



Review

Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review



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ABSTRACT

In recent years there has been an increase in the popularity of home visitation programs as a means of addressing risk factors for child maltreatment. The evidence supporting the effectiveness of these programs from several meta-analyses, however, is mixed. One potential explanation for this inconsistency explored in the current study involves the manner in which these programs were implemented. In the current study we reviewed 156 studies associated with 9 different home visitation program models targeted to caregivers of children between the ages of 0 and 5. Meta-analytic techniques were used to determine the impact of 18 implementation factors (e.g., staff selection, training, supervision, fidelity monitoring, etc.) and four study characteristics (publication type, target population, study design, comparison group) in predicting program outcomes. Results from analyses revealed that several implementation factors, including training, supervision, and fidelity monitoring, had a significant effect on program outcomes, particularly child maltreatment outcomes. Study characteristics, including the program's target population and the comparison group employed, also had a significant effect on program outcomes. Implications of the study's results for those interested in implementing home visitation programs are discussed. A careful consideration and monitoring of program implementation is advised as a means of achieving optimal study results.

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According to the latest National Child Abuse and Neglect Data System report of the U.S. Department of Health and Human Services (DHHS), an estimated 679,000 children were victims of child maltreatment in 2013, defined here as serious harm (e.g., neglect, physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters (US DHHS, 2015). Of those children who were victims of abuse and neglect, almost half were between the ages of 0 and 5, with neglect the primary reason over three quarters of victims entered out-of-home care. While the number of youth impacted by maltreatment each year is astounding, the effects of child maltreatment are themselves serious and far reaching. Victims of abuse and neglect are at heightened risk for a number of deleterious psychosocial problems, including diminished developmental and neurocognitive functioning and increased rates of psychopathology (see Cicchetti & Toth, 2005 for a thorough review). Given the abundance of negative outcomes associated with child maltreatment, it is of prime importance to determine those programs that are most efficacious in preventing child maltreatment from occurring. This is particularly the case for programs that target youth between the ages of 0 and 5, who are most susceptible to experiencing child maltreatment.

The history of the recognition and treatment of child abuse and neglect began 53 years ago, when child abuse was first identified in the medical community as a cause of childhood injuries (Kempe, Silverman, Steele, Droegemuller, & Silver, 1962). Just over thirty years thereafter it became a major focus in the clinical intervention literature, with mental health practitioners typically delivering treatments with which they were most familiar and comfortable. Best practice consisted of applying existing treatments to child abuse cases, as empirical treatments for this population did not exist. Fortunately, over the last two decades, great effort has been devoted to developing and evaluating more systematic treatments, with efficacious treatment protocols emerging at the turn of the century (Cohen, Berliner, & Mannarino, 2000). One type of intervention program that has grown in popularity in recent years is home visitation. In 2010, the passage of the Affordable Care Act helped create the Maternal, Infant, and Early Childhood Home Visiting Program to increase federal support for evidence-based home visiting services for pregnant women and new mothers at risk for child maltreatment (Health Resources and Services Administration, 2015). Currently, home visitation is the most widely used child maltreatment prevention approach in the United States (Alonso-Marsden et al., 2013), and programs are found in at least 40 states and serve up to 500,000 children nationwide (Astuto & Allen, 2009).

Although all home visitation programs designed to prevent child maltreatment have an underlying belief that working with high-risk families in their homes will have long-term benefits for children, the programs vary widely in their approach. Home visitation programs differ from one another, for example, in terms of who provides services to families, the family risk criteria that determine eligibility, the frequency and intensity of home visits, as well as the content of the curriculum. In addition to differences in the manner in which home visitation programs are delivered, the empirical evidence supporting the effectiveness of home visitation programs is also quite varied. While a number of home visitation program models have demonstrated positive outcomes on parenting attitudes and behaviors (Avellar et al., 2014; Filene, Kaminski, Valle, & Cachat, 2013; Health Resources and Services Administration, 2015), the evidence supporting the impact of home visitation programs on preventing child maltreatment is more inconclusive (Sweet & Appelbaum, 2004). Some home visitation programs, such as the Nurse–Family Partnership and SafeCare, have demonstrated consistent evidence of significantly lower rates of child welfare involvement between program-involved families and those receiving services as usual (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012; Kitzman et al., 1997; Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds et al., 2002). Other programs, however, such as Healthy Families America, have had less success in demonstrating reductions in child maltreatment (Duggan et al., 2007).

Some of the inconsistency in results evaluating the impact of home visitation programs on child maltreatment is likely due to differences in the home visitation models being employed. However, it is also likely that there is wide variability in the manner in which home visitation programs are implemented. Some implementations of a home visitation model, more so than others, may have paid particularly close attention to how the program was being executed, making active attempts to evaluate implementation practices occurring at multiple levels and using this feedback to guide the program's roll-out. In order to examine the impact of implementation factors in determining program outcomes, in the current study we performed

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