

A Home-Start peer support scheme for women with low mood following childbirth

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Abstract (150 – 200 words)

Perinatal mental health problems vary in impact and severity, and can have long-lasting effects on maternal health and child psychological health and development. The evidence to support the effectiveness of postnatal peer and volunteer support schemes to improve the long term health of women is mixed, with some studies highlighting positive effects in terms of reducing symptoms of depression. Using data from a peer support scheme design to support women with low mood following childbirth, the study, which provides some insight into the initial support needs of women using volunteer and peer support services, and the challenges associated with schemes designed to provide support to women may be of interest to health visitors and those who work in community settings. The data suggests that Home-Start does have a positive impact on the lives of some women, however more work is required in order to understand which aspects of the Home-Start intervention women find effective and why.

Key words: Perinatal, postnatal, mental health, depression, peer support, voluntary

Introduction

Perinatal mental illness has implications for the long term mental health of the mother, partners, and the behavioural, intellectual and emotional development of children (Jomeen and Martin 2008). The occurrence of psychiatric problems as a significant cause of maternal death in the last four Confidential Enquiries into Maternal Deaths, emphasises that services fail to address the needs of this vulnerable group of women and highlights the imperative to improve the identification and care of women to reduce mortality and psychological morbidity (CEMACH 2004, CEMACH 2007, CEMD 2011, MBRRACE 2014).

Background

Perinatal mental health problems vary in impact and severity, and can have long-lasting effects on maternal health and child psychological health and development. The evidence to support the effectiveness of postnatal peer and volunteer support schemes to improve the long term health of women is mixed, with some studies highlighting positive effects in terms of reducing symptoms of depression (Pfeiffer, Heisler, Piette, Rogers & Valenstein 2010), and other studies suggesting that unstructured volunteer support may not be sufficient in reducing symptoms (Barnes, Senior, MacPherson 2009). There is some evidence however, that mothers experiencing social disadvantage, who are considered as high risk for post-natal depression (PND), benefit from formal and informal social support home visits from health professionals and peers (Leahy-Warren 2011).

At UK national policy level there is no shortage of evidence of the need for community support services for mothers with PND, however, there are important questions about the role of voluntary organisations in providing community support through peer-based schemes. The role of voluntary sector organisations in supporting parents is growing and forms a substantive part of community care. The evidence base for the most effective and appropriate ways of using voluntary organisations to support women who are experiencing low mood is lacking in quality.

Home-Start, Hull is a voluntary organisation, which is funded by the Department of Health and has been operating for 28 years. The service provides help in the form of friendship and practical assistance for families, through the use of volunteers. It provides a package of social involvement therapy, offered through a volunteer “befriending” process. Women with low mood following childbirth can be supported through the Home-Start scheme. Referrals are made from health professionals involved in the provision of maternity care post birth. A self-referral system is also in operation for women.

Following referral, the initial Home-Start assessment is completed by a trained assessor in discussion with the woman, and needs are identified based on four **‘Domains of wellbeing and daily and family functioning’** (See Table 1). The domains (‘Parenting skills’, ‘Parenting well-being’, ‘Children’s well-being’, ‘Family management’) are based on identified specific aspects of womens daily lives which encompass managing the household, being a parent, and being active in contributing to one’s own well being. The domains have been developed by Home-Start in collaboration with families who have previously used the service, based on what Home-Start users feel is important to their own health and wellbeing; anecdotal evidence suggests that for a number of women, the domains represent ‘benchmarks’ of their effective parental and household functioning and roles.

At the initial assessment, women are asked to use the domains of family wellbeing and daily functioning to rate themselves from 0 – 5 (0 being 'not coping very well', 5 being, 'coping very well'). They are also asked to consider, and comment upon their lives based on improved aspects of wellbeing and functioning. This facilitates the process for identifying the level of need; thus the type of peer/volunteer support scheme is decided upon based on the initial assessment data. Further assessment reviews are undertaken at 3, and 6 months, using the same process.

Home-Start receives referrals for approximately 2 women a month, aiming to provide an initial visit to women within 8 weeks of their referral. Depending on need, the referred client may be offered help from a volunteer via home visiting. Home visiting volunteers are parents, who have previously experienced depression, and have undergone 40 hours of training in order to undertake the role. Any woman who is considered in need of volunteer support, and who has a child under the age of 5 can be referred into the service.

Study aim

The aim of this study was to evaluate the effects of the Home-Start scheme in the context of women's wellbeing and daily functioning in the first 12 months after childbirth in an area of Northern England which is high levels of deprivation. The study aimed to provide a greater understanding of peer based support schemes, alongside insights into how schemes work for women.

Method

Existing Home-Start data from 20 families referred into the service between 2010 and 2011 was subject to descriptive and correlative analysis. The data were analysed to gain a greater understanding of womens needs and to look for relationships between variables, for example, exploring differences in outcomes based on wait time, from assessment visit, to first peer support visit. We specifically explored;

1. The initial needs of the women that were referred into the Home-Start service
2. The number of days the family waited for a volunteer peer supporter
3. The number of hours of volunteer involvement with the family
4. The identified reasons for women no longer using the Home-Start service

As this was secondary data analysis with no identifiers, written consent was not required. Permission to undertake the data analysis was granted by the Faculty of Health and Social Care Research Ethics Committee (REC), the Charity Trustees of the Home-Start organisation. The local REC Committee confirmed that no local Ethics approval processes were required due to the anonymous nature of the secondary data.

Data Collection

The data related to womens well being at the initial and subsequent visits, and was collected by a Home-Start assessor following referral into the service. The data includes information on length of

time between referral and 'match-up' to a volunteer, the length of time spent with a volunteer, and the self-identified family wellbeing and daily functioning of the woman throughout the Home-Start scheme. Included in this data set are reasons for the cessation of volunteer involvement.

This information was held at the Home-Start base, and the Home-Start co coordinator selected the data for analysis; and this was coded to ensure anonymity.

Data analysis

Data were subject to a thematic analysis guided by the work of Braun and Clarke (2006) to identify the main issues faced by women and those for which they sought and received peer support. The authors (n=3) used the data from the domains of 'Domains of wellbeing and daily and family functioning' and the associated benchmarks of being a parent, contributing to one's own wellbeing, children's well-being and running the household, and this data was combed for significant issues. These were placed into sub-themes consisting of linked issues. Finally, these sub-themes were condensed into larger themes that provide a representative picture of the key elements of women's mental health and peer support requirements.

Results

Initial needs of the women that were referred into the Home-Start service

Using the 'Domains of wellbeing and daily and family functioning' we examined the data representing the self and partner identified needs on initial assessment. Analysis of the data revealed that for this group of women, the transition to low mood post birth could be conceptualised under four elements of burden, and within these elements there existed a number of sub themes which women became exposed to prior to, and throughout the childbearing episode. We grouped these themes into 'social problems', 'mental health and self esteem problems', 'financial issues' and 'parenting challenges'. Within each of these elements of burden were aspects of women's day to day activities which the Home-Start service recognised as key areas women required some additional assistance and support with.

Social problems: Problems of a social nature seemed to be experienced by a number of women using the Home-Start service. Data highlighted that women using the service, on their first assessment, required additional Home-Start support due to experiencing isolation, lack of family support, lack of close friends, difficulty accessing other services, family conflicts and housing problems. The data set revealed that for 15 women on their first assessment, social problems such as these were an issue.

Mental health and self esteem: Problems associated with mood and self esteem were identified in 18 out of the 20 data sets. On the initial assessment, women required assistance with issues such as low self esteem, mood swings, low mood and reduced confidence.

Financial issues: 12 out of 20 women were assessed by Home-Start as requiring assistance with financial worries and concerns relating to day to day finances and managing the household budget.

Parenting challenges: Data highlighted that parenting challenges were another aspect of daily functioning and wellbeing that 17 out of 20 women required assistance with. The specifics of these

challenges were identified as children's behaviour, multiple children problems, (having more than one infant or child under the age of 5), and lack of childcare.

Home-Start receives referrals for approximately 2 women a month, and aims to provide an initial visit to women within 56 days (8 weeks) of their referral. From the data it would appear that a proportion of women managed to find a suitable volunteer within the 8 week time-frame (n=13), and the remainder (n=6) were matched to a volunteer between 2 and 4 months.

According to the data, at the time of data collection, a number of women were still receiving support visits from a volunteer (n=10), and of these women 5 reported either improvement or slight improvement in their wellbeing, and daily and family functioning since the commencement of volunteer support after 6 months of volunteer support. Four women reported no improvement and 1 reported 'staying the same'. Of the improvements noted, aspects such as mood ('up and downs'), confidence, self esteem and management of the household finances, were identified alongside being more able to cope with the children's behaviour. Furthermore, of the women that were still receiving volunteer support, and reporting an improvement, there appeared to be no relationship between length of time spent with a volunteer and their reported improvement, nor did there appear to be any relationship between the length of time they were matched up with a volunteer and their reported improvement. Of the women who reported no improvement in wellbeing, and daily and family functioning, aspects such as isolation, debt, low mood and illness contributed to the absence of any reported improvement.

Of the women that were no longer receiving volunteer support there were a variety of reasons. Three families required the use of other services and the support they required was beyond that of the remit of Home-Start, three families discontinued with the Home-Start scheme as their volunteer had left and was no longer working for Home-Start, and 2 families were unable to be contacted by Home-Start; in both of these cases the women self identified as feeling isolated at the initial assessments, and their involvement with the Home-Start scheme lasted less than 6 months. 2 families discontinued with the volunteer support for reasons pertaining to improved wellbeing, and daily and family functioning.

Discussion

Overall the data reflects that Home-Start appear to be active in supporting women with wellbeing and daily functioning. Aspects such as wait time for 'match up' to a suitable volunteer can range from anything between 1 and 16 weeks, and according to this data set, those families who waited the longest for a match up were still using the service at the time of data collection with improvement varying from none, to 'slight', to 'feeling much better'. It would be fair to say that the data highlights that the period of time until a family is matched to a volunteer does not appear to adversely affect the outcome.

The data illustrates the positive impact that Home-Start can have for some women (n=2), and the involvement of a volunteer undoubtedly improves some aspects of women's initial self identified needs – although it is not clear from this data which aspects are improved. It may be that for some women experiencing problems with wellbeing and daily and family functioning; it is simply the awareness of not only the existence of Home-Start, but also the accessibility of similar services that has a positive impact upon their emotional wellbeing.

The data relating to families no longer using the service is interesting and could perhaps need further exploration. Whilst the data highlights that 2 families closed their cases due to improvement in wellbeing and functioning, a small number of families no longer used the service due to the volunteer leaving (n=3), and this could reflect the strength of the relationship between family and volunteers, what is unclear in this data set is where, and indeed if, the family sourced further support after this time. This data is suggestive of a need for further work to be done around family connections and disconnections in volunteer support and the impact of these on the individual. There may be further insights to gain in relation to how peer support relationships work in action, and whether the formation of meaningful relationships in the context of volunteer support has the potential to result in a negative experience for the supportee when the volunteer suddenly 'disconnects' from that relationship.

Conclusions

The data illustrates some of the initial support needs of women using volunteer support services in this area of Northern England. Isolation, low self-esteem, financial problems, and managing children's behaviour were all issues for this group of women who were using the Home-Start services and this may provide some understanding of women's support needs when designing a volunteer or peer support scheme for women and families in deprived areas.

The study aimed to provide a greater understanding of peer based support schemes, alongside insights into how these schemes may work for women. Due to the absence of qualitative data, and the limited data available at the time, it was difficult to gain an understanding of the effectiveness of Home-Start, and to address the initial aims of the study. It is clear that there are specific areas requiring closer exploration to understand the effective mechanisms of the service; time frames between match-up to a suitable volunteer is an area of interest; one woman waited for 16 weeks, it would be helpful to understand why women are unable to be matched within a shorter time frame, and to establish how women manage their issues during that time. The data suggests that Home-Start does have a positive impact on the lives of some women (n=2), more work is required in order to understand which aspects of the Home-Start intervention women find effective and why, and finally, how can families continue to be supported appropriately in situations where volunteers can no longer undertake their roles.

Limitations

This is a small data set, and due to the limited data we were unable to undertake a comprehensive investigation of the effectiveness of Home-Start.

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Table 1: Domains of family wellbeing and daily functioning

Domain 1: Parenting skills
Markers of coping with being a parent
1. Managing children's behaviour
2. Being involved in the children's development/learning
Domain 2: Parenting well-being
Markers of coping with, and contributing to one's own well being
3. Coping with physical health
4. Coping with mental health
5. Coping with feeling isolated
6. Parent's self esteem
Domain 3: Children's well-being
Markers of coping with children's well being
7. Coping with child's physical health
8. Coping with child's mental health
Domain 4: Family Management
Markers of coping with running the household
9. Managing the household budget
10. The day to day running of the home
11. Stress caused conflict in the family
12. Coping with extra work caused by multiple birth/children under 5
13. Use of services
14. Other (specify) ...

