How effective is home visiting? Findings from a focused literature review of home visiting interventions similar to *KidsFirst*

**WHAT IS *KidsFirst***?

*KidsFirst* is a federally-funded, provincially-run intervention program launched in 2002 that provides support and services to vulnerable families with young children (aged 0-5) in Saskatchewan. It is offered in nine areas of the province that were identified as having high levels of need when the program was established: Meadow Lake, Moose Jaw, Nipawin, Northern Saskatchewan, North Battleford, Yorkton and selected neighbourhoods in Prince Albert, Regina and Saskatoon. *KidsFirst* uses intensive home visiting to build capacity in families, promote healthy child development and facilitate goal achievement for parents. It is a paraprofessional home visiting program (a dyad model), where lay home visitors receive support from professionals.

**HOME VISITING AS AN INTERVENTION STRATEGY**

The goal of early childhood home visiting programs is to enhance the health and development of young children by providing home-based services to new or expectant parents. The early years of childhood can be a challenge for many parents, especially for those who are poor, lack social support, have high stress levels, and face personal challenges such as mental health or addictions problems. Home visiting often targets families who might otherwise not seek support services.

In most industrialized countries outside of the U.S. and Canada, home visiting is a publicly funded, universal (non-targeted) early intervention strategy. Typically, it is free, voluntary, not tied to income, and part of comprehensive maternal and child health systems.

In Canada and the U.S., home visiting has roots in nursing practices that go back to the 19th century. After government social spending cutbacks of the 1980s and 1990s, the practice has been used increasingly to help vulnerable families with young children.

**THE LITERATURE REVIEW**

The Early Childhood Development Unit of Saskatchewan's Ministry of Education conducted a review of literature in collaboration with the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) of the Universities of Saskatchewan and Regina (available at www.kidskan.ca/node/197, with a supplement at www.kidskan.ca/node/405). This review looked at key findings on paraprofessional and professional home visiting programs in the United States and Canada since 1990 in outcome areas including prenatal, child abuse and neglect, child health and safety, child
development, parenting, maternal self-sufficiency, and family functioning, and examined the relevance of these findings for the KidsFirst program.

Reviewers searched published literature reviews and meta-analyses (these combine results from multiple studies that all address similar hypotheses) to find those highly relevant to KidsFirst (for more details, see the full review at: www.kidskan.ca/node/197.) It includes 685 studies, with Deanna Gomby’s literature review, Home Visitation in 2005: Outcomes for Children and Parents, serving as a summary of research from 1990 to 2005, as it effectively covers 25 meta-analyses and literature reviews published prior to its publication.

WHAT THE REVIEW FOUND

There is no consensus view about the success of home visiting programs. The review showed varying, mixed or inconsistent results. On the whole, the benefits to children and their parents were usually modest. In areas such as prenatal outcomes, signs of improvement due to programs similar to KidsFirst were rare. For child development outcomes, there was little consistency in the results, and when there were signs of improvement, this tended to be extremely small.

The results were better for parenting outcomes in areas in which parents self-reported behaviours, though changes in actual parental behaviour were less common, as were prevention of child abuse and neglect. As well, there was little evidence to support the achievement of family self-sufficiency benefits or enhanced family functioning.

There were specific areas where the literature appeared to show home visiting programs’ achievement, albeit with small effects:

• Breastfeeding;
• Parent self-reports of abuse and related behaviours, such as harsh discipline and scolding;
• Parent knowledge and attitudes about child abuse and neglect, as well as child development and school readiness;
• Parent self-efficacy;
• Use of centre-based parenting services;
• Prevention of abuse and neglect under certain circumstances and with a specific target population;
• Fixes to home safety hazards that are easy and inexpensive; and
• Reporting of child abuse (children reported at earlier ages).

Some areas showed “mixed” results, meaning positive outcomes were achieved occasionally by home visiting programs similar to KidsFirst, but not consistently:

• Rates of child abuse and neglect;
• Positive parenting practices and parent-child interactions;
• Child development benefits;
• Unintentional injuries;
• Home environments for learning;
• Parenting stress;
• Length of relationships with partners; and
• Postnatal or maternal depression.

Finally, the weight of evidence did not back the achievement of benefits for home visit children and families in several areas:

• Pre-term births or low birth weight;
• Health of subsequent pregnancies;
• “Actual” child abuse and neglect (measured by reductions in actual cases as opposed to proxy measures); and
• Discontinuation of child abuse once it has begun;
• Children’s health status, diet, height or weight; and
• Use of community resources, including preventative health services;
• Child immunization rates;
• Family economic self-sufficiency (such as increased graduation or employment, or decreased use of social assistance);
• Family size or deferral of subsequent pregnancies;
• Violence by parents;
• Substance abuse; and
• Mother's arrests or incarcerations.

**LIMITATIONS OF THE LITERATURE**

While the literature reviewed provided answers to some questions about home visiting programs in the U.S. and Canada similar to KidsFirst, there were areas with gaps. Few reviews described the delivery of home visiting services. More research is needed that compares actual services to their program models, to find out what works and what does not work, and for whom. Further, the literature often does not take into account a program's context; each community has its own strengths and weaknesses, yet this is rarely evaluated or reported. Finally, it is often not clear that when participants leave programs early that if this demonstrates success, as their needs have been met, or failure, as they are dropping out.

**EVIDENCE-BASED PROMISING PRACTICES IN HOME VISITING**

The review of home visiting program literature shows programs can produce some benefits for parents and children, but policy makers and practitioners need to keep their expectations modest and realistic. Programs that pay attention to improving program quality and use evidence-based models are the ones best equipped to show positive outcomes. As well, home visiting programs using trained lay workers are not typically as effective as one using professional nurses.

The common factors that tend to lead to success within the programs are: supportive professional partnerships; close supervision; comprehensive training; limited and well-defined goals; and a prescriptive curriculum. However, as no one intervention can meet the needs of every family, home visiting programs work best when they are part of a large system of supports and services.

Home visiting is a highly scrutinized human service strategy, and the literature linking home visiting practices to parent and child outcomes has expanded over the past 15 years, providing a large evidence base. The following promising directions were identified for paraprofessional/dyad programs:

• **Family/program match** – Families with high/complex needs appear to gain the most from more intensive services delivered by highly trained professionals. Program goals should be matched with level of family need.

• **Home visitor qualification** – Paraprofessionals appear to produce benefits of smaller magnitude than nurses, though estimates vary about the size of the difference across outcomes. The need for professional partnerships in paraprofessional programs is strongly emphasized in the literature, as is the importance of close supervision. Paraprofessional programs perform best when they maintain fidelity to an evidence-based model, focus on limited goals, and have a prescriptive curriculum.

• **Family recruitment** – Invitation refusal and dropout rates for home visiting programs tend to be high (approximately 40% and 50% respectively). Families that identify a need for services, or where parents see that their children need services (e.g. low birth weight or special needs) appear to benefit most. Young, first-time, single mothers seem to benefit most from home visiting programs, perhaps because they are most open and eager for information and assistance. At the same time, the highest risk families (e.g. substance abuse or child abuse and neglect) drop out at rates greater than 50%.

• **Program intensity and duration** – Necessary intensity and duration requirements are largely unknown, but generally families that receive more intervention receive greater benefit. As an estimate, it appears that visits that occur weekly or every other week for six months to one year (estimates vary), or at least 12-15 home visits, can lead to changes in parenting and parent-child interactions, while the prevention of child abuse and neglect require visits at least once per week for at least two years. Families in home visiting programs often do not receive the number of scheduled visits required to achieve intended benefits. Home visiting programs should try to deliver the service dosage indicated by the program model, while at the same time exercising flexibility and relying on the guidance of families in designing programs and setting frequency and duration of visits.

• **Family retention** – Families have a greater likelihood of enrolling for services if they identify a need for services, but tend to stay if they also believe they will benefit from those services. Retention is increased by focusing on needs identified by the parent, joint planning of activities, and scheduling visits at the family's convenience.

• **Family engagement** – Socio-economic and demographic characteristics such as ethnicity have not been associated with increased or decreased participation in home visiting programs. Initiating services prenatally or at birth reaches parents when they are most open and eager for information and assistance. Early outreach efforts to engage families that do not clearly reject services can be effective in re-engaging them.
• **Parenting/child focus** – Activities that focus on the child are more effective at changing child outcomes. Programs that offer home visiting services in conjunction with centre-based early childhood education produce greater and more enduring results than programs that offer home visiting services alone. More at-risk mothers often receive fewer visits and have visits less focused on the child. It may be useful for home visitors to increase their focus on the child unless mental health or other concerns necessitate more parent focus. Supplementing home visiting with parent support activities or classes has been associated with greater benefits for parents.

• **Comprehensive programming** – Home visiting is a relatively fragile intervention, usually delivering 20-40 hours of service over a few years. This is little time to address the complex issues facing many families. It is increasingly understood that home visiting is nevertheless an important component of a system of early intervention services.

• **Cultural consonance** – Activities that are inconsistent with the cultural beliefs and values of the family, including the extended family, are less likely to be implemented and increase the likelihood of dropouts. Ongoing dialogue, flexibility and openness to altering the home visiting format are recommended.

• **Supervision** – Ongoing review of home visits by supervisors is necessary to assess staff skills and service quality, and to maintain program fidelity. Supportive supervision helps home visitors deal with emotional stress, maintain objectivity and provide opportunities for professional growth.

• **Training** – Home visiting programs require well-trained, dedicated staff. Comprehensive pre- and in-service training that occurs over time, and includes on-site assessment of learning, has been associated with greater benefits for families.

• **Home visitor retention** - Well-prepared home visitors that are sufficiently compensated and supported by their supervisors and other professionals will have a better chance of avoiding job burn-out and achieving successful and rewarding relationships with their families.

• **Program quality** - Effective programs focus on the goals they wish to accomplish, set performance standards, and monitor the progress toward achieving those goals, making sure the curricula match those goals and that families receive information and assistance related to those goals. Families should be consulted to ensure the program is offering the assistance they want and need.

**NOTES ON THE KIDSFIRST PROGRAM**

*KidsFirst* program components associated with positive outcomes for vulnerable children and families include: 1) voluntary participation; 2), strength-based approach; 3) community integration and collaboration; 4) structured curriculum; and 5) comprehensive training. *KidsFirst* may admit and retain a proportion of families that are higher risk than the model is designed to accommodate, but the program does a reasonable job of delivering program intensity and duration requirements with lower-than-average dropout rates. Many intended benefits of the program could be realizable for a significant proportion of *KidsFirst* parents and children, although research suggests any changes will be modest in magnitude. Program effectiveness could be improved if prenatal recruitment were increased, especially for single, young first-time mothers, as these families appear to benefit most from home visiting programs. A challenge for home visiting programs is to link program content and service delivery methods to specific outcomes within a well-articulated theory of change, thus building on the evidence base on home visiting effectiveness and paving the way for future improvement.