

HOME VISITING PRACTICE STANDARDS

SOURCE: *Stopping Child Maltreatment Before It Starts: Emerging Horizons in Early Home Visitation Services.* By Neil B. Guterman, Sage Publications, Inc., 2001.

The Challenges of Early Home Visitation Services

Practice Principle 4.1: To effectively service families in their homes, workers must structure their work... and clarify their focus with families.

Parenting Curricula in the Home

Practice Principle 4.2: Early home visitation programs should adapt and/or adopt parenting educational curricula with clear objectives, structured protocols that directly address those objectives and do so in ways that are compatible with and respectful of families' own cultural and individual contexts.

Health-Related Activities in the Home

Practice Principle 4.3: Evidence suggests that home visitation programs have shown their most clearly demonstrable gains in the area of health outcomes associated with child maltreatment risk.

The Effective Home Visitor

Practice Principle 4.4: Programs that deploy nurses as home visitors can produce positive program effects related to child maltreatment reduction, as can those deploying trained and supervised paraprofessionals and graduates in the study of psychology. The existing empirical evidence does not clearly identify whether one of these personnel models provides advantage over another in specifically reducing child maltreatment risk.

Practice Principle 4.5: Programs do not appear to increase their advantage by deploying multidisciplinary teams, either with regard to outcomes related to child maltreatment or with regard to cost efficiency.

Practice Principle 4.6: Despite the lack of clarity about optimal personnel arrangements for home visitation staff, what appears to be at stake in considering whom to deploy as home visitors is a set of underlying critical factors shaping programs' success:

- 1. The link between program and family goals and the capacities of home visitors to effect those goals.*
- 2. Home visitors' legitimacy, credibility, and acceptance.*
- 3. The ability to engage and maintain an effective working relationship between home visitor and the family.*
- 4. The capacity and skills to attend to more specialized service challenges.*
- 5. The program's relationship to the larger community, and whether it is viewed as a community-based initiative engaging and involving community members in the operations of the program.*
- 6. The costs associated with differing options.*

Program Dosage

Practice Principle 4.7: Programs that deliver, in practice, at least moderately intensive services—biweekly or more frequent—are linked with more favorable family participation and child maltreatment-related outcomes than those providing less intensive services. This trend holds for the frequency of services actually delivered, not for the frequency planned to be delivered. Intensive services are also linked to lower overall attrition rates.

Practice Principle 4.8: Both short- and long-term programs can achieve positive gains, and the observable gains appear to be linked with the time horizon by which successful outcomes are defined and assessed.

Practice Principle 4.9: More intensive models of limited duration appear to hold greater promise for positive outcomes, where families are more likely to be engaged and involved in services, in comparison to approaches with less intensive services and longer service horizons.

Practice Principle 4.10: Pre-natally initiated services are associated with more favorable engagement rates and reported outcomes. Pre-natally initiated services are also associated with higher retention rates.

Who Receives Services? Identifying Families and the “Universal Versus Targeted” Debate

Practice Principle 5.1: Programs that employ population- or demographically based criteria for enrollment appear to hold an advantage in child maltreatment-related risk reduction over programs that actively screen for psychosocial risk at the individual level.

Screening Problems and the Match Between Home Visitation and Enrolled Families’ Needs

Practice Principle 5.2: Programs may best define service populations by opting for demographically based criteria for enrollment, particularly those that may indicate heightened responsiveness of services to families’ needs.

Practice Principle 5.3: Demographically targeting and serving less experienced and younger parents may promote more favorable outcomes than intervening with more experience and older parents.

Practice Principle 5.4: Early home visitation services must strive to conduct thorough clinical assessments, not for enrollment decision-making purposes but rather for tailoring service goals and activities to meet the unique needs of individual families enrolled for services. Such assessments should systematically include consideration of major etiological influences in maltreatment risk, including substance abuse, domestic violence, mothers’ own history of personal victimizations, and mental illnesses such as parental depression.

Who Benefits from Services? Families' Participation in Home Visitation

Practice Principle 5.5: Home visitors should address specific barriers to ongoing service participation as well as those elements that may serve to facilitate and enhance a family's motivation for ongoing service.

Emerging Directions In Addressing The Role of Substance Abuse Within Home Visitation Services.

Practice Principle 6.1: Home visitors should routinely and sensitively assess the presence and role of substance and/or alcohol use and abuse patterns early in their work with families.

Practice Principle 6.2: In instances where substance and/or alcohol abuse have been identified as concerns, home visitors should work with families over the long term to directly reduce the risks and harm the substance abuse has on the developing child and the family.

Practice Principle 6.3: Because of the numerous barriers to services faced by substance-abusing mothers, home visitors must intensively and persistently orchestrate formal supports to maintain essential health, economic, and social supports.

Practice Principle 6.4: Home visitors must deliberately work with parents to enrich and sculpt supportive informal networks and to minimize negative influences in existing support network ties in order to reduce both substance and child abuse risk.

Home Visitation and Social Network Supports: The Current State

Practice Principal 7.1: To promote long-term positive change in parenting and address potent social network influences in child maltreatment risk, early home visitation service must advance beyond serving as a form of surrogate social support toward providing fully developed assessment, engagement, and intervention activities targeting families' own indigenous support systems.

Practice Principal 7.2: As a first step, home visitation services should systematically assess families' informal social networks over time, examining the roles they play in supporting families and the ways they may directly reduce or heighten maltreatment risk.

Practice Principle 7.3: To consider social network interventions that will most likely benefit families over the long term, home visitation service providers should consider not only properties of the social networks in which families are embedded but also families' own capacities to manage network challenges.

Practice Principle 7.4: Group-based social support activities as an adjunct to home visitation services provide a promising vehicle to help families manage their social network challenges. At the same time, using such groups for the purpose of effectively tapping social supports must be done with care, mindful that existing evidence has been mixed and suggests that families may come to rely on groups as a replacement for longer term indigenous supports. Involving multiple

family members within a support group modality appears to hold promise in improving engagement and retention of families in conjunctive services.

Practice Principle 7.5: Given the multifaceted influence of strong-tie relationships such as those with fathers or male partners, programs must fully consider and incorporate practice strategies that promote their positive partnership and, when relevant, that minimize ways such ties complicate parents' efforts to succeed with their children.

Powerlessness and Child Maltreatment

Practice Principle 8.1: To reduce child maltreatment risks over the long term, home visitation programs must consider and adequately attend to power-based challenges in the parenting role, given that parental powerlessness forms a core etiological process in the unfolding development of child abuse and neglect.

Expanding Home Visitation Services to Empower Families

Practice Principle 8.2 To overcome the effects of parents' powerlessness, home visitation services should promote personal experiences of success across spheres of functioning and particularly in relation to social-environmental challenges, such as managing social network relations or accessing necessary resources.

Practice Principle 8.3: Home visitors should carefully assess the adequacy of parents' skills that may promote their functioning in the social environment over the long term. Especially important to assess are those skill spheres that may open still further opportunities to enhance their competency and support in the future. Home visitation programs should then be prepared to directly engage families in skill-building activities or to serve as a bridge to community resources that also offer opportunities for parents to experience successes connected with their own participation.

Empowerment Through Peer Learning and Role Modeling.

Practice Principle 8.4: Home visitation services may seek to empower parents by providing specific opportunities for learning with peers and similar others, for example, through the use of paraprofessionals matched for similarity, peer or mutual aid groups, and/or mentoring.

Practice Principle 8.5: Augmenting home visitation services with empowerment-oriented group support should directly reduce maltreatment risk by reducing parents' out-of-control feelings, by increasing parents' participation in community and services, and by increasing parents' efforts to improve community conditions that shape family life.