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Social Support and Family Assets

The Perceptions of Low-income Lone-mother Families About Support from Home Visitation

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ABSTRACT

Background: Research on lone-mother families has commonly focussed on psychosocial risk factors and deficits rather than family assets (strengths and resiliency characteristics). The negative impacts of poverty and social isolation have been well documented. Home visitation programs provide formal support to overburdened families, yet little research has focussed on the meaning of support (e.g., formal and informal) from the perspective of families.

Methods: This qualitative exploratory descriptive study was completed in southwestern Alberta, with a purposeful sample of 13 families (mean annual income of \$15,423 and 2.1 children) using mixed measurement (clinical tools and 2 semi-structured interviews).

Results: Similarities and differences in support and three lone-mother family structures were identified. A few lone-mother families described transformative experiences related to affirmative support from the home visitor. Not all families reported having 'enough support' to meet their needs. Sources of change in family assets included: a) support from the home visitor, b) 'other supports', or c) personal growth. On balance, support from home visitation was most commonly described as supporting these changes.

Summary: Support and assets were explored from a broad family and environmental context. Practice implications for home visitation and areas for future research were identified.

MeSH terms: family characteristics; health promotion; poverty; qualitative research; single-parent family; social support

RÉSUMÉ

Contexte : La recherche sur les familles monoparentales dirigées par la mère a toujours porté avant tout sur les facteurs de risque psychosociaux et les déficits plutôt que sur les atouts familiaux (forces et caractéristiques de résilience). Les incidences négatives de la pauvreté et de l'isolement social sont bien documentées. Les programmes de visites à domicile offrent un appui structuré aux familles surchargées, mais peu de recherches ont porté avant tout sur la signification de l'appui reçu (officiel et officieux) du point de vue des familles.

Méthode : Cette étude descriptive, exploratoire et qualitative a été réalisée dans le sud-ouest de l'Alberta auprès d'un échantillon planifié de 13 familles (revenu annuel moyen de 15 423 \$ et 2,1 enfants) à l'aide d'instruments de mesure composites (des outils cliniques et deux entrevues semi-structurées).

Résultats : Nous avons relevé des similitudes et des différences au niveau de l'appui et défini trois structures familiales monoparentales dirigées par la mère. Quelques-unes de ces familles ont fait état d'expériences de transformation liées à l'appui positif reçu de la ménagère visiteuse. Les familles n'ont pas toutes déclaré avoir « suffisamment d'appui » pour répondre à leurs besoins. Les sources de changement dans les atouts familiaux étaient : a) l'appui de la ménagère visiteuse, b) « l'appui d'autres sources » ou c) l'épanouissement personnel. Dans l'ensemble, l'appui reçu lors de visites à domicile était vu comme un facteur de changement.

Sommaire : Nous avons analysé l'appui et les atouts par rapport au contexte général de la famille et du milieu, puis dégagé des conséquences pratiques pour les programmes de visites à domicile et de nouvelles pistes de recherche.

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Social support is a multifaceted concept^{1,2} that has largely been described from an empirical perspective in the literature.³ Limited research has focussed on low-income, lone-mother families, their social support networks and family assets.⁴ Little is known about the meaning of social support from the perspective of families.² Several authors have suggested that advances in understanding support-health relationships require naturalistic inquiry approaches.^{5,6} More research is required to examine the process by which support is linked to health and well-being.⁷

Poverty is a socio-environmental risk condition that may be associated with lower levels of social support and a higher risk of poor health.⁵ Lone-mother families have both a higher risk of poverty and a higher risk for negative impacts on healthy child development.⁸⁻¹⁰ In Alberta, in 1996, just over half (52.9%) of lone-parent families were poor, with five times more lone-parent families living in poverty than two-parent families.¹¹

Family strengths can be defined as “the set of relationships and processes that support and protect families and family members, especially during times of adversity and change.”¹² Family assets are “strengths, skills, capacities, resiliencies, opportunities and resources.”¹³ Resiliency is the “process of coping with disruptive life events.”¹⁴ The presence of supportive relationships in informal support networks is one component of protective family patterns described in the Family Adaptation Model.¹⁵ A resiliency perspective – viewing families as having strengths and unique qualities – has been described as one key to successful provision of support by home visitors.¹⁶

METHODS

A qualitative exploratory descriptive study was conducted to examine social support and family assets from the context of low-income, lone-mother families. Families were asked to describe the meaning and perceived relationship between formal support, informal support and family assets. Support and assets were explored from a broad social context of the family¹⁷ and the environment.⁵

Communication patterns of disadvantaged families may include “scant vocabulary [and] concrete ideation.”¹⁸ Semi-structured

TABLE I

The Range of Support from the Home Visitor

Mother's Words Describing Support (Examples)	Support Relationship
“She knows me. She knows the situation. She knows what's gone on here.” (Dianne)*	“She knows me”
“She does so much for me: I just don't know how to add it up....” (Dianne)	Multiple types of support
“We talk a lot...like when she first started coming out I was kind of quiet...and then now I can talk to her...I talk her ear off sometimes....” (Holly)	Confiding relationship, developed over time
“She [new home visitor] doesn't really say much. She just like plays with them [children]. The other ones would really talk.” (Cheryl)	Limited role for a ‘new’ home visitor
“Yeah, I have other people that I could go to first. I'm sure there are other people in the program that might rely more... on their home visitor, that don't have other support.” (Karen)	Limited role, longer relationship

* Pseudonyms have been used.

TABLE II

Summary of Affirmative Support from the Home Visitor

Mother's Words Describing Affirmative Support	Themes
“Well I brought it up to her... and she thought it was a good idea.” (Pam)*	Supports mom's ideas
“She...gives me the options.” (Sonia)	Giving options
“She encouraged me to go and get help....” (Barb)	Encouragement
“She helped me look at my strengths.” (Pam)	Focus on strengths
“Listening to her actually giving me praise....” (Sonia)	Affirming strengths
“She would kind of just give me a boot sometimes.” (Barb)	Strengthens and supports action
Mother's Words Describing Changes Related to Affirmative Support	Themes
“It's okay to ask for help.” (Sonia)	Attitude shifts
“I wouldn't be going back to school, I probably wouldn't have even looked into it.” (Shannon)	Making decisions and taking action
“I've learned to control my emotions better.” (Sonia)	Learning improved coping strategies
“[I'm] more open to ask for help.” (Barb)	More willing to accept help

* Pseudonyms have been used.

interviews and clinical tools were combined to enhance description.¹⁹ Clinical tools included a) the Genogram,^{20,21} b) the Family Ecomap,²¹ c) the NetSurvey,²² and d) the Family Asset Map.¹³ Research and ethics approval was obtained from the Regional Health Authority (RHA) and the Universities of Alberta and Lethbridge.

The *Families First* program was based on several home visitation models.²³⁻²⁵ Low-income, lone-mother families participating in this home visitation program in south-west Alberta received letters of invitation if they met eligibility criteria. The researcher contacted and interviewed a purposeful sample of 13 interested families. Interviews were taped and transcribed. Data, including field notes, were compiled and thematic analysis was completed.²⁶ Descriptive data were “qualitized”¹⁹ and data displays were used for ‘between case’ and ‘across case’ analysis.²⁷

RESULTS

Participants were Caucasian lone-mother families (i.e., marital status of single, divorced, or widowed). The mean annual household income was \$15,423 (range <\$10,000 - \$20,000) and all annual incomes were below the Low Income Cut Off for 2001, by family size population size.^{28,29} Mothers' mean age was 24.5 years (range 20-39) with a mean of 12.2 years of education (range 9-19). On average, families had 2.1 children, a target child of 15.7 months, and resided in a mid-sized city (n=10).

Families were able to describe the meaning of support from both formal and informal support and identify some family assets. Mixed measurement enhanced description. Table I provides a summary of the range of support from home visitors (HV). Three family structures were identified (see Figure 1) and these were associated with differing levels of support within

TABLE III

Practice, Policy and Research Implications

Practice Implications	Policy Implications	Areas for Further Research
Viewing home visitation from the context of the family and the social environment is helpful.	Educate home visitors in managing service transitions	Family structures among lone-mother families.
Engage low-income, lone-mother families by building a relationship with the mother prior to focussing on the child.	Focus on building a relationship with the mother before implementing child development activities.	Behaviours of home visitors associated with perceived affirmative support and positive changes in family assets/strengths.
Affirmative support from the home visitor may be important in relation to mother's perceptions of support.	Families reporting 'needing more support' identified barriers to social participation.	Variability in family assets/strengths in lone-mother families.
Families experiencing affirmative support from the home visitor may be more likely to engage in attitudinal shifts and behaviour changes.	Policy changes may assist in areas where some families "needed more support": child care, access to sports, recreation and entertainment, transportation, financial security, medical coverage, and support for children with special needs.	Social expectations and the ideology of support implicit in home visitation practice.
Mixed methods of data collection enhanced description of family social support and family assets – consider for program evaluation.	Include multiple methods when evaluating home visitation programs.	Theory development related to perceptions of affirmative support.

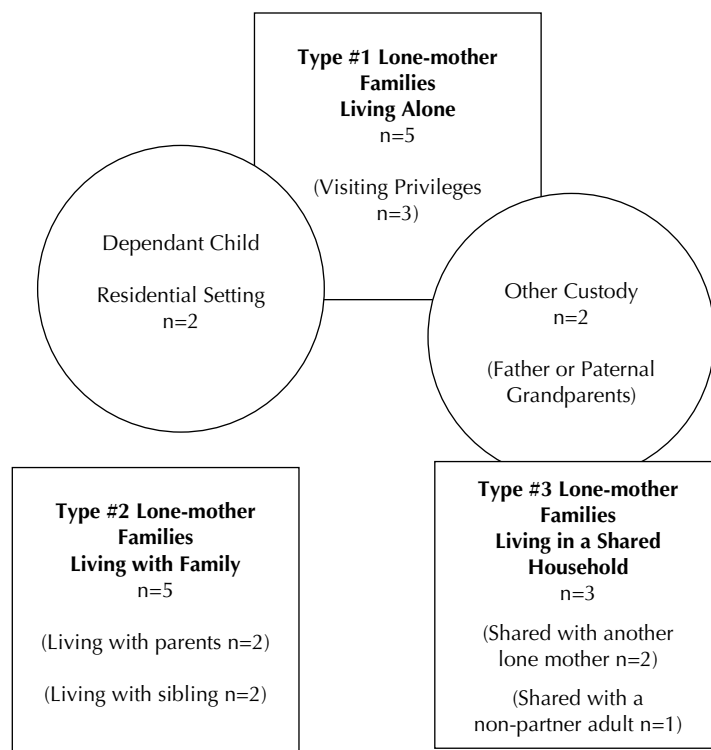


Figure 1. Family structure and lone-mother families
Describes the households of analysis for this study based on family structure. Children in shared custody arrangements who regularly spent time in their mother's household were included in the household analysis of social support.

households. Families described both positive and negative contacts with network members (informal and formal).

The perceived relationship between families and their home visitor varied. For some families, the HV was described as a source of a "great deal of support" (n=8) and three mothers listed the HV in their top three sources of support. Mothers who described the HV as "being there" for them, as well as for their child(ren), more commonly described positive perceptions

of support and a broad range of types of support from the HV.

Families who reported having 'enough support' to meet their needs had larger informal support networks (12-18 members) and more commonly had a positive view of the HV. Several families reported 'needing more support'. Other families described having increased access to services in relation to home visitation.

A few families described receiving affirmative support from the home visitor and posi-

tive life changes within their families in relation to this support. Table II provides a summary of affirmative support from the HV.

The most commonly identified assets on the Family Asset Map¹³ were: 'communication, caring and appreciation', having the 'basic necessities', and 'quality relationships'. The most common changes in family assets attributed to home visitation were: managing challenges, positive parenting, child care approaches, routines and activities, seeking support, and education and employment.

Small sample size is a limitation of this study, however themes identified from a heterogeneous purposeful sample may represent core issues³⁰ for lone-mother families. Practice, policy and research implications are summarized in Table III.

CONCLUSION

While larger informal networks were associated with 'perceived support', the relationship between formal supports and perceived support was not always clear. Home visitation was associated with some positive changes in family assets for participants in the current study.

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Rate of Mental Health Service Utilization by Chinese Immigrants in British Columbia

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ABSTRACT

Objective: Reports suggest that immigrants are under-served by the mental health service system. The aim of this study is to examine the rates of mental health visits and hospitalization of Chinese immigrants in British Columbia using historic administrative databases.

Method: A total of more than 150,000 Chinese immigrants who landed in BC between 1985 and 2000 were identified from an immigration database which was linked to the province's administrative health records, as part of a national study on immigrant health. Controls were individually matched to immigrants by sex, age and region and randomly selected from the general BC population.

Results: Preliminary results confirm that, while Chinese immigrants use less overall health care than controls, the difference in utilization rates is particularly pronounced with regard to mental health problems, especially for visits to psychiatrists and psychiatric hospitalization.

Discussion: The under-utilization of mental health services may reflect better health status, ongoing barriers to access, or other factors. There are different implications for health policy-makers. Further research is necessary to determine the reasons for the low rates of utilization.

MeSH terms: mental health services; immigrants; utilization; Chinese; British Columbia

RÉSUMÉ

Objectif : Selon plusieurs rapports, le système des services de santé mentale desservirait mal les immigrants. Notre étude visait à examiner les taux de consultation des services de santé mentale et les taux d'hospitalisation d'immigrants chinois en Colombie-Britannique à partir de bases de données administratives historiques.

Méthode : Nous avons recensé plus de 150 000 immigrants chinois établis en Colombie-Britannique entre 1985 et 2000 à partir d'une base de données de l'immigration, reliée aux dossiers de santé administratifs de la province dans le cadre d'une étude nationale sur la santé des immigrants. Nous avons jumelé, selon le sexe, l'âge et la région, des immigrants et des témoins choisis au hasard dans la population générale de la Colombie-Britannique.

Résultats : Nos résultats préliminaires confirment que même si les immigrants chinois utilisent moins les soins de santé que les témoins dans l'ensemble, l'écart dans les taux d'utilisation est particulièrement marqué en ce qui a trait aux problèmes de santé mentale, surtout pour les consultations de psychiatres et les hospitalisations dans des services de psychiatrie.

Discussion : La sous-utilisation des services de santé mentale peut refléter un meilleur état de santé chez les immigrants, des obstacles continus à l'accès ou d'autres facteurs, ce qui a des répercussions différentes pour les responsables des politiques de santé. Une recherche plus poussée s'impose pour déterminer les causes des faibles taux d'utilisation.

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