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Home Visitation

Assessing Progress,
Managing Expectations

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About the Author

Deborah Daro is a Chapin Hall Research Fellow with over 20 years of experience in evaluating child abuse treatment and prevention programs. Dr. Daro has directed some of the largest multi-site program evaluations completed in the field and has lectured and published widely. Prior to joining Chapin Hall in January 1999, Dr. Daro served as the Director of the National Center on Child Abuse Prevention Research, a program of the National Committee to Prevent Child Abuse. She has served as President of the American Professional Society on the Abuse of Children and is currently serving on the Executive Council of the International Society for the Prevention of Child Abuse and Neglect. A member of the Ounce of Prevention Fund Board of Directors, Dr. Daro holds a Master's degree in City and Regional Planning and a Ph.D. in Social Welfare from the University of California at Berkeley.

About Chapin Hall Center for Children

Chapin Hall Center for Children is a nonpartisan policy research center dedicated to bringing rigorous research and innovative ideas to policymakers, service providers, and funders working to improve the well-being of children. Located at the University of Chicago, Chapin Hall now celebrates twenty years as a leading source of research and expertise about the needs of children and the service systems designed to meet those needs.

About Ounce of Prevention Fund

Founded in 1982 as a public-private partnership, the Ounce of Prevention Fund invests in the healthy development of at-risk infants, toddlers, preschoolers and their families. We use an innovative cycle of family-focused programs, research, training, policy analysis and advocacy to help young children succeed in school and throughout life.

The Ounce of Prevention Fund and Chapin Hall Center for Children are pleased to share Dr. Daro's ideas and perspectives. We hope this report will encourage vigorous discussion — and we welcome your thoughts and ideas.

A Look At What's Inside

- A review of the evolution of and research evaluating home visitation programs
- Improvements in home visitation programs
- Expectations for home visitation programs moving forward



Early intervention efforts to promote healthy child development have long been a central feature of social service and public health reforms. Today, prenatal care, well-baby visits, and assessments to detect possible

developmental delays are commonplace in most communities. Recently, child abuse prevention advocates have applied a developmental perspective to the structure of prevention systems, placing particular emphasis on efforts to support parents at the time a woman becomes pregnant or when she gives birth.¹ The concept that learning begins at birth, not when a child enrolls in kindergarten, has permeated efforts to improve school readiness and academic achievement.²

Although a plethora of options exists for providing assistance to parents around the time their child is born, home visitation is the flagship program through which many states and local communities have reached out to new parents. Based on data from the large national home visitation models (e.g., Parents as Teachers, Healthy Families America, Early Head Start, Parent Child Home Program, Home Instruction for Parents of Preschool Youngsters (HIPPO), and the Nurse Family Partnership), it is estimated that somewhere between 400,000 and 500,000 young children and their families receive intensive home visitation services each year.³

In addition, 37 states have service systems to reach families just before or just after birth that include home visitation services, which may be based on one or more of these national models or on a locally developed model.⁴ Although the majority of these programs target newborns, it is not uncommon for families to begin receiving home visitation services during pregnancy, to remain enrolled until their child is three to five years of age, or to begin home visits when their child is a toddler. Given that there are about 23 million children aged birth to five in the U.S. (and about 4 million births every year), the proportion of children with access to these services is modest but growing.

The proliferation of existing home visitation programs and the development of new models over the past several years have sparked increased scrutiny and lively debate over the empirical evidence supporting the method's efficacy and structural integrity.^{5,6,7} A recent paper commissioned by the Committee for Economic Development, Invest in Kids Working Group raised pointed concern about the quality and impacts of many of the home visitation efforts being disseminated across the country.⁸ As is the case with other reviews, this paper highlights the inconsistency in program outcomes documented in evaluations of various models, calls for greater and ongoing attention to issues of quality, and advises more modest expectations as to what can be accomplished through any single intervention.

Mixed outcomes, uneven quality, and overstating what can be accomplished are valid concerns, particularly when an intervention begins to take hold and becomes widely implemented.

As with all thorny issues, multiple realities exist.

The key question with regard to home visitation is not whether the collective body of information suggests that the *average* level of performance among participants exceeds the *average* level of performance among various control or comparison groups, but rather is whether program outcomes and quality are improving over time, and whether program expectations are becoming more aligned with what families need and communities can support.

Just as the investment value of a company's stock is not determined by its current value, but rather by its current value in relationship to where it has been in the past and where it is expected to be at a given point in the future, continued support for home visitation or any effort that intervenes early should be determined by evidence of ongoing quality improvement and increased success in meeting realistic expectations.

The purpose of this paper is to promote analytic thinking and use of evaluative research. The sections that follow review the evolution of home visitation programs and the research evaluating this intervention, discuss improvements that have taken hold in home visitation programs, and outline reasonable expectations for home visitation programs moving forward.

The Evolution of Home Visitation Programs

Before considering outcome data, it is important to reflect on the full body of research that initially supported the current emphasis on newborns and their parents. Contrary to the assumptions outlined in several policy reviews, the rapid expansion of home visitation over the past 20 years has been fueled by a broad body of research that highlights the first three years of life as an important intervention period for influencing a child's trajectory and the nature of the parent-child relationship rather than on positive findings regarding a specific service model.⁹ The empirical base for this conclusion grew out of the early brain research, translated for popular consumption by the Carnegie Corporation's *Starting Points: Meeting the Needs of Our Youngest Children* report and a special issue of *Newsweek*.^{10,11}

In addition, longitudinal studies on early intervention efforts implemented in the 1960s and 1970s found marked improvements in educational outcomes and adult earnings among children exposed to high-quality early intervention programs.^{12,13,14,15,16} These data also confirmed what child abuse prevention advocates had long believed – getting parents off to a good start in their relationship with their infant is important for both the infant's development and for her relationship with parents and caretakers.^{17,18,19} None of the critiques of home visitation have contradicted the simple fact that the first three years of a child's life have enormous influence. The key policy message from this body of research is not simply that home visitation services should be expanded, but rather that more comprehensive parent support systems should be defined and implemented.

A particular focus on home visitation within the context of developing a *system* to support new parents and their young children emerged, in part, from the work of the U. S. Advisory Board on Child Abuse and Neglect in the early 1990s.²⁰

Drawing on the experiences of many western democracies and the State of Hawaii in taking home visitation “to scale,” as well as the initial promising results of David Olds's nurse home visitation program in Elmira, New York, the U.S. Advisory Board concluded that “no other single intervention has the promise that home visitation has.”²¹ Olds's data showed initial reductions in reported rates of child abuse among first-time, low-income teenage mothers and was often cited as evidence the method worked. Yet at least a dozen assessments – of other home visitation efforts that had demonstrated gains in such diverse outcomes as parent-child attachment, improved access to preventive medical care, parental capacity and functioning, and early identification of developmental delays – were equally influential.²² This pattern of findings, coupled with the strong empirical support for initiating services at the time a child is born and Hawaii's success in establishing its statewide system, provided a compelling empirical and political base for the initial promotion of more extensive and coordinated home visitation services.



Evaluation Research and Program Outcomes



Although the conceptual development of at least one home visitation model (Healthy Families America) supported systemic and contextual change as well as the expansion of individual programs, implementation of the early intervention concept has largely involved replication of home visitation programs targeting high-risk families.²³ In retrospect, the field might not have been well served by promoting home visitation over the development of an early intervention system that embraced a continuum of interventions. Effectively reaching and supporting all newborns and their parents requires a much larger and more diversified tool kit. Moving forward, the importance of intervening early and support for new parents needs to be decoupled from a singular focus on home visitation. Joining the two ideas – home visitation and early intervention – has resulted in a debate that has centered on the efficacy of a single intervention, home visitation, rather than on an informed discussion as to how a diverse set of empirical findings can be effectively used to create a culture and system of support for young children and their parents.

Even as states struggle to define the appropriate scope and content of their new-parent intervention systems, home visitation remains a popular choice. Thus, it is essential that home visitation programs undergo continued scrutiny. In highlighting the importance of home visitation in 1991, the U.S. Advisory Board explicitly noted the need for further research on such important issues as cost, program intensity, staff requirements, training and supervision, and the variation in design necessary to meet the differential needs of the nation's very diverse new-parent population.²⁴ Over the past 15 years, these and similar issues have been the subject of a growing body of empirical studies. Some of these studies have confirmed the initial faith placed in the strategy by the U. S. Advisory Board; others find that many questions remain unanswered, even as states continue to expand services in this area.

Attempts to summarize the research on home visitation have drawn different conclusions. In some cases, the authors concluded that the strategy, when well implemented, does produce significant and meaningful reduction in child-abuse risk and improves child and family functioning.^{25, 26, 27, 28} Other reviews, such as the Invest in Kids Working Paper, draw a more sobering conclusion. In some instances, these disparate conclusions reflect different expectations regarding what constitutes “meaningful” change; in other cases, the difference stems from the fact the reviews include different studies or place greater emphasis on certain methodological approaches (e.g., randomized controlled studies).

Over time, we find more promising outcomes. This should not be surprising as the database used to assess program effects is continually expanding, with a greater proportion of these evaluations capturing post-termination assessments of models that are better specified and better implemented.

In their examination of 60 home visitation programs, Sweet and Appelbaum²⁹ documented a significant reduction in potential abuse and neglect as measured by emergency room visits and treated injuries, ingestions, or accidents. The effect of home visitation on reported or suspected maltreatment was moderate but insignificant, though failure to find significance may be due to the limited number of effect sizes available for analysis of this outcome. Geeraert, et al.³⁰ focused their meta-analysis on 43 programs with an explicit focus on preventing child abuse and neglect for families with children under three years of age. Though programs varied in service delivery strategy, 88 percent utilized home visitation as a component of the intervention.

At-A-Glance: Home Visitation Evaluation Findings

A number of evaluation studies have captured the demonstrated short- and long-term impacts of home visitation programs for parents and their young children.

New Parents:

Short-term outcomes

- Better birth outcomes
- Enhanced parent-child interactions
- More efficient use of health care services
- Enhanced child development and early detection of developmental delays

Long-term outcomes

- Reduced welfare dependency
- Higher rates of school completion and job retention
- Reduction in the frequency and severity of maltreatment

Toddlers:

Short-term outcomes

- Early literacy skills
- Social competence
- Parent involvement in learning

Long-term outcomes

- Stronger school performance
- Fewer behavior problems
- Higher rates of high school graduation



This meta-analysis, which included 18 post-2000 evaluations not included in the Sweet and Appelbaum summary, notes a significant, positive overall treatment effect on Child Protection Services reports of abuse and neglect and on injury data, somewhat larger than the effect sizes documented by Sweet and Appelbaum.

Stronger impacts over time also are noted in the effects of home visitation on other child and family functioning. Sweet and Appelbaum³¹ note that home visitation produced significant but relatively small effects on the mother's behavior, attitudes, and educational attainment. In contrast, Geeraert et al.³² find stronger effects on indicators of child and parent functioning.

Similar patterns are emerging from recent evaluations conducted on the types of home visitation models frequently included within state service systems for children aged birth to five. Such evaluations are not only more plentiful, but also are increasingly sophisticated, utilizing larger samples, more rigorous designs, and stronger measures. Many of these evaluations, however, are not published in peer reviewed journals, and therefore not captured in the types of meta-analyses mentioned above. Although positive outcomes continue to be far from universal, parents enrolled in these home visitation programs report the following:

- Fewer acts of abuse or neglect toward their children over time;^{33, 34, 35, 36, 37}
- More positive health outcomes for the infant and mother;^{38, 39}
- More positive and satisfying interactions with their infants;⁴⁰ and
- A greater number of life choices that create more stable and nurturing environments for their children than either participants in a formal control group or than various comparison groups identified on the basis of similar demographic characteristics and service levels.^{41, 42, 43}

One home visitation model that initiates services during pregnancy has found that its teenage participants reported significantly fewer negative outcomes by age 15 (e.g., running away, juvenile offenses and substance abuse).⁴⁴

Home visits offered later in a child's development also have produced positive outcomes. Toddlers who have participated in home visitation programs specifically designed to prepare them for school are entering kindergarten demonstrating at least three factors correlated with later academic success—social competency, parental involvement, and early literacy skills.^{45, 46, 47} Longitudinal studies of home visitation services initiating services at this developmental stage have found positive effects on school performance and behaviors through sixth grade as well as lower high school dropout and higher graduation rates.^{48, 49}

In addition to documenting the positive impacts of home visitation services, these studies are contributing to a broader understanding of how to do this work better. When mothers are enrolled during pregnancy, not only are birth outcomes more positive, but mothers enrolled during this period have stronger parenting outcomes than women enrolled post-natally.⁵⁰ Although positive impacts have been observed by programs employing home visitors with various educational backgrounds and skills, one study, which examined the relative merits of different types of home visitors within the context of a program designed to be provided by nurses, found nurses more effective in achieving program goals than a group of paraprofessionals.⁵¹ Others have found that outcomes are more robust when home visitation is partnered with other early intervention services or specialized support.^{52, 53, 54, 55}

Assuring Improved Outcomes

Greater positive impacts among a broad range of home visitation models reflect, in part, two trends – improved program quality and improved conceptual clarity. With respect to quality, the six major national home visitation models are each engaged in a series of self-evaluation efforts designed to better articulate those factors associated with stronger impacts and to better monitor their replication efforts.

- The Nurse Family Partnership (NFP) maintains **rigorous standards** with respect to program site selection. Data collected by nurse home visitors at local sites is reported through the NFP’s web-based Clinical Information System (CIS), and the NFP national office manages the CIS and provides technical support for data entry and report delivery. These data provide information to sites about program management, details on how closely a site is following the program model, and compare individual sites with other NFP sites to help nurse home visitors refine their practice.
- Since 1997, Healthy Families America’s (HFA) **credentialing system** has monitored program adherence to a set of research-based critical elements covering various service delivery aspects, program content, and staffing. In an effort to promote ongoing quality improvement, the standards have been revised periodically to meet the changing needs of families and programs. At present, over 80 sites use a common data collection system developed by the national staff to monitor implementation and ensure compliance with these standards. In addition, an implementation study conducted in 2004 brought researchers and practitioners together to examine key challenges within the service delivery process, including issues of participant and staff retention, service intensity, staff supervision, and service content.
- After three years of extensive pilot testing and review, Parents as Teachers (PAT) released its **Standards and Self-Assessment Guide** in 2004. Every three years, PAT programs are expected to complete a self-assessment process that covers service delivery and program management indicators, which emphasize continuous quality improvement.
- The Parent-Child Home Program (PCHP) requires that all site coordinators report programmatic and family data using the PCHP **management information system**. After each home visit, home visitors are required to document the session, providing data on the level of activity and involvement of the parent and child with program materials. This information is reviewed during supervisory sessions with the home visitors and used to direct future practice.
- HIPPY USA has continued to improve its quality assurance system, most recently by establishing a HIPPY **program-credentialing** procedure. In order to assist sites in complying with these guidelines, the national office provides a range of supportive services including rigorous training of trainers (including a full-year internship and mentoring program); strengthening the local HIPPY evaluation tool kit; and developing several new training and technical assistance tools that ensure local program quality.

- Since its inception, all Early Head Start sites have operated under a set of **performance standards** that define the scope of services that programs must offer to children and families. These standards focus on three areas—Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management.

In addition to model-specific efforts to assure program quality, representatives from these six models have also worked collaboratively as part of a **Home Visit Forum** since December 1999 to explore possible areas of mutual need and interest and to establish a vehicle for cross-program cooperation. At the time it was established, the Home Visit Forum committed to achieving three major goals, considered central to advancing research and service provision in the field of home visiting:

- 1 Strengthening the empirical and clinical capacity to assess and improve home visit services and outcomes;
- 2 Developing strategic multi-model research inquiries and reinforcing the reciprocal links back to practice, training, and model development; and
- 3 Creating and supporting efforts to share and explore the implications of lessons learned with the broader home visitation field.

Over time, this process has resulted in the refinement of each model’s theory of change, in the development of shared standards with respect to staff training and supervision, and in the commitment to advocate for program expansion within a framework of best practice standards supported by empirical evidence. Despite continued variation in program objectives and approach, agreement is growing around a number of key factors that represent the types of programs most likely to meet expectations.

This list includes:

- Solid internal consistency that links specific program elements to specific outcomes,
- Well-trained and competent staff,
- High-quality supervision that includes observation of the provider and participant,
- Solid organizational capacity,
- Linkages to other community resources and supports, and
- Consistent implementation of program components.

As the number and breadth of interventions targeting the birth-to-five population grow, the need to carefully allocate resources becomes more acute. Each model, be it home visitation, preschool, or child health insurance, needs to demonstrate both its effectiveness and its added value to a system of early support and intervention. Current empirical evidence suggests that home visitation does add value. Early Head Start research and various meta-analyses find more robust outcomes when families are offered both home-based and center- or group-based options.^{56, 57}

When the primary objective of the intervention is enhancing school readiness or improving developmental outcomes, it is clear that children who are offered the opportunity for several hours a day of structured, high-quality early education, in addition to home visitation services, do better in school, seem more socially poised and have more positive life outcomes. This added value appears not only to improve parent-child interactions but also to reduce the type of negative behavioral patterns that others have identified among children spending long hours in child care settings. And, not surprisingly, when a child’s behavior improves, relationships with parents are more positive and abuse rates might potentially be lowered.

Home Visitation: Moving Forward

Dissatisfaction with the level of impacts achieved by home visitation reflects, in part, the high expectations with which the strategy was initially embraced in the early 1990s. Prevention advocates had come to believe they had achieved perfect alignment between what the empirical data indicated would work and what policymakers were willing to support. As with many social interventions, however, performance does not always meet expectations, particularly when the intervention is adopted in a variety of forms and for a variety of reasons. Had expectations been more modest or had greater emphasis been placed on the importance of altering context as well as individual parent behaviors, critics of home visitation might have been more comfortable accepting the modest gains that have been achieved. On the other hand, more modest expectations might have left policymakers concluding that a program that offered only small, marginal change is not worth significant public investment.

How can prevention advocates disengage from this seemingly no-win situation?

- **Manage expectations.** Certainly, greater care needs to be taken in how any given strategy is promoted. No program, regardless of quality, can be expected to alter the life course of troubled families after a mere year or two of support. Although a limited number of small-scale, highly controlled experimental studies have indeed produced dramatic results from this level of effort, it is unclear whether such impacts can be sustained when an effort is made widely available. When replicated far and wide by a large number of actors with limited knowledge or understanding of the program's philosophy, goals, and structure, program quality can suffer. In addition, growing availability generally means that the service will be offered in a less discriminating manner, with the average participant often demonstrating less interest in and willingness to use the intervention as intended.

Program managers can control only their own efforts. To claim impacts beyond what one is offering is to lay the foundation for ultimate disappointment in the intervention.

- **Look beyond individual programs to systemic change.** Establishing appropriate expectations cannot be the program planner's only response. Preventing negative outcomes such as child maltreatment and academic failure will not likely be achieved through tunnel vision. The roots of these problems are buried in both the individual and in the social context. For any intervention to realize a notable and sustained reduction in a participant's risk factors or improvements in key protective factors, the planning process must consider the complementary changes that need to occur in the major institutions and norms that influence a parent's actions and shape a child's social environment.



Modest expectations must be accompanied by a commitment to the types of systemic change that will create a context in which early interventions can thrive. Although programs can change a parent's willingness to access health services, health services need to alter their structure and funding procedures to become more accessible. Similarly, the concept of child protection must include interventions that support families before serious abuse or neglect becomes the normative framework shaping parent-child interactions. Programs that intervene early can better prepare a child to learn, but public education systems need to be better prepared to accept children who will continue to face educational challenges.

- **Make connections with other services.** Those planning and implementing interventions targeting families can no longer limit their vision or interests

to a narrow scope of work. They must look beyond the confines of their own efforts and create explicit connections to the work of others. At the most basic level, any intervention must include a set of necessary "wraparound" services that are offered to program participants either in conjunction with or following the primary intervention. Equally important but rarely tackled is the effort to define the conditions for change in relevant institutions or mainstream efforts. Blending funding streams, reducing central control and bureaucratic requirements, and providing greater local autonomy require more than a minor adjustment in existing operations. The task is not simply instituting a new model program, but rather discerning and resolving the adaptive challenges that would face the nation's social, educational, and health institutions were we to make a serious commitment to supporting young children and their families.



Home visitation is not the singular solution for preventing child abuse, improving a child's developmental trajectory, or establishing a strong and nurturing parent-child relationship. However, the empirical evidence generated so far does support

the efficacy of the model and its growing capacity to achieve its stated objectives with an increasing proportion of new parents. Maintaining this upward trend will require continued vigilance to the issues of quality, including staff training, supervision, and content development. It also requires that home visitation be augmented by other interventions that provide deeper, more focused support for young children and foster the type of contextual change necessary to provide parents adequate support.

Resources: The Home Visit Forum

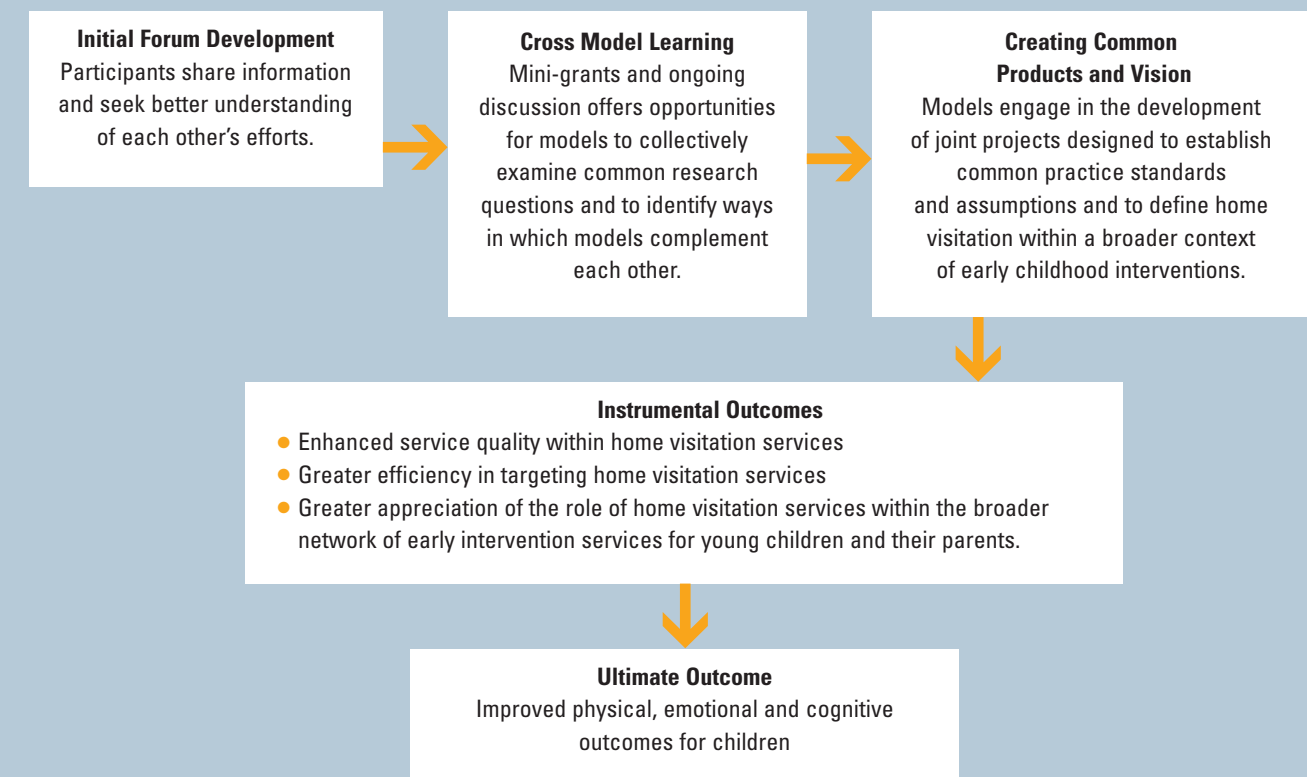
The Home Visit Forum serves as a field-building strategy for improving the conceptual clarity and quality of home visitation services and developing a service system better equipped to enhance outcomes for young children and their families. Forum participants represent six national programs: Early Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPO), the Nurse Family Partnership, Parents As Teachers, and the Parent-Child Home Program.

the Chapin Hall Center for Children at the University of Chicago; Dr. Barbara Wasik, from the Center for Home Visiting at the University of North Carolina at Chapel Hill; and Dr. Heather Weiss, from the Harvard Family Research Project, Harvard Graduate School of Education.

Central to the Forum's operating framework is the belief that achieving better outcomes for children cannot occur unless individual services seek to improve both their internal logic and functioning as well as the inter-relationships with service programs and policies that share their objectives.

The Forum was initially established in 1999 through grants from the Ewing Marion Kauffman Foundation and The David and Lucile Packard Foundation. The Forum's management, facilitation and strategic planning has been provided by Dr. Deborah Daro, from

Additional information on the Forum is available at: www.gse.harvard.edu/hfrp/projects/homevisit/index.html



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