

HOME VISITATION: THE CORNERSTONE OF EFFECTIVE EARLY INTERVENTION

Written Testimony
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Background

Early intervention efforts to promote healthy child development have long been a central feature of social service and public health reforms. Today, prenatal care, well-baby visits, and assessments to detect possible developmental delays are commonplace in most communities. The concept that learning begins at birth, not when a child enrolls in kindergarten, has permeated efforts to improve school readiness and academic achievement (Kauffman Foundation, 2002). Recently, child abuse prevention advocates have applied a developmental perspective to the structure of prevention systems, placing particular emphasis on efforts to support parents at the time a woman becomes pregnant or when she gives birth (Daro & Cohn-Donnelly, 2002).

Although a plethora of options exist for providing assistance to parents around the time their child is born, home visitation is the flagship program through which many states and local communities are reaching out to new parents. Based on data from the large, national home visitation models (e.g., Parents as Teachers, Healthy Families America, Early Head Start, Parent Child Home Program, HIPPI, and the Nurse Family Partnership), it is estimated that somewhere between 400,000 and 500,000 young children and their families receive home visitation services each year (Gomby, 2005). Although the majority of these programs target newborns, it is not uncommon for families to begin receiving home visitation services during pregnancy, to remain enrolled until their child is 3 to 5 years of age, or to begin home visits when their child is a toddler. Given that there are about 23 million children aged 0 to 5 in the U.S. (and about 4 million births every year), the proportion of children with access to these services is modest but growing.

This expansion of home visitation services has been fueled by extensive work on the part of several national models to both strengthen their research base and improve their capacity to provide ongoing technical assistance and monitoring to local agencies adopting their approach. Equally important has been the work in over 40 states that have invested not only in home visitation but also in the infrastructure necessary to insure services are implemented with high quality and integrated into a broader system of early

intervention and support (Johnson, 2009). Until now, this expansion has been largely supported through innovative state funding mechanisms and private investment.

The Early Support for Families Act dramatically increases federal investment in home-based services. The President's decision to invest in home visitation for newborns and the Congress's willingness to act on his decision demonstrate a new and important commitment to prevention and to the type of evidence-informed public policy essential for maximizing impacts on important child and family outcomes. Although no legislation comes with absolute guarantees, the Early Support for Families Act builds on an impressive array of knowledge regarding the efficacy of home visitation programs and creates an implementation culture that emphasizes quality and continuous program improvement. Among the bill's most important features are the following: mandatory funding to the states to strengthen the strategy's sustainability; channeling these dollars to programs demonstrating strong evidence of effectiveness; requiring states to identify how these programs will complement and draw upon existing community efforts; and requiring the collection and use of information to enhance practice and policy. In my time this morning I want to summarize the evidence supporting the expansion of home visitation programs for newborns, identify those program elements associated with more positive outcomes, and underscore the importance of using this legislation not simply to deliver a service but also to enhance learning.

The Broader Context of Early Learning

The rapid expansion of home visitation over the past 20 years has been fueled by a broad body of research that highlights the first 3 years of life as an important intervention period for influencing a child's trajectory and the nature of the parent-child relationship (Shonkoff & Phillips 2000). A child who can avoid trauma and experience consistent and nurturing caregiving in her early years has a better chance of successfully transitioning to adulthood (i.e., will more likely be physically and emotionally healthy, well educated, employable, and engaged in positive social exchange and civic life) than one whose early years are filled with violence and turmoil.

In addition, longitudinal studies on early intervention efforts implemented in the 1960s and 1970s found marked improvements in educational outcomes and adult earnings among children exposed to high-quality early intervention programs (Campbell, et al., 2002; McCormick, et al., 2006; Reynolds, et al., 2001; Schweinhart, 2004; Seitz, et al., 1985). These data also confirm what child abuse prevention advocates had long believed—getting parents off to a good start in their relationship with their infant is important for both the infant's development and for her relationship with parents and caretakers (Cohn, 1983; Elmer, 1977; Kempe, 1976).

The key policy messages from this body of research are that learning begins at birth, and that to maximize a child's developmental potential requires comprehensive methods to reach newborns and their parents. Individuals may debate how best to reach young children; few dispute the fact that such outreach is essential for insuring children will have safer, healthier, and more productive lives. Over time, these individual benefits

translate into substantial societal savings on health care, education, and welfare expenditures (Heckman, 2000).

Why Home Visitation?

A central feature of this emerging developmental approach to addressing child abuse and other negative outcomes for children is an increased focus on expanding the availability of home visitation services to newborns and their parents. Drawing on the experiences of western democracies with a long history of providing universal home visitation systems and emerging evidence of the model's utility in the United States, the U.S. Advisory Board on Child Abuse and Neglect concluded that "no other single intervention has the promise of home visitation" (U.S. Advisory Board, 1991: 145). The seminal work of David Olds and his colleagues showing initial and long-term benefits from regular nurse visiting during pregnancy and a child's first 2 years of life provided the most robust evidence for this intervention (Olds, Sadler & Kitzman, 2007).

Equally important, however, were the growing number of home visitation models being developed and successfully implemented within the public and community-based service sectors. Although initially less rigorous in their evaluation methodologies, these models demonstrated significant gains in parent-child attachment, access to preventive medical care, parental capacity and functioning, and early identification of developmental delays (Daro, 2000). This pattern of findings, coupled with Hawaii's success in establishing the first statewide home visitation system, provided a compelling empirical and political base for the initial promotion of more extensive and coordinated home visitation services.

The Evidence of Success

Over the past 15 years, numerous researchers have examined the effects of home visitation programs on parent-child relationships, maternal functioning, and child development. These evaluations also have addressed such important issues as costs, program intensity, staff requirements, training and supervision, and the variation in design necessary to meet the differential needs of the nation's very diverse new-parent population.

Attempts to summarize this research have drawn different conclusions. In some cases, the authors conclude that the strategy, when well implemented, does produce significant and meaningful reduction in child-abuse risk and improves child and family functioning (AAP Council on Child and Adolescent Health, 1998; Coalition for Evidence-Based Policy, 2009; Geeraert, et al., 2004; Guterman, 2001; Hahn, et al., 2003). Other reviews disagree (Chaffin, 2004; Gomby, 2005). In some instances, these disparate conclusions reflect different expectations regarding what constitutes "meaningful" change; in other cases, the difference stems from the fact the reviews include different studies or place greater emphasis on certain methodological approaches.

It should not be surprising to find more promising outcomes over time. The database used to assess program effects is continually expanding, with a greater proportion of these

evaluations capturing post-termination assessments of models that are better specified and better implemented. In their examination of 60 home visiting programs, Sweet and Appelbaum (2004) documented a significant reduction in potential abuse and neglect as measured by emergency room visits and treated injuries, ingestions or accidents ($ES = .239, p < .001$). The effect of home visitation on reported or suspected maltreatment was moderate but insignificant ($ES = .318, ns$), though failure to find significance may be due to the limited number of effects sizes available for analysis of this outcome ($k = 7$).

Geeraert, et al. (2004) focused their meta-analysis on 43 programs with an explicit focus on preventing child abuse and neglect for families with children under 3 years of age. Though programs varied in structure and content, 88 percent ($n = 38$) utilized home visitation as a component of the intervention. This meta-analysis, which included 18 post-2000 evaluations not included in the Sweet and Appelbaum (2004) summary, notes a significant, positive overall treatment effect on reports of abuse and neglect, and on injury data ($ES = .26, p < .001$), somewhat larger than the effect sizes documented by Sweet and Appelbaum.

Stronger impacts over time also are noted in the effects of home visitation on other aspects of child and family functioning. Sweet and Appelbaum (2004) note that home visitation produced significant but relatively small effects on the mother's behavior, attitudes, and educational attainment ($ES \leq .18$). In contrast, Geeraert et al. (2004) find stronger effects on indicators of child and parent functioning, ranging from .23 to .38.

Similar patterns are emerging from recent evaluations conducted on the types of home visitation models frequently included within state service systems for children aged 0 to 5. Such evaluations are not only more plentiful, but also are increasingly sophisticated, utilizing larger samples, more rigorous designs, and stronger measures. Although positive outcomes continue to be far from universal, families enrolled in these home visitation programs, as compared to participants in a formal control group or relevant comparison population report fewer acts of abuse or neglect toward their children over time (Fergusson, et al., 2005; LeCroy & Milligan, 2005; DuMont et al., 2008; Olds, et al., 1995; William, Stern & Associates, 2005); engage in parenting practices that support a child's positive development (Love, et al., 2009; Zigler, et al., 2008); and make life choices that create more stable and nurturing environments for their children (Anisfeld, et al., 2004; LeCroy & Milligan, 2005; Wagner, et al., 2001). Home visitation participants also report more positive and satisfying interactions with their infants (Klagholz, 2005) and more positive health outcomes for themselves and their infants (Fergusson, et al., 2005; Kitzman, et al., 1997). One home visitation model that initiates services during pregnancy has found that by age 15 the children who received these visits as infants reported significantly fewer negative events (e.g., running away, juvenile offenses, and substance abuse) (Olds, et al., 1998).

Home visits begun later in a child's development also have produced positive outcomes. Toddlers who have participated in home visitation programs specifically designed to prepare them for school are entering kindergarten demonstrating at least three factors correlated with later academic success—social competency, parental involvement, and

early literacy skills (Levenstein, et al., 2002; Allen & Sethi, 2003; Pfannenstiel, et al., 2002). Longitudinal studies of home visitation services that begin at this developmental stage have found positive effects on school performance and behaviors through sixth grade (Bradley & Gilkey, 2002) as well as lower high school dropout and higher graduation rates (Levenstein, et al., 1998).

A prime consideration for the unique emphasis on nurse home visitation within the President's proposal is the long-term cost savings found in Nurse Family Partnership's (NFP) initial trials. These savings were primarily realized through a reduction in the subsequent use of Medicaid and other entitlement programs as a result of women receiving the intervention entering and remaining in the workforce. Although comparable data have not been collected on the other home visitation models, the range of outcomes achieved by many of them suggests similar savings could accrue from them as well. Additional areas for potential savings include stronger birth outcomes among families enrolled prenatally in a sample of Health Families New York programs (Mitchell-Herzfeld, et al., 2005), higher monthly household earnings among those who access Early Head Start services (Love, et al., 2009), and better school readiness and a reduced need for special education classes among children enrolled in PAT or Parent Child Home Program (Zigler et al., 2008; Levenstein, et al., 2002).

In short, confidence in the efficacy of early home-based interventions with newborns and their parents rests with numerous randomized control trials, quasi-experimental evaluations with strong counterfactuals, and detailed implementation studies that have demonstrated both the efficacy and efficiency of this approach. Perhaps the most compelling use of these data is not to simply highlight a given model's efficacy but rather to underscore the importance of high-quality implementation and service integration. The full volume of research data across various models clearly shows that the chances of success are improved when any program embraces certain features such as:

- Solid internal consistency that links specific program elements to specific outcomes
- Forming an established relationship with a family that extends for a sufficient period of time to accomplish meaningful change in a parent's knowledge levels, skills, and ability to form a strong positive attachment to the infant
- Well-trained and competent staff
- High-quality supervision that includes observation of the provider and participant
- Solid organizational capacity
- Linkages to other community resources and supports

As Congress moves toward developing legislation to act on the President's promise to provide early intervention services to those children facing the most significant obstacles, these parameters—rather than the utility of a given model or given workforce structure—should guide policy development. Unless all of the interventions supported by this initiative are structured around core practice principles, the odds of success, regardless of the model implemented, are greatly diminished.

Defining Standards for Evidence-Based

Defining the evidentiary base necessary for estimating the potential impacts of a given intervention is complex. In general, two lines of inquiry guide the development of program evaluations: Does the program make a measurable difference with participants (efficacy)? And, does a given strategy represent the best course of action within a given context (effectiveness)? Randomized control trials are often viewed as the best and most reliable method for determining if the changes observed in program participants over time are due primarily to the intervention rather than to other factors. Maximizing the utility of program evaluation efforts, however, requires more than just randomized clinical trials. As noted by the American Evaluation Association in a February, 2009 memo to OMB Director Peter Orszag:

There are no simple answers to questions about how well programs work, and there is no single analytic approach or method that can decipher the complexities that are inherent within the program environment and assess the ultimate value of public programs. (AEA Evaluation Policy Task Force, 2009).

Well-designed effectiveness evaluations are needed to improve the quality of home visitation programs and their successful replication. However, knowing that a program is capable of achieving effects under ideal conditions is not the same as knowing it will achieve effects when broadly implemented with more challenged populations or in more poorly resourced communities. In the real world, the success of a home visitation program will depend on how local parents from all points on the risk continuum view early intervention services, on what service and provider characteristics will attract new parents into these programs, and on the relation between these efforts and other elements within a community's existing service continuum.

In many respects, the core features of a well-done randomized trial—a highly specified intervention, consistent implementation, and a specific target population—limit the ability to generalize its findings to diverse populations and diverse contexts. In determining which programs constitute the highest level of evidence, states should examine a model's full research portfolio. Although randomized clinical trials are excellent for assessing impacts, they offer little guidance in terms of how to integrate such efforts into existing healthcare and educational systems, the vehicles through which a truly comprehensive national effort to support new parents needs to be based. The knowledge and assurances needed to build this type of integrated system for at-risk children and their parents will be found in the evidence being generated by diverse analytic and research methods such as those that have been and are being incorporated by a number of home visitation efforts throughout the country.

Assuring Continuous Program Improvement

The emphasis it places on evaluation and program monitoring is an important feature of the Early Support for Families Act. Under this legislation, states will be required to provide annual reports outlining, among other things, the specific services provided under

the grant; the characteristics of each funded program, including descriptions of its home visitors and participants; the degree to which services have been delivered as designed; and the extent to which the identified outcomes have been achieved. This type of systematic data collection and monitoring is particularly critical as home visitation programs become more widely available. Home visitation, while promising, does not produce consistent impacts in all cases. Not all families are equally well served by the model; retention in long-term interventions can be difficult; identifying, training, and retaining competent service providers is challenging, particularly when the strategy is designed to be offered widely and integrated into existing early intervention systems. Finally, although home visitation programs are substantial in both dosage and duration, even intensive interventions cannot fully address the needs of the most challenged populations—those struggling with serious mental illness, domestic violence, and substance abuse as well as those rearing children in violence and chaotic neighborhoods. Addressing these and similar questions requires that evidence-based interventions be implemented in light of what we know along with a determination to do better.

Identifying the appropriate investments in home visitation programs will require a research and policy agenda that recognizes the importance of linking learning and practice. It is not enough for scholars and program evaluators, on the one hand, to learn how maltreatment develops and what interventions are effective and for practitioners, on the other, to implement innovative interventions in their work with families. Instead, initiatives must be implemented and assessed in a manner that maximizes both the ability of researchers to determine the effort's efficacy and the ability of program managers and policymakers to draw on these data to shape their practice and policy decisions. Most of the major national home visitation models recognize this objective and have engaged in a series of self-evaluation efforts designed to better articulate those factors associated with stronger impacts and to better monitor their replication efforts. For example, the Nurse Family Partnership maintains rigorous standards with respect to program site selection. Data collected by nurse home visitors at local sites is reported through the NFP's web-based Clinical Information System (CIS), and the NFP national office manages the CIS and provides technical support for data entry and report delivery. Since 1997, Healthy Families America's (HFA) credentialing system has monitored program adherence to a set of research-based critical elements covering various service delivery aspects, program content, and staffing. And, after 3 years of extensive pilot testing and review, Parents as Teachers (PAT) released its Standards and Self-Assessment Guide in 2004.

In fulfilling their reporting obligations under the Early Support and Education Act, state planners should be encouraged to draw on these systems in developing a coordinated database that will allow them to look across the models they are implementing. This integrated data system can be used to determine the constellation of models and collaborative efforts needed to better identify, engage, and effectively serve the communities and families in facing their greatest challenges.

Achieving Broader Outcomes

Home visitation is not the singular solution for preventing child abuse, improving a child's developmental trajectory, or establishing a strong and nurturing parent-child relationship. However, the empirical evidence generated so far does support the efficacy of the model and its growing capacity to achieve its stated objectives with an increasing proportion of new parents. Maintaining this upward trend will require continued vigilance to the issues of quality, including staff training, supervision, and content development. It also requires that home visitation be augmented by other interventions that provide deeper, more focused support for young children and foster the type of contextual change necessary to provide parents adequate support. These additions are particularly important in assisting families facing the significant challenges as a result of extreme poverty, domestic violence, substance abuse, or mental health concerns.

All journeys begin with a single step. The Early Support for Families Act provides states an important vehicle for identifying the best way to introduce home visitation into its existing system of early intervention services. Chapin Hall's review of this process suggests states are already responding to this challenge by requiring that any model being replicated reflect best practice standards, embrace the empirical process, and be sustainable over time through strong public-private partnerships (Wasserman, 2006). The ultimate success of this legislation will hinge on the willingness of state leaders to continue to support data collection and careful planning and on the willingness of program advocates to carefully monitor their implementation process and to modify their efforts in light of emerging findings with respect to impacts.

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