

## HOME VISITING

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# Synthesis

### How important is it?

Home visiting programs are a type of prevention strategy that provides a range of structured services to young children and their family in a home- setting environment and from a trained service provider. These structured services include case management, referrals to existing community services, parenting and child education and social support to pregnant women among others. Although most home visiting programs are voluntary, some states and communities highly encourage participation by families with risk of maltreatment. Over the last two decades, a growing number of home visiting programs have been implemented in developed and developing countries. Examples of programs in Canada and the United States include Parent as Teachers, Nurse Family Partnerships, Early Head Start, and Healthy Steps, whereas Educate Your Child,<sup>1</sup> The Roving Caregivers,<sup>2</sup> and Madres Guías<sup>3</sup> are examples of programs found in Latin America and in the Caribbean.

*Educate Your Child (Cuba)* is a non-institutionalized, community- and family-based program available to Cuban children under the age of six years old and pregnant women. Service providers offer individualized care to children and demonstrations of stimulation activities to parents during in-home sessions. Positive impacts on children's socio-emotional and motor development have been found following participation to the program. The program methodology has been adapted in different countries, including Ecuador, Chile, Brazil, Mexico, Venezuela, Colombia and Guatemala.

*The Roving Caregivers (Caribbean countries)* is an early childhood development and family

support program available to at-risk Caribbean children under the age of three years old. Service providers make regular visits to families to provide a range of services, such as direct support to children and their families, quality care and attention, better health and nutrition and preschool preparation. Children who participated in the program showed improvement in terms of cognitive development, expressive language, visual perception and overall school readiness.

*Madres Guías (Honduras)* is one of the most comprehensive community- and home-based programs available to children from birth to age four or six years old and to pregnant women living under the poverty line in municipalities with the highest rate of mortality and malnutrition in Honduras (Central America). *Madres Guías* (i.e., mother guides) provide prenatal education, newborn screening, early stimulation, parental education and support, nutrition services and basic education. Materials used for child and/or parental training are all adapted to the communities' language and sociocultural conditions.

Although home visiting programs differ from each other in terms of *targeted population* (children with disabilities, teen mothers, at-risk families), *providers* (professionals, paraprofessionals, volunteers), *activities* and *schedules*, they all share the same objective, which is to support children's healthy growth and development. More specifically, the main goals of most home visiting programs are to improve parents' child-rearing beliefs, knowledge and ability to provide a positive environment for their children. By reaching out to families and caregivers who would not otherwise seek support services, these programs have the potential to improve parenting skills and to reduce short- and long-term adverse outcomes for child's health and development.

### **What do we know?**

An increasing number of researchers have evaluated the efficacy of home visiting programs over the years. Results from these studies suggest a differential effect depending on the outcome of interest. While participation in several home visiting programs is effective at improving children's cognitive and behavioural outcomes (e.g., Early Head Start, The Nurse Family Partnership and The Infant Health and Developmental program), few home visiting programs have been able to significantly improve pregnancy outcomes and reductions in child maltreatment have been found for some models, but not for others. With regard to the impact of home visiting programs on maternal depression, evidence from recent studies suggests that some components help to improve child's health and development and mothers' sensitivity to child cues. That said, mothers with major depressive disorder who receive In-Home Cognitive Therapy (IH-CBT) in combination

with home visiting services usually experience a larger decrease in depressive symptoms in comparison to those receiving home visiting alone, but it also is clear that many home visitors need additional training or supports to address maternal depression.

In addition to being influenced by the outcome of interest, the efficacy of home visiting programs is dependent upon the population targeted, providers and home visit content. Home visiting programs are generally more effective when services are provided to the neediest subgroups in a population (e.g., parents living in poverty, with psychological difficulties or children with disabilities) and when participants are fully involved in the intervention. Furthermore, larger positive effects of home visiting programs are usually found when nurses and/or other professionals deliver services to families instead of paraprofessionals. By having the required qualifications through training, supervision and monitoring, professional home visitors have access to a greater amount of resources and support, in turn allowing them to provide high quality services to families and to sustain implementation of home visiting programs with a high degree of fidelity over time. With regard to home visit content, home visiting programs tend to be more effective when services are comprehensive in focus, implement the program model with rigour, and when they target families' multiple needs. Finally, home visiting programs that promote high quality parent-child relationships and combined with high-quality early education programs are most likely to result in better school readiness outcomes for children.

### **What can be done?**

In order to accurately measure the efficacy of several home visiting programs, a comprehensive assessment that includes measures of multiple child and family outcomes at various points in time should be favoured. Similarly, given that the effectiveness of home visiting programs tends to differ among the population targeted, it would be useful to collect information about the impact of these programs on various population subgroups. This information would help researchers to further determine which dimensions of home visiting programs can be adapted for different contexts and populations without threatening the program's effectiveness and fidelity to the model.

Further research is also needed to identify program components and the threshold of dosage and duration of services necessary to produce the greatest long-term positive effect. Another area of research that warrants further examination is the impact of maternal depression on home visiting programs' effectiveness. Advances in research would not only help providers to have a better understanding of the way depression severity and its course interacts with program elements to bring about positive or negative outcomes, but it may also help home visitors to receive better training that support their work with mothers who have significant depression. As such, home

visitors are encouraged to learn, through supervision and coaching, when and how maternal depression and/or other psychosocial risk factors need to be addressed and in which circumstances they should make referrals to mental health professionals.

Finally, one way to improve long-term participation to home visiting programs would be to integrate them into a broad and diversified system. More research is needed to understand how participation in home visiting programs in the early years of life serves to encourage high-risk parents to take advantage of early education programs available to them that can further support children's school readiness outcomes.

## References

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