



Home Visiting:

Supporting Babies and Families Where They Live

From the time of conception, children's development rapidly progresses at a pace exceeding that of any subsequent stage of life.¹ Unfortunately, at this most critical of developmental stages, many infants and toddlers live in vulnerable circumstances. Forty-three percent live in low-income families and 21 percent live in poor families. One of the most consistent associations in developmental science is that between economic hardship and compromised child development.² Infants and toddlers in low-income families are at greater risk than infants and toddlers in middle- to high-income families for a variety of poorer outcomes and vulnerabilities that can jeopardize their development and readiness for school, including learning disabilities, behavior problems, mental retardation, developmental delays, and health impairments.³

We also know, however, that intervening early in the life of a child at risk for poor development can help minimize the impacts of these risks. That is why it is essential to focus on developing a comprehensive system of services that provide a prenatal through pre-kindergarten continuum, thus including the critical needs of infants and toddlers in early childhood planning. Home visiting programs within this context are one method by which services can be delivered effectively. Other components of a system to help support positive early childhood development would include high quality child care and comprehensive early childhood programs such as Early Head Start, as well as services to address the needs of parents, especially mental health needs.

Using home visiting programs as one strategy in the prenatal to pre-kindergarten continuum can help prevent more long-term costs and promote healthy social and emotional development in later years. These programs offer information, guidance, and support directly to families in their home environments, eliminating many of the scheduling, employment, and transportation barriers that might otherwise prevent families from taking advantage of necessary services. While home visiting programs vary in their goals and content of the services, in general, they combine health care, parenting education, child abuse prevention, and early intervention services for infants and toddlers and, in some cases, older preschool-aged children.

POLICY RECOMMENDATIONS

Although the research has shown mixed results, evaluations of some home visiting programs demonstrate that they can improve parenting skills, foster increased parental self-confidence, and help lay the foundation for children's later success in school. The benefits of home visitation vary across families and programs. In other words, what works for some families and in some program models will not necessarily achieve the same success for other families and other program models.

The following policy recommendations were generated by an advisory group of leading researchers and home visiting experts based on many years of research on home visiting programs.⁴ These

recommendations can be instructive to policymakers as they work to develop and strengthen home visiting programs for parents of young children.

1. **Invest in programs that have a track record of effective home visiting or that are modeled on such programs.** While home visiting can be a valuable means of service delivery, funding efforts should focus on those programs that have demonstrated success or are based on such effective models.
2. **Support new initiatives that incorporate known elements of effectiveness.** A review of 20 years of successful programs for young children and consultation with leading experts identified six key elements of effective home visiting:⁵
 - Clearly defined goals and objectives
 - Home visitors who know how to reach these goals and objectives
 - Careful recruitment and training of home visitors
 - Collaboration with other community organizations
 - Stable and adequate funding
 - Evaluation and continuous quality improvement
3. **Ensure that these investments support rigorous, ongoing evaluation and continuous improvement efforts.** Program evaluation allows home visitors, supervisors, funders, and participating families to know whether a program is being implemented as designed and the extent to which it is meeting the objectives. This information can be used to continually refine and improve service delivery. When designing a home visiting program, it is therefore essential to include the time and funding required for a thorough evaluation.
4. **Integrate home visiting with other programs and supports.** Connecting home visiting efforts with other child and family services, particularly those focused on children's well-being and healthy development, will help to ensure that young children and their families have the support that they need.

RESEARCH

As previously discussed, results of the research studies that have been conducted on the effectiveness of home visiting programs are mixed. However, research has demonstrated the success of several home visiting models, including:

- **The Nurse-Family Partnership**
Targeting first-time mothers beginning during pregnancy and continuing until the child's second birthday, the Nurse-Family Partnership model utilizes registered nurses to improve pregnancy outcomes. In doing so, it strives to promote health-related behaviors; improve child health, development, and safety by promoting competent care-giving; and encourage pregnancy planning, educational achievement, and employment. Highlights from a 15-year follow-up of an ongoing, longitudinal randomized trial in Elmira, New York, show a 79% reduction in child abuse and neglect and a 44% reduction in maternal behavioral problems due to drugs and alcohol.^{6,7} The Nurse-Family Partnership has long-term positive impacts as well; a recent study showed that improvements in the lives of mothers and their children who participated in the program were still evident four years after the program ended.⁸
- **Parents as Teachers**
Serving families from pregnancy until the child enters kindergarten, Parents as Teachers focuses on parent education, early detection of developmental delays, and the prevention of child abuse

and neglect.⁹ Among those services offered are: personal visits, group meetings, developmental screenings, and a resource network for families. This voluntary program has shown that parents who are involved in the program are more knowledgeable and confident in positive child-rearing practices and parenting skills and more engaged in language and literacy-promoting behaviors.¹⁰ As a result, by age three, children in the program are more advanced in language, problem solving, and social development skills, as well as achieve higher scores on school readiness tests and standardized measures of reading, math, and language.¹¹

- **Healthy Families Arizona**

Based on the national Healthy Families initiative, Healthy Families Arizona works with parents of newborns to promote positive parent-child interaction, improve child health and development, and prevent child abuse and neglect. Through home safety assessments, this program relies upon indicators of parental stress, child safety, parental alcohol and drug use, and parents' education and employment to identify risk factors associated with child abuse and neglect. When evaluated, parents showed significant improvements in parent-child behavior, parenting competence, problem solving, use of resources, and decreased depression.¹²

About Us

ZERO TO THREE Policy Center is a non-partisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic, or about the ZERO TO THREE Policy Center, please contact us at 202-638-1144 or on the Web at <http://www.zerotothree.org/policy>.

¹ Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

² Ibid.

³ Ibid.

⁴ Advisory group members: Kathryn Barnard, R.N., Ph.D., Jeanne Brooks-Bunn, Ph.D., Deanna Gomby, Ph.D., Brenda Jones Harden, M.S.W., Ph.D., Christopher Heinicke, Ph.D., A. Sidney Johnson, III, Joan Lombardi, Ph.D., Tammy Mann, Ph.D., Kathryn Taaffe McLearn, Ph.D., Matthew Melmed, J.D., David Olds, Ph.D., Deborah Phillips, Ph.D., Lisbeth Schorr, Amy Susman-Stillman, Ph.D., and Mildred M. Winter, Hon.D.

⁵ Powers, Stephanie and Fenichel, Emily. 1999. *Home visiting: Reaching babies and families "where they live."* Washington, DC: ZERO TO THREE.

⁶ Olds, David L., Eckenrode, John, Henderson, Jr., Charles R., Kitzman, Harriet et al. 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 (8): 637-643.

⁷ Invest in Kids. *Nurse-Family Partnership*. http://www.iik.org/nurse_family_partnership/ (accessed November 6, 2006).

⁸ Olds, David L., Kitzman, Harriet, Cole, Robert, Robinson, JoAnn et al. 2004. Effects of nurse home-visiting on maternal life course and child development: Age 6 follow-up results of a randomized trial. *Pediatrics* 114 (6): 1550-1559.

⁹ Parents as Teachers National Center. *What is Parents as Teachers*.

<http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272093> (accessed November 6, 2006).

¹⁰ Parents as Teachers National Center. *Research Overview and Key Outcomes*.

<http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=1343489> (accessed November 6, 2006).

¹¹ Ibid.

¹² Healthy Families Arizona. *Evaluation Report 2005*.

http://www.healthyfamiliesarizona.org/Evaluation_Reports.aspx (accessed November 6, 2006).