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Impact of a statewide home visiting program on parenting and on child health and development[☆]

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Abstract

Objectives: To assess the impact of a voluntary, paraprofessional home visiting program on promoting child health and development and maternal parenting knowledge, attitudes, and behaviors.

Methods: This collaborative, experimental study of 6 Healthy Families Alaska (HFAK) programs enrolled 325 families from 1/00 to 7/01, randomly assigned them to HFAK and control groups, interviewed mothers at baseline, and followed families until children were 2 years old (85% follow-up). Child outcomes included health care use, development and behavior. Parent outcomes included knowledge of infant development, parenting attitudes, quality of the home environment, and parent-child interaction. HFAK records were reviewed to measure home visiting services. Home visitors were surveyed to measure knowledge, perceived effectiveness and perceived training adequacy.

Results: There was no overall impact on child health, but HFAK group children had more favorable developmental and behavioral outcomes. HFAK and control mothers had similar parenting outcomes except that HFAK mothers had greater parenting self-efficacy (35.1 vs. 34.6 based on the Teti Self-Efficacy Scale, $p < .05$). Fewer HFAK families had a poor home environment for learning (20% vs. 31%, $p < .001$). HFAK families were more likely to use center-based parenting services (48% vs. 39%, $p < .05$). The impact was greater for families with lower baseline risk (Family Stress Checklist scores < 45). There was little evidence of efficacy for families with a higher dose of service.

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Conclusions: The program promoted child development and reduced problem behaviors at 2 years. Impact could be strengthened by improving home visitor effectiveness in promoting effective parenting. Future research is needed to determine whether short-term benefits are sustained.

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Introduction

Home visiting is a widely used strategy that has been targeted to a broad range of populations to achieve an equally broad range of parent and child outcomes. The American Academy of Pediatrics has recommended experimental evaluation of home visiting and the use of results from carefully conducted evaluative research in advocating for home visiting (American Academy of Pediatrics Council on Child and Adolescent Health, 1998). Gomby, Culross, and Behrman (1999) have made similar recommendations. However, research on home visiting impact has yielded mixed results, raising questions of how best to design, target and implement home-based services.

Two recent meta-analyses conclude that home visiting can promote effective parenting behavior and child developmental outcomes (Centers for Disease Control & Prevention, 2003; Sweet & Appelbaum, 2004). However, they differed in their conclusions about how effect sizes are influenced by broad program design features, targeting of specific populations, and articulation of program goals. An example relates to program staffing. The first meta-analysis concluded that the impact on preventing child maltreatment indicators was more consistent for programs staffed by professionals (Centers for Disease Control & Prevention, 2003). In contrast, the second review determined that the impact on preventing indicators of abuse was greater for programs staffed by paraprofessionals (Sweet & Appelbaum, 2004). However, it found that the impact on promoting child cognitive development was greater for programs staffed by professionals and that impact in promoting effective parenting was not associated with program staffing. Sweet and Appelbaum conclude that research is needed on other factors that can contribute to program efficacy, such as home visitors' perceptions of program goals, fidelity of implementation, and moderation of program impact by family attributes.

Hebbeler and Gerlach-Downie examined home visitors' perceptions of program goals and the mechanisms for achieving them—the program's "theory of change"—in a qualitative study to explain the results of a concurrent randomized trial of home visiting (Hebbeler & Gerlach-Downie, 2002). The randomized trial found limited program success in promoting child development, its primary goal (Wagner & Clayton, 1999). Hebbeler and Gerlach-Downie determined that the program's limited impact was consistent with the home visitors' actions during visits; the home visitors' actions, in turn, were consistent with their understanding of the program's theory of change. Based on the program's underlying assumptions—for example, that if the mother feels good the child feels good and that parents have within themselves the knowledge to be good parents—the home visitors emphasized family support, placed less emphasis on information-sharing around effective parenting practices, and de-emphasized expectations for parent-child interaction.

Guterman has noted that the actual duration and intensity of home visiting services is key to achieving intended outcomes (Guterman, 2001). Our own review of randomized trials of home visiting programs

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