



# Home Visiting Revisited

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Special Report

Home visiting is an increasingly popular strategy for delivering services, particularly among programs for families with young children. In all, 550,000 American children are estimated to be enrolled in programs that rely on home visits.

Although they share a similar approach to service delivery, the content and goals of programs that use home visiting are diverse. Some, for example, strive to improve the child-rearing skills of parents and the school readiness of children, while others try to prevent child abuse and the development of violent behavior during childhood.

The effectiveness of home visiting is unclear. Home visiting is a service delivery strategy, not a specific service; yet it has never been evaluated as a service delivery strategy and compared with another strategy for delivering the same type of service.

Instead, studies focus on whether the specific services and information provided through home visits improve outcomes of parents and children compared to no service or whatever services families obtain on their own.

Conclusions drawn from such studies of the effectiveness of programs using home visiting are mixed. Several reviews have concluded that home visiting was not especially effective. However, evaluations and other research shed light on certain practices that lend themselves to successful delivery of services in the home.

## Approaches To Home Visiting

Several approaches to delivering services through home visits have been used to address issues ranging from child language development to parental depression.

Approaches to home visiting fall into several categories: service-based, information-based, behavior-based, and relationship-based. It is not unusual to find characteristics of several approaches blended into a particular program.

### Service-Based

This approach might be taken when a program attempts to reduce stress among family members or support healthy child development by linking parents with services and resources in the community.

Linking parents to community resources is typically done by providing information, referrals, case management, transportation, and other services.

Addressing immediate needs and family crises is a strength of this approach. A crisis distracts parents from issues related to their children, and lending support can help home visitors build relationships with parents. However, there is a risk that focusing on issues of environment might lessen attention paid to children's developmental needs.

A national evaluation of the Comprehensive Child Development Project, which used an "access to services" home visiting approach, found no significant differences in the outcomes of program and non-program control families in all but one of 21 sites. Control families, either by themselves or with the help of other community agencies, accessed as many services as CCDP families. And both groups improved in measures such as parent employment and child's language.<sup>1</sup>

### Information-Based

Programs that take an information-based approach to home visiting try to improve the skills and knowledge of parents by offering instruction in areas such as caregiving practices, promoting language and cognitive development, and stages of development.

A standard body of information is often used and is delivered in the home through one-on-one sessions with home visitors, handouts, video tapes, and other means.

Studies suggest this approach works best with motivated parents. More intensive intervention is usually required with parents confronted with circumstances that make it difficult for them to focus on the needs of their young children.

Parents As Teachers, a program with 2,000 sites nationwide, takes an information-based approach to try to strengthen parenting skills and a parent's knowledge of child development and to prepare young children for school. A study of two sites reported small and inconsistent gains in parent's knowledge, attitudes, and behavior as whole. But children of teen mothers who received PAT and case management showed gains in cognitive development of up to 1.5 months and had fewer cases of child abuse.<sup>2</sup>

### Behavior-Based

The behavior-based approach promotes the well-being of young children by focusing on improving the way mothers interact with their children.

Skilled, professional home visitors are usually required. They are often called upon to observe infant behavior, interpret what they witness, discuss their observations with parents, and use video tapes and other instructional materials to encourage more positive interactions and to build parents' confidence in their parenting abilities.

Such an approach has been found to be effective with families who typically resist intervention, and with young, inexperienced parents. A Michigan program, Interaction Guidance, targeted just such a population. Positive outcomes reported in studies included mothers improving in relationship measures and weight gains and fewer hospitalizations among failure-to-thrive infants.<sup>3</sup>

### Relationship-Based

Another approach to home visiting emphasizes building trusting relationships among parents and home visitors that become a foundation from which work on improving relationships within families – particularly between parents and children – can begin. Some programs using a relationship-based approach appear well suited for families in which risks to the relationship between the parent and infant are a primary concern or where parental mental illness is a significant factor. Such programs typically require home visitors who are professionally trained in therapeutic interventions.

The UCLA Family Development Project, for example, built relationships among home visitors and parents that were used to help mothers better understand relationships within their families, learn how to effectively respond to their young children, set goals for themselves, and assess and solve problems they confront in life.

A study of the project reported gains that included mothers being more responsive to their infants and having better relationships with their partners. Their levels of depression or anxiety were not affected, however. Children were more compliant, attached, and task involved, but no significant differences in their cognitive development were reported.<sup>4</sup>

### Effective Intervention

Evaluations of home visiting programs identify several characteristics that contribute to successful intervention, ranging from the types of issues most often addressed with families to the importance of the staff who are sent to their homes to deliver services.

### Program Content

Although their approaches may vary, home visiting programs deal with several common issues important to the early development of children.

How they address those issues is influenced by the program's strategy, objectives, quality of staff, and other factors. Content of home visiting programs fall into several general categories. Key areas include:

- **Address serious needs of the family.** Home visitors counsel, instruct, refer to services, or take other steps to ease a family crisis or fill a critical family need that distracts parents from parenting effectively.

- **Promote self-efficacy.** Improving the competence and well-being of parents is the focus of home visitors whose work might include teaching problem solving skills, counseling parents on relationships, and helping them set goals and obtain jobs.

- **Promote healthy parent-infant relationships.** Observing and interpreting infant behavior and counseling parents are among ways programs promote healthy parent-infant relationships critical to social-emotional, cognitive, and language development.

- **Promote effective child care.** Most programs take steps to encourage good child care practices, including providing access to health care and immunizations and teaching topics such as feeding and sleeping practices, safety, and substitute caregivers.

- **Instructing parents on child development.** Methods that help parents understand child development and be a positive influence, including teaching about discipline, exploration, and other topics, and using assessments that give parents a better idea of their children's developmental stages.

### When To Intervene

Many home visiting programs begin recruiting parents during pregnancy or around the time of birth. They find parents to be the most open to guidance and support during those times. Some programs report the strongest outcomes are realized when enrollment occurs during pregnancy and services are continued throughout infancy.

Other interventions, however, focus on different developmental periods more suited to their objectives. Families of boys ages 18-months to two years old are

recruited for an intervention led by University of Pittsburgh researcher Daniel Shaw, who relies on home visitors to deliver services designed to prevent conduct problems. His research has the premise that the “terrible twos,” a period when even strong parent-child relationships can become frayed, is also a time when family-based interventions work best.

### Contact At Home

How often home visitors meet with parents and the period of time over which visits take place are important issues.

Frequency of visits depends upon the approach of the program and many variations have been used, including regular once-a-week visits, declining patterns starting with weekly visits and ending with monthly visits, and visiting patterns determined by the degree of family need.

Unfortunately, program evaluations offer no clear recommendation with respect to frequency of visits, although frequent visits – and services in greater amounts and intensity – are likely to improve most outcomes.

Studies do suggest that, in general, early intervention home visiting programs realize better outcomes the longer services are provided parents and families. Some issues, such as changing attachment status, have been found to require intervention for longer than one year.

However, some brief approaches have also shown promise. The Michigan program, Interaction Guidance, realized improved mother-child relationships and other gains over 10-12 sessions timed to coincide with shifts in developmental stages.<sup>5</sup>

### Staff

Recruiting home visitors, training, and other staff-related issues are important to the success of home visiting interventions in which the relationships established with parents are critical to outcomes.

Home visiting programs use professionals as well as paraprofessionals to deliver services to families. Professionals typically have specialized training in human services fields, while life experience and the ability to work with families are often the primary strengths of paraprofessionals. Some studies report that professionals produce better outcomes.

In deciding who to employ, programs need to consider the difference between professionals and paraprofessionals. Among the differences are the following, which were reported in a study of a visiting nurses program in Colorado.<sup>6</sup>

- Nurses spent a greater proportion of time on parenting issues.
- Paraprofessionals spent twice as much time on health and safety issues.
- Nurses completed more visits than paraprofessionals.
- Paraprofessionals had more of their families drop out than did professionals.
- A higher turnover among paraprofessional staff was reported.

### Establishing Relationships

Programs that use home visiting approaches often believe that the relationship between home visitors and parents is the central mechanism for inspiring behavioral change.

Establishing a strong relationship with parents requires several skills. For example, home visitors should be able to:

- Listen and respond with empathy.
- Be non-intrusive and respectful.
- Be flexible and responsive to family needs.

Several personal characteristics and attitudes among home visitors help them work effectively with families. These include:

- Warmth, understanding, and the ability to relate to others.
- A commitment to helping empower families.
- Emotional strength.
- Patience and realistic expectations about the pace of change.
- The ability to understand and accept cultural diversity.

### Training & Supervision

Training is a key element of home visiting programs that should not be overlooked. Even professionals well-trained in their specialties may lack the breadth of knowledge and skills a comprehensive home visiting approach demands.

Evaluations of home visiting interventions offer several

lessons related to training and supervision, including these:

- Professionals often need training relative to the home visiting approach embraced by a program, even though their formal education may have been exposed them to a range of strategies and techniques used in home visits.
- Paraprofessionals often require specific skills and close supervision.
- Beyond techniques and strategies, training of home visitors should consider the nature of building and sustaining relationships so critical to their work by providing opportunities to address, for example, their personal background, feelings, and conflicts that may influence their ability to work with families.
- Supervision is more productive when it extends beyond performance review to include helping solve problems presented by individual families and providing opportunities for workers to reflect on their capabilities and vulnerabilities.

Support and opportunities for reflection have enabled staff to work more effectively with families and has helped reduce burn-out and staff turnover rates.

### Help With Cognitive Outcomes

Home visiting as a service delivery mechanism is expanding as more programs turn to it to address issues such as a violence prevention and school readiness. Studies suggest caution, however, when looking toward home visiting as a means to improve children's cognitive development.

Cognitive development proves to be much less influenced by home visiting programs when compared to health, behavioral, and emotional outcomes. Part of the reason may be that stimulation at home depends a great deal on a parent's motivation, cognitive skills, and the time he or she has to spend with the child.

Center-based approaches to cognitive development show more promise. And studies suggest that – particularly when working with high-risk children – linking home visiting services with quality child care offers a better chance of improving school performance.

### References

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*This Special Report, written by Jeffery Fraser, is largely based on the above-referenced publications. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:*

<sup>1</sup> St. Pierre, R.G., et al. (1997). National Impact Evaluation of the Comprehensive Child Development Program: Final Report, Cambridge: MA: Abt Associates Inc.

<sup>2</sup> Wagner, M.M., & Clayton, S.L. (1999). The Parents as Teachers program: Results from two demonstrations, *The Future of Children, Home Visiting: Recent Program Evaluations, 9* (1), pp. 91-115. Los Altos, CA: The David and Lucille Packard Foundation.

<sup>3</sup> McDonough, S.C. (1993). Interaction Guidance: Understanding and treating early infant-caregiver relationship disturbances. In C. Zeanah (Ed.), *Handbook of Infant Mental Health*, chapter 27, pp. 414-426.

<sup>4</sup> Heinike, C.M., Fineman, N.R., Ruth, G., Recchia, S.L., Guthrie, D., Rodning, C. (1999). Relationship-based Intervention with at-risk mothers: Outcome in the first year of life, *Infant Mental Health Journal, 20* (4), pp. 339-374.

<sup>5</sup> McDonough, S.C., op. cit.

<sup>6</sup> Korfmacher, J., O'Brien, R., Hiatt, S., & Olds, D. (1999). Differences in program implementation between nurses and paraprofessionals providing home visits during pregnancy and infancy: A randomized trial. *American Journal of Public Health, 89*(12), 1847-1850.

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