

*Home Visitation:
The Cornerstone for Effective
Early Intervention*

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Policy research that benefits children, families, and their communities

Key concepts

- Review current funding levels and scope of home visitation programs nationwide
- Examine the core outcomes and populations best served by these efforts
- Highlight the gaps and limitations of the strategy and the opportunities these limitations present for new research and practice innovations

Scope of Effort

- National models continue to expand in number and replication sites -- serving 400,000 to 500,000 children and their parents
- State-level investment
 - 40 states are providing a total of 70 different home visitation models to local residents
 - 34 states are engaged in interagency planning around the model and 15 states have established tiered systems to serve high and low risk parents
 - Total expenditures in these models exceed \$250 million

National Model Comparisons

Availability	PAT available in all states. Other models concentrated in a few states
Target Population	NFP based on demographics. Others use risk assessment tool or offered universally
Provider Characteristics	NFP hires only nurses. Other use mix of professional and para-professionals
Focus	Most emphasize parent-child interactions and parental capacity. Many focus on child development and risk reduction
Costs	\$6,463 to \$1,250 per family

Evolution of CAN Prevention Framework

Horizontal imagery



Vertical imagery

Multiple age cohorts



Birth to five

Promotion of any promising program



Emphasis on evidence-based programming

Alter participants



Alter participants and context

Factors Contributing To New Paradigm

- **Early Intervention**
 - Early brain research and its accessibility to the general public
 - Political support for early intervention
- **Emphasis on Universal Change or Prevention**
 - Need to broaden public engagement in this issue
 - Limits of prediction models to appropriately target at-risk
- **Evidence-informed practice**
 - Concerns with accountability
 - Improve the quality of the program/policy planning process

Why home visitation programs?

- Convergence of political interests, clinical knowledge and empirical research
- Success of the Nurse Family Partnership and other home visitation efforts in achieving positive outcomes – there is evidence the strategy works.
- Hawaii's statewide expansion of Healthy Start – there is evidence you can do this to scale.
- Established a promising pathway for reaching the most challenged families

What makes home visiting attractive?

- Provide services in a participant's home, reducing the barriers to engagement
- Allows one to target and shape the intervention to the needs of each specific family
- Facilitates contact with other family members and care providers.
- Models “relationship building”

How valuable is home visitation?

Initiated During Pregnancy/Birth

- Better birth outcomes (if offered during pregnancy)
- Enhanced parent-child interactions
- Positive maternal life and health choices
- More efficient use of health care and community services
- Enhanced child development and early detection of developmental delays

Toddlers

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

Promising service characteristics

- Solid internal consistency linking program elements (curriculum) to desired outcomes
- Begin at birth or sooner (for CAN outcome)
- Engage families in services and sustain involvement long enough to achieve outcomes
- Provide direct assessment and services to children as well as parents
- Solid organizational capacity
- Build strong linkages among local providers

Promising staffing patterns

- Prevention is about building relationships not delivering a product – hire relationship builders
- For the most intensive services, maintain low caseloads (15 per worker)
- Provide staff comprehensive initial and in-service training opportunities
- Provide staff multiple opportunities for individual and group supervision

What elements remain unclear?

- The appropriate target population
- The importance of curriculum consistency
- The optimal service duration and intensity
- The critical qualifications for home visitors
- The appropriate locus of administrative control

What are the key limits to the model?

- Can build dependency on a single service provider
- May not demonstrate to families how to “manage” a service market or secure needed support from these resources
- Often does not successfully engage and retain those most challenged
- Home visitors may attempt to address issues for which they lack expertise

Opportunities to Strengthen Programs

- Introduction of mental health providers
- More focused training and coaching
- Use of video taping and feedback to parents
- Augment with group-based interventions

Opportunities to Strengthen Infrastructure

- Universal risk assessment
- Linkages to early education opportunities
- Cross-model training
- Cross-model data management systems
- Interagency collaboration and coordination around shared mission/benchmarks
- Public engagement efforts

Critical Questions for Moving Forward

- What is the appropriate scope for prevention?
- What is the appropriate standard of evidence for judging the merits of various strategies?
- What is the appropriate balance between investing in service expansion versus infrastructure improvements?
- What must parents know, and what services must they have access to, in order to meet the needs of their young children?