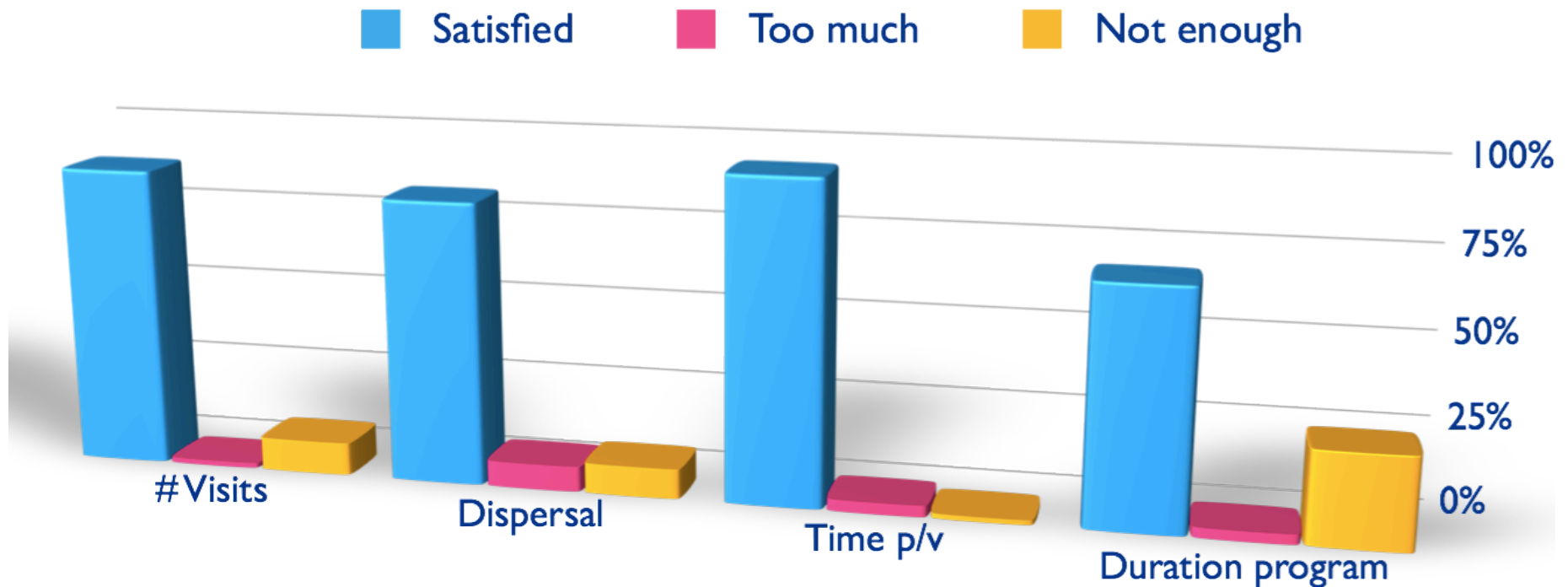
	<i>Planned dispersal</i>	<i>Actual dispersal</i>	<i>Planned duration</i>	<i>Actual duration</i>
1st visit	<i>1,5 months</i>	2,3 months	<i>75 minutes</i>	110 minutes
2nd visit	<i>3 months</i>	3,9 months	<i>75 minutes</i>	101 minutes
3rd visit	<i>6 months</i>	6,9 months	<i>75 minutes</i>	99 minutes
4th visit	<i>9 months</i>	10,1 months	<i>75 minutes</i>	99 minutes
5th visit	<i>12 months</i>	12,3 months	<i>75 minutes</i>	96 minutes
6th visit	<i>18 months</i>	18,6 months	<i>75 minutes</i>	89 minutes

Variation I: *number of visits*



** $p < .001$ * $p < .01$

Parental satisfaction





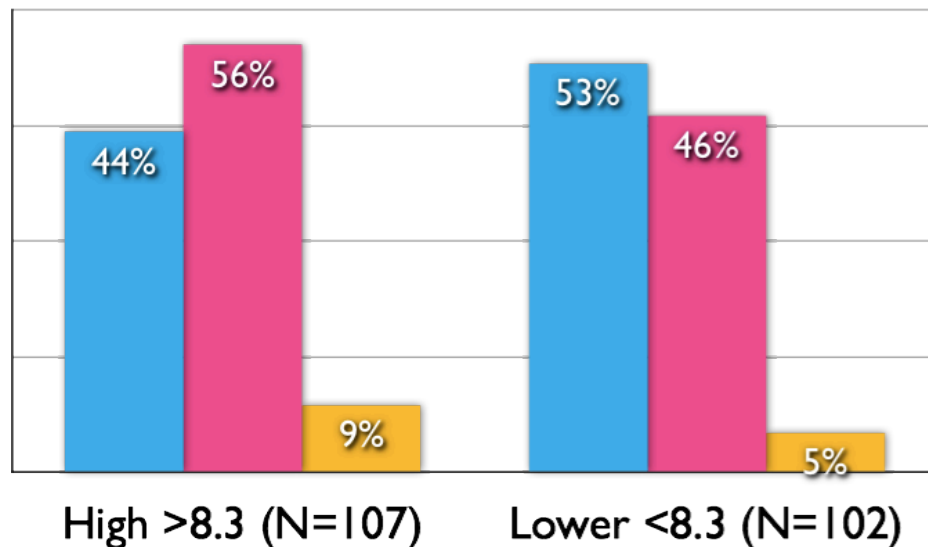
Parental Rating

	Grade (1-10)
Personal Support	8,5
Information & Advice	8,4
Time & Attention	8,8
Fit to individual family	8,3
Bond with visiting Nurse	8,7

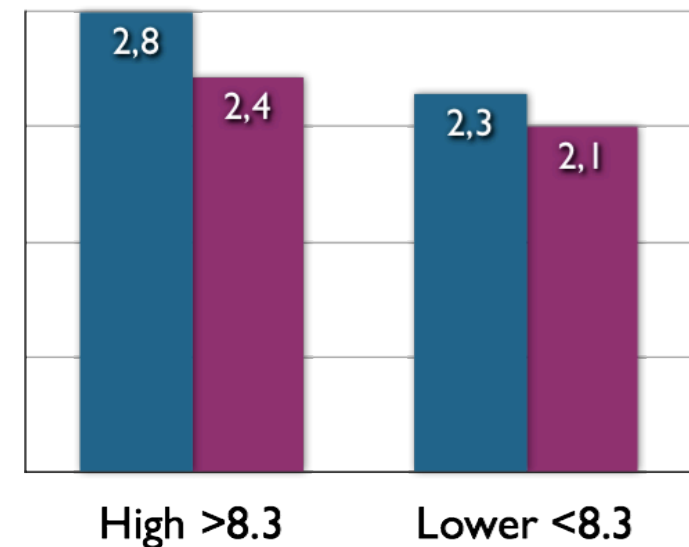
Variation 2:

parental satisfaction

■ First child
■ Lower education
■ Immigrant*



■ # Risk factors
■ # Stressors*



** $p < .001$ * $p < .01$



Conclusion

- Results of program evaluation:
 - Client retainment and evaluation response are high
 - Implementation partially successful
 - ✓ More visits for high risk, stressed and immigrant mothers
 - Parents highly satisfied
 - ✓ Especially stressed and immigrant mothers
- Partially subjective data - consider possible bias
 - Hawthorne effect, subject bias



Effect-evaluation

- Parental measurements
 - Child Abuse Potential (CAPI)
 - Child Social/Emotional/Developmental Problems

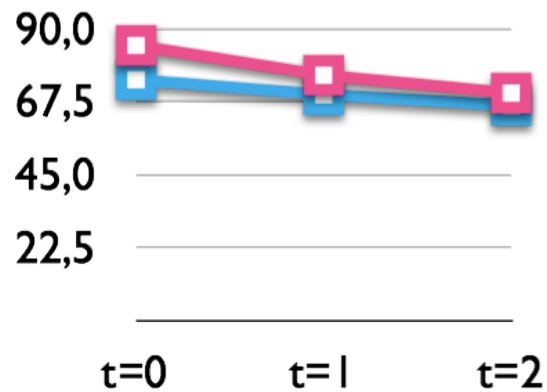


Statistical analysis

- Simple regression controlling for baseline
- Calculation of effect size (ES)
- Reliable Index of Change (transformation of scores to new scale indicating clinically significant change in subject)

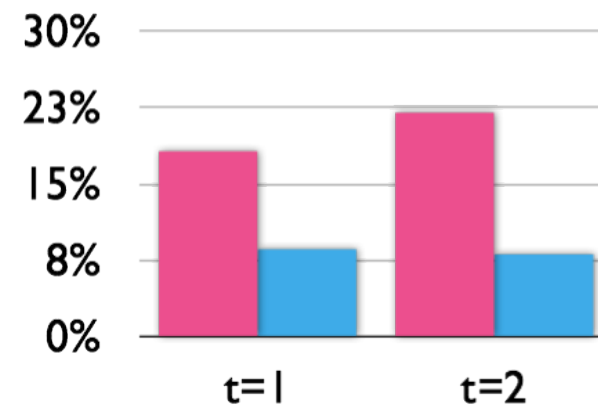
Abuse Potential

Regression analysis (NS)
Effect Size = 0.50



Intervention
Controls

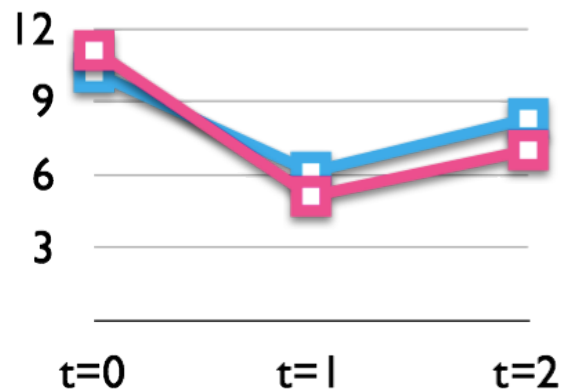
Reliable Index of Change
% improvement



Intervention
Controls

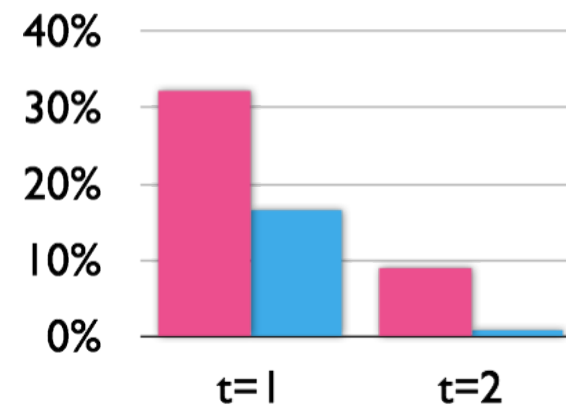
Child Development

Regression analysis (sign)
Effect Size = 0.53



Intervention
Controls

Reliable Index of Change
% improvement



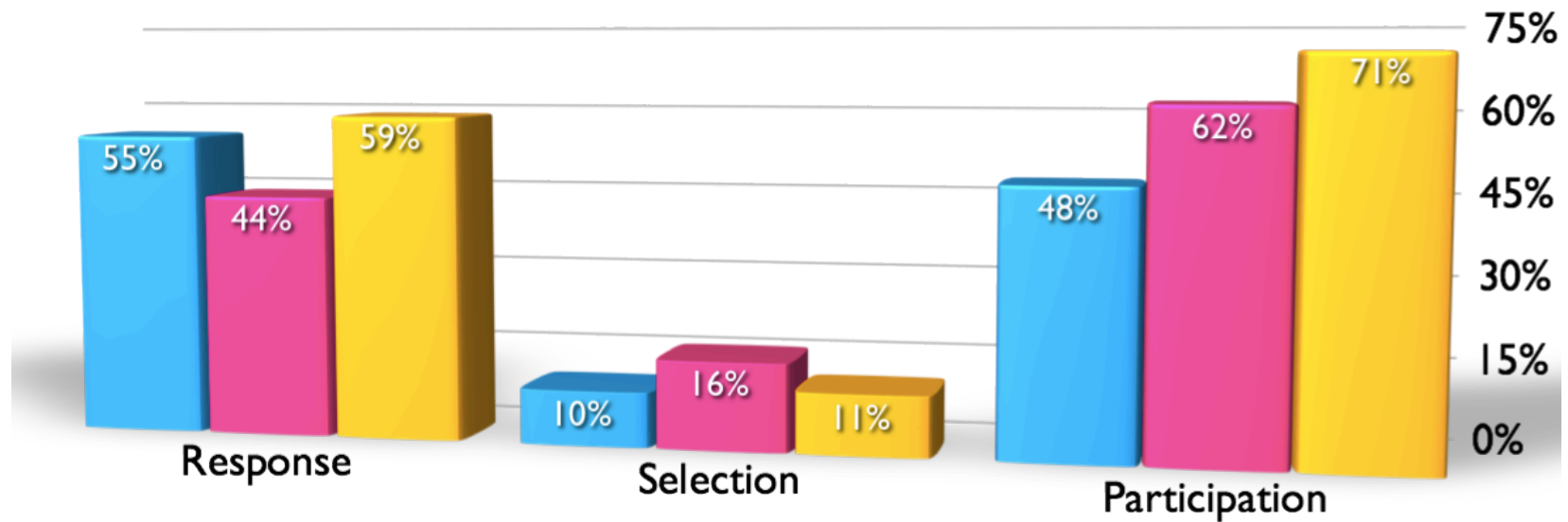
Intervention
Controls



Conclusion

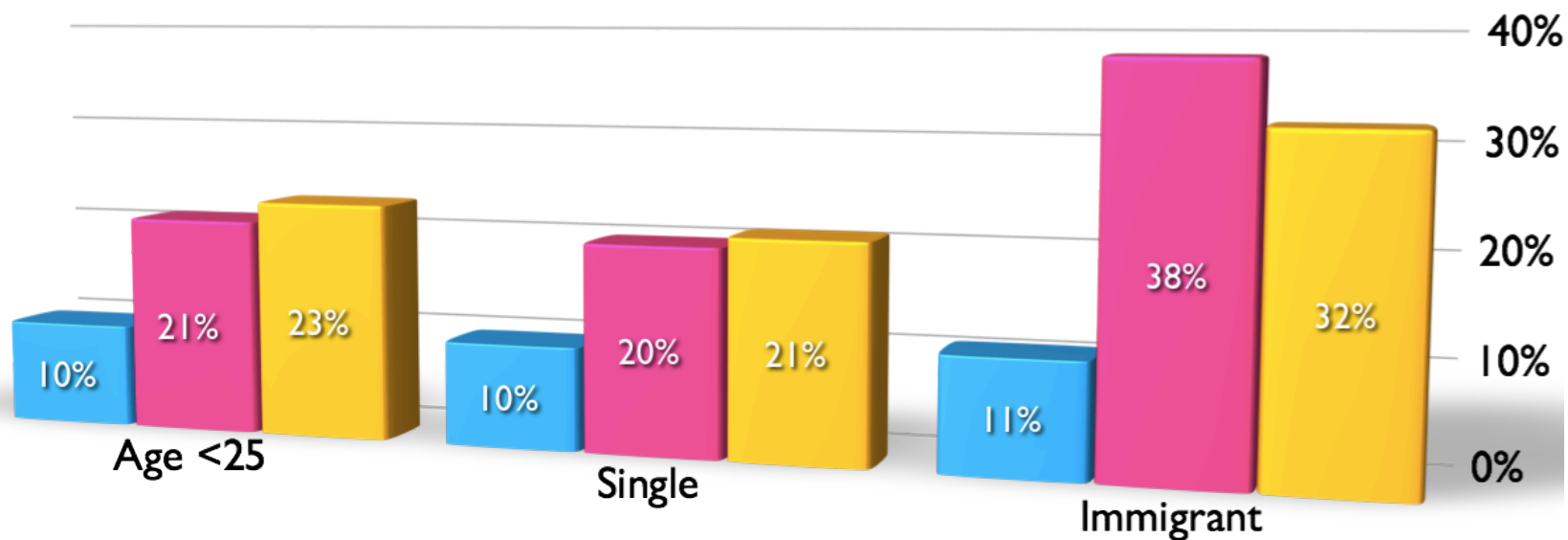
- Moderate effect sizes
 - Consistent with earlier research
- Proper instruments?
- Long term effects?

Research v practise



- RCT OKé
- Pre-implementation
- Nation-wide

Population in research v practise



- RCT OKé
- Pre-implementation
- Nation-wide



- *“Please continue this program, it is liberating to discuss one’s problems in the safety of one’s own home. I am now seeing a psychologist which has very positive consequences both for me personally and for my family as a whole.”*