

Home Visiting and Group-Based Parenting Interventions

Purpose

The purpose of this evidence brief is to outline the available evidence on specific mental health promotion interventions delivered in the early years focusing on the zero to six age range. Although there are a range of early years interventions, home visiting and group-based parenting interventions were identified as priority areas for the purposes of this evidence brief through the expertise of the Mental Health Promotion, Prevention and Early Intervention Working Group. These interventions were also selected as evidence demonstrates high-return on investment in these areas. This brief presents the parental and child outcomes of these interventions, as well as the components of effective programming, as outlined in the literature.

The evidence presented in this brief can be used to inform policy and practice decisions, to promote the mental health of infants and children in the province, in support of Phase Two of Ontario's Mental Health and Addictions Strategy.

Main Messages

- Early years programs to support parent-child interaction and child development help set lifelong well-being.
- Home visiting interventions in the early years improve maternal mental health and parent-child interaction.
- Components associated with effective home visiting include: targeting populations that experience social disadvantage, utilizing appropriately and/or professionally trained home visitors, applying a clearly articulated theory of change, having more intensive programs, and teaching parents responsive parenting, behavior management and problem-solving.
- Group-based parenting interventions improve behavioral and emotional adjustment in children, reduce clinically significant child conduct problems and improve the mental health of parents in the short term.
- Components associated with effective group-based parenting programs include: teaching parents emotional communication skills, disciplinary consistency, positive interactions with the child in non-disciplinary ways, and requiring parents to practice new skills with their own child during sessions.
- Cognitively enhanced group-based parenting programs (standard intervention, with additional cognitive components included) are effective in improving child disruptive behavior and parental distress. Improvements were maintained at the three year follow-up.

Background

The first six years of a child's life is fundamentally important. The experiences children have during this period shape the brain and the child's capacity to learn, to get along with others, and to respond to daily stresses and challenges. Early brain development establishes a child's social competence, cognitive skills, emotional well-being, language, literacy skills, physical abilities and is a marker for well-being in school and life resiliency (Best Start, n.d.). Parents play a critical role in their child's development. Parents who are sensitive and responsive to their child's physical and emotional needs foster feelings of safety and security in their child and provide a foundation for building trusting relationships with others (Knoke, 2009).

Adolescents whose problem behaviors began in childhood commit more serious and violent acts and account for a disproportionate number of all youth offenses than adolescents without an early history of conduct problems. The pathway from childhood conduct problems to adult criminality and violent behaviors may best be interrupted early in life, when behavioral patterns are more easily modified (Kaminski et al., 2008).

Interventions that build strong relationships and attachment between children and caregivers in the early years help to support healthy brain development which is critical for future mental well-being (Ontario Centre of Excellence for Child and Youth Mental Health, 2014). These activities are health promoting since they aim to increase protective factors for children. Interventions to promote mental health and prevent mental illness in the early years focus on parent training to improve the relationships parents and caregivers have with their children. Two common interventions involving parent training and support are: **home visiting** and **group-based parenting**.

Home visiting is a strategy for delivering health and social services to clients in their homes, and has been offered to families with infants and young children for the past several decades (Segal et al, 2012; Knoke, 2009). Home visiting aims to enhance the health, well-being and development of young children by providing a diversity of services to new parents (Encyclopedia on Early Childhood Development, 2007). Designed often as prevention or early intervention services, home visiting tends to target families that are vulnerable to social risks (e.g. parents with high levels of stress, children with low-birth weights, young parents) (Knoke, 2009).

Group-based parenting programs use standardized curriculums to teach parenting skills in a group setting. Programs are usually based on behavioral or cognitive-behavioral approaches and are targeted at parents whose children display aggressive and disruptive behaviors, possess low self-esteem or poor social skills (Furlong et al., 2012).

Context

Mental health promotion and prevention for children in the early years can bring significant return on investment by reducing demand for services in the mental health system and other sectors, later in life (Mental Health Commission of Canada, 2012). Further, a focus on early years aligns with Ontario's Mental Health and Addictions Strategy which had a focus on child and youth mental health in Phase One and emphasizes the promotion of mental health and well-being in Phase Two (Government of Ontario, 2014). It is well established that a life course approach to mental health promotion, prevention, and early intervention should commence in childhood, considering the impact that early childhood experiences have on lifelong mental health and well-being (Ontario Centre of Excellence for Child and Youth Mental Health, 2014; Mental Health Commission of Canada, 2012). In Ontario, several group-based parenting programs are currently being delivered. In addition, through Ontario's public health system, the Healthy Babies, Healthy Children home visiting intervention is offered. This evidence brief can contribute to current system level policy initiatives as the province strives to promote the mental health of children in the early years. The parent and child outcomes of home visiting interventions and group-based parenting programs are presented, as well as the components of effective programming. Together, these two aspects can help support evidence-informed decision making in order to promote the mental health of infants and children in Ontario.

Methodology

To guide the development of this early years evidence brief, the team developed the research question, identified the inclusion and exclusion criteria for the two areas, and consulted CAMH library services to gather systematic reviews and meta-analyses on the two focus areas. The research question that frames this review is: "What are the outcomes and components of effective home visiting interventions and group-based parenting programs?"

CAMH library services conducted separate searches for published literature on home visiting and group-based parenting interventions in the following four databases: MEDline, PsycINFO, CINAHL and ERIC. The timeframe for the searches was 2006-2016. Grey literature search tools included specific site searches (i.e., healthevidence.org and cochranelibrary.com), web search on google.ca, and reference list scanning.

Search terms for **home visiting interventions** included: home visiting, early childhood development and combinations of health visitors, nurse visiting, social workers, lactation consultations, etc. Articles included in the home visiting review had to reference the following: home visiting interventions, focused on early childhood outcomes and parental outcomes (both physical and mental health outcomes), and involved children 6 years and under. Articles that included interventions delivered outside the home were excluded. A total of 208 articles were identified for home visiting interventions.

Search terms for **group-based parenting programs** included: group-based, parenting education, parenting classes, parent training, parent program, combined with early childhood development, early intervention, early years, child development etc. Articles included in the group-based parenting programs review had to reference the following: group-based parenting interventions, involved children 6 years and under, and outcomes were for parents and/or children. Articles were excluded if they included one-on-one sessions with a provider or if interventions were self-administered. Group-based parenting programs in the prenatal stage were also excluded as were parenting programs for children with development disabilities. A total of 106 articles were identified for group-based parenting programs.

After the search was complete, one reviewer per topic (i.e. home visiting and group-based parenting) screened the titles and abstracts of English-language articles. The reviewers then scanned the potentially relevant full-text articles of the remaining abstracts to determine if they met the inclusion or exclusion criteria. Both reviewers validated each other's articles selected for inclusion.

Following this process, six meta-analyses were eligible for inclusion focusing on group-based parenting. In addition, fourteen systematic reviews and two meta-analyses from the published literature, and three reviews from the grey literature, met the inclusion criteria for home visiting interventions. Data extraction tables were then used to document findings relevant to the evidence brief.

Home Visiting Interventions

Although home visiting is a common method of home-based service delivery, interventions vary considerably in terms of their theoretical model, the populations targeted, the number and intensity of program visits, the program length, whether a curriculum is used, as well as the training of the visitors (Encyclopedia on Early Childhood Development, 2007; Segal et al, 2012). Home visiting may include prenatal services, educating parents about child development, promoting positive parenting, improving parent-child interaction, providing encouragement and support, linking parents to health and social services, assessing the safety of the home environment, and monitoring children for signs of abuse or neglect (Knoke, 2009; Encyclopedia on Early Childhood Development, 2007).

The Evidence for Home Visiting Interventions

The evidence on home visiting discusses these main outcomes: (a) Maternal mental health and coping (b) Parenting skills, (c) Maternal mental health and morbidity, (d) Breastfeeding, (e) Child injury (f) Child abuse and maltreatment and (g) Child health.

Although there is evidence of effectiveness for home visiting interventions, it is fragmented (Tanninen et al., 2016; Nievar et al., 2010; Filene et al., 2013; Segal et al., 2012; Peacock et al., 2013; Selph et al., 2013). For instance, home visiting interventions tend to show a positive effect on parenting outcomes (i.e. improving parent-child interaction) as well as on reducing maternal postpartum depression (Goyal et al., 2013; Dennis et al., 2013). At the same time, the evidence is inconclusive for other outcomes such as child abuse and neglect (Filene et al., 2013; Peacock et al., 2013; Goyal et al., 2013; Selph et al., 2013; National Collaborating Centre for Determinants of Health, 2010; Mikton & Butchart, 2008). The variability of home visiting interventions, as well as the diversity of evaluation methods, may be responsible for the varying levels of effectiveness identified across the evidence base (Encyclopedia on Early Childhood Development, 2007; Tanninen et al., 2016). Nonetheless, the literature on home visiting shows a number of positive outcomes as they relate to parents and children. These outcomes are presented below:

Parental Outcomes

Maternal Mental Health and Parental Coping

- Home visiting can help detect and manage postnatal depression (National Collaborating Centre for Determinants of Health, 2010).
- Home-based interventions involving cognitive behavioral, psychodynamic and non-directive counselling approaches show effectiveness in reducing postpartum depression (Leis et al., 2008).
- The inclusion of evidence-based treatments for postpartum mood disorders (e.g. cognitive behavioral therapy, interpersonal psychotherapy and anti-depressants) may improve the effectiveness of home visiting programs (Ammerman et al., 2009).
- Home visiting with professionals such as nurses show evidence of effectiveness. However, the effectiveness of postpartum home visits with paraprofessionals is uncertain (Dennis et al., 2013).
- Home visiting is associated with maternal satisfaction among high-risk women (Shaw et al., 2006).
- Postnatal home visiting may increase the engagement of mothers with alcohol or drug problems in treatment services (Turnbull & Osborn, 2012).
- Home-based nursing interventions that provide discussions and practical exercises help parents cope with parenthood and improve interactions in the family (Tanninen et al., 2016).

Parenting Skills

- Home visiting is associated with improvements in service utilization (National Collaborating Centre for Determinants of Health, 2010).
- Home visiting demonstrates some support for improving parenting skills, parent-child interaction and parent behaviors particularly among populations that are vulnerable to social risks (Filene et al, 2013; National Collaborating Centre for Determinants of Health, 2010; Shaw et al., 2006).

Maternal Health and Morbidity

- In addition to improvements in maternal physical health, home visiting is associated with improvements in social health (National Collaborating Centre for Determinants of Health, 2010). However, home visiting is not associated with reducing serious health problems for mothers (Yonemoto et al., 2013).
- The universal provision of postpartum support programs, like home visiting, to low-risk women does not appear to significantly alter any maternal outcomes (Shaw et al, 2006).

Child Outcomes

Breastfeeding

- There is strong evidence that home visiting can increase breastfeeding (National Collaborating Centre for Determinants of Health, 2010; Hannula et al., 2007) and increasing the number of home visits may encourage women to breastfeed more (Yonemoto et al., 2013).

Child Injury

- There is substantial evidence that home visits can reduce rates of injury in the home (National Collaborating Centre for Determinants of Health, 2010).
- Among women at high risk for family dysfunction, home visiting from nurses in combination with case conferencing is effective in improving the home environment (Shaw et al., 2006).

Child Abuse and Maltreatment

- There is some evidence that home visiting may support decreases in harsh parenting (Peacock et al., 2013).
- There is inconclusive evidence that home visiting reduces child abuse and maltreatment (Filene et al, 2013; Peacock et al., 2013; Goyal et al., 2013; Selph et al., 2013; National Collaborating Centre for Determinants of Health, 2010; Mikton & Butchart, 2008).

Child Health

- Among parents with preterm infants, home visiting is positively associated with infant development (Goyal et al., 2013).
- Home visiting is not effective in addressing child physical health (Filene et al, 2013).
- Home visiting is not associated with reducing infant hospitalization, morbidity or supports improvements to physical growth among preterm infants (Goyal et al, 2013; Yonemoto et al, 2013).
- Home visiting is not associated with supporting reductions in low birth weight, child health problems or improved cognition and language development in younger children (Peacock et al, 2013).

In sum, there is evidence of effectiveness for home visiting interventions. While the evidence for home visiting is inconclusive for some outcomes, the literature shows that home visiting can impact a number of positive outcomes, such as reducing maternal postpartum depression and improving parent-child interaction. Activities to promote well-being in the early years in Ontario could draw from home visiting interventions with evidence of these positive outcome.

Components of Effective Home Visiting Interventions

Given the variation in the content and delivery of home visiting programs, as well as incomplete study descriptions, it is challenging to compare and outline effective components across home visiting interventions (Goyal et al., 2013; National Collaborating Centre for Determinants of Health, 2010; Encyclopedia on Early Childhood Development, 2007; Tanninen et al., 2016; Kendrick et al., 2008; Nievar et al., 2010). Although most articles did not describe specific program components of the interventions in their reviews, some did draw conclusions about which components or implementation variables led to more effective outcomes.

These components are summarized below:

1. Teaching Parents Responsive Parenting, Behavior Management and Problem-solving

One meta-analysis looked specifically at the components associated with successful home visiting program outcomes (Filene et al, 2013). After exploring over thirty components, while the researchers state that for home visiting interventions there is “no clear and consistent pattern of effective components” (Filene et al, 2013), the analysis also shows that there were three components that were significant. These include teaching sensitive and responsive parenting, teaching discipline and behavior management techniques, and teaching problem-solving skills (Filene et al, 2013). These components that focus on teaching new parenting skills and behaviors were associated with greater effects on parenting behaviors (Filene et al, 2013).

2. Target Populations that Experience Social Disadvantage

Research shows that mothers and families who have higher levels of disadvantage (e.g. parents who have low coping skills and have few social resources) are more likely to benefit from home visiting programs than the general population (Dennis et al, 2013; Goyal et al, 2013; National Collaborating Centre for Determinants of Health, 2010; Knoke, 2009; Leis et al, 2008; Shaw et al 2006). That being said, one systematic review of home-based child development interventions meant to improve infant and child developmental outcomes among children in socially disadvantaged families did not show any evidence of effectiveness (Miller et al., 2012). In such circumstances, the evidence suggests that offering home visiting interventions as part of other comprehensive services which address inequalities may improve outcomes for families (Miller et al., 2012; Peacock et al, 2013).

3. Appropriately Trained Home Visitors

Interventions that use home visitors with professional or clinical training, like nurses, psychologists or social workers, are more likely to be associated with positive parental and child outcomes (Dennis et al, 2013; Han- nula et al, 2007; Knoke, 2009; Encyclopedia of Early Childhood Development, 2007). However, some research demonstrates successful outcomes with paraprofessionals (Nievar et al, 2010; Peacock et al, 2013; Knoke, 2009). When using paraprofessionals, home visiting programs are more successful if the paraprofessionals are trained adequately to meet the needs of the families they are serving, particularly if they are experiencing social disadvantage (Peacock et al, 2013; Nievar et al, 2010). Cultural competence and having knowledge of how to work with particular populations, especially those experiencing social disadvantage, are an important part of training for home visitors (Nievar et al, 2010; Segal et al, 2012; Peacock et al, 2013).

4. A Clearly Stated Theory of Change

Having a theory of change that links to the target population's needs and the intervention's program components is predictive of program success (Segal et al, 2012; Goyal et al, 2013; Leis et al, 2008). In addition to supporting effective implementation, a clearly articulated theory of change can help increase understanding of which intervention components of home visiting are most effective (Segal et al 2012; Leis et al, 2008). There is some evidence that better outcomes in home visiting programs are achieved when interventions are based on theories of child development and behavior (Encyclopedia on Early Childhood Development, 2007).

5. Program Intensity that Meets Participants' Needs

There is some evidence that effective home visiting interventions are associated with a higher dose of the intervention over a longer period of time (Peacock et al, 2013; Nievar et al, 2010; National Collaborating Centre for Determinants of Health, 2010; Knoke, 2009). For instance, the results of one meta-analysis show that intensive programs with at least three visits per month are more than twice as effective in improving maternal behavior as less intensive programs (Nievar et al, 2010). However, the results of another systematic review focusing on schedules for home visits are inconclusive (Yonemoto et al, 2013). While more home visits do reduce the need for emergency medical care for babies and may encourage more women to exclusively breastfeed, there is no evidence that more intensive home visit schedules improve women's health (Yonemoto et al, 2013). In the absence of strong evidence, program planners should look to local needs and maternal preferences to determine the frequency, timing and duration of home visits (Yonemoto et al, 2013).

The above components are associated with successful home visiting programs. To better inform which mechanisms most support home visiting programs, future research should compare home visiting programs that are most similar in their objectives, content and delivery (Leis et al, 2008; Filene et al, 2013; Knoke, 2009; National Collaborating Centre for Determinants of Health, 2010; Encyclopedia on Early Childhood Development, 2007). Although more research is necessary to better understand how these components might facilitate the success of home visiting interventions, program planners and decision makers in Ontario can focus on these components when considering home visiting interventions.

Group-Based Parenting Interventions

Group-based parenting programs fall under the overarching category of parenting education and support programs. "Parenting education and support programs help parents with young children enhance the knowledge, skills, and confidence they need to be the best parents they can be. Group-based series are led by trained professionals and provide opportunities for parents to learn new skills, connect with peers, and receive information and resources" (The Children's Trust, 2016).

The Evidence For Group-based Parenting Interventions

The evidence on group-based parenting programs discusses these main outcomes: (a) Parental mental health and coping (b) Parenting skills (c) Behavioral adjustment for child.

Overall, the findings demonstrate that group-based parenting programs are effective in improving these outcomes for parents and children in the early years, although effectiveness is only short term (Barlow et al., 2014; Barlow et al., 2016; Furlong et al., 2012; Kaminski, et al., 2008; Dretzke et al., 2009). The parental and child outcomes of group-based parenting programs are presented below:

Parental Outcomes

Parental Mental Health and Coping

- Behavioral and cognitive-behavioral group-based parenting interventions are effective in improving parental mental health (Barlow et al., 2014; Furlong et al., 2012).
- Parenting programs improve the short term (two - six month post intervention) psychosocial well-being of parents. Improvements were found in depression, anxiety, stress, anger, guilt, confidence and, satisfaction with partner relationship. Only stress and confidence continued to be significant at the 6- month follow-up, and none were significant at one year (Barlow et al., 2014).
- Cognitively enhanced group-based parenting programs show a reduction in parental distress. This reduction was maintained at the three year follow-up (Oana & Marie, 2008).
- Limited data in one meta-analysis (four studies) on fathers, show group-based parenting programs were effective in improving short term paternal stress. Data did not indicate improvements for depressive symptoms, confidence and partner satisfaction for fathers (Barlow et al., 2014).

Parenting Skills

- Behavioral and cognitive-behavioral group-based parenting interventions are effective in improving parenting practices (Furlong et al., 2012).
- Teaching parents emotional communications skills (e.g. active listening, helping children to identify and appropriately express emotions) were shown to be effective with parents (Kaminski et al., 2008).
- Parents participating in cognitively enhanced group-based parenting programs showed greater improvements in their parenting practices than parents in a standard group-based parenting program. These changes were maintained at the three year follow-up (Oana & Marie, 2008).
- Parenting programs appear effective for parents regardless of socioeconomic status, trial setting and severity of conduct problems at baseline (Furlong et al., 2012).

Child Outcomes

Behavioral Adjustment

- Universal and targeted group-based interventions can improve the overall emotional and behavioral adjustment of children under the age of four, immediately post intervention. Limited evidence indicates results reduce over time (Barlow, et al., 2016).
- Group-based parenting programs reduce child externalizing problems and clinically significant conduct problems in children in the short term (Furlong et al., 2012; Barlow et al., 2016; Dretzke et al., 2009).

- Programs that teach parents to interact positively with their children in non-disciplinary situations demonstrate effectiveness in addressing child externalizing behavior (e.g. teaching parents how to demonstrate enthusiasm, following the child's interests) (Kaminski, et al., 2008).
- Teaching parents disciplinary consistency (i.e., that by responding to a particular misbehavior every time it occurs and with the same consequence, the misbehavior will extinguish more quickly) demonstrates effectiveness in addressing child externalizing behavior (Kaminski, et al., 2008).
- Group-based parenting programs improve parent-child interaction by reducing negative child behaviors, and increasing positive child behaviors (Barlow et al., 2016).
- Cognitively enhanced group-based parenting programs were more effective in improving child disruptive behavior than for children whose parents received the standard intervention. Improvements were maintained at the three year follow-up but were no longer better than the standard parenting program (Oana & Marie, 2008).

In summary, these outcomes demonstrate short term effectiveness of group-based parenting programs in improving parental mental health and coping, parenting skills, and behavioral adjustment of children in the early years.

Researchers noted that further research is needed on the long term effectiveness of group-based parenting programs (Barlow et al., 2014; Barlow et al., 2016; Furlong et al., 2012; Kaminski, et al., 2008; Dretzke et al., 2009). More research is also needed on the mechanisms by which group-based parenting program bring about improvements in outcomes (Barlow et al., 2014).

Nonetheless, as Ontario expands and strengthens its' mental health promotion, prevention and early intervention efforts, numerous outcomes show what aspects of parenting and child behaviors can be impacted by group-based parenting intervention. The findings further validate the importance of group-based parenting interventions and can bolster existing programs, so that parents and children in the early years can receive the best supports during this critical phase of human development.

Components of Effective Group-Based Parenting Programs

The majority of meta-analyses did not provide specific information about which program components contributed to parent or child outcomes. However, there are components or implementation variables that are common among effective interventions. These components are summarized below:

1. Teaching Parents Effective Parent-Child Interaction and Communication Skills

Kaminski et al., (2008) conducted a component analysis using meta-analytic techniques and found that teaching parents specific parenting and behavior skills were more likely to be associated with successful programs. These skills include: teaching parents positive parent–child interaction such as, providing positive attention to the child; emotional communication skills; the use time out and the importance of parenting consistency.

Programs with these content components showed significant differences between parents who received interventions with these components versus parents who did not (Kaminski et al., 2008).

2. Parents Practicing With their Child During Parent Training Sessions

Parents practicing new skills with their child during parent training sessions were associated with successful programs (Kaminski et al., 2008). This component, which focuses on the delivery of parenting programs, is in contrast to role playing with another parent or with a group leader. Interventions that do not engage parents in their own training were not a predictor of program outcomes (acquiring parenting skills and decreasing child’s externalizing behaviors). Kaminski, et al., (2008) pointed out that most parent training programs employ didactic or passive educational strategies, in addition to skills training. However, it was noted that decades of research have shown that active learning approaches are superior to passive approaches.

3. Focus on Parents’ Cognitive Processes

A meta-analysis containing five studies (Oana & Marie, 2008) examined the effectiveness of cognitively enhanced group-based parenting programs on parental distress and child externalizing behavior. This type of intervention entails the standard behavioral parent training program with additional cognitive components. For example, the enhanced module of Triple P provides a cognitive conceptualization to parents to help them identify and challenge maladaptive cognitions about their child, themselves, etc. Including a cognitive enhancement component in parenting programs can be highly effective in improving both child disruptive behavior and parental distress and the improvements are maintained even at the three year follow-up.

4. Application of Behavioral Theories

The interventions included in the meta-analyses were consistently underpinned by theories, mainly cognitive- behavioral and behavioral theories such as social learning theory.

5. Adherence to Standardized and Manualized Programs

Adherence to standardized and manualized programs was a component of successful programs. Furlong et al., (2012), found that interventions with higher levels of implementation fidelity were more effective than those with lower levels of fidelity in reducing negative parenting practices. At the same time, Kaminski, et al., (2008), cautions that the quality of components selected for inclusion in the manual may be as, or more important than simple adherence to a manual.

6. Intervention Dosage

The duration of interventions varied (between 4-14 weeks) among studies within meta-analyses and across meta-analyses. The effect of intervention duration on outcomes was not examined in the meta-analyses; however, five studies in one meta-analysis (Barlow et al., 2016) showed that group-based parenting training programs lasting more than eight weeks were more effective for children's emotional or behavioral problems. Interventions that lasted for eight weeks or less, were not as effective.

7. Interventions Using Certain Common Modes to Deliver Parent Training Programs

Common delivery modes for parent training included: the use of video vignettes of parent-child interaction, group discussion, role-plays, handouts, and homework to promote positive parenting skills.

Components Found in Less Effective Group-based Parenting Programs

The following components were likely to be found in programs that were less effective in changing parenting behaviors and skills (Kaminski et al., (2008):

- Teaching parents how to problem solve about their child's behavior.
- Promoting children's social skills.
- Promoting children's cognitive/academic skills.
- Ancillary services (e.g. stress/anger management, educational assistance).

This section provides an overview of which components are associated with effective group-based parenting programs including those that are less effective. This information can be used to determine which components should be included in group-based parenting programs in Ontario. As programs are enhanced to become more impactful, a larger return on investment can be expected from provincial early years interventions.

Limitations

There are two limitations to this evidence brief. First, only a limited number of review-level articles were identified, and the level of detail on home visiting and group-based parenting interventions was restricted.

The second limitation is the small number of studies which conducted a component analysis of these two types of early years interventions. Although the literature provides some information on the evidence of effectiveness for home visiting and group-based parenting interventions, there was little information in the literature on effective program components. In the case of home visiting interventions, it was difficult to compare effective program components across interventions as the mode of delivery and content is variable. As a result, this brief provides only a descriptive summary of program components as a more rigorous meta-analysis of effective program components was beyond the scope of capacity and time available for this evidence brief.

Conclusion

Interventions that build strong relationships and attachment between children and caregivers in the early years support healthy brain development which is critical for future mental well-being. Home visiting and group-based parenting programs are two examples of interventions that aim to promote positive parent-child interaction and promote healthy child development by influencing the skills and behaviors of parents/caregivers with the goal of improving outcomes for children. To better understand the influence of home visiting and group-based parenting interventions on parental and child outcomes, this evidence brief answers the question: “What are the outcomes and components of effective home visiting interventions and group-based parenting programs?”

Based on the evidence reviewed, home visiting programs improve maternal mental health by reducing symptoms of post-partum depression and improve parenting outcomes by promoting positive parenting skills and behaviours. Program components that are associated with the effectiveness of home visiting include:

- targeting populations that experience social disadvantage,
- utilizing appropriately and/or professionally trained home visitors,
- applying a clearly articulated theory of change,
- having programs that are longer in duration and the numbers of visits, and
- teaching parents responsive parenting, behavior management and problem-solving.

There is also evidence that group-based parenting interventions improve behavioral and emotional adjustment in children, reduce clinically significant child conduct problems and improve the mental health of parents in the short term. Program components that may support the effectiveness of group-based parenting programs include:

- teaching parents emotional communication skills,
- disciplinary consistency,
- positive interactions with a child in non-disciplinary ways, and
- requiring parents to practice new skills with their own child during sessions.

Cognitively-enhanced group-based parenting programs have also been shown to reduce parental distress and child disruptive behaviors. These improvements were maintained at the three year follow-up. For both home visiting and group-based parenting interventions, the mechanisms by which these programs produce benefits for caregivers and children need further research.

This evidence brief summarizes the outcomes and components of effective home visiting and group-based parenting interventions. As Ontario explores opportunities to enhance mental health promotion across the lifespan beginning in the early years, this brief can support enhancement to current programming focusing on early childhood development.

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