



Effective components of home visiting programs



NSW Department of
Community Services

Introduction

As part of the DoCS Early Intervention Program the Department is recruiting 350 new early intervention caseworkers to support the implementation of the program. These caseworkers will work with families to identify their strengths and needs and then develop tailored support packages for them. Some of these packages may include home visiting services.

This Research to Practice Note has been prepared to provide a brief overview of home visiting services and to explore their effectiveness.

What is home visiting?

Home visiting is often cited as a successful evidence-based intervention. However, home visiting is not a single, uniform intervention, but a strategy for delivering a multiplicity of services¹. It is often used as a means of delivering services to vulnerable, first time mothers in need of support, or offered in conjunction with other services which target the child more directly (such as attending an early childhood education program).

There are two broad approaches to the types of service delivered by home visiting. These are:

- **Professional health model:** In this model, home visitors are usually trained nurses and the target group is vulnerable mothers. Their training ensures they have extensive knowledge of mother and infant health, while their status as 'health professionals' is often considered less threatening and stigmatising.
- **Partnership model:** In this model the program is often delivered by para-professionals or volunteer home visitors whose expertise is gained from life experience and personal social skills. Programs often encourage mothers to come up with their own solutions through the supportive 'friendship' of a home visitor.

These models by no means cover all permutations of home visiting programs nor are they mutually exclusive. Nurse home visiting programs often include befriending strategies as well, while para-professional and volunteer home visitors receive training in child development and health promotion knowledge.

Important contributors to success

The evaluation of each of these models has led to a number of key factors being identified which contribute to a program's success. These are outlined briefly below.

Trusting relationship

- It is critical to establish a trusting relationship with the mother. For very disadvantaged families this is more likely to occur when the visitor is from a similar background.
- More successful outcomes have been found where the relationship has been established before the birth of the baby. (This may be due to the message being reinforced that the visitor is there to support the mother and not because they feel the baby needs protecting).

Qualifications

- Para-professionals and nurses are more effective than volunteers.
- It's important that home visitors are trained. Training should stress the importance of being non-judgemental and respectful of the family. This includes keeping appointments, not cutting sessions short and being sympathetic to the difficulties facing the family.

Home visitor support

- Caseloads need to be manageable – around 15 to 20 per home visitor.
- Para-professionals need at least four weeks training.
- Home visitors need to be supervised by a well-qualified and experienced home visitor.
- Where home visitors are well-compensated, attrition rates are reduced.

The program

- Professional home visiting models should be goal oriented and teach specific skills.
- Alternatively, the program should focus on 'empowering' parents by supporting them to come up with ways to solve their own problems.
- A minimum of six visits are needed before change is likely to occur.

- Visits need to be at least monthly but preferably weekly or fortnightly, especially early in the home visiting schedule.
- A home visiting program should aim for at least a year of intervention with three to five years scheduled for families with more complex problems.

Benchmark programs

Elmira Parent/Early Infancy Project

The benchmark program representing the 'professional health' approach is the Elmira Parent/Early Infancy Project developed by Olds and colleagues.

Their study targeted 400 first time mothers many of whom were young or unmarried or disadvantaged. They were randomly allocated to four groups and visited by trained nurses. When the literature refers to the success of home visiting, the results often refer to this particular home visiting program.

This study found that mothers who were home visited smoked less during pregnancy, had heavier babies and fewer pre-term babies. They were more likely to delay subsequent pregnancies, and perhaps related to this, were more likely to be employed or return to school.

The children in the Elmira Project were less likely to be identified as victims of abuse and neglect by two years of age. Between two and four years they were less likely to attend hospital accident and emergency departments, and reported abuse was less severe and behaviour problems less frequent.

Fifteen years later, families were revisited and were found to have averaged less time on welfare. The children in the program, now adolescents, had fewer episodes of running away, fewer convictions and violations of probation, and consumed alcohol less frequently.

Community Mothers' Program

The benchmark program for the 'befriending' approach is represented by the Community Mothers' Program². Home visitors are experienced mothers from the local community trained to encourage vulnerable mothers to resolve their day-to-day problems themselves. It is based on ideas of empowerment and support.

This program had some success in Ireland. Eight years later, program mothers were less likely to believe in physical punishment. They felt more positive about motherhood, supervised homework and visited libraries more often. Subsequent children were more likely to be immunised and program children had fewer hospital visits.

The need for caution

With regard to benchmark programs

The generalisation from these results that 'home visiting works' needs to be treated with some caution. Most often, the results cited in the literature refer to the Elmira study, a University-based and well-funded study. Although many of the sample were young or single or disadvantaged, the 15 year follow-up results pertain to a group of 38 unmarried, low socio-economic status mothers who were visited before the 30th week of pregnancy and received an average of 23 visits by the child's second birthday. They were compared with 62 similar mothers who had been randomly allocated to a control group and were not home-visited.

The home visitors were highly trained and the sample was small. No differences were observed in relation to acting out at school, suspensions from school, parents' or children's reports of major acts of social delinquency, minor anti-social acts, age of initiation into sexual intercourse and other behaviour problems but these are rarely mentioned. The sample was recruited in the 1970s and it has been difficult to replicate results as convincingly since, either using the same or other programs. As a result this one study provides most of the weight of the evidence base in favour of home visiting.

The Community Mothers Program was also less successful in England. What worked in a disadvantaged area in Ireland where there was a strong sense of community, could not be transferred successfully to the 'sink estates' of England. Barker, the author of the Community Mothers Program suggests this is because, in England, parents did not identify with the estate. A long term resident mother from the estate was not necessarily seen as being a trusted and respected source of information and advice.

With regard to other home visiting programs

In reviewing other more recent, rigorously evaluated (random allocation) home visiting programs such as, *Hawaii's Healthy Start (HHS)*, *Healthy Families America (HEA)*, *Parents as Teachers (PAT)*, *Home Instruction for Parents of Preschool Youngsters (HIPPI)* or the *UCLA Family Development Project*, Gomby et al. (1999) point out that the changes that did occur were usually modest and did not address all the program goals. They concluded that across six nation-wide programs and using over 100 reliable and valid measures, it was striking that there were so few positive effects.

The methodology adopted in evaluation may have also created bias in favour of positive results diluting the strength of any conclusions being drawn. All the

programs examined by Gomby et al. struggled to enrol, engage and retain families. Often, even if families did participate, they received less than half the scheduled visits. As follow-up data were only collected on those families who continued with the program, views of the drop-out families remain unrecorded, biasing results towards the positive. As well, in the case of some studies, (eg HFA) program staff were also the evaluators introducing another potential source of bias.

Many evaluations stopped at evaluating the process, rather than monitoring family and child outcomes. Often the person delivering the program was also the person asking the parents whether they were satisfied with program or found it helpful, making it difficult for families to state honestly if they thought it had not been useful.

Conclusion

The success of a program delivered by home visiting will be a function of the program, the fidelity of the roll out of the program, the frequency and duration of the visits, the training and personal qualities of the visitor and their ability to engage the families in a trusting relationship. More rigorous evaluation of home visiting programs is needed to tease out the effective components.

Further reading

- *Prevention and Early Intervention Literature Review*, NSW Department of Community Services, 2004. Copies are available on DoCS' intranet and internet – www.community.nsw.gov.au
- Olds DL, Henderson CR Jr. & Kitzman H, (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25-50 months of life? *Pediatrics*, 93(1): 89-98
- Olds DL & Kitzman H, (1993). Review of research on home visiting for pregnant women and parents of young children. *The Future of Children*, 3(3): 53-92
- Olds DL & Kitzman H, (1990). Can home visitation improve the health of women and children at environmental risk? *Pediatrics*, 86(1): 108-116
- Olds DL, Robinson J, O'Brien R, Luckey D et al. (2002). Home visiting by paraprofessionals and nurses: A randomised control trial. *Pediatrics*, 110, (3): 486-487

Endnotes*

- 1 Gomby DS, Culross PL & Behrman RE, (1999). Home visiting: Recent program evaluations—analysis and recommendations. *The Future of Children*, 9(1): 4-26
 - 2 Sweet, M., & Appelbaum, M. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435-1456.
- * Additional references available on request.

The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.

Produced by

Centre for Parenting and Research
NSW Department of Community Services
4-6 Cavill Avenue
Ashfield NSW 2131
02 9716 2222

www.community.nsw.gov.au
researchtopractice@community.nsw.gov.au

ISBN 0 7310 4387 1