Early Family Support and Home Visiting:
Transforming Practice/Maximizing Impacts

Deborah Daro

Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities
Main Points

• Significant progress has been made in developing evidence-based strategies to build parental capacity and enhance child well-being.

• Identifying these strategies generally reflect measures of “efficacy” not measures of “effectiveness”.

• As such, significant challenges exist in insuring consistency and quality as evidence-based programs scale-up.

• Expanding and sustaining an effective level of support for all families requires thinking “beyond the model”.

Promising Interventions
Importance of Early Child Development

- Socially adjusted and emotionally healthy adult
- Being fully employed in line with one’s skills and competencies
- Achieving economic stability and independence
- Succeeding in school, achieving academic excellence and developing sustained relationships
- Arriving at school ready to learn
- Acquiring a basic set of cognitive and non-cognitive functions – working memory, self-regulation, cognitive or mental flexibility
Enhancing Child Well-Being

Individual Interventions

Contextual Change

Strengthen Parental Capacity
To keep children safe
To develop positive attachment and relationships
To support a child’s healthy physical and cognitive development
New Directions in Child Abuse and Neglect Research

Intervention Findings
Interventions and Service Delivery Systems
Report Findings

Significant advances have been made in the development of effective programs to prevent and treat child abuse and neglect

Treatment:
- Trauma-focused therapies
- Parent training programs applied to child abuse and neglect

Prevention:
- Public awareness campaigns
- Parenting programs
- Professional practice reforms
- Early home visitation
Key Elements of Effective Programs

- Theoretical integrity and focused content.
- Focusing intervention efforts on the earliest stages of the developmental process.
- Employing persistent, but respectful, outreach methods to engage multi-problem families.
- Systematically assessing the needs of the target population across a number of domains that impact relevant risk and protective factors.
- Providing participants access to a core body of knowledge and skills and facilitating access to other community resources as needed.
Key Elements of an Effective Work Force

• The ability to bring added value to any task.
  – Identify opportunities to enhance the service experience.
  – Balance the need for fidelity with the potential for innovation.

• A robust knowledge base in key areas and a “curiosity” to learn more.

• A skilled “relationship builder” who connects with both program participants and colleagues.

• A commitment to cultural humility.
  – Move from mastering a body of knowledge to sustaining an ongoing commitment to learning and understanding.
The Unique Promise of Home Visiting
Why is home visiting uniquely attractive?

• Convergence of political interests, clinical knowledge and empirical research.

• Establishes a promising pathway for reaching more challenged families by:
  – Providing services in a participant's home
  – Shaping service content and delivery to address participant needs and concerns
  – Engaging extended family members /care providers
  – Modeling “relationship building”
Maternal, Infant, Early Childhood Home Visiting

• **Goal**
  - Included in the 2010 Affordable Care Act
  - Assists states in building a *comprehensive early childhood system* to promote the health and safety of pregnant women, children 0-8, and their families

• **Investments**
  - $1.5 billion allocated to states FY 10 to FY 14 on a formula and competitive basis
  - $11.2 million for Technical Assistance
  - $40 million for a national evaluation, to document participant outcomes and program implementation
Core Benchmark Areas

- Improved maternal and newborn health
- Child injury, child abuse, neglect, or reduction in emergency visits
- Improvement in school readiness and achievement
- Crime and domestic violence
- Family economic self-sufficiency
- Coordination and referrals to other services
Standards of “Quality” Research

- RCT or quasi-experimental designs, with low attrition.
- High quality measures (direct observation, direct assessment, administrative records, self-report using standardized measure).
- Sustained impact (one year post-enrollment)
- Replication of findings, particularly subgroup findings
- Minimal “unfavorable” findings
- Evaluator independence
- Moderate to large effect sizes
Selected Approved MIECHV Models

• Multi-year efforts initiated at pregnancy or birth
  – Healthy Families America (HFA)
  – Nurse Family Partnership (NFP)
  – Parents as Teachers (PAT)
  – Early Head Start (EHS)

• Interventions initiated with broader populations
  – Child First
  – HIPPY
  – Safe Care
# Home Visiting and Key Outcomes

<table>
<thead>
<tr>
<th>Parent/Child Factors</th>
<th>Community/System Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge of child development</strong></td>
<td><strong>Link families to available medical, social services, and early learning opportunities</strong></td>
</tr>
<tr>
<td><strong>Parental stress</strong></td>
<td><strong>Improve collaboration and service integration</strong></td>
</tr>
<tr>
<td><strong>Parenting skills and capacity to promote healthy child development</strong></td>
<td><strong>Normative standards regarding parental practices</strong></td>
</tr>
<tr>
<td><strong>Maternal depression</strong></td>
<td><strong>Local service quality and quantity</strong></td>
</tr>
<tr>
<td><strong>Positive child development and behavior</strong></td>
<td><strong>Collective efficacy</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes Commonly Addressed Through Home Visiting</th>
<th>Outcomes Often Not Addressed Through Home Visiting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serious mental health issues</strong></td>
<td><strong>Substance abuse</strong></td>
</tr>
<tr>
<td><strong>Domestic violence</strong></td>
<td><strong>Collective efficacy</strong></td>
</tr>
<tr>
<td><strong>Community violence</strong></td>
<td></td>
</tr>
</tbody>
</table>
What accounts for inconsistent outcomes?

• No program works for everyone – impacts will always be inconsistent across subgroups.
• Home visiting models often do not successfully engage and retain families at serious risk long enough to achieve impacts.
• Existing program content and service provider skills may be insufficient the fully address the full of needs presented by participants.
• Absence of reliable and robust implementation data (effectiveness research).
Interventions and Service Delivery Systems
Research Priorities

• Dissemination and Implementation
  ▪ Implementing in communities with fidelity
  ▪ Taking interventions to scale
  ▪ Sustaining over time

• Infrastructure Development
  ▪ Strengthening the workforce
  ▪ Crafting data management systems to support CQI
  ▪ Fostering system integration and collective impact
Creating Robust Operational Systems: Building Community Capacity
Establish Universal Assessment Of Need

Build Service Referrals And Linkages

Alter Normative Context

Evidence-Based Models
MIECHV’s Successes Stories

• Common outcomes/set of performance indicators covering all HV models operating in a state/tribe.
• Initial implementation of interagency collaborations that plan and monitor program implementation.
• A place-based focus to encourage comprehensive coverage in areas of highest need including tribes.
• An emphasis on promoting the efficient use of local services and supports through service referrals.
• A commitment to using data to guide improvements and reassess investments.
New Directions In Child Abuse and Neglect Research

For more information and to download the report, please visit www.iom.edu/childmaltreatment