

The Solid Parenting intervention

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The hypotheses of this study are that parents at increased risk of parenting problems who receive the intervention Solid Parenting ("Stevig Ouderschap") during the first 18 months after childbirth, will enhance their social support network and...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON22427

Bron

NTR

Aandoening

Parenting problems; Empowerment

Ondersteuning

Primaire sponsor: Erasmus Medical Center, Department of Public Health

Overige ondersteuning: ZonMw, The Netherlands Organization for Health Research and Development

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Social support (parent), measured by the five subscales (problems in parent-child relation, problems with parenting, depressive moods, role limitation and health problems) of the Parenting Stress Questionnaire (in Dutch: Opvoedingsbelasting vragenlijst) (Vermulst et al., 2011) & the five subscales (basic care, parenting, social contacts, experience of own youth,

partner relation) of the Family Functioning Questionnaire (in Dutch: Vragenlijst Gezinsfunctioneren Ouders) (Veerman et al., 2011).

2. Parenting skills, measured by the five subscales (problems in parent-child relation, problems with parenting, depressive moods, role limitation and health problems) of the Parenting Stress Questionnaire (in Dutch: Opvoedingsbelasting vragenlijst) (Vermulst et al., 2011) & the five subscales (basic care, parenting, social contacts, experience of own youth, partner relation) of the Family Functioning Questionnaire (in Dutch: Vragenlijst Gezinsfunctioneren Ouders) (Veerman et al., 2011).

3. Self-sufficiency (parent), measured by the Questionnaire Empowerment (EMPO) parents, version 2.0 (in Dutch: Vragenlijst Empowerment (EMPO) ouders, versie 2.0) (Damen & Veerman, 2011)

4. Resilience (parent), measured by the Resilience Scale – Dutch Version/RS-NL (Portzky, 2008)

5. Behavioral and emotional problems of the child at 18 months (measured by the Child Behavior Checklist for ages 1½-5) (Achenbach & Rescorla, 2001)

Toelichting onderzoek

Achtergrond van het onderzoek

According to Youth Health Care professionals, 15% of all families with children under the age of 13 years deal with parenting problems (Zeijl et al., 2005). Of this 15%, 10% of families deal with light parenting problems, 4% deal with moderate parenting problems, and 1% deals with severe parenting problems. Severe parenting problems (e.g. child abuse or neglect) may lead to adverse physical and psychosocial health outcomes for children, both in the short and long run.

In this study the effectiveness of the intervention Solid Parenting (“Stevig Ouderschap” in Dutch) on the empowerment of parents of newborn children who are at increased risk of parenting problems, is evaluated.

The intervention aims to prevent parenting problems among parents of newborn children. The study questions are:

1. What are the effects of the intervention Solid Parenting on the empowerment of parent(s)/caregiver(s) who are at risk of parenting problems, in terms of:

A. Social support;

B. Parenting skills;

C. Self-sufficiency;

D. Resilience

2. Which parent, child and nurse characteristics are related to the effects of the intervention Solid Parenting on the empowerment of parent(s)/caregiver(s) who are at risk of parenting problems.

3. Which factors promote/hinder a broader implementation (e.g. among parents with older children, during pregnancy, among ethnic groups) of the intervention Solid Parenting.

This study consists of two parts. In part one a controlled trial is performed to investigate a) the effectiveness of the intervention Solid Parenting on the empowerment of parent(s)/caregiver(s) who are at risk of parenting problems in terms of social support, parenting skills, resilience and self-sufficiency, and b) which parent, child and nurse characteristics are related to the effects of the intervention Solid Parenting on the empowerment of parent(s)/caregiver(s) who are at risk of parenting problems.

In part two interviews and focus groups are performed to investigate the factors that promote/hinder a broader implementation (e.g. among parents with older children, during pregnancy, among ethnic groups) of the intervention Solid Parenting.

Part 1: Controlled trial

The first part of the study is a controlled trial. Two Youth Health Care Centers (CJG Rijnmond and Rivas Zorggroep) providing youth health care to parents and children living in two regions of the Netherlands participated in this study.

Nineteen of the 27 locations of the Youth Health Care center CJG Rijnmond participated as intervention group. These locations offer the intervention Solid Parenting to parents at risk of parenting problems as part of their regular youth health care.

The location Goerree-Overflakkee of Youth Health Care center CJG Rijnmond and all 19 locations of the Youth Health Care center Rivas Zorggroep participated as control group. At these locations of both centers regular youth health care is offered to parents; the intervention Solid Parenting to parents at risk of parenting problems is not part of this regular care.

Between January and September 2014 all parents living in the regions of the participating Youth Health Care centers giving birth to a child were invited to participate in the study.

Intervention group

A Youth Health Care nurse visits parents at home during the regular well-child visit 5-14 days after childbirth. During this visit the Youth Health Care professional together with the parents completes a risk assessment (the Solid Parenting Questionnaire) to evaluate whether parents are at risk for parenting problems. The Solid Parenting Questionnaire consists of questions about:

- Risk factors of the parent(s)/caregiver(s) (drug and/or alcohol use; negative feelings towards pregnancy; pregnancy <19 years of age)
- Risk factors in the context of the parent(s)/caregiver(s) (single parent; social isolation; premature child)
- Other relevant risk factors of the parent(s)/caregiver(s) (e.g. experience of violence in parents' own youth; psychiatric disorders)
- Risk factors observed by the Youth Health Care nurse

A risk score is calculated from the Solid Parenting Questionnaire and at-risk parents are offered the intervention Solid Parenting and invited to participate in the study. The Youth Health Care nurse informed parents about the study and handed an information leaflet, first questionnaire and an informed consent form. Parents are requested to return the signed consent form and the questionnaire to the researchers in a pre-paid envelope.

The intervention Solid Parenting consists of six additional home visitations during the first 18 months after childbirth and focusses on the following elements of parental empowerment:

- 1) Activating social networks;
- 2) Increasing parenting skills;
- 3) Supporting parent(s)/caregiver(s) in getting grip on their own life.

A preventive Youth Health Care nurse provides the intervention. The home visitations are approximately 90 minutes each. During the home visitations the Youth Health Care professional aims to increase parental awareness with regard to the impact of the factors assessed in the Solid Parenting Questionnaire, on parents' current daily life. Herefore, different topics can be discussed, for example how parents can cope with the impact of their own developmental history, expectations parents have with respect to the development of

their child, and available specialized professional care (e.g. social work or medical care) to help the family with relevant issues.

Control group

In the control group all parents also receive the regular well-child visits by a Youth Health Care nurse 5-14 days after childbirth. The Youth Health Care nurse informed parents about the study and handed parents an information leaflet, the first questionnaire of the study, and an informed consent form during this well-child visit. Parents are requested to return the signed consent form and the questionnaire to the researchers in a pre-paid envelope. This first questionnaire also contained the Solid Parenting Questionnaire from which the researchers could compute the risk score to identify the parents eligible to participate in the control group of the trial.

Parents in the control group in the study receive 'care-as-usual' as provided by the Youth Health Care Centers. Care-as-usual consists of regular well-child visits offered by preventive Youth Health Care at set ages (12 well-child visits in the first 18 months after childbirth). During these regular well-child visits the child's growth and development is monitored and common advices regarding parenting, development and growth of children are given (e.g. oral information and generic information leaflets).

Data collection

Data from parents in both research groups will be collected at child age 1-3 months (i.e. baseline), a brief questionnaire at age 12 months, and 18 months (i.e. follow-up). Parents receive self-report questionnaires assessing demographic characteristics and outcomes. Additionally, nurse factors (e.g. personal and work related) and the working alliance between parent and nurse are assessed by self-report questionnaire.

Part 2: Qualitative research

In addition to the controlled trial, focus group interviews and interviews are performed with both Youth Health Care professionals and parents who receive or have received the intervention Solid Parenting.

Parents will be interviewed about which aspects of the Solid Parenting intervention they appreciated and which aspects should be further improved. Similar issues will be discussed with Youth Health Care professionals. Furthermore, Youth Health Care professionals will discuss opportunities and obstacles to broader implement the intervention Solid Parenting (e.g. among parents of different subgroups, older children).

Doel van het onderzoek

The hypotheses of this study are that parents at increased risk of parenting problems who receive the intervention Solid Parenting (“Stevig Ouderschap”) during the first 18 months after childbirth, will enhance their social support network and parenting skills, increase their self-sufficiency and strengthen their resilience compared to at risk parents receiving care-as-usual, and additionally their children will have less parent-reported behavioral and emotional problems.

Onderzoeksopzet

Time points of the measurements:

1. At child age circa 1-3 months (questionnaire: social support, parenting skills, self-sufficiency and resilience. Subscales of the Parenting Stress Questionnaire and Family Functioning Questionnaire not applicable for newborn children were excluded: ‘problems with parenting’ and ‘parenting’. Questions of the Questionnaire Empowerment not applicable for newborn children were excluded: item 9-11, 20, 26);
2. At child age 12 months (questionnaire: temperament of the child);
3. At child age 18 months (questionnaire: primary outcomes).

Onderzoeksproduct en/of interventie

In this study the effectiveness of the intervention Solid Parenting (“Stevig Ouderschap” in Dutch, www.stevigouderschap.nl) on the empowerment of parents who are at increased risk of parenting problems, is evaluated.

The intervention Solid Parenting aims to reduce the risk of parenting problems. Parents/caregivers of newborn children, who are at risk of parenting problems, based on an assessment of risk factors “the Solid Parenting Questionnaire”, are offered the intervention. The Solid Parenting Questionnaire consists of questions about:

- Risk factors of the parent(s)/caregiver(s) (drug and/or alcohol use; negative feelings towards pregnancy; pregnancy <19 years of age)
- Risk factors in the context of the parent(s)/caregiver(s) (single parent; social isolation; premature child)

- Other relevant risk factors of the parent(s)/caregiver(s) (e.g. experience of violence in parents' own youth; psychiatric disorders)
- Risk factors observed by the Youth Health Care professional

The intervention Solid Parenting consists of six additional home visitations during the first 18 months after childbirth and focusses on the following elements of parental empowerment:

- 1) Activating social networks;
- 2) Increasing parenting skills;
- 3) Supporting parent(s)/caregiver(s) in getting grip on their own life.

A preventive Youth Health Care professional provides the intervention. The home visitations are approximately 90 minutes each. During the home visitations the Youth Health Care professional aims to increase parental awareness with regard to the impact of the factors assessed in the Solid Parenting Questionnaire, on parents' current daily life. Herefore, different topics can be discussed, for example how parents can cope with the impact of their own developmental history, expectations parents have with respect to the development of their child, and available specialized professional care (e.g. social work or medical care) to help the family with relevant issues.

The parents in the control group in the study receive 'care-as-usual' provided by the Youth Health Care professionals. Care-as-usual consists of the regular well-child visits offered by the preventive Youth Health Care at set ages (12 checks in the first 18 months after childbirth). During these regular well-child visits the child's growth and development is monitored and common advices regarding parenting, development and growth of children are given (e.g. oral information and generic information leaflets). If needed, parents can be referred to specialized professional care (e.g. social work or medical care).

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Parents in the intervention group as well as the control group are eligible for participation in this study if they have a child born between January 2014 and September 2014 and are at increased risk of parenting problems (based on an assessment of risk factors “the Solid Parenting Questionnaire”).

Parents who have received the intervention Solid Parenting and Youth Health Care professionals who provided the intervention Solid Parenting are eligible to participate in an interview or focus group interview.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Parents should be able to read and understand the basics of the Dutch language, because questionnaires used in the study, are in Dutch.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel:	Parallel
Toewijzing:	Niet-gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-12-2013
Aantal proefpersonen:	150
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	16-07-2015
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL5167
NTR-old	NTR5307
Ander register	ZonMw project number : 729111003

Resultaten

Samenvatting resultaten

N/A