



background

Report # 124

Characteristics Of Effective Home Visitation

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New Interest in Home Visitation

Learning From Experience

Certain features improve child outcomes

Although questions remain, a large body of evidence suggests programs that use trained home visitors to deliver a range of human services can provide parents and children with important benefits, such as better parenting practices, higher quality home environments and, to some extent, improved cognitive development among children.

But studies suggest that to realize their full potential, home visiting programs need to embrace certain features shown to improve outcomes and, perhaps, be woven into comprehensive, systems-level approaches to address the many needs of at-risk children and families.

President Barack Obama last year proposed investing more than \$8 billion over the next 10 years in home visiting programs, despite lingering debate over their effectiveness. More than two decades of study has shown some programs have a positive impact on issues ranging from child abuse and neglect to children's cognitive development, while others result in little improvement.

Those studies also highlight program characteristics that contribute to uneven outcomes and suggest that with careful design and implementation home visiting can be both a beneficial and cost-effective strategy for delivering services to at-risk children and families.

Costs And Benefits

Home visitation is not a new concept. It has been used for several decades as a method of reaching at-risk children and families with a wide range of supports. In the United

States, home-visiting programs serve an estimated 400,000 and 500,000 children, about 5% of the estimated 10.2 million American children under the age of 6 years who are living in low-income families.

Although these programs have been widely studied, few have been the subjects of cost-benefit analyses. However, studies that have examined their economic benefits reported that home visitation results in a return on investment.

Two studies of the Elmira, N.Y., Nurse-Family Partnership program, for example, reported that each dollar invested in higher-risk families returned \$5.70, and that each dollar invested in services to lower-risk families returned \$1.26.¹ The savings were largely the result of higher tax revenues from more mothers gaining employment, lower use of welfare assistance, reduced spending for health and other services and less involve-

The potential of home visiting programs to effectively address important issues such as parenting behaviors and children's health is attracting the interest of policymakers despite an uneven overall record of producing outcomes.

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ment in the criminal justice system.

Keys To Success

Home-visiting programs vary greatly in terms of goals, target populations, curriculum, the qualifications of home visitors, their roles and other characteristics which influence the impact these programs have on addressing the needs of at-risk children and families.

Studies that have documented the overall uneven outcomes seen across home-visiting programs also identify the characteristics that tend to produce the best results.

In general, the most successful home visiting programs are theoretically based, offer comprehensive programming, use a variety of teaching methods and foster positive relationships. Treatment is timed for prevention and the intensity is matched to the nature of the problem. Staff are

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well trained and culturally sensitive. They are evaluated and outcomes are examined.

The credentials of home visitors are important. For example, one of goals of the Nurse-Family Partnership is to improve pregnancy outcomes and promote child health, which the public health nurses they employ are particularly well suited for.

Staff training and whether home visitors are familiar with program goals also influence outcomes. The Healthy Start program in Hawaii had little impact on child abuse and neglect, which it was designed to prevent. But home visitors rarely referred families to additional community services, even for suspected child abuse and domestic violence. And they neglected to do so despite the fact that linking families to such services was a key program goal.²

The focus of home visiting programs also accounts for some of the differences in outcomes. For example, the Nurse-Family Partnership was more effective in preventing child abuse and neglect at two sites where most of the women in the program were first-time adolescent mothers than at a third site where the ages of the mothers were more diverse.

Service delivery factors play an important role in outcomes as well. Families who get the highest dosage of an intervention tend to benefit the most. One of the reasons some home-visiting programs have limited impact is that a high percentage of their families receive little treatment.

The quality of the relationship between home visitors and participants tends to predict how involved parents are with services as well as the benefits they get from them. The conscientiousness of home visitors,

efforts to build program loyalty and how well home visitors and parents match up in terms of personality and personal history all influence the quality of relationships.

Home visitation studies also suggest that using a theoretically based curriculum is critical to achieving optimal results. Because most programs focus on addressing the needs of individual families, the content of home visits may vary from family to family. Such variation, in turn, contributes to inconsistent outcomes among programs. Research suggests, for example, that a recent shift to more specific and replicable program content has contributed to Nurse-Family Partnership programs achieving more successful outcomes.

Part Of A Larger System

The potential of home-visiting programs may best be exploited if they are folded into an integrated system of care that coordinates early childhood interventions across programs and agencies to provide seamless access to needed services.

Developing such a comprehensive system faces barriers, not the least of which are those imposed by the categorical funding home-visiting pro-

grams rely on. Defining eligible target populations, staffing and program design requirements and other criteria lead home-visiting programs to seek funds from many sources. Common federal sources include Medicaid, the State Children's Health Insurance Program, Temporary Assistance for Needy Families, and the Maternal and Child Health Block Grant.

Nevertheless, embedding home-visiting programs in an integrated system of care appears promising. For example, Early Head Start recipients enrolled in programs that combine home visitation and center-based services show the greatest positive gains in parenting behavior.³ Studies also suggest home-visiting programs should consider including community coalitions as a way of streamlining the services and supports available in communities.

Such steps, along with careful attention to program design and implementation, are seen as giving home-visiting programs their best chance of achieving the kind of consistent, positive outcomes that more effectively address the needs of at-risk children and families and warrant continued investment.

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