The Nature of Home Visiting Support and Improvements in Emotional Well-being for Home-Start Parents

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This briefing paper describes research carried out at Cardiff University using Home-Start's administrative data (MESH). The research considered families in different circumstances and looked at how the emotional well-being of parents in those different circumstances improves during Home-Start home visiting support. It looked at how support is provided, and which aspects of support are particularly related to improvements for families in different circumstances. This briefing provides a summary of the research for Home-Start schemes. It outlines the findings, some of which highlight what sort of support can be effective for families in different circumstances. Some findings may also be useful for Home-Start schemes in applying for funding to continue to provide support or carry out additional support with families in specific circumstances.

About Home-Start's Administrative Data

Home-Start UK has established a centralised monitoring and evaluation system for Home-Start schemes referred to as MESH. Home-Start schemes collect information from the families they work with through a series of forms at different stages in the referral and support process. This provides information about the families and the support provided to them. This research used the information collected through a number of these forms. In particular it used information about:

- The families' circumstances
- The home visits carried out with those families
- Scores families provide concerning how well they are coping with their different needs. These scores are taken before support starts, at regular stages throughout it and at the end of support.

About the Families

This study was carried out using the families in the MESH data set who were referred to Home-Start between April 2013 and March 2015. The research only focused on those who had at least one child under the age of 5 and who received home visiting support, so only families who had received at least three home visits were included. Some Home-Start schemes had not completed details about how support was provided to families in the MESH data system, and other schemes had not provided details about changes in parents' needs. These families, therefore, could not be used in the study. This left a sample of 10,639 families that were used in the analysis.

The research considered these family's situations in different ways. This included looking at what types of problems or risk factors they had at the start of support. How many risk factors they had, their Hardiker levels of need and life events that occurred over the course of support.

The 10,639 families came to Home-Start with a range of different problems, or risk factors. Table 1 shows the numbers and percentages of families who started support with different risk factors.

Table 1. Numbers and percentages of families with different risk factors

Risk factor	Number of families	%
Mental Health Issues	3419	32.1
Post Natal Depression	1784	16.8
Domestic abuse	1310	12.3
At least one disabled child	1173	11.0
At least one parent considers themselves disabled	780	7.3
Temporary or overcrowded accommodation	534	5.0
Substance Misuse	417	3.9
At least one child has a Child Protection Plan	402	3.8
At least one parent is an asylum seeker or refugee	204	1.9
A parent in in prison	94	0.9

The research considered the families' situations in other ways. One of these was the number of risk factors that the families had. Of the 10,639 families, 681 (6.4%) had at least three of these problems. Families with a large number of children were also considered, and 3,759 (35.3%) of the families had three or more children.

Home-Start also collects information about the families' Hardiker levels of need. Of the 10,639 families, 3,947 (38.6%) were considered to be at Level 1. This meant the they are considered to need support at the community level only. 5,007 families, (49%) were categorised at Level 2, suggesting that they are in the early stages of difficulties or temporary crisis. 1,085 (10.6%) were categorised as Level 3 families, who may have well established severe difficulties, and 186 (1.8%) were categorised as Level 4. This meant that these families were considered to have broken down temporarily or permanently.

Some types of life event that occurred during the course of support were also considered. Table 2 shows how common these events were for families in the sample.

Table 2. Number and percentages of families who experienced life events during support

Life Event	Number of families	%
Bereavement or Miscarriage	492	4.6
New Birth in the Family	735	6.9
Family Moved House	1047	9.8
Relationship Breakdown	586	5.5
Serious Physical Health problems in family	871	8.2
Serious Mental Health problems in the family	120	1.1

Outcomes of Support

This study looked at changes in emotional well-being of parents receiving Home-Start support. It looked specifically at those who had reported low initial levels of coping with their mental health, feelings of isolation or their self-esteem. Parents are asked how well they feel they are coping with these issues when they are initially visited by Home-Start and at various stages throughout support. They provide an answer on a scale between 0 (not coping very well) and 5 (coping very well). In this analysis only those who had indicated a 0 or a 1 at their initial visit were used.

The majority (7,569) of the 10,639 families ended support in a planned way, with an end visit from Home-Start. Of the remainder 2,155 families had left support prematurely, and Home-Start schemes had completed an

Unplanned Ending Form. For the remaining 915 families there were no details of how support ended. For these families it may be that they were still receiving support when the data was exported from the system. Alternatively end data for these families might be missing.

Among those families who had an end visit, parents are asked once again, how well they are coping with each of these issues, and the vast majority of those who started support indicating that they are not coping very well were now coping better. Table 3 shows the numbers of families who reported they were not coping well with their emotional wellbeing and who improve during support. Among those who complete Home-Start support with an end visit the majority leave support because it has been agreed that the family no longer needs support. However, there are also those who leave for other reasons. For example, 330 families ended support because Home-Start had identified that the family's needs would be better met by an alternative service, and for 51 families support was withdrawn because there was a safety concern or a statutory intervention. Families who left support for these sorts of reasons were much more likely to not have made improvements in their emotional well-being than other families.

Of the families who improved, there were differences in both the amount of improvement that was made, and also the time it took for those improvements to be made. The needs-based nature of support meant that there was a lot of variation in the time families stayed in support, with some families making improvements quite rapidly, while other families remained in support for a much longer period of time. Because of this the study looked not just at whether improvements occur but also at the average rate at which those improvements occurred.

Table 3. Numbers and percentages of families with low initial levels of coping, who completed support and who either improved or did not improve

Need	Number and % who improved	Number and % who did not improve
Coping with mental health	1219 (94.6%)	70 (5.4%)
Coping with Isolation	1351 (95.6%)	62 (4.4%)
Coping with Self-Esteem	1314 (93.9%)	86 (6.1%)

Outcomes of Support for Families in Different Circumstances

The research examined the relationship between the family situations and the outcomes of support by looking both at how they were related to different types of endings, and to the rate at which emotional well-being improved.

Some types of family circumstances were related to a greater likelihood of families having an unplanned ending. This was most common in families where the referrer had indicated that there was a substance misuse problem in the family. Among all the families 20.3% had had an unplanned ending. This rose to 30.9% among those with a substance misuse problem. Higher rates of unplanned endings were also found among those with multiple risks (26.0%), asylum seeking and refugee families (25.0%) among families in temporary or overcrowded housing (24.2%) and domestic abuse (23.8%). Families with disabled children were less likely than other families to have an unplanned ending with such endings occurring in only 16.2% of families.

As previously stated the majority of families improve during support, and so the analysis considered if these improvements occur at a

similar rate for families in different circumstances. On the whole the relationship between the family's circumstances and the rate at which improvements occur is very weak. There were families in all types of circumstances who improved quickly and all types of circumstances who improved slowly.

However, there were some types of family circumstances which were associated with faster improvements for some families. Faster improvements occurred in some of the families for whom the referrer had indicated that domestic abuse was a concern, however it is important to be aware that this did not apply to all families where domestic abuse occurred. Some types of family situation were associated with slower improvements and longer durations of support, in particular these included families with a disabled parent, mental health problems and large families. The effects of life events that occur during the course of support were also considered, and there was evidence bereavements were also related to slower improvements.

When the Hardiker levels were considered, the small number of families who had been placed at Level 4 improved the most quickly, while those at Level 3 were the most likely to improve slowly. Among those who stayed in support and improved, the number of risk factors that the family had, was not related to the rate at which the improvements occurred.

The Nature of Support

This study looked at information that was added to diaries completed by home visitors to find out about the type of home visiting support provided to each family. The majority of families received home visits from volunteers. However there are a number of Home-Start schemes that also employ paid workers to provide home visiting support, so this study considered differences in the way support is provided by volunteers and paid workers. Of the 10,639 families, 8,932 (84%) received only support from volunteers and 927 (8.7%) received only paid worker support. The remaining 780 (7.3%) families received a mixture of support, with some visits from volunteers and some from paid workers.

The analysis of the home visitors' diaries enabled a number of other pieces of information about the way support was provided to be investigated. These are shown in Table 4.

Table 4. Mean values of the way support was provided

Aspect of Support	Mean
Number of Home Visits	19.0
Duration of support (in days from first home visit to End Visit)	260.9
Average length of each visit (in hours)	2.0
Wait from initial visit from Home-Start to first home visit (in days)	53.7
Percentage of visits cancelled or rearranged	23.9%
Frequency of visits (per week)	0.52
Percentage of visits in which home visitors carry out practical activities	40%
Percentage of visits in which activities with children occur	66%
Percentage of visits in which home visitors provide emotional support	72%
Percentage of visits in which the family is supported to use other services	16%

There are differences in the way support is provided by paid workers and volunteers. These differences are shown in Table 5. Families who are supported by paid workers have on average fewer visits than those supported by volunteers, a shorter overall duration of support, and individual visits which are of a shorter length. They are also more likely to support families by helping

them to use different services, and less likely to carry out activities with children during visits.

Table 5. Mean values of the way support was provided by volunteers and by paid workers

Aspect of support	Mean volunteers	Mean paid workers
Number of Home Visits	18.9	11.9
Duration of support (in days from first home visit to End Visit)	260.9	183.6
Average length of each visit (in hours)	2.1	1.5
Wait from initial visit from Home-Start to first home visit (in days)	54	49.2
Percentage of visits cancelled or rearranged	24.3	20.9
Frequency of visits (per week)	0.53	0.51
Percentage of visits in which home visitors carry out practical activities	40%	44%
Percentage of visits in which activities with children occur	70%	40%
Percentage of visits in which home visitors provide emotional support	72%	75%
Percentage of visits in which the family is supported to use other services	15%	26%

The Nature of Support and Improvements in Parental Emotional Well-being

The study investigated the relationships between different elements of support and the rate at which improvements in parental mental health, feelings of isolation, and self-esteem improved. It focused on those families who had started support with low scores.

Some aspects of support appeared to be related to the rate at which parents improve while others were not:

- **The person providing support** – Improvements occurred more quickly when visits were provided by paid workers.
- **Frequency** - The more frequent visits were, the faster families improved.
- **Length of visits** – Families who were improving more slowly received longer individual visits.
- **The wait for support to start** – There was very little relationship between the amount of time that the family spent waiting for support to start and improvements in coping once support started.
- **Cancelled visits** – those with more cancelled visits were more likely to not improve at all. They were also more likely to have Unplanned Ending Forms completed. However, among those that did improve there was very little difference in the rate at which those improvements occurred.

The relationship between the average length of visits and improvements in emotional well-being may seem counterintuitive: longer visits are associated with slower improvements in coping. However this may be because of the needs-based nature of support. It does not mean that if visitors spend more time with a family they will improve more slowly. This effect may be occurring because families had longer visits because they were struggling with their emotional well-being and home visitors may have been staying longer to help them with some of their problems.

Of all these factors the factor that had the strongest relationship with the rate at which improvements in emotional well-being occur, was the frequency of support. For example, if a family was visited by a volunteer once a fortnight for two hours and carried out activities at approximately average rates, then the score given by a parent with low self-esteem would be expected to improve (on average) by 2.3 over six months. However, if they were visited once a week then that score would be expected to increase by 3.3 over the same timeframe. This can be compared to the effect of having a paid worker. If the visits remained at once a fortnight but they were visited by a paid worker rather than a volunteer, then the average improvement over six months would be 2.9.

The relationship between the frequency of support and improvements in coping, suggests that by increasing the frequency with which families are visited the rate at which they improve can also be increased. Other factors also suggest that increasing the frequency of visits will lead to faster improvements.

- In previous qualitative research studies with Home-Start, families have highlighted how they would like the support to be more frequent.
- Analysis of other home visiting programmes has suggested support is more effective if provided more frequently.

All this evidence suggests that by ensuring visits to families are more frequent, home visitors will be able to enable parents to improve more quickly.

In addition to looking at how these aspects of support affected improvements in emotional well-being, their effects on improvements in parental coping with other issues was also considered. This included how parents cope with:

- their children's behaviour
- being involved in their children's development/learning
- their physical health
- the household budget
- running the home
- conflict in the family
- multiple children under 5

When this was done it was found that more frequent visits were important for supporting parents whatever the issue they were having problems coping with. Parents who were visited more frequently improved more quickly.

For most of these issues the support of a paid worker also enabled parents to improve more quickly than volunteer support, however the effects were not consistent. Paid worker support was particularly important for supporting parents who were struggling to cope with conflict in the family, the household budget and running the home. However, there was very little difference between having the support of a volunteer or a paid worker in terms of the rate at which parents made improvements to coping with their children's behaviour or being involved in their children's development/learning.

The effects of different aspects of support for parents in different circumstances

The research also considered the effects of different aspects of support for parents in different circumstances. This was done using parents in six different types of circumstance:

- Families where domestic abuse was suspected at referral

- Families where the referrer considered there to be mental health problems
- Families where one of the children is considered disabled
- Families where one or other parent considers themselves disabled
- Families with more than three children
- Families with more than three risk factors

These groups of families were selected as they were sufficiently prevalent in the data to enable complex analysis to be performed. The analysis looked at differences in the way support was provided to families in these different circumstances and considered the effects of different types of support for improvements in emotional well-being.

Several differences in the way support is provided were identified. Compared to the average, families where domestic abuse is suspected were more likely to receive the support of a paid worker, have visits that were slightly shorter, have a smaller proportion of visits in which activities with children are carried out and have a greater proportion of visits in which support to use other services occurs. Families with a disabled parent had slightly longer visits on average than other families, and a greater percentage of visits which included practical support. For families with disabled children visits are slightly less frequent than they are for other families. Support for families where there is a mental health problem is typified by having slightly shorter individual visits than average, a smaller percentage of visits in which activities with children are carried out, and more visits in which emotional support is provided. Families with a large number of children tend to have longer overall durations of support and more home visits than other families. Families with multiple risks are more likely than other families to wait a long time for support to start and to have a higher proportion of visits cancelled once support starts. They were also more likely to receive both emotional support and support to use other services than other families and less likely to have a lot of visits in which activities with children occur.

The research has already identified certain aspects of support, particularly having more frequent visits and being supported by a paid worker, as related to faster improvements in parental emotional well-being. It also investigated if these affects are apparent for families in these different types of circumstances.

This analysis identified that the effects of more frequent visits were apparent for families in all circumstances. More frequent visits increased the rate at which emotional well-being improved for all families, although the size of the effect varied. It had the biggest effect on families where there was a disabled parent or mental health problems, however it was important for all families.

The effects of having a paid worker, as opposed to a volunteer, varied depending on the family's circumstances. For families in some situations the support of a paid worker could enable them to improve more quickly, than the support of a volunteer. This included families where there were domestic abuse concerns, a parent who considers themselves disabled and families with multiple risks. The effect of having a paid worker on families in these circumstances was more important than it was for the "average" Home-Start family. However, among the families with disabled children and families with a large number of children then having the support of a paid worker, as opposed to a volunteer, made very

little difference to the rate at which parental emotional well-being improved.

Implications of these findings for Home-Start Schemes

Home-Start schemes can use these findings in several ways.

Firstly, the importance of having more frequent visits for increasing the rate at which parental emotional well-being and feelings of coping with other issues has been clearly identified. Home-Start schemes need to be aware of this, and ensure that home visitors are aware of it too. The value of more frequent visits for families should also be highlighted in Home-Start volunteer training programmes and any measures that can be taken to enable home visitors to visit families more frequently should be taken.

Secondly, Home-Start schemes can make use of the findings relating to the different effects of paid workers and volunteers for families in different circumstances. The analysis has shown that those Home-Start schemes that already have paid workers available, are more likely to provide them to families where there are domestic abuse concerns or multiple risks. However, this research also highlights the value of paid worker support for those with a disabled parent, and schemes need to be aware of this so that they can look at the feasibility of providing more paid worker support to families with a parent who considers themselves disabled.

These findings may also be used by Home-Start schemes in applying for funding for new projects. For schemes that do not have paid workers, this information could be used in funding applications to fund workers. Schemes could apply to employ a worker or workers to work specifically on projects with families with domestic abuse concerns, a disabled parent or multiple risks. Some funders may welcome applications based on research evidence. In applying for the funding schemes can highlight how evidence from research carried out at Cardiff University has highlighted how the support of a paid worker can be particularly effective at increasing the rate at which the emotional well-being of parents in these situations improve. The findings with respect to working with disabled children and large families can also be used to apply for funding to support volunteer programmes working with these families. Funding applications can stress that volunteers appear to be as effective as paid workers in supporting families in these situations. Schemes may also use the finding with respect to frequency in their research applications. More frequent home visits may have cost implications. For paid workers this will impact on salary costs, but for volunteers there may be cost implications for expenses and supervision. The evidence highlighting the importance of more frequent support could therefore be highlighted in funding applications to cover these costs.

This briefing has highlighted the results of doctoral research carried out at Cardiff University. Comments or questions about the findings can be directed to Dr Nell Warner, Research Associate, CASCADE, Cardiff University School of Social Sciences, e-mail: warnerah@cardiff.ac.uk