

THE DEVELOPMENT AND EVALUATION OF EARLY START

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INTRODUCTION

The central theme of this conference is upon child abuse and its prevention. In this talk I will describe the development of a New Zealand based home visitation programme (Early Start) and outline findings from a randomised trial of the programme.

THE DEVELOPMENT OF THE EARLY START ORGANISATION

In the early 1990's there was growing concern in New Zealand about a series of issues relating to the health and wellbeing of children and young persons. These issues included: child abuse; youth suicide; truancy; school behaviours and juvenile crime.

THE FOUNDATION OF EARLY START

The foundation of Early Start can be traced back to a meeting in 1993 between the Christchurch Health and Development Study and the Family Help Trust (FHT). The FHT had been using methods of home visitation to work with prisoner families.

At this meeting it was proposed that the work of the FHT should be extended to conduct a pilot study of the benefits of home visitation with at risk families.

The group was successful in attracting initial seeding funding from the Canterbury Trustbank Community Trust.

FORMING THE CONSORTIUM

It soon became apparent that to develop the programme would require co-operation from a range of community groups. As a result of this, a Consortium of providers came together to develop the Early Start programme. These providers included:

- 1. The Christchurch Health & Development Study.**
- 2. The Family Help Trust.**
- 3. The Royal New Zealand Plunket Society.**
- 4. The Pegasus GP group.**
- 5. Māori representatives.**

INITIAL OBJECTIVE

Although members of the Consortium were enthusiastic about developing a programme of home visitation for at risk families, they all had limited experience in this area. For this reason, it was decided that the most prudent course of action would be to conduct a pilot study of a sample of 50 families over an 18 month period. The aim of this pilot study was to examine the overall feasibility of developing a home based family support service.

KEY ISSUES IN THE PILOT STUDY

- 1. Could families be screened in a non stigmatizing way?**
- 2. Could families be persuaded to participate?**
- 3. Could services be delivered to families?**
- 4. Did services have an apparently beneficial effect?**
- 5. How did clients perceive the service?**

OVERVIEW OF EARLY START PROGRAMME

- 1. Client Recruitment: Client families are enrolled in the service following referrals from Plunket Nurses. (Plunket Nurses are community nurses who see in the region of 95% of children within 6 weeks of birth).**
- 2. Needs Assessment: All families enrolled in the programme are involved in a one month “probationary” period. This provides Early Start with an opportunity to conduct an in depth assessment of family needs and for clinical families to learn about the service.**

OVERVIEW OF EARLY START PROGRAMME

- 3. Service Provision: Following the needs assessment phase, families are enrolled in the service. All families enter the service receiving level 1 home visitation (1 visit per week) and progress to level 4 home visitation (1 visit per 3 months). Service provision may last for up to 5 years.**

FAMILY SUPPORT WORKERS

Services to client families were provided by Family Support Workers (FSWs).

FSWs had training in either nursing or social work and also participated in a 5 week training course.

Each FSW has a client load of 15-20 families (depending on level of family need).

KEY AREAS OF SERVICE PROVISION

The aims of the service have been “manualised”. This was an important step of programme development in which specific methods and procedures were developed to address a series of broader goals and objectives. The major goals and objectives of the Early Start service are:

1. **Child Health**: To ensure that all children receive adequate well child care and timely visits for morbidity.

KEY AREAS OF SERVICE PROVISION (Cont)

- 2. Child Protection: To ensure that all children are not exposed to neglectful or abusive home environments.**
- 3. Parenting: To assist, advise and empower parents in areas relating to parenting problems and parenting skills.**
- 4. Parental Wellbeing: To assist parents in addressing mental health and other issues that may affect family wellbeing.**

KEY AREAS OF SERVICE PROVISION (Cont)

5. **Family Economic Wellbeing**: To provide families with advice and support in addressing family budgeting and related matters.
6. **Crisis Support**: To provide families with advice and support during medical, financial, legal or other crises.

KEY ISSUES IN THE DEVELOPMENT OF EARLY START

1. **The Development Process:** Those advocating for community based programmes often propose a developmental model in which the programme is “devised by the community for the community”. The Early Start programme did not follow this “bottom up” approach. Essentially the programme was based on a “top down” organisational model in which a series of agencies with leadership in health care, service provision, research and cultural issues came together to build a programme for their community using the best available knowledge from their respective areas.

KEY ISSUES IN THE DEVELOPMENT OF EARLY START (Cont)

- 2. A Balanced Approach to Family Issues: Many of those who propose family support or related programmes argue for a “strengths based” approach to build “family resiliency”. We have found serious problems with this model to the extent that it denigrates a focus on family problems as a “deficits model”. The real risk of this approach is that it can lead to the disregard of serious family issues including: physical abuse; sexual abuse and child neglect.**

EVALUATION

Parallel to the development of Early Start, systematic processes were put in place to evaluate the programme. The evaluation process involved 2 stages:

EVALUATION (Cont)

- 1. Pilot Study: In the first stage of the evaluation a pilot study of 55 families enrolled in the programme was conducted. The overall aims of the pilot study were:**
 - To assess the feasibility of setting up a home visitation service.**
 - To examine possible benefits of the programme for families.**
 - To examine client satisfaction.**

EVALUATION (Cont)

- 2. Randomised Trial: In the second stage of the evaluation, a randomised trial was conducted in which 220 families receiving the service were contrasted with a control series of 220 families not receiving the service. The aims of the randomised trial were to examine the extent to which children and families receiving the service showed benefits when compared to the control series.**

MAJOR CONCLUSIONS FROM PILOT STUDY

- **Client identification methods produced an acceptable level (79%) of programme participation.**
- **It was possible to deliver a programme of family support to at risk families.**
- **There were clear programme benefits in areas involving “new learning” including: child health care; parenting; the management of maternal depression.**

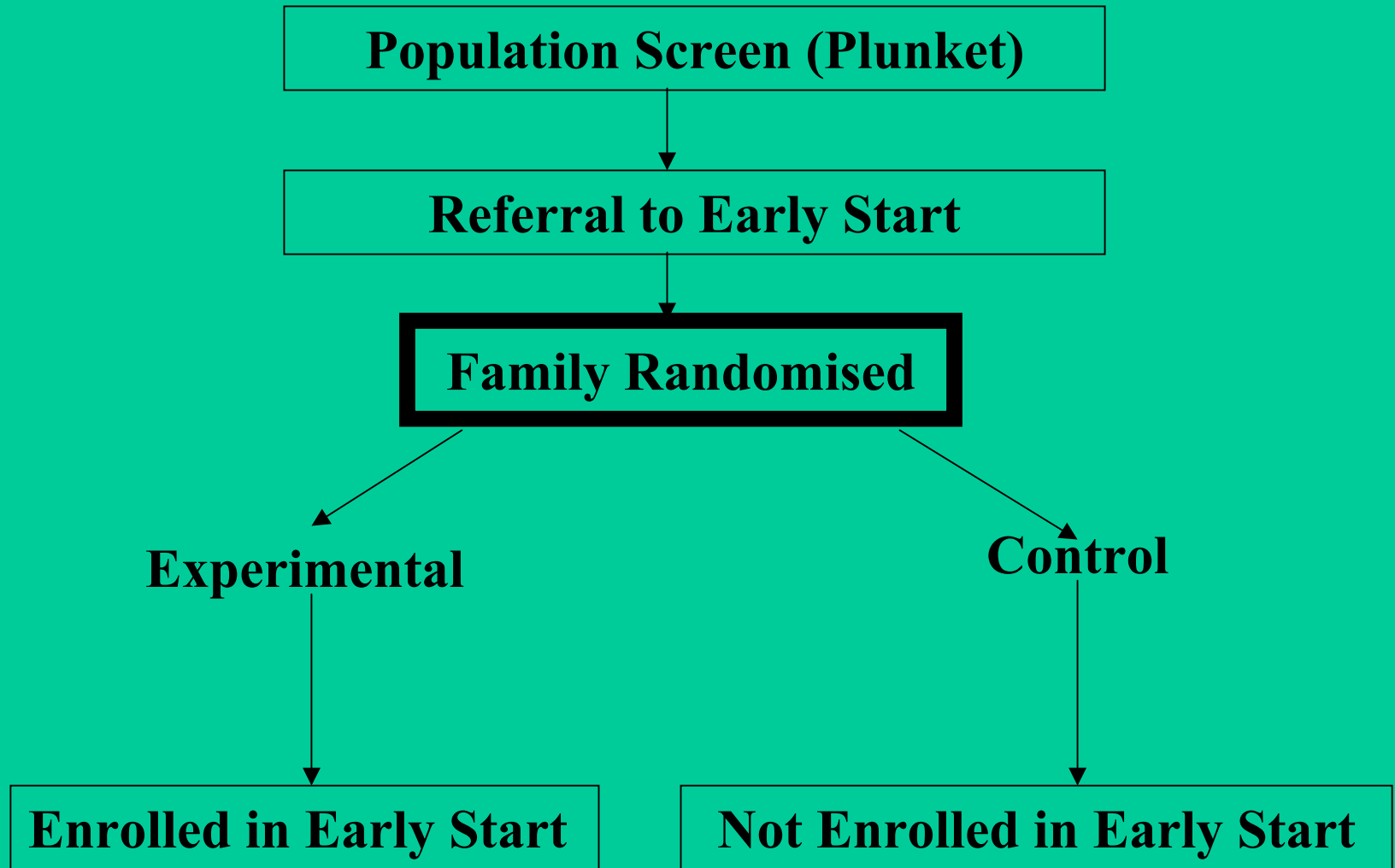
MAJOR CONCLUSIONS FROM PILOT STUDY (Cont)

- **The programme was less successful in addressing such issues as parental substance use, family conflict, and depressed family living standards.**
- **The great majority (over 90%) of programme participants felt the programme was worthwhile, helpful and culturally appropriate.**

THE RANDOMISED TRIAL

The second stage of the evaluation involved a randomised trial in which 220 children and their families receiving Early Start were contrasted with a randomly assigned series of 220 children and families not receiving the service.

OVERVIEW OF RECRUITMENT PROCESS



PROGRAMME RETENTION FOR EARLY START

Programme Duration	Number Receiving Service	% of Those Randomised to Early Start (N = 220)
0 Months	207	94.1
6 Months	195	88.6
12 Months	185	84.1
24 Months	169	76.8

LOSSES FROM EARLY START SERVICE AT 24 MONTHS

	N	% of Losses
Refused to enter/ withdrawal from service	31	60.8
Moved away from Christchurch	11	21.6
Family untraced	4	7.8
Other	5	9.8

RESEARCH PARTICIPATION FOR FIELD TRIAL

% Interviewed at	Experimental	Control
0 Months	93.6%	99.1%
6 Months	89.1%	96.9%
12 Months	90.0%	96.9%
24 Months	86.5%	93.8%

CHARACTERISTICS OF FAMILIES AT POINT OF ENROLMENT

	Experimental	Control
<u>Social Background</u>		
Mean age of mother	24.5	24.4
% Mother lacked educational qualifications	68.9	67.3
% Mother of Maori ethnicity	25.5	27.5
% Single parent family	63.8	63.5
% Pregnancy unplanned	76.0	76.3

CHARACTERISTICS OF FAMILIES AT POINT OF ENROLMENT (Cont)

	Experimental	Control
<u>Maternal Childhood</u>		
% Raised in single parent family	56.1	50.2
% Interparental assault	29.6	34.6
% Child abuse	36.7	37.0
% Mother ran away from home	42.9	49.3
% Teenage alcohol problems	20.4	19.4
% In trouble with Police	33.2	34.1

CHARACTERISTICS OF FAMILIES AT POINT OF ENROLMENT (Cont)

	Experimental	Control
<u>Family Features</u>		
% Welfare dependent	88.8	90.1
Mean family income (\$ per week)	344	342
% Family in debt (excl. mortgage)	42.4	52.6
% Assaulted by partner	34.2	25.0

DIFFERENCES AT 2 YEARS

Measure	Experimental	Control	p
<u>Preschool Education</u>			
% Attending	69.0	56.0	<.05
Mean age attended (months)	12.8	15.2	<.05
<u>Maternal Depression</u>			
% Current depression	10.4	13.4	>.40
% Consulted doctor for depression	29.0	19.0	<.05
% Medication for depression	28.0	17.0	<.05
<u>Child Health</u>			
Mean home safety features	6.4	5.9	<.05
% Attended hospital in last year	33.6	42.3	<.10

DIFFERENCES AT 2 YEARS (Cont)

Measure	Experimental	Control	p
<u>Child Abuse/Neglect</u>			
% Mother smacked child in last week	32.8	40.8	<.10
Number in contact with Welfare agencies for abuse/neglect	11	23	<.01
<u>Child Behaviours</u>			
Mean attention problems	6.8	7.5	<.01

CONCLUSIONS FROM TRIAL TO DATE

It is clear that the provision of Family Support via Early Start did not produce large and immediate changes in families. However, over time there is an emerging trend for the experimental families to fare better than control families in a number of areas including: preschool education; home safety; maternal depression; child abuse risk. We anticipate that these differences will increase in the third and subsequent years of the trial. An important issue will clearly focus on examining the differences in children at the point of school entry.