



Synthesis on home visiting programs (prenatal and postnatal)

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How important is it?

Home visiting programs aim to [help families](#) support their children's healthy growth and development. These programs may target their services to families or caregivers who are at a particular disadvantage when it comes to establishing and maintaining such a supportive environment, or where the child is more vulnerable due to health or developmental concerns.

Many home visiting [programs across Canada](#) and elsewhere emerged out of pressing policy needs to prevent child maltreatment. There are a number of ways in which home visiting programs can identify and address issues of child maltreatment: home visits help service providers assess the [safety](#) of a child's living environment; service providers can also work individually with the parent to improve parent-child interactions.

Some researchers suggest that home visiting programs can reach out to families and caregivers who would not otherwise seek support services. These programs make clients feel more at ease and able to share their conditions, which gives service providers more opportunity to tailor their support and guidance to suit each client's real-life situation. All of this results in more satisfying provider-client relationships.

What do we know?

Home visiting programs vary dramatically in their underlying theoretical models, the characteristics of target families, the number and intensity of visits prescribed, the duration of the program, the curriculum and approaches and the degree to which they are specifically described in a manual, the fidelity of program implementation, and the background and training of visitors.

With so many variables involved, it is no surprise that the effects of home visiting programs have also been variable. Several reviews have concluded that home visiting can be an [effective strategy](#) to promote health and development outcomes of children from socially disadvantaged families, while other studies have reported no impact. Even when parent behaviour is altered, improvements in child outcomes are not always seen.

According to available research, [better outcomes](#) are achieved when home visiting programs are based on theories of development and behaviour change, target empirically derived risk factors, employ more highly trained visitors (such as nurses) and follow a well-constructed curriculum across the series of visits.

For even greater effects, more intensive intervention directly with the child may be required.

The [effects of home visiting](#) programs can extend beyond child outcomes. Some programs have been shown to have positive outcomes on the following:

- Family planning – a reduction in closely spaced pregnancies and the total number of pregnancies;
- Prenatal health behaviour – an improved diet and reductions in tobacco and other substance abuse;
- Maternal functioning – a reduction in mothers’ impairment from substances; fewer arrests and convictions; an increased likelihood for the mother to be involved in a stable relationship; and greater use of formal and informal social supports;
- Family self-sufficiency – greater participation in the workforce and reduced time on government aid programs;
- Parenting – more positive parenting attitudes and mother-child interactions;
- Child safety – fewer hazards and fewer visits to emergency rooms; reductions in child hospitalizations for injuries and ingestions and for primary care for sensitive conditions; reduced child abuse and neglect.

A two-year follow-up to the Early Head Start National Demonstration Project shows that mothers involved in the study were more supportive, more sensitive, less detached and more likely to extend play to stimulate cognitive development, language and literacy. They also reported using spanking less often and using milder forms of discipline with their children. These [results](#) were more likely in families enrolled in programs that employed home visitation services as opposed to those enrolled in programs that relied exclusively on centre-based services. The most ideal situation, however, seemed to be programs that offered a combination of home and centre-based services; these showed the strongest gains.

Research indicates that home visiting programs can produce positive effects among youth. A study of a [prenatal and infancy](#) home visiting program showed long-term treatment-control differences in arrests, convictions/probation violations, emergent use of alcohol and tobacco and promiscuous sexual activity among 15-year-olds’ whose mother were identified as being at greater risk because they were low-income and unmarried at registration.

What can be done?

In order to develop a comprehensive assessment of the efficacy and effectiveness of home visiting programs, it is important to collect enough information about participants to analyze the effects of the program on various types of subgroups. The assessment should also measure multiple child and family outcomes at various points in time.

In addition, there is still a need to determine which [program components](#) are essential and which produce the greatest long-term results. Evidence shows that multidimensional home visiting programs – those that address the life course development of the mother, family life, child caregiving and the child’s overall development – last long after the program ends.

[Implementing](#) home visiting programs carries its own set of difficulties. Families may not always accept enrolment in the program or they may leave the program before the scheduled end date, thus missing out on the full number of planned visits in the program. Recent research suggests that participation rates can be greatly improved by integrating home visiting programs into a broad, diversified system. When intensive home visiting services are partnered with a group- or community-based service program, the proportion of new parents who use prevention services can increase dramatically.

As with any publicly funded service, cost is an important aspect of these programs. Even though the professional level of service provided may vary greatly among home visiting programs, there is little variation in the cost of programs themselves. However, the benefit-cost ratio does differ from one program to the next, depending on the duration of the impact. Programs with a lifetime impact have a higher benefit-cost ratio than those with a limited short-lived impact.

The social cost of major societal problems should not be underplayed. Child abuse costs Canada an estimated \$15 billion per year. When viewed in this context, current public investments in home visiting and other early childhood development (ECD) programs are relatively minor.

When it comes to [policy development](#), there is a demand-supply imbalance. There will never be enough service providers available to reach every family in need through one-on-one home-visiting programs. Targeted home-visiting programs cannot address all families at risk for child maltreatment. This fact highlights the need to reduce the size of the population that requires one-on-one targeted and clinical services through effective universal and targeted programs that reach larger groups of families at a population level.

There is a growing consensus that Canada needs a comprehensive ECD system. We need to [evaluate public policy](#) at the system level, placing the effectiveness of home visiting programs within the larger context of other ECD programs. There is also a recognized need for a national resource network to support rigorous longitudinal evaluation of ECD investments.