

Home Visiting:

Giving Parents and Children an Early Boost

Thousands of children are born each year to parents who struggle to adequately care for them or who lack traditional support networks of family and friends. As a result, many of these children are at risk for abuse, neglect, or other negative outcomes.

Home visiting programs, which began in the late 19th century, provide an opportunity to offer new and expectant parents skills and resources to become more confident and effective, thereby increasing the odds of better outcomes for themselves and their children. These programs have gained increasing popularity in recent years as interventions attempt to reach families considered at risk *before* negative influences affect them and their children.

This Issue Focus article discusses key facets of home visiting programs, benefits and challenges of these programs, examples of how health funders have supported them to date, and opportunities for continuing to support these efforts.

HOME VISITING PROGRAM CHARACTERISTICS

Home visiting programs exist in all 50 states and the District of Columbia (Stoltzfus and Lynch 2009). There are a variety of models with diverse goals, intensity of services, and staffing to meet the needs of families. Although many program models provide services to all families regardless of income level, most target low-income populations at greater risk for infant mortality, family violence, unequal access to health care, and other adverse conditions (Johnson 2009).

Most home visiting programs aim to improve aspects of maternal and child health by promoting education and healthier behaviors to improve parenting skills. Several components, such as parenting education, health care, early intervention services, and child abuse prevention, are combined. To establish rapport, they connect mothers as early as possible from the prenatal period up to kindergarten with trained professionals, such as nurses, social workers, early childhood specialists, and other paraprofessionals.

In addition to creating a bond between program professionals and mothers, regular home visits provide opportunities to foster communication and promote learning. During these visits, parents receive 1) education about parenting and child development; 2) practical assistance, including case management that links families with other community services; and 3) social support, such as assisting with relationships between intimate partners and family to make the home environment healthier, with less conflict (Cawthorne and Arons 2010). Professionals may also assist mothers to begin career planning, including guidance about setting employment goals and mak-

ing practical preparations to enter the workforce.

Combined public and private annual investment in home visiting programs is currently estimated to be between \$750 million and \$1 billion (Stoltzfus and Lynch 2009). Services are provided for approximately 400,000 to 500,000 families, or roughly 3 percent of all families with children under age six. The figure increases to more than 7 percent for families with incomes below 200 percent of the poverty line. Estimating annual costs per family served can be difficult due to significant variation in program models and sites. However, conservative estimates range from approximately \$2,914 to \$6,463 per family for the Nurse-Family Partnership (NFP) to \$1,950 to \$5,768 for Healthy Families America (NFP 2010; Stoltzfus and Lynch 2009).

BENEFITS AND CHALLENGES

Like costs, the benefits of home visiting services vary across families and program models. They include the prevention of child abuse and neglect, improved parenting attitudes and behaviors, enhanced cognitive development, and improved parental self-sufficiency (Stoltzfus and Lynch 2009). For instance, research on the NFP indicates a 48 percent mean reduction in child abuse among participating mothers, with a 59 percent reduction in arrests among their children at age 15 (NFP 2010). Promoting healthier behaviors also has benefits, such as reduced instances of low birth weight. This is notable because findings indicate that any prenatal intervention that helps maintain a normal birth weight has the potential to save nearly \$60,000 in medical expenses during a child's first year of life (Rogowski 1998).

A particular strength of home visiting programs is the potential to significantly reduce future disparities that children from low-resource families may encounter. Growing up in an environment of disadvantage has far-reaching effects for children beyond pregnancy, including lower cognitive development compared to higher-income peers, and an increased risk of maltreatment (Cawthorne and Arons 2010). Quality home visiting services have the potential to combat some of the effects of poverty before they manifest in children.

Despite the benefits of home visiting programs, a number of challenges remain to be addressed. For instance, the wide range of discrepancies between different home visiting models makes it difficult to assess the strengths and outcomes between separate models. This poses challenges when attempting to decide which elements to shed or to incorporate into future programs. The robustness of some intervention services is also a challenge, as evaluation results sometimes indicate mixed or modest findings for some outcomes being measured.

PHILANTHROPIC SUPPORT

A number of funders are actively involved in efforts to support and expand home visiting programs. For instance, the NFP, a longtime Kellogg grantee, received a four-year, \$2.5 million grant in 2006 to improve the health and well-being of low-income, first-time parents and their children by helping communities replicate and sustain the work of the partnership's registered nurses. Efforts focused on reducing infant mortality rates, enhancing developmental outcomes for infants and children, and promoting family self-sufficiency. At the onset of the grant, the NFP was established in 22 states across the country. Funding from the foundation is expected to support development of 56 new sites serving approximately 20,000 families.

In 2010 the Pew Center on the States, a division of The Pew Charitable Trusts, began providing financial support and technical assistance to home visiting public education and advocacy campaigns in Louisiana, North Carolina, Ohio, and Washington. Within these states, key leaders are seeking to promote state investments to increase access to and improve the quality of voluntary home visiting programs. Support from the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County enables Pew to lead a home visiting research agenda to further build the evidence base to inform public policy decisions (Pew Center on the States 2010).

In 2009 the Silicon Valley Community Foundation provided \$678,000 to Youth and Family Enrichment Services to support the organization's "Learning Together" home visitation and parent education program. The program provides home visits to pregnant mothers and families with children from birth through five years of age (Youth and Family Services Enrichment 2010). Emphasis is placed on child development, literacy, and parenting skills. Early childhood parent educators present developmentally based activities to support parents in learning new ways to interact with their children and to prepare them for preschool and kindergarten. They also provide developmental screenings and help families connect with community resources, such as early education, health, nutrition, mental health, and parenting classes. The program serves three communities in California – Palo Alto, Menlo Park, and Redwood City – with services available in multiple languages.

WHAT'S NEXT?

The new Patient Protection and Affordable Care Act allocates \$1.5 billion in mandatory funds to states for voluntary, quality, evidence-based home visiting programs (Children's Defense Fund 2010). Priority will be given to high-risk children and families, including low-income populations; teenage mothers; and individuals with histories of substance abuse, child abuse/neglect, or involvement with child welfare. This funding provides an opportunity to bolster evidence-based home visiting models that

have been rigorously evaluated and to support promising and new approaches that are currently being developed.

Home visiting programs are not a panacea, but they can be an extremely important part of comprehensive programs focused on health care and family support. They are a proven "front line" that complements the work of health providers, quality center-based educational programs, and other agencies that work with families to ensure that they get the help they need. Estimates indicate that evidence-based home visiting programs can yield taxpayer investment savings of up to \$5.70 for every dollar spent because of reduced dependence on social supports, increased access to preventive care, higher educational attainment, and fewer confrontations with criminal justice system (Pew Center on the States 2010). Thus, these programs help prevent long-term costs and can promote healthy social and emotional development in later years.

SOURCES

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