



Early childhood home visiting programs¹

Della Knoke

This information sheet describes the goals of early childhood home visiting programs and examines their effects on parents, parenting, child development and child maltreatment.

What is home visiting?

Home visiting is a strategy for delivering health or social services, or both, directly to clients by visiting them in their homes. Early childhood home visiting programs aim to enhance the health and development of young children by providing a range of home-based services to expectant or new parents. Services typically begin during pregnancy or shortly after the child's birth. Home visitors may be professionals such as nurses or social workers, or individuals from the community who have more informal qualifications and act as paraprofessionals.

The delivery of health and social services in the home is thought to have two primary benefits. First, it extends services to parents who may not otherwise seek or receive them in their communities. Second, familiarity with the home may help service providers tailor their services to real life situations.

Why is healthy development important in early childhood?

Child development is influenced by a complex interaction of biological factors, such as genetics and environmental influences, including experiences with parents, families, schools, and community. These early experiences are important in creating the building blocks for future development.

Parents play a pivotal role in their child's development. Important aspects of development happen well before children

enter school. During infancy, parents who are sensitive and responsive to their child's physical and emotional needs foster feelings of safety and security in their child and provide a foundation for building trusting relationships with others. Healthy brain development and learning are fostered by the stimulation that parents and other caregivers provide by talking to, and playing with, their young children. Effective parenting practices, such as consistent responding to the child's behaviour, and using non-violent disciplinary methods, help parents shape positive child behaviours. Knowledge of early child development helps parents to develop age-appropriate expectations, understand child behaviour, and meet their child's changing needs.

The early years of childhood can be challenging for many parents, especially those who have high levels of stress, minimal support, and personal or interpersonal problems. These difficulties can have negative effects on their well-being, family functioning, and the ways in which they respond to their children, which may increase the risk of child abuse and neglect. Maltreatment has negative effects on children at all stages of child development, but the consequences are thought to be particularly detrimental when it occurs in the early years. Infants and young children are entirely dependent on their parents, and their health and development can be severely jeopardized if their parents fail to meet their physical and emotional needs. In addition, the physical vulnerability of very young children makes them more susceptible to serious physical harm if they are neglected or abused. Early childhood home visiting programs aim to help set children on paths to healthy physical, social and psychological development.

What services do home visitors provide?

The primary goals of most early childhood home visiting programs are to promote healthy child development and to prevent child abuse and neglect. Home visiting programs aim to accomplish this goal by enhancing support for parents and promoting positive parent-child interactions. Programs vary in the specific services they offer, the frequency of visits, program duration, and the families they serve. Home visitors may:

- provide prenatal support;
- educate parents about child development;
- promote positive parenting practices (i.e., by teaching parenting skills and modeling behaviours);
- provide encouragement, support, and advice to parents;
- connect parents with services for their children (e.g., timely immunizations and well-child exams) and themselves (e.g., housing assistance, child care, transportation, counseling); and
- monitor for signs of child abuse and/or neglect in the home.

Home visiting services vary in duration. Depending upon the program, home visiting may continue for a few months or until the child is five or six years of age. Visits may occur as frequently as weekly at the beginning of some programs, and will typically decline in frequency over time. Home visiting services may be supplemented by other services that are delivered outside the home by community-based agencies (e.g., early education services and parent support groups). Parental participation is voluntary. Programs often encourage the involvement of both parents, but mothers are most likely to be the recipients of service.

A number of home visiting programs have been implemented in Canada. Some jurisdictions have adapted the Healthy Families America model (e.g., the Kids Count Program in British Columbia, and the Calgary Home Visitation Program). Other Canadian early childhood home visiting programs include the Healthy Babies, Healthy Children Program in Ontario, Families First in Manitoba and the Healthy Babies Enhanced Home Visitation Program in Nova Scotia. In the United States, examples of widely implemented early childhood home visiting programs include Nurse-Family Partnerships, Healthy Families America, and Home-Based Early Head Start.

Who receives early childhood home visiting services?

Since early childhood home visiting services are offered as early intervention or primary prevention

efforts, they are usually directed at homes in which children may be at risk for poor developmental outcomes for various reasons. These include:

- parents with high levels of stress (e.g., pregnant women with limited supports, or single parents),
- parents with high levels of social disadvantage (e.g., living in communities with high rates of child abuse and neglect, high use of foster care, or high birth rates),
- children who have low birth weights or medical/developmental problems at birth,
- young parents (e.g., teenagers), or
- parents who are assessed to be at higher risk for child abuse or neglect.

Does early childhood home visiting improve outcomes?

Numerous studies have examined the benefits of early childhood home visiting services on parent and child outcomes. This information sheet focuses on the findings of several meta-analyses, which combine the results of multiple studies to look for patterns of findings across studies.

Parental Outcomes

Across meta-analyses, consistent improvements have been found in parenting and parent-child interactions as a result of early childhood home visiting. Mothers who participated in early childhood home visiting programs were more responsive to their children, had more realistic expectations of them, and provided safer home environments and greater child stimulation (e.g., they had a higher number of verbal interactions and provided more appropriate play materials).^{2,3} Some meta-analyses found that mothers were less likely to use harsh discipline, had less punitive attitudes, and/or used more positive parenting practices such as praise and positive feedback.^{4,5} Other meta-analyses noted that about half of the studies showed improvements in parents' disciplinary practices.⁶

Early childhood home visiting programs often aim to enhance mothers' lives by providing support and connecting them with community-based services. Relatively few studies, however, have examined outcomes related to these goals. It is too early to conclude, for example, that home visiting increases mothers' use of health and other community resources.⁷ A small number of studies found that new mothers who had received home visiting services had fewer subsequent pregnancies, increased the spacing between pregnancies, and were more likely

to secure employment or continue their education.^{8,9} Overall, however, most meta-analyses indicated that the amount of change in mothers' lives attributed to early childhood home visits was too small to have substantial effects on their life options and economic well-being. Stronger evidence exists for maternal depression. In a meta-analysis of 13 studies, eight found that home visiting may reduce or lead to better management of post-natal depression.¹⁰

Child Outcomes

Child health and development

Among the most consistent benefits documented with early childhood home visiting are its effects on unintentional injuries and child development. Several meta-analyses have found early childhood home visiting associated with reductions in child injuries related to accidents or ingestions.^{11,12,13} Children whose parents had early home visiting also showed better language, cognitive and socio-emotional development than children whose parents did not receive this service,^{14,15,16} although, in general, the improvements in child development have been considered small. Other benefits, such as more timely child immunizations,¹⁷ have been found by some meta-analyses but not by others.¹⁸

Child maltreatment

It is unclear whether early childhood home visiting reduces rates of child abuse and neglect. One systematic review examined the impact of early childhood home visiting on violence against children, and found that home visiting reduced child maltreatment by 39%.¹⁹ This review included studies of accidental child injury, which may raise suspicion of child abuse or neglect. Other meta-analyses, that defined child maltreatment more narrowly, reported smaller reductions in child abuse and/or neglect,²⁰ no effect,^{21,22} or consider the evidence to be inconclusive.²³

The impact of home visiting on child abuse and neglect may be underestimated because of the way maltreatment is measured.²⁴ Most studies measure child maltreatment by the proportion of children who have been reported to child welfare agencies by the end of the program. Ongoing monitoring by home visitors makes it more likely that child maltreatment, and the circumstances that put children at risk of maltreatment, will be noticed and reported. In contrast, similar circumstances may not be noticed among families who have not had regular home visiting. Few studies take this "detection bias" into account when comparing families with and without home visiting services.

More research is needed to determine whether early childhood home visiting is effective in preventing a recurrence of maltreatment among families already involved with child welfare. One study examined the impact of a two-year nurse home visitation program for families involved with child welfare in Hamilton, Ontario.²⁵ The study included families with children that were up to 12 years of age. Parents had, on average, three prior case openings with child welfare. Parent and child outcomes, including the rate and severity of child maltreatment, were compared for two groups: (a) families that received two years of nurse home visitation in addition to standard child welfare services, and (b) families that received standard child welfare services without home visiting. Parent and child outcomes were similar for both groups. Based on hospital records, children from families that received home visiting were *more* likely to have physical abuse or neglect incidents in the three years following enrollment. Home visiting may be less effective when unhealthy patterns of interaction have become established than when they are used to shape developing relationships.

Long-Term Benefits

The long-term benefits of early childhood home visiting are unclear. Few studies assess the effects of home visiting in the years following the intervention. The study with the longest duration of follow-up found that first-time mothers, who had been either low-income, single, or teenaged mothers when they received the early childhood home visiting program, had a number of positive parent and child outcomes 15 years later.²⁶ Although rates of child abuse and neglect in this group were similar to those found in the comparison group at the end of the intervention, the home visited group had lower rates of abuse and neglect when outcomes were assessed 15 years later. This study suggests that some of the benefits of early childhood home visiting may only be apparent over the longer term.

What factors influence the effectiveness of early childhood home visiting programs?

Early childhood home visiting seems to benefit some families more than others. Mothers who have higher levels of need or disadvantage (e.g., are adolescent, have low coping skills, and few social or personal resources), and/or mothers of children with medical or developmental issues, show greater benefit than mothers without these challenges.^{27,28,29} On the other hand, households with ongoing domestic violence have been shown to benefit less from home visiting, particularly with regard to child abuse and neglect outcomes.^{30,31}

The features of early childhood home visiting programs may influence their impact. Research suggests that programs that are more intensive tend to be more effective,^{32,33} and a minimum number of visits may be required to improve child and parent outcomes. The services provided by professionals may be more effective than by paraprofessionals, but this may depend on the outcome that is being measured. For example, one meta-analysis found greater improvement in children's cognitive abilities when the home visitors were professionals, but paraprofessionals were more effective in reducing parental potential for child abuse.³⁴

Summary

Early childhood home visiting is a strategy for delivering services in homes to improve child health and development. Home visiting programs vary in their goals, intensity and the specific services they provide. Overall, meta-analyses indicate that home visiting improves outcomes related to parenting, accidental child injury, and child development. For other outcomes, findings are mixed. In general, when improvements are found, they tend to be small in magnitude. However, research also indicates that mothers who have few resources, or who have children with medical or developmental concerns, benefit more than mothers without these challenges. There is some evidence that programs that are more intensive and provide services from workers with professional qualifications are more effective.

It is unclear whether home visiting reduces child maltreatment. There is more consistent evidence that home visiting has positive effects on parental competencies (i.e., parenting attitudes and behaviours) than there is on its effects on reduction of child abuse and neglect. Longer term studies are required to determine whether these positive effects on parenting are maintained and whether they reduce the risk for maltreatment in the years following intervention. Although there is little research on the effects of home visiting for families already involved with child welfare, at least one study suggests that home visiting programs may be more effective when implemented before negative parent-child interaction patterns develop.

Research conducted in the 1990s concluded that early childhood home visiting was an effective option for delivering services to improve parenting and child outcomes. On the basis of this, early childhood home visiting service models were widely developed and implemented. However, more recent meta-analyses suggest that the impact of these programs is more modest than anticipated. Early childhood home

visiting programs vary markedly in their intensity, duration, and the nature of the services provided (i.e., staffing credentials and the focus of the intervention). Additional research is needed to identify the characteristics of effective programs, and to assess how well programs are implemented, whether families are being effectively engaged, and whether screening criteria are successful in identifying which families are most likely to benefit.

-
- 1 This information sheet was reviewed by experts in the field of child welfare.
 - 2 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
 - 3 Kendrick, D., Elkan, R., Hewitt, M., Dewey, M., Blair, M., Robinson, J., Williams, D., & Brummell, K. (2000). Does home visiting improve parenting and the quality of the home environment? A systematic review and meta-analysis. *Archives of Disease in Childhood*, 82, 443–51.
 - 4 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
 - 5 Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
 - 6 Kendrick, D., Elkan, R., Hewitt, M., Dewey, M., Blair, M., Robinson, J., Williams, D., & Brummell, K. (2000). Does home visiting improve parenting and the quality of the home environment? A systematic review and meta-analysis. *Archives of Disease in Childhood*, 82, 443–51.
 - 7 Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D., & Brummell, K. (2000). The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13), 1–339.
 - 8 Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (2001). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in the prenatal and postnatal period: a systematic review. *Primary Health Care Research and Development*, 2(1), 41–54.
 - 9 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
 - 10 Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D., & Brummell, K. (2000). The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13), 1–339.
 - 11 Hodnett, E. D., & Roberts, I. (2000). Home-based social support for socially disadvantaged mothers. *Cochrane Database of Systematic Reviews*, Issue 1. Art. No. CD000107.
 - 12 Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (2001). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in the prenatal and postnatal period: A systematic review. *Primary Health Care Research and Development*, 2(1), 41–54.

- 13 Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D., & Brummell, K. (2000). The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13), 1–339.
- 14 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
- 15 Layzer, J. I., Goodson, B. D., Bernstein, L., & Price, C. (2001). *National Evaluation of Family Support Programs*, Final Report Volume A: The Meta-Analysis. Cambridge, MA: Abt Associates.
- 16 Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- 17 Hodnett, E. D., & Roberts, I. (2000). Home-based social support for socially disadvantaged mothers. *Cochrane Database of Systematic Reviews*, Issue 1. Art. No. CD000107.
- 18 Kendrick, D., Hewitt, M., Dewey, M., Elkan, R., Blair, M., Robinson, J., Williams, D., & Brummell, K. (2000). The effect of home visiting programmes on uptake of childhood immunization: A systematic review and meta-analysis. *Journal of Public Health Medicine*, 22, 90–98.
- 19 Bilukha, O., Hahn, R. A., Crosby, A., Fullilove, M. T., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Corso, P., Schofield, A., & Briss, P. A. (2005). The effectiveness of early childhood home visitation in preventing violence: A systematic review. *American Journal of Preventive Medicine*, 28 (2S1), 11–39.
- 20 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
- 21 Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- 22 Hodnett, E. D., & Roberts, I. (2000). Home-based social support for socially disadvantaged mothers. *Cochrane Database of Systematic Reviews*, Issue 1. Art. No. CD000107.
- 23 Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D., & Brummell, K. (2000). The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13), 1–339.
- 24 Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
- 25 MacMillan, H. L., Thomas, B. H., Jamieson, E., Walsh, C. A., Boyle, M.H., Shannon, H. S., & Gafni, A. (2005). Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: A randomized controlled trial. *Lancet*, 365(9473), 1786–1793.
- 26 Olds, D., Hill, P., Robinson, J., Song, N., & Little, C. (2000). Update on home visiting for pregnant women and parents of young children. *Current Problems in Paediatrics*, 30, 109–41.
- 27 Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (2001). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in the prenatal and postnatal period: A systematic review. *Primary Health Care Research and Development*, 2(1), 41–54.
- 28 Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D., & Brummell, K. (2000). The effectiveness of domiciliary health visiting: A systematic review of international studies and a selective review of the British literature. *Health Technology Assessment*, 4(13), 1–339.
- 29 Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- 30 Eckenrode, J., Ganzel, B., Henderson, C. R., Smith, E., Olds, D. L., Powers, J., Cole, R., Kitzman, H., & Sidora, K. (2000). Effectiveness of nurse home visitation program to prevent child maltreatment limited in households with extensive domestic violence. *The Journal of the American Medical Association*, 284, 1385–1391.
- 31 MacMillan, H. L., Thomas, B. H., Jamieson, E., Walsh, C. A., Boyle, M. H., Shannon, H. S., & Gafni, A. (2005). Effectiveness of home visitation by public-health nurses in prevention of the recurrence of child physical abuse and neglect: A randomized controlled trial. *Lancet*, 365(9473), 1786–1793.
- 32 Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (2001). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in the prenatal and postnatal period: A systematic review. *Primary Health Care Research and Development*, 2(1), 41–54.
- 33 Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456.
- 34 *Ibid.*

About the Author: Della Knoke has a PhD in Social Work and is a public servant.

Suggested citation: Knoke, D. (2009). *Early childhood home visiting programs*. CECW Information Sheet #73E. Toronto, ON, Canada: University of Toronto, Factor-Inwentash Faculty of Social Work.

CECW information sheets are produced and distributed by the Centre of Excellence for Child Welfare to provide timely access to Canadian child welfare research.

The Centre of Excellence for Child Welfare (CECW) is one of the Centres of Excellence for Children's Well-Being funded by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the official policy of the CECW's funders.

This information sheet can be downloaded from:
www.cecw-cepb.ca/infosheets