



European Union

European Platform for Investing in Children

Introduction from Home-Start International:

HS as best practice at EU level

Home-Start is assessed as “best practice” by the European Platform for Investing in Children, a European Union initiative. In fact only two practices, up to now, have gained this status at the European level. This means that the Home-Start practice has demonstrated its effectiveness through rigorous research.

The assessment took place within the work of the European Platform for Investing in Children in which child-focused practices implemented in at least one European Union country were reviewed by a team of experts and summarized in a way that is easy to understand.

Three general categories of evidence are used in order to assess practices:

1. Evidence of effectiveness
2. Transferability
3. Enduring impact

For each of the above categories, more specific criteria are used. For example, in the “evidence for effectiveness” category, the specific criteria used relate to the existence of a comparison group in the evaluation research, the sample size, the statistical significance of positive results, outcome criteria and other. In the “transferability” category, the criteria used are the replication of evaluation in at least one additional population beyond the original study population and the availability of practice material, while in the “enduring impact” category the criterion used is the implementation of a follow-up study that verifies initial results.

The “best practice” status is attributed to practices that get positive assessment in all categories of evidence while other practices could get the “the promising practice” status or the “emergent practice” status.

Home-Start’s assessment was based on a number of evaluations that took place in the Netherlands and the UK.

Information about the assessment process, criteria etc of this work as well as the Home-Start assessment itself can be viewed at http://europa.eu/epic/practices-that-work/evidence-based-practices/index_en.htm

Referred to: http://europa.eu/epic/practices-that-work/index_en.htm

Practices that work

This section features two collections of practices being used throughout the European Union: some have been formally evaluated and have demonstrated their effectiveness through rigorous research (Evidence-Based Practice section), and other practices that have not been evaluated and which are being shared in the spirit of collaboration (User Registry). These two registries are designed to complement each other and to provide a comprehensive picture of the most effective practices being used throughout the European Union.

Evidence-Based Practices

Which child focused practices have been shown to be effective in the European Union? This section features practices that have demonstrated their effectiveness through rigorous research. These practices have been reviewed by a team of experts and summarized in a way that is easy to understand.

The European Platform for Investing in Children (EPIC) is an evidence-based online platform providing information about policies and practices that can help children and their families to face up to the challenges that exist in the current economic climate in Europe. EPIC gathers, reviews and summarises this evidence on effective practices across the 28 member states. 'Evidence-Based Practices' are those practices that have demonstrated their effectiveness through rigorous evaluation and research. As a central component of EPIC, the Evidence-Based Practices are made available in an online repository on this website in the Practices that Work section. The spectrum of issues and themes covered by the practices is relevant to a variety of decision-makers and practitioners with topics, ranging from parenting and childcare to child development and child-wellbeing. EPIC facilitates the sharing of lessons learned notably through the Open Method of Coordination which facilitates the exchange of best practice among EU Member States. The European Platform for Investing in Children (EPIC) continues to review and summarise information on Evidence-Based Practices, in order to inform decision-makers and practitioners about the steps they can take to address issues relating to child poverty and inequality in Europe.

Best Practice: Home-Start

United Kingdom, Czech Republic, Netherlands, Hungary, Norway, France, Denmark, Ireland, 1973

Policy category

Supporting Parenting and Assisting with Childcare

Recommendation Pillars

Enhance family support and the quality of alternative care settings, Provide children with a safe, adequate housing and living environment

Countries that have implemented practice

United Kingdom, Czech Republic, Netherlands, Hungary, Norway, France, Denmark, Ireland

Age Groups

Young Children (age 0 to 5)

Target Groups

Mothers, Children

Years in Operation

1973 - still operating

Type of Organization Implementing Practice

Private Human Services Organization

Practice Overview

The Home-Start program is a home visiting intervention in which volunteers with child care experience give support to struggling families with children younger than five years of age. Home-Start targets families and mothers with little experience or social support network, who may have minor but not serious physical or mental health issues. Entry and exit to the Home-Start programme is entirely voluntary and all visits are at the convenience of participating families. It aims to reduce the stress of parenting and encourage families, especially families at risk for child abuse and neglect, so that a nurturing environment for their children may be created.

A Home-Start volunteer from the local community visits the family home for a few hours each week until the youngest child turns five or the family decides to exit from the program. On average, volunteers visit families for 6 months, and visits last for around 3-4 hours. The volunteers give emotional support and assistance with household tasks and outings as needed by each family. The volunteers provide friendship, encouragement, and an example of affectionate child care behaviour.

The program was founded in 1973 in the UK and has expanded into 22 countries around the world, including the Czech Republic, Denmark, Norway, Hungary, and The Netherlands. There are 314 local schemes of Home-Start UK located in the United Kingdom and in British Forces Germany and Cyprus.

Transferability

Home-Start has been implemented in the United Kingdom, the Netherlands, the Czech Republic, Denmark, Norway, and 17 other countries, but it has only been evaluated with a statistically significant positive impact in the Netherlands.

Evidence of Effectiveness

Evaluation 1a

Asscher, J., Hermanns, J., and Dekovic, M., Effectiveness of the Home-Start parenting support program: Behavioral outcomes for parents and children, *Infant Mental Health Journal*, Vol 29, 2008.

In this evaluation in the Netherlands, authors assessed change in mental health and parenting among mothers with children between 1.5 and 3 years of age, including 51 mothers currently receiving Home-Start and 58 reporting high levels of stress but not receiving support.

Summary of Results for Evaluation 1a

Outcome	Treatment Group	Control Group
Outcomes improved (statistically significant)	ANCOVA-adjusted mean scores at follow-up (higher is better)	
Mother's attitudes:		
Perceived Competence	4.80	4.55
Consistency	4.58	4.30
Sensitivity	4.68	4.40
Outcomes with no effect		
Mother's attitudes:		
Depressive Mood	2.40	2.51
Responsiveness	5.12	5.08
Rejection*	0.23	0.18
Negative Control	0.63	0.69
Positive Control*	0.44	0.43
Observed parenting:		
Harsh Parenting	1.50	1.42
Warmth	2.55	2.65
Child behaviour:		
Internalizing	8.60	6.90
Externalizing	15.94	13.61
Observed child behaviour:		
Cooperative behaviour	4.49	4.87

Negativity	1.67	1.67
Pro-social behaviour	2.63	2.76

*log scale

Evaluation 1b

Asscher, J., Dekovic, M., Prinzie, P., and Hermanns, J., Assessing change in families following the Home-Start parenting program: Clinical significance and predictors of change, Family Relations, Vol 57, 2008.

This study reports findings from the same sample as the Asscher et al. (2008) study, presenting information on behavioural outcomes for parents and children at post-test and the follow-up data collection stage six months later.

Summary of Results for Evaluation 1b

(Post-test measurement after 6 months involvement with Home Start)

Outcome	Treatment Group	Control Group (Mothers reporting high stress but not receiving support)
Outcomes improved (statistically significant)	% of mothers or children with improvement at post-test	
Mother's attitudes:		
Depressive mood	12%	2%
Competence	14%	2%
Maternal Warmth	9%	2%
Outcomes with no effect		
Mother's attitudes:		
Responsiveness	6%	0%
Negative Control	6%	0%
Harshness	5%	2%
Child's behaviour:		
Externalizing	15%	5%
Negativity	4%	2%

Follow-up 6 months after conclusion of involvement with Home Start

Outcome	Treatment Group	Control Group (Mothers reporting high stress but not receiving support)
Outcomes improved (statistically significant)	% of mothers or children with improvement at follow-up	
Mother's attitudes:		
Depressive mood	15%	3%
Competence	18%	3%
Maternal Warmth	12%	2%
Outcomes with no effect		
Mother's attitudes:		
Responsiveness	8%	2%
Negative Control	6%	2%
Harshness	4%	7%
Child's behaviour:		
Externalizing	14%	5%
Negativity	6%	3%

Evaluation 1c

Dekovic, M., Asscher, J., Hermanns, J., Reitz, E., Prinzie, P., and van den Akker, A., Tracing Changes in Families Who Participated in the Home-Start Parenting Program: Parental Sense of Competence as Mechanism of Change, Prevention Science, Vol 11, 2010..

This study used the same sample and the same data set as collected in Asscher et al. (2008), which included pre-test, post-test and one year follow-up data collection stages.

Summary of Results for Evaluation 1c

Outcome	Treatment Group	Control Group
Outcomes improved (statistically significant)	Mean monthly rate of improvement from pre-test to follow-up	
Sense of competence	0.045	0.011

Supportive parenting (a combination of scores on the Responsiveness , Rejection, Sensitivity, and Warmth scales)	0.025	0.010
Inept discipline (a combination of scores on the Consistency, Negative Control, and Harsh Parenting scales) (Lower is better)	-0.027	-0.002
Outcomes with no effect		
Child problem behaviour (a combination of scores on the Cooperative Behavior, Negativity, and Externalizing scales) (Lower is better)	-0.033	-0.024

Evaluation 1d

Hermanns, J., Asscher, J. J., Zijlstra, B. J., Hoffenaar, P. J., & Dekovič, M. (2013). Long-term Changes in Parenting and Child Behaviour after the Home-Start Family Support Program. Children and Youth Services Review.

This study was a 3-year follow-up of the Asscher et al (2008) and Dekovic et al. (2010) studies.

Summary of Results for Evaluation 1d

Outcome	Treatment Group	Control Group
Outcomes improved (statistically significant)	Mean monthly rate of change from post-test to three year follow-up	
Mother's attitudes:		
Life Satisfaction	.09	.02
Depressive mood (Lower is better)	-.12	-.03
Child's Behaviour:		
Oppositional Defiant disorder (Lower is better)	-.52	-.27
Attention Deficit Hyperactivity disorder (Lower is better)	-.71	-.52
Affective behaviour (Lower is better)	-.36	-.16
Outcomes with no effect		

Mother's attitudes:		
Feelings of competence	.05	.02
Consistent maternal behaviour	.03	.04
Rejection	-.04	.02
Child's behaviour:		
Anxiety problems (Lower is better)	.01	.21

Evaluation 2a

Barnes, J., MacPherson, K., and Senior, R., The impact on parenting and the home environment of early support to mothers with new babies. *Journal of Children's Services*, Vol 1, 2006.

In this evaluation conducted in the United Kingdom, the study authors attempted to ascertain the effects of the Home-Start program on home environment, conflict between mother and child, maternal stress, and social support for participating mothers. The comparison group consisted of all qualifying mothers in study regions where Home-Start was unavailable.

Summary of Results for Evaluation 2a

Outcome	Treatment Group	Comparison Group
Outcomes improved (statistically significant)		
Mean score at 12 months		
Conflict Tactics Scales (CTS) Verbal control (0 to 125 scale)	7.0	5.0
Change score from 2 to 12 months		
HOME Involvement (0 to 6 scale)	1.1	0.6
Parental Stress Index (PSI) Total (A lower score on the PSI is better) (36 to 180 scale)	-6.0	0.5
PSI Parental Distress (12 to 60 scale)		
PSI Parent-child Dysfunctional Interaction (12 to 60 scale)	-2.2	-0.4
	-2.7	-1.2
Outcomes with no effect		
Mean score at 12 months	1.6	1.3
CTS Reasoning (0 to 25 scale)	1.6	1.9
CTS Physical discipline (0 to 100 scale)		

Change score from 2 to 12 months	6.1	6.5
HOME Total score (0 to 45 scale)	2.0	1.8
HOME Responsivity (0 to 11 scale)	0	0
HOME Acceptance (0 to 8 scale)	0.3	0.3
HOME Organisation (0 to 6 scale)	1.9*	2.7*
HOME Learning materials (0 to 9 scale)*	1.0	1.1
HOME Variety (0 to 5 scale)	-1.2	0.3
PSI Difficult Child (12 to 60 scale)	0.4	-0.3
MSSI (0 to 37 scale)		

*Change scores on the HOME Learning Materials metric were significantly higher for the control group

Evaluation 2b

Barnes, J., Senior, R., and MacPherson, K., The utility of volunteer home-visiting support to prevent maternal depression in the first year of life, *Child: care, health and development*, 2009.

In this evaluation, the study authors attempted to ascertain the effects of the Home-Start program on maternal depression.

Outcome	Treatment Group	Matched Control Group
Outcomes improved (statistically significant)		
None		
Outcomes with no effect		
Percentage improvement in mean number of depressive symptoms in previous week, from 2 to 12 months	14.6%	7.4%
Percentage increase in number of mothers suffering depression in the previous month, from 2 to 12 months	10.9%	13.0%

Evaluation 2c

Barnes, J. The Impact on Child Developmental Status at 12 Months of Volunteer Home-Visiting Support. *Child Development Research*, vol. 2012, 2012.

In this evaluation, the study authors attempted to ascertain the effects of the Home-Start program on maternal depression, family stress, home environment, infant difficult temperament, and infant development.

Summary of Results for Evaluation 2c

Outcome	Treatment Group	Matched Control Group
Outcomes improved (statistically significant)		
<p>The average difference in Bayley Mental Developmental Index scores at 12 months between the intervention group and the matched control group was 2.656 points, controlling for baseline scores on the EPDS, the PSI, the HOME, and the ICQ. The Bayley MDI is designed to have a mean score of 100 with a standard deviation of 15 for infants aged 12 months in the general population.</p>		
Outcomes with no effect		
Mean scores at 12 months		
EPDS maternal depression (0 to 30 scale)	7.0	6.3
PSI parenting distress (36 to 180 scale)	66.5	66.9
HOME environment (0 to 45 scale)	38.4	39.6
ICQ child difficult temperament (1 to 7 scale)	2.8	2.8

Evaluation 3

McAuley, C., Knapp, M., Beecham, J., McCurry, N., and Slead, M., Young Families under stress: outcomes and costs of Home-Start support, Joseph Roundtree Foundation, York, 2004.

This study in Northern Ireland and England investigated the effect of Home-Start participation on maternal depression, stress, self-esteem, and social support as well as child emotional and social development.

Summary of Results for Evaluation 3

Outcome	Treatment Group	Control Group
Outcomes improved (statistically significant)	Group means, Percentage improved	
None		
Outcomes with no effect		
Parenting stress	10%	12%
Maternal mental health	32%	27%

Maternal self-esteem	13%	9%
Child's social and emotional development	25%	7%
Maternal social support	8%	9%

Issue to consider

Two well-designed studies, those by Barnes, Senior and MacPherson (2009) and McAuley, et al., (2004) failed to find any statistically significant effects of Home Start in the United Kingdom. The Barnes (et al.) (2006, 2009, 2012) studies examined the only randomized controlled trial, and used the only study design which recruited mothers to Home-Start, with the result that the mothers in the sample were not on average as distressed as usual Home-Start participants. The Barnes et al. 2006 study found a negative though practically small effect on one subscale of the HOME metric, which could have been due to chance since they examined 16 different metric scores. Most studies accepted the stipulations made by the Home-Start program that randomization be done at the scheme level and that participants in the treatment group would be recruited according to standard Home-Start procedures or come from the current list of Home-Start participants. The well-designed experimental and quasi-experimental studies that did find statistically significant positive effects relied on two samples for all their results, one in the United Kingdom and one in the Netherlands.

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Available Resources

<http://www.home-start.org.uk/>

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Evaluation Details

Evaluation 1a

In this evaluation in the Netherlands, authors assessed change in mental health and parenting among 54 mothers currently using Home-Start and 51 parents reporting high levels of stress but not receiving support in a series of questionnaires and a play session with a trained observer. The mothers all had children between 1.5 and 3 years old. Survey and observational measurements were taken at baseline and after six months of involvement with Home-Start. The measurement tools included the Parenting Stress Index, a parenting behaviour subscale of the Nijmegen Parenting Questionnaire, the Parenting Dimensions Inventory, and the Dutch version of the Child Behavior Checklist. The comparison groups participated in the evaluations but not in the Home-Start program. The study authors report that the Home Start mothers were worse off on 6 out of the ten variables at pre-test and the children worse off on 4 out of 5 variables. The authors controlled for the initial differences by conducting ANCOVA on the later measurements using the pre-test scores as a covariate in this and the following three publications.

Evaluation 1b

This study reported the initial results of the Asscher et al. (2008) study again, presenting information on behavioural outcomes for parents and children in greater detail. 66 mothers using Home-Start and 58 families reporting high levels of stress but not receiving support participated in a series of questionnaires and a play session with a trained observer at pre-test or one month involvement, at post-test after six months' involvement and at a follow-up six months later.

Evaluation 1c

This study used the same sample and the same data set as collected in Asscher et al. (2008). The unique aspect was the data analysis, which used a technique based on the changes in individuals' scores from between each data collection period instead of group means for each data collection period.

Evaluation 1d

This study was a 3-year follow-up of the Asscher et al (2008) and Dekovic et al. (2010) studies. This evaluation used the same measures described above under Evaluation 1a. In the two years after the Dekovic et al, (2010) study, 22 of the 55 families using Home-Start were lost from the sample due to multiple housing moves or withdrawal for other reasons, while only 10 of the 55 families in the

comparison group were lost. The study authors reason that the families using Home-Start were more susceptible to social and personal problems than other families, leading to higher instability in housing.

Evaluation 2a

This study recruited expecting mothers in pre-natal care waiting rooms based on their scores on a screening index. The authors constructed a control group of all qualifying mothers from regions where Home-Start was unavailable. The data collections were the same as described in Evaluation 2b.

Evaluation 2b

In this evaluation, the study authors attempted to ascertain the effects of the Home-Start program on maternal depression. From 41 locations in the United Kingdom, the authors recruited 274 expecting mothers eligible for Home-Start to participate in the study intervention group, and 253 expecting mothers eligible for Home-Start in regions where Home-Start was unavailable to participate in the control group. 96 mothers accepted Home-Start and 90 mothers were chosen for the control group, matching on number of children, mother's job status, education and ethnicity. Data was collected through a series of questionnaires at two months since birth and 12 months since birth, using the Structured Clinical Interview for Diagnostic and Statistical Manual, the Depression section from the Mood Disorders Module, the EPDS, the Parenting Stress Index, the Maternal Social Support Index, and the Infant Characteristics Questionnaire.

Evaluation 2c

This evaluation used the same sample, data collections and matched control group as Evaluation 2b. The study authors used the scores on the measures analysed in Evaluation 2b to predict infant scores on the Bayley Mental Developmental Index at 12 months.

Evaluation 3

This study investigated the effect of Home-Start participation on maternal depression, stress, self-esteem, and social support as well as child emotional and social development. The authors recruited 80 families that had been referred to Home-Start and 82 families in areas where Home-Start was unavailable, in Northern Ireland and south-east England. Data was collected via interview with a series of questionnaires using the Parenting Stress Index, the Edinburgh Postnatal Depression Scale, the Centre for Epidemiological Studies Depression Scale, the Rosenberg Self-Esteem Scale, the Brief Infant-Toddler Social and Emotional Assessment Scale, and the Maternal Social Support Index, conducted at the beginning of participants' involvement with Home-Start and again 11 months later.

Bibliography

Akister, J., Johnson, K., McKeigue, B., and Ambler, S., Parenting with home-start: Users' views, Practice: Social Work in Action, Vol 15, 2003.

Asscher, J., Dekovic, M., Prinzie, P., and Hermanns, J., Assessing change in families following the Home-Start parenting program: Clinical significance and predictors of change, Family Relations, Vol 57, 2008.

Asscher, J., Hermanns, J., and Dekovic, M., Effectiveness of the Home-Start parenting support program: Behavioral outcomes for parents and children, Infant Mental Health Journal, Vol 29, 2008.

Barnes, J., MacPherson, K., & Senior, R., The impact on parenting and the home environment of early support to mothers with new babies. Journal of Children's Services, Vol 1, 2006.

Barnes, J., Senior, R., and MacPherson, K., The utility of volunteer home-visiting support to prevent maternal depression in the first year of life, Child: care, health and development, 2009.

Barnes, J. The Impact on Child Developmental Status at 12 Months of Volunteer Home-Visiting Support. Child Development Research, vol. 2012, 2012.

Dekovic, M., Asscher, J., Hermanns, J., Reitz, E., Prinzie, P., and van den Akker, A., Tracing Changes in Families Who Participated in the Home-Start Parenting Program: Parental Sense of Competence as Mechanism of Change, Prevention Science, Vol 11, 2010.

Frost, N., Johnson, L., Stein, M., and Wallis, L., Home-Start and the Delivery of Family Support, Children & Society, Vol 14, 2000.

Gibbons, J., Thorpe, S., Can Voluntary Support Projects Help Vulnerable Families? The Work of Home-Start, Br. J. Social Wk. Vol 19, 1989.

McAuley, C., Knapp, M., Beecham, J., McCurry, N., and Slead, M., Young Families under stress: outcomes and costs of Home-Start support, Joseph Roundtree Foundation, York, 2004.

Excluded Studies:

Frost, N., Johnson, L., Stein, M., and Wallis, L., Negotiated Friendship - Home-Start and the Delivery of Family Support, Home-Start, Leicester, 1996.

Van Der Eyken, W., Home-Start: A four-year evaluation, Home-Start Consultancy, Leicester, 1982.

Enduring Impact

One study has assessed the long term effects of Home-Start in the Netherlands (Hermanns et al., 2013). Among an initial sample of 66 mothers (33 after attrition), Hermanns et al. found that Home-Start increased life satisfaction, decreased depressive moods, child problem behaviour of oppositional defiance, attention deficit hyperactivity and affective problems up to three years after the Home-Start intervention. Home Start UK states that it costs between £1,000- £1,200 to support one family for a year. Home-Start's financial statements for 2009-2011 are available at <http://homestartworldwide.org/content/index.asp?id=48> .

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