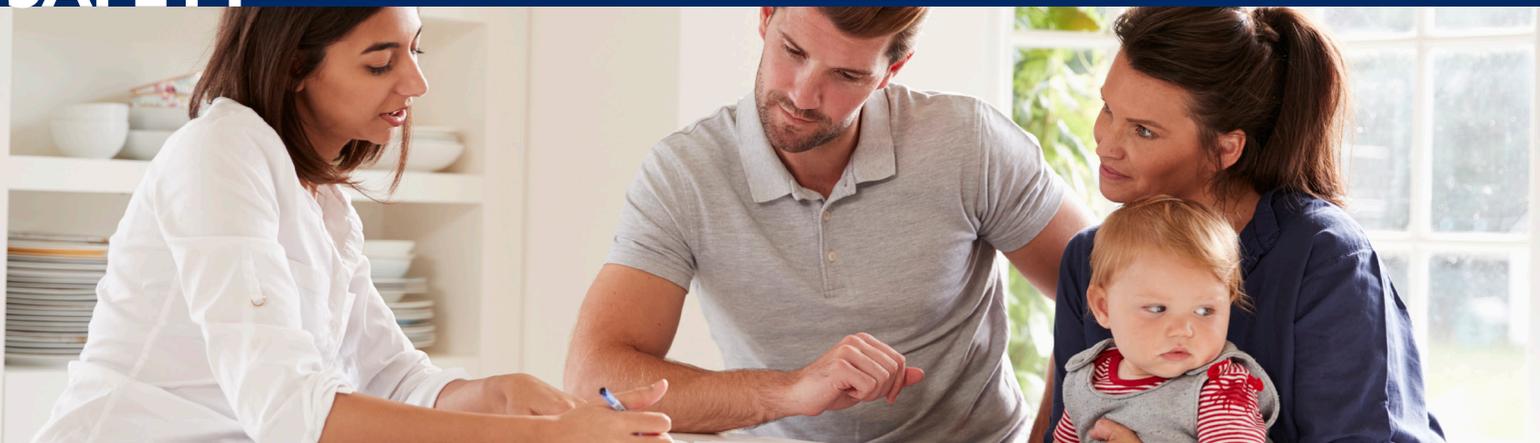




HOME VISITING PROGRAMS: SUPPORTING PARENTS OF YOUNG CHILDREN



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WHY IT MATTERS

Children who die from abuse or neglect are very young: approximately 50% are less than one year old and 75% are under the age of three. An estimated four to eight children die every day from abuse or neglect.¹ While the stories behind each of these tragedies are complex, identifiable risk factors predictably impact a vulnerable family's trajectory. Risk factors include parental incapacity (due to substance abuse, domestic violence or low educational attainment), lack of parental knowledge of infant and child development and the impact of extreme poverty.

Generally used for parents with infants and newborns, evidence-based home visiting programs have been shown to improve child and family outcomes in child welfare settings and reduce and prevent future child maltreatment. Home visiting programs can contribute

significantly to effective and safe reduction of the use of out-of-home placement. They also help parents

access the services they need, such as parenting skills and child development education, supporting them to raise their children competently in nurturing, caring and supportive environments.²

Home visiting programs can contribute significantly to effective and safe reduction of the use of out-of-home placement.

Components common to many home visiting programs include³:

- Assistance with referrals to address postpartum depression,
- Navigation of community resources,
- Teaching parenting skills and modeling effective parenting techniques,
- Screening children for developmental delays, and
- Facilitating early diagnosis and appropriate interventions.

Evidence-based home visiting programs have demonstrated improved outcomes for children and families in a number of areas, including infant and child health and development, reductions in child maltreatment, family economic self-sufficiency and

positive parenting practices. They also have the potential to realize cost savings due to improved parenting capacity and reduced involvement with child protective services (CPS).⁴

ADVOCATES IN ACTION

When mothers and fathers of infants and babies are provided with the supports they need in their homes with competent and encouraging teachers and role models, the impact on the entire family is profound. Investing in home visiting models is without a doubt one of the most cost-effective ways of preventing abuse and neglect and helping families stay together.

ACTIONS

- **Learn about home visiting programs** that may be available in your community. Find out how they can be accessed and utilized for families you work with.
- **Encourage the use of these programs** for parents who are at risk for maltreatment, especially if they have already had children removed from their care. Explain to them the benefits of these programs in helping them be stronger parents.
- **Advocate for funding and development** of home visiting programs in your community if there isn't anything currently available. Reach out to other communities in your state who use these programs to learn how to get a program started. Identify other nonprofit programs in your community who might also be interested in getting such a program started.
- **Partner with others** who are committed to bringing these evidenced-based programs to your community. Public health professionals, nurses, physicians, domestic violence counselors, case workers and other advocates are good partners to start with.

BRIGHT SPOT

NURSE-FAMILY PARTNERSHIP PROGRAMS *MULTIPLE SITES, UNITED STATES*

Probably one of the most well-known, evidenced-based home visiting programs is the *Nurse-Family Partnership* (NFP) program. These programs are located around the country and have served over 250,000 mothers. The program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. The primary goals of NFP are: 1) Improve pregnancy outcomes by promoting health-related behaviors; 2) improve child health, development and safety by promoting competent care-giving; and, 3) enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. The program also has two secondary goals: 1) Enhance families' material support by providing links with needed health and social services and 2) promote supportive relationships among family and friends.

NFP has been the subject of three random home visiting control trials in Elmira, New York, Memphis, Tennessee and Denver, Colorado. These trials are documented in more than 20 peer-reviewed journal articles, reporting the following results:

- A reduction in measures of child abuse and neglect (including injuries and accidents) by 20–50%,
- A reduction in mothers' subsequent births during their late teens and early twenties by 10–20%,
- Improvements in cognitive and/or academic outcomes for children born to mothers with low psychological resources (i.e., intelligence, mental health, self-confidence).

To learn more:

https://www.nursefamilypartnership.org/first-time-moms/?gclid=EAlaIQobChMIInpecnJTC2gIVCNikCh3NTQ70EAYASAAEgJN-vD_BwE

SELECTED RESOURCES

Below are several evidence-based home visiting programs⁵ with hyperlinks to access their websites and descriptions of their outcomes.

Name	Description
<u>Child FIRST</u>	<p>Data (collected from August 2010 through December 2016) has demonstrated: decrease in child behavioral problems, improvement in child social skills, improvement in child language development, strengthening of the caregiver-child relationship, a decrease in maternal /caregiver depression; and, decrease in parent stress.</p>
<u>Durham Connects/ Family Connects</u>	<p>Research published in 2014 found that family connections to community resources and positive parenting practices increased among <i>Durham Connects</i> families, emergency department visits by new families reduced by 59%; and, for every \$1 spent on <i>Durham Connects</i>, \$3.02 is saved due to reduced visits to the emergency department.</p>
<u>Early Intervention Program for Adolescent Mothers (EIP)</u>	<p>Focused on adolescent mothers, early program outcomes indicate reduced premature birth rates for both groups compared with national data on adolescent mothers, and fewer days of infant hospitalization during the first six weeks postpartum for the EIP participants.</p>
<u>Family Spirit Home Visiting Program</u>	<p><i>Family Spirit</i> is designed for pregnant women and families with children younger than age three in Native American communities. Impacts noted to participants are mothers' parenting, coping and problem-solving skills and better maternal health.</p>

Name	Description
<p><u>Healthy Access Nurturing Development Services (HANDS)</u></p>	<p>Positive outcomes in the following areas have been noted: improved pregnancy outcomes, including fewer premature births, fewer low birth weight and very low birth weight babies, and fewer babies born with birth defects; reduction in child maltreatment; reduction in infant mortality; improved child and family functioning; reduction in repeated use of emergency rooms; reduction in risks; achieving developmental milestones; increases in maternal education and employment; and improved home safety.</p>
<p><u>Healthy Families America (HFA)</u></p>	<p><i>Healthy Families America</i> nurtures child development, including long-term improvements in children’s school performance, and prevents adverse childhood experiences (ACEs) such as child abuse and neglect. These outcomes have been shown in rigorous studies in multiple states.</p>
<p><u>Parents as Teachers (PAT)</u></p>	<p>Evaluation results show:</p> <ul style="list-style-type: none"> • Children’s developmental delays and health problems are detected early • Children enter kindergarten ready to learn and the achievement gap is narrowed • Children achieve school success into the elementary grades • Parents improve their parenting knowledge and skills • Parents are more involved in their children’s schooling • Families are more likely to promote children’s language and literacy

ENDNOTES

- 1 Commission to Eliminate Child Abuse and Neglect. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office.
- 2 Ibid
- 3 Wasik, B. (2016). *Home visiting: Historical summary*. Chapel Hill, NC: Frank Porter Graham Child Development Institute. Retrieved on August 6, 2016 from <http://homevisiting.org/history>
- 4 Dodge, K.A., et al. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*. 104 (S1) S136-S143. Retrieved on October 28, 2016 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011097/pdf/AJPH.2013.301361.pdf>
- 5 Lee, H., et al. (2016). *An early look at families and local programs in the mother and infant home visiting program evaluation - Strong start: Third annual report*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved on September 6, 2016 from http://www.mdrc.org/sites/default/files/An_Early_Look_at_Families_and_Local_Programs_MIHOPE_FR.pdf