

**Executive Summary
To
The Pew Center on the States**

**An Early, Intensive Parenting Intervention to Prevent Child Neglect:
Five Year Mother-Child Outcomes**

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Research Questions

The first phase of our overall project focused on the delivery from pregnancy to age 2½ of a comprehensive, intense, home-based parenting intervention, the My Baby and Me (MBM) program, to at-risk adolescent and adult mothers with limited education. In the second phase of the project (supported by a Pew grant), we recruited a subsample at age 5 and assessed a wide range of child and maternal outcomes. In the first phase, mothers were randomly assigned to a high-intensity (55 possible home visits) or to a low-intensity control condition. It should be noted that the low-intensity group, in which no home visits occurred, represented a “strong” control condition in which mothers received instrumental supports and information about child rearing.

In the Pew project, we focused on two major research questions: (1) Did the high-intensity MBM intervention impact preschool readiness skills 2½ years following the final home visit? (2) Did the MBM intervention have a lasting impact on maternal outcomes, such as additional pregnancies, educational attainment, current employment and reports of child neglect?

Methods

We selected 92 participants from the original My Baby and Me project, which was implemented in South Bend, Indiana, Kansas City, Kansas, and Houston, Texas. Of the 92 participants, 52% were assigned to the low-intensity condition and 48% to the high-intensity condition. Fifty-four percent of these participants were teens, and 46% were adults (over the age of 18). Race and ethnicity characteristics of the participant sample included 48% African-American, 35% Latina, and 17% European-American. These demographic characteristics were nearly identical to the larger sample of participants who completed the MBM assessments at 2½ years of age. It should be noted that

neither race/ethnicity nor age related to 5 year outcomes; hence, these variables were not included in subsequent analyses.

We assessed both mothers and children at 5 years of age. To assess mothers, we developed a self-report interview to garner demographic, personal, and attitudinal information (e.g., use of physical punishment) similar to information collected during the initial intervention phase, including questions about subsequent fertility, educational attainment, occupational employment, and involvement with child protection agencies. We assessed each mother-child dyad, 2.5 years after the intervention had ended. With children, we used the Stanford-Binet-5 to assess IQ, the PLS-4 to assess receptive and expressive language, and the Test of Preschool Early Literacy (TOPEL) to assess early literacy. Finally, we examined maternal reports of children's behavioral adjustment, using questions from the Behavior Assessment System for Children (BASC).

Results

Although the MBM intervention significantly changed multiple aspects of parenting (such as warmth and contingent responsiveness) as well as child engagement, expressive language, and complexity of toy play during the course of the program through the initial 2½ years, the multi-modular, intense curriculum failed to differentiate children at age 5 in terms of IQ, language, and early literacy. However, the full sample scores were remarkably high: IQ = 97, Total PLS = 96; Print Knowledge = 94; and Definitional Vocabulary = 88. In other words, children in both the low- and high-intensity conditions showed good preschool readiness skills. Despite the failure to produce widespread between-group differences in child and maternal outcomes at age 5, the MBM intervention did show evidence of “sleeper effects”: For instance, based on

HLM analyses, the derived slopes for maternal parenting variables predicted a number of important literacy and behavioral outcomes when children were 5 years of age.

Policy Implications

At face value, these null findings seem surprising and disappointing. At another level, however, the high levels of performance found in both the high-intensity treatment and low-intensity control conditions, 2½ years following the last home visit, were encouraging. For instance, at age 5, the overall IQ and language scores were in the average range, with expressive comprehensive being slightly superior (97) to auditory communication (94). Similarly, specific preschool readiness skills, such as print knowledge and working vocabulary, were higher than might be expected among demographically similar children who did not have the benefit of home visitations. Our conservative estimation of expected scores for the population of children with similar demographic characteristics on the Standard Binet, PLS, and TOPEL would be in the range from 75 to 85. If these estimates are reasonably accurate, then children in both the low and the high MBM conditions scored significantly above the expected levels and close to the overall population average in several important domains (i.e., intelligence and expressive language). Two points should be made about the nature and content of the high- and low-intensity conditions: (1) participants in the high condition received, on average, 32 home visits (out of a maximum of 55), and (2) participants in the low-intensity condition received case management services through frequent home contacts as well as parenting information in the form of well developed booklets.

It may prove to be the case that “nonspecific” aspects of parenting intervention—such as the warmth, availability, and supportiveness of the family coaches—are as important in producing positive long-term developmental outcomes as “specific,”

programmatic components of home visitation curricula. Clearly, additional research is needed to separate out the “nonspecific” from the “specific” components that are embedded in most home visitation programs. We suggest that future home visitation research projects use two control conditions: a weak control in which assessments are the major component and a strong control in which support, frequent contact, and assessments are included. More complex designs, with multiple control conditions, would help to unravel nonspecific programmatic components of home visitations from the modular curriculum components thought to be responsible for children’s developmental gains.

It would seem that the important messages to take away from this research in terms of improving and strengthening home visitation programs are three-fold: (1) Important gains in preschool readiness skills were maintained 2½ years following an intensive home visitation program for participants in both the high- and low-intensity conditions; (2) comprehensive, home-based interventions can improve multiple aspects of parenting, which are important to children’s development, safety, and well being; and (3) the support and trusting relationship developed between a home visitor and a client are likely significant, and essential, factors in the effectiveness of most parenting interventions and their eventual implementation in the field.