



A Family Perspective on Home Visiting Programs

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Abstract:

During the past 25 to 30 years, family professionals have been investigating and designing intervention programs that would help parents deal with the demands and stress of parenting. One recent intervention that has been gaining more interest is using home visits as a mechanism to provide families with support in care taking, parent education, and parent empowerment. In light of positive research results of home visiting, in 1991 the U.S. Advisory Board on Child Abuse and Neglect recommended a universal home visiting program to prevent child abuse and neglect (Krugman, 1993). The family impact analysis is a useful tool in examining the potential success and pitfalls of programs directly servicing families. Home visiting programs are implemented in families' homes and many models include in their objectives helping parents achieve their goals, strengthening parental commitment to children, and enhancing the well-being of both children and their parents. Before taking the next step to implement large-scale home visiting programs, it is worth considering more in-depth the ways that these programs create both positive and negative consequences for the families they serve. As the models widely differ in their implementation, the results are very different, with many programs showing few positive effects. Furthermore, the field may benefit from family impact analyses of their individual programs to aid in revising their curriculum and goals to service and enhance the well-being of whole family.

Introduction

The birth of a new child can be a joyous occasion, but it may also be a very stressful change for the family. During the past 25 to 30 years, family professionals have been investigating and designing intervention programs that would help parents deal with the demands and stress of parenting. One recent intervention that has been gaining more attention from policymakers is using home visits as a mechanism to provide families with support in care taking, parent education, and parent empowerment (Gomby, Culross and Behrman, 1994). This paper will discuss the programs' history, implementation, and the policies that have arisen from the home visiting model. In addition, this paper addresses the impact of the programs on the families that they do and do not serve, and policy considerations for the future of home visiting programs and policies.

Background

Home visiting programs in the United States began in the late nineteenth century with middle and upper class women visiting the urban poor in their homes (Boyer, 1978). These women modeled “good” behavior, and the charitable organizations they represented aimed to help the poor by giving them social support and a mentor/model to lift them up from poverty. In the beginning of the twentieth century, home visiting was replaced by Jane Addams’ settlement houses (Weiss, 1993).

Not until the later half of the twentieth century and the War on Poverty did home visitation arouse much interest. In 1976, physician and child abuse expert C. Henry Kempe proposed that the United States develop a universal system of lay health visitors. These paraprofessionals would work collaboratively with traditional health professionals to guarantee that the basic health needs of every child were met. The visitors would act as a bridge between families and the health care system.

Interest in home visiting grew in the early 1980s after David Olds’s nurse home visiting model produced promising results (Olds et al., 1998). In this model, nurses visited low-income mothers, many of whom were unmarried teenagers, prenatally and during the first two years of their children’s lives. The nurse home visitors provided education about health care and personal development, parent-infant interaction, and child development.

Fifteen years later, follow-up data showed that compared with families that received only transportation and developmental screening, nurse-visited mothers and their children had significantly better outcomes. Mothers who participated in the intervention had 46% fewer verified reports of child abuse and neglect than control group mothers. Children born to nurse-visited mothers also had 56% fewer arrests by the time they were 15 years old. The mothers themselves had 69% fewer arrests, 37 fewer months on food stamps, 23 fewer months on Medicaid, 20% fewer subsequent births, and an average spacing of 28 months between first and second children (Olds et al., 1997; Olds et al., 1998a). These families also experienced other positive benefits, such as greater informal support and reduced poverty (Olds 1998b).

Hawaii’s Healthy Start has also fueled further interest in using home visiting as a mechanism to prevent child maltreatment (Duggan et al., 1999). Hawaii’s Healthy Start used a paraprofessional home visiting model to target families at risk of child abuse and neglect. The program produced promising results: none of the program families had substantiated Child Protective Services (CPS) cases of child physical abuse, and only four reports of neglect were documented in the three-year pilot program that serviced 1,693 families. The program families also experienced a decrease in family stress as measured by a pre- and post-test of the Family Stress Checklist.

In light of these positive research results of home visiting, in 1991 the U.S. Advisory Board on Child Abuse and Neglect recommended a universal home visiting program to prevent child abuse and neglect (Krugman, 1993). The Board recognized the potential of home visiting programs in identifying child abuse precursors, but also realized that there are shortcomings of some home visiting programs and that not all home visiting programs have lived up to their potential. The criteria outlined by the board recommended that home visiting programs: (1) be offered universally so as to not stigmatize those who truly need the program; (2) be voluntary; (3) begin with a minimum of weekly home visits during the neonatal period and have home visits last a few years after the neonatal period; (4)

provide a mixture of professional and paraprofessional service staff; and (5) provide services that enhance family interactions.

Due to scarce resources and other barriers, most programs are not implemented according to the board's recommendations. First, most are targeted programs; only slightly more than one quarter (28%) of the home visiting programs surveyed in the U.S. reported serving the general population (Wasik and Roberts, 1991). Second, although many programs aim to start services either prenatally or during the neonatal period, some programs do not reach families until after the neonatal period. The dosage or amount of home visiting also varies across programs. In a recent evaluation, only about half of the programs reported visiting families on a weekly basis (Wasik and Roberts, 1991). Many programs only use paraprofessionals as service providers and do not employ a mix of professionals and lay persons. Finally, because program implementation has not been well documented, there is lack of knowledge about the specific services offered to families.

Family Impact Analysis of Home Visiting Programs

A family perspective can help us examine the potential benefits and shortfalls of home visiting programs in regard to their sensitivity and responsiveness to family well-being. This section provides a family impact analysis of home visiting programs, taking into consideration the variety of services offered.

Family Support and Responsibilities

- Does the policy or program build on informal social support networks (such as community/neighborhood organizations, religious communities) that are essential to families' lives?

In previous studies, social support has proven to be an important component of competent parenting. Social isolation is one of the strongest predictors of child abuse (Werner and Smith, 1982) and social support during an infant's first year of life is associated with more secure parent-infant attachments (Jacobsen and Frye, 1991). Depending on the implementation of the home visiting program, the program may either build on or ignore informal support networks. Many programs see parents as isolated, and view the home visitor as a primary social support figure. By having the home visitor in this role, parents are intended to be able to maintain a good relationship in their lives. From this experience, home visiting programs assume that parents learn interpersonal skills. However, having one supportive figure, whose contact with the family may be time-limited, may not be enough for many needy families. In addition, many home visiting programs are plagued by frequent employee turnover, which could cause upheaval for participating families who become reliant on the services and relationship provided by the visitor.

In addition, programs that use home visitors as primary support figures may ignore the informal support networks already in place in the parents' community. If home visitation staff do not come from the same community as the family, they may not be familiar with locally-available resources and supports, and may not have the time or inclination to assist families in seeking out these networks.

However, in many programs, paraprofessionals are specifically recruited from the same area as the parents. In these models, home visitors are there to act as a bridge between parents and the community. Thus, building on already existing community support

structures, these home visiting programs aim to help parents find informal networks in their community and may refer families to community, religious, service or other organizations that can be ongoing sources of support.

Family Membership and Stability

- Does the policy or program strengthen marital commitment or parental obligations?

Home visiting programs may weaken the parental commitment of fathers, as they rarely acknowledge the importance of fathers' involvement in their children's lives. Many programs do not hold fathers accountable and ignore the pivotal role fathers can play in children's development. Most of the programs have activities specifically for mothers, and more specifically, single mothers. Although there is a growing movement in program development to involve fathers and father figures, in practice fathers tend to be excluded in home visits. This may be due to an oversight of the program or because in the service population, many fathers and father figures are absent. Home visiting programs may benefit by making a conscious effort to include fathers in their family services.

Home visiting programs aim to empower the parents of young children and enhance their competence by providing the support necessary to raise their children. Specifically, some home visiting programs focus on providing parental education and aim to help mothers better interact with their children. Some home visiting models may have a two-generational component, whereby they also aim to improve the parents' trajectory in terms of education and personal relationships, in addition to focusing on meeting children's needs.

Family Involvement and Interdependence

- To what extent does the policy or program recognize the reciprocal influence of family needs on individual needs, and the influence of individual needs on family needs?

Some home visiting programs have a two-generational component, where the home visitor works with parents on self-improvement and goal setting, while also focusing on the children. These home visiting programs see the nuclear family as a whole and work with the individual members to accomplish goals and can address relational problems or conflicts. For other programs without this element, staff may less effectively aid in balancing family members' competing needs and responsibilities.

Even in programs with a two-generational component, however, there is little focus on the extended family. Grandparents or other relatives often play a significant role in families' lives and child-rearing, and overlooking this phenomenon may result in the program's failure to attend to the competing needs and responsibilities of the family system. By understanding that families are complex networks of relationships spanning generational axes, family visiting programs may better serve their clientele.

Family Partnership and Empowerment

- In what specific ways does the policy or program encourage professionals to work in collaboration with the families of their clients, patients, or students?

There has been some speculation about how the professional credentials of the home visitor affect his or her relationship to the family. In many models, the home visitor is not to be seen as an expert, but instead the parent is viewed as the expert on their child. However, with professional home visitors such as public health nurses, parents may see

the professional credentials as tied to an expert role. In other models, the professional home visitor is theorized to act as a support figure (counselor) and a resource coordinator.

Some process evaluations have suggested that paraprofessional home visitors may actually enable persisting negative patterns in the family. In one study, paraprofessional home visitors believed their role was to empower the parents and serve as a primary social support figure (Hebbeler & Gerlach-Downie, 2002). These home visitors did not emphasize changing the parents' behavior or follow-up with concrete suggestions on how to become better parents. Better training and supervision can help paraprofessionals in their job performance. In a national survey, only slightly more than half (53%) of home visiting programs offered their employees in-service training; however more than two-thirds (68%) of programs specifically aiming to reduce child abuse and neglect offered in-service training (Wasik & Roberts, 1990).

- In what specific ways does the policy or program involve participating families in the planning, implementation, and evaluation of the service or program?

Because home visiting programs are carried out in the family's home, typically the family is directly involved in program implementation. Most of the research and literature concerning home visiting programs does not include families or parents as planners or evaluators of the home visiting program. The development or evaluation of the program is primarily conducted by medical professionals and public health departments. Because families receiving services can provide a unique perspective on the effectiveness of the program, their participation in evaluation and planning could be a substantial contribution.

Family Diversity

- How does the policy or program identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural and geographic backgrounds that are relevant to program effectiveness?

Most home visiting programs assume that the primary caretaker is not working and visit parents in their homes during business hours. Also, most programs do not involve grandparents or fathers, but instead assume that mothers will be the primary caretakers. However, in many families this may not be the case. In some situations, particularly among some ethnic groups, grandparents or other extended family may act as the primary caretakers. This oversight may lead to situations where programs fail to target their services to those directly involved in care-taking for the child.

Although the U.S. Advisory Board on Child Abuse and Neglect recommends a universal home visiting program, most of the programs are, in fact, targeted programs. Parents who do not meet the screening criteria may not be eligible for the home visiting service and thus, these home visiting programs are not accessible to two-parent, middle-class families. One of the reasons the advisory board recommended universal programs was to decrease the stigma attached to receiving home visiting services. By targeting only poor and single mothers, the program may inadvertently reinforce negative stereotypes of cultural or social deficiencies in these populations.

Some home visiting models do not take into account the differences in ethnic or religious backgrounds of participating families. Many home visiting programs are based upon the literature of normative child development. However, most of the previous research on child development is based on middle-class children and middle-class values. For example,

parents may be dissuaded to use physical punishment in disciplining children and some programs may promote a less authoritarian parenting style. The current research suggests that children of some racial or ethnic backgrounds, notably Asian Americans and African Americans, may have better outcomes in households with an authoritarian parenting style (Steinber, Dornbush and Brown, 1992).

Support of Vulnerable Families

- Does the policy or program give support to families who are most vulnerable to breakdown and have the fewest resources?

Although contrary to the U.S. Advisory Board on Child Abuse and Neglect recommendations, most home visiting programs target economically vulnerable families due to limited resources. These families may be vulnerable due to the parents' age, poverty status, educational attainment, social isolation, domestic conflicts and lack of social support. From a family perspective, it is laudable that families most at risk are specifically provided for under the home visiting model. However, concerns remain about possible stigma or humiliation for participants if the program limits its efforts to these families only.

Policy Considerations

The family impact analysis is a useful tool in examining the potential successes and pitfalls of programs directly servicing families. Home visiting programs are implemented in families' homes and many models include in their objectives helping parents achieve their goals, strengthening parental commitment to children, and enhancing the well-being of both children and their parents. This being said, this analysis has revealed that there are some issues that deserve further consideration.

1. *Scope of Programs:* The U.S. Board on Child Abuse and Neglect recommends universal home visiting programs with specific considerations for vulnerable families. While targeting services to those most at risk is important to ensuring the well-being of this population, there is the possibility that this could result in humiliating or uncomfortable circumstances. Additionally, structuring home visiting programs this way presumes that other parents would not benefit from these services, which denies them similar support. Research on the program effects of home visiting programs show that universal programs can produce better results (Guterman, 1999). In addition, family policy scholar, Theda Skocpol (1997) recommends universal programs since they are more likely to muster and maintain broad-based political support and widespread acceptance into the culture.
2. *Population Served:* Another concern raised by this analysis is that many home visiting models do not truly see the family as a whole and instead focus only on mothers. These programs may be better implemented if they also include a father or extended family members. When including fathers, the program can help emphasize the father role for many men.
3. *Personnel:* High turnover rates among home visiting staff can have negative impacts on the families they serve. By providing on-going training and supervision for home visitors, especially paraprofessional home visitors, programs could equip home visitors with the skills they need to work with challenged families. Ongoing

training and supervision may also help home visitors distance themselves from the families to reduce burnout and avoid taking on the role of the families' sole social support.

4. *Community Infrastructure*: Some home visiting programs that rely on staff from outside the communities in which they work do not strengthen the community infrastructure that may already be in place or help build a community centered on families. By placing more emphasis in connecting parents with existing support structures in the community, programs may serve to build lasting support for families after the program services have ceased.
5. *Program evaluation and design*: Home visiting programs tend to involve families only in the implementation process. With home visiting models that use a developed curriculum, parents may have little influence in the planning process. Secondly, evaluations of home visiting programs do not usually involve families or family-level data. Most evaluations collect child-focused data or home environment data. Consumer reports of home visiting programs are either not collected or not published. When thinking about diversity, family impact analysis aids in examining how programs might work to take into account family input reflecting diverse values, ethnic backgrounds, and religions.

Before taking the next step to implement large-scale home visiting programs, it is worth considering more in-depth the ways that these programs create both positive and negative consequences for the families they serve. As the models widely differ in their implementation, the results are very different, with many programs showing few positive effects. Furthermore, the field may benefit from family impact analyses of their individual programs to aid in revising their curriculum and goals to service and enhance the well-being of the whole family.

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