



background

Report # 123

Home Visitation Outcomes

April 2010

New Interest in Home Visitation

Help For Some, But Not All

Mixed outcomes still a matter of debate

Interest among the nation's policymakers in using home visitors to deliver a range of human services to children and families in need is on the rise, despite lingering debate over the effectiveness of such programs, which today reach more than 10 million American children.

Last year, President Barack Obama proposed that the nation invest more than \$8 billion over the next 10 years in programs that use home visiting as a means of delivering services – programs, which, while continuing to show promise in addressing important issues such as parenting behaviors and children's health, have an uneven overall record of producing outcomes.

Some two decades of study documents positive outcomes achieved by some programs but not by others in domains ranging from child abuse and neglect to parent-child relationships and home environment. And in many cases, reported effects are isolated to certain groups of families.

But the picture is not that simple. Comparing the results of home-visiting programs is complicated by differences in program goals, populations served, program models used, the skill and training of staff, the degree to which individual programs adhere to the theoretical model on which they are based and other characteristics.

Although questions remain, the body of evidence suggests home-visiting can provide parents and children with important benefits, such as improved parenting practices, home environment and, to some extent, children's cognitive development.

Home visitation has been used

for several decades as a method of reaching at-risk children and families with a wide range of supports. It is estimated that home-visiting programs in the United States serve 400,000 to 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.¹

Some of these programs are national in scope, including the Nurse-Family Partnership, Healthy Start, Healthy Families America, the Comprehensive Child Development Program, Early Head Start, and the Infant Health and Development Program.

General goals of these programs include providing parents with information, emotional support, access to other services and direct instruction on parenting practices. These programs come in many shapes and sizes and vary in important ways.

Although most, for example, employ paraprofessionals or nurses

A substantial body of research shows not only the benefits and limitations of home visitation, but also the characteristics that enable the most effective programs to improve the well being of the children and families they are designed to serve.

See Report 124

to deliver services, their roles may differ. In some cases, they are primarily a source of social support, while in other programs they may serve as a liaison to social support, providing referrals to mental health, domestic violence and other community resources. Their roles also include that of in-home literary teachers, parenting coaches, role models, and experts on parent and child health. For example, the Nurse-Family Partnership, which operates in Pennsylvania and 25 other states, employs registered nurses to visit low-income, first-time mothers and, among other things, encourage healthful behaviors during pregnancy and teach them parenting skills.

Many well-established U.S. home-visiting programs have been studied using rigorous methods to determine their effectiveness in addressing such issues as child abuse and neglect, parenting behaviors, child health,

(Continued on back)

home environment and children's cognitive development. The following are snapshots of some of the findings.

Abuse And Neglect

Few home-visiting programs measure child abuse and neglect as outcomes and even fewer have been able to document they've made a significant impact on maltreatment. The reason largely has to do with low reporting rates, varying state definitions of what constitutes abuse and neglect, and other difficulties in measuring child abuse and neglect.

Some programs have been found to make a difference. A study of the Elmira, NY, Nurse-Family Partnership program, for example, reported a 48% decline in rates of child abuse and neglect.² But in other programs, little difference in abuse and neglect rates has been reported between families who received home visits and those in the control groups who did not.

Parenting Behaviors

Another outcome examined is harsh parenting behavior, a less-severe form of abusive behavior that includes spanking or slapping a child. Here, the impact of home-visiting programs tends to be greater.

For example, a study of Healthy Families of New York reported that families in the program showed fewer harsh parenting behaviors than families in the control group, particularly among first-time mothers. The Nurse-Family Partnership also reduced harsh parenting behaviors among adolescent mothers, and studies of Early Head Start report that mothers spank their children less often.

Home Environment

Several, but not all, of the home-visiting programs studied helped to improve the quality of children's

home environments, as measured by factors ranging from parents' responsiveness and involvement with their children to the learning materials and stimulation found in the home.

Programs with such outcomes include Healthy Families America and Early Head Start. However, the well-established Comprehensive Child Development Program did not have a significant impact on the home environment or on any measured aspects of parenting.

Health And Safety

Studies of home-visiting programs have looked at factors that offer insight into children's health and safety, including the number of injuries, hospital admissions and immunizations. Outcomes were mixed overall.

A study of two Nurse-Family Partnerships, for example, looked at injuries and hospital admissions. Children of low-income, unmarried mothers in the programs had fewer emergency room visits than children of mothers not in the program.³ On the other hand, with the exception of Early Head Start, most home visiting programs have had little impact on

children's immunizations.

Cognitive Development

Children's cognitive development is another area in which studies report that some home visiting programs have resulted in gains for children while others have had limited impact.

An evaluation of Alaska's Healthy Families America program found that children who received home visits scored higher than those who did not participate on measures of motor, language and cognitive development. More limited results were reported for the Nurse-Family Partnership programs, which achieved some cognitive gains among children, but most were concentrated within specific subgroups, such as children of mothers with low psychological resources.

Although such mixed evidence continues to fuel debate over the effectiveness of home visitation, many theorists and policymakers believe that the improved outcomes documented in some studies suggest that carefully designed and implemented home visits can be a beneficial strategy for providing services to at-risk children and families.

references

This report is largely based on the following publications.

Howard, K., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children*, 19(2); 119-146.

Astuto, J., & Allen, L. (2009). Home visitation and young children: An approach worth investing in? *Social Policy Report*, 23(4); 3-23.

¹ National Center for Children in Poverty. (2007). Basic Facts About Low-Income Children: Birth to Age 6. New York, NY: Columbia University, Mailman School of Public Health.

² Olds, D.L., Eckenrode, J., Henderson, C.R. Jr., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L.M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278, 637-643.

³ Olds, D.L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D.W., Henderson, C.R. Jr., Holmberg, J., Tutt, R.A., Stevenson, A.J., & Bondy, J. (2007). Effects of nurse home visiting on maternal and child functioning: Age 9 follow-up of a randomized trial. *Pediatrics*, 120(4), 832-835.

Children, Youth & Families background is published by the University of Pittsburgh Office of Child Development (OCD), a program of the University of Pittsburgh School of Education. These reports are based on available research and are provided as overviews of topics related to children and families.

OCD Co-Directors: Christina J. Groark, Ph.D.; Robert B. McCall, Ph.D.

background writer/editor: Jeffery Fraser; e-mail: jd.fraser@comcast.net

University of Pittsburgh Office of Child Development 400 N. Lexington Ave., Pittsburgh, PA 15208; (412) 244-5447; fax: (412) 244-5440

This report and others can be found on the Internet by visiting: <http://www.education.pitt.edu/ocd/family/backgrounders.aspx>