



*The Consultative Group on Early Childhood Care and Development*

# HOME-BASED PROGRAMMES FOR EARLY CHILDHOOD CARE AND DEVELOPMENT

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Attention to early childhood care and development through home-based programmes has grown considerably over the last ten years. The extent of that growth and the current coverage of home-based programmes cannot easily be captured statistically. Some efforts are "add-ons" to established programmes of home-visiting by health or social welfare workers; others are embedded in health education or adult education programmes. Nevertheless, the topic seems to be gaining in interest as ways are sought to reinforce the family role and responsibility in early childhood development and to improve survival and development for as many children as possible under severe resource constraints.

Home-based programmes contrast with (and sometimes are designed to complement) centre-based programmes.<sup>1</sup> Centre-based programmes place major responsibility for a child's care and development with an institution outside the home and family. Home based programmes assign the first responsibility for a child's care and development to the family, focus on individual care occurring in the home, and assume that the child's growth and development can be strengthened by providing some form of education and support to family members.

Among home-based programmes a clear difference exists between home-visitor programmes and other education programmes in which parenting information to be applied is provided outside the home. In this Notebook, we will focus on home-visitor programmes.

## *Home-visiting*

Home-visiting is not new. Governments and voluntary agencies have long supported various forms of home-visiting in conjunction with programmes of social work or health or rural home economics and extension. However, home-visiting that focuses specifically on early childhood development is relatively new. In addition, programme goals and the approaches being used by home-visitors are changing. In the past, home-visiting was often a form of inspection leading to determination of whether or not an action was needed to save a child from home surroundings. Or, a visit was simply a channel for handing out food, clothing, or information. Home-visitors were often patronizing professionals or middle-class volunteers on mercy missions. For the most part, attention was concentrated on rehabilitation of unusually bad cases and on child survival.

More recently, a different sort of home-visiting model is being tried out. It relies heavily on community members working as volunteers and/or para-professionals. The role of these individuals is to help families and communities mobilize available resources, building on the strengths that exist even in impoverished environments. Their task also includes helping families to build confidence in their own abilities as parents (and sometimes in their own feelings of self worth). These goals require a home-visitor to do more than simply pass on information. They require the home-visitor to work in a partnership with parents rather than to take on a patronizing role. The goals require recognition that childcare and childrearing practices are related more directly to the socio-educational level of the home than to its socio-economic level; some parents living in poverty manage to provide excellent care, while some rich parents are neglectful. The newer home-visiting programmes start with the assumption that parents not only care about their children, but also are usually aware of their own constraints and have often developed coping skills that a programme can build upon.

The recent experience with para-professional and community approaches to home-visiting suggests that sensitive para-professionals, with a minimum of formal education and without prior certification, can do as good a job as professionals of providing parental education and support. Drawing on local resources (including the para-professional) can reduce programme costs, making an otherwise expensive option more affordable without losing effectiveness.

Table 1 roughly summarizes information about seven home-visiting experiments. The examples represent differences both in programme settings and in the ways home-visiting has been organized and carried out. Although the list could easily be extended, the examples should give the reader a feeling for options that have been (or are being) tried out.

*Table 1—Home Visiting*

<i>Programme /Location</i>	<i>HIPPY Israel</i>	<i>Parent-to- Parent USA</i>	<i>CDS Ireland</i>	<i>Portage Peru</i>	<i>Home- Based Project Korea</i>	<i>Home- visiting Pro- gramme Jamaica</i>	<i>Parental Education Mexico</i>
<i>Child's Age</i>	3-6 years	0-3 years	Infants	3-6 years	18-36 months	6-30 months	0-5 years
<i>Technical Institution</i>	Hebrew Universit y	High/Sco peEducati onal Research Foundati on	Universit y of Bristol and Trinity College	Co- operative Educatio nal Service Agency	Korean Inst. Research Behavior al Sciences	Tropical Metabolis m Research Institute	Secretary of Educatio n
<i>Administer- ing Agency</i>	Ministry Educatio n /Culture	Local Commun ity Agency	Health Service	Ministry Educatio n	Korean Inst. Re search Behavior al Sciences	Health Service	Secretary of Educatio n
<i>Scale</i>	Nation al 110 Commun -ities	20 Commun -ities	Various Areas within Dublin	4 Commun -ities	3 Commun -ities	2 Commun -ities	National
<i>Home- Visitor</i>	Commun ity Para- profession al	Commun ity Para- profession al	Commun ity Para- profession al	Commun ity Para- profession al	Universit y Student in Child Develop- ment	Commun ity Para- profession al	Commun ity Para- profession al
<i>Supervisor</i>	Professio nal Local/ District Coordi- nators	Local Sponsori ng Agency	Family Develop- ment Nurse	Ministry Educatio n Professio nal	Korean Inst. Research Behavior al Sciences	Primary Health Care Nurse	Secretary of Educatio n Staff
<i>Frequency of Visits</i>	Fortnight ly	Weekly	Monthly	Weekly	Weekly	Fortnight ly or Monthly	Weekly

<b>Duration</b>	3 years	1 year	2 to 2 1/2 years	1 year	1 year	3 years	1 year
<b>Other</b>	Fortnightly Meeting of Mothers	Periodic Parent Meetings	In-Service Training Monthly Sessions	Adaptation of USA Portage Model	Weekly Meeting of Home-Visitors	The third of three home-visiting experiments	

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As Table 1 shows, even within home-visiting programmes employing para-professionals and directed to children and families living in poverty, there is considerable variation. The following is a schematic presentation of variations. For examples of these, the reader is referred to Table 1.

#### PROGRAMME GOALS

- Emphasis may be on changing the child, the parent, or the parent-child interaction.
- Emphasis may be on health or nutrition or psychosocial development, or all of these.
- Increase knowledge, change attitudes, affect behavior, increase self-confidence, change environment.

#### LOCATION

(Home-visiting by definition occurs in the home, but this may or may not be accompanied by group meetings and/or consultations outside the home.)

#### UNDERLYING THEORY

- Psychoanalytic or behaviorist or ecological.
- "Deficit" model vs. building on strengths.
- Didactic teaching/learning, modeling/observation, role-playing.

#### CONTENTS AND MATERIALS

- Provided for vs. prepared by participants.
- Mono-focal or multi-focal.
- Parent-centred, child-centred, home-visitor-centred, community-centred.
- Manuals, activity sheets, cartoons, storybooks.

#### HOME PARTICIPANTS

- Mother, parents, siblings, extended family.
- Children/families selected by age of child (birth, birth to three years, three to six years, other), by birth order (first born), by risk or disability criteria.

## COMMUNITY/AGENCY PARTICIPATION

- Agency professionals, community para-professionals.
- Volunteer vs. paid.
- Links to: health, education, social service.
- Involvement of community leaders or not.

## CONTACTS

- Frequency (weekly to monthly) and duration (45 min. to hour).
- Ratio of home-visitors to families (1 to 4, 1 to 15).
- Programme duration (one to three years).

### *Advantages of home-visiting*

Visiting parents and children in their homes has some obvious advantages over providing parental education outside the home or trying to reach parents in their homes through the mass media. Foremost among these advantages is the one-to-one interaction that visits allow, which facilitates direct and meaningful communication about immediate and concrete problems. Help can be individualized. Family members can learn skills in context, by simply listening, by direct observation, and by trying out suggestions. Feedback—from parents to home-visitor and vice versa—can be immediate. Various members of a household can participate in the learning sessions even if indirectly (as, for instance, when a father happens to listen in because he is present when the home-visitor comes). Individual home-visits can be adjusted to a family's schedule more easily than can group sessions. Also, during a home-visit, parents often talk about problems more freely than they do in a group situation.

### *Potential disadvantages to overcome*

There are, as well, a number of potential problems that can undercut the effectiveness of a home-visiting strategy. Home-visiting raises questions of interference in the home, for example. It also can pose problems of organization and logistics and of costs.

### *Interference*

A visit to a home is, by its very nature, a form of interference. It can, however, become part of a routine. The interference can be requested and accepted, or it can be imposed and resented. In addition, a visit can either support or undermine the position of the parent as the authority and "expert" in her/his own home. The effect could be to reduce rather than strengthen the parental sense of responsibility, confidence, and control. Where different family members have different ideas about child-rearing, the presence of a home-visitor could increase rather than reduce family tensions.

These potentially negative results of visiting need not occur. Whether or not they do will depend on the personal qualities, sensitivities, and training of the home-visitor and on the particular home circumstances. A dominating home-visitor who consistently tells a mother what to do and who feels he or she knows all the answers will be subject to the criticisms just made. Programmes which have tried to counter this kind of behavior have included an emphasis on the following: reinforcing of existing strengths; increasing parental knowledge and self-confidence; and helping parents to solve their own problems. Such behaviors as those described above need not constitute interference or undermine parental authority.

Programme presence in the home may be more difficult to deal with when one of the household members does not approve of home-visiting even though the main caregiver does. In the programme examples from both Korea and England, for instance, grandparents resisted the presence and advice of a home-visitor. Home-visiting was particularly difficult in Korean families with a strong hierarchical tradition; the home-visitor was not only bringing in new knowledge (which often ran contrary to the grandmother's beliefs that "children will be what they will be"), but was also presenting a challenge to authority. In Mexico, a different problem arose because some of the home-visitors were men. Suspicious husbands did not want home-visitors to visit during the day when they were not around.

There are possible solutions to these problems. In places where male home-visitors are a threat, don't use them, or schedule visits when husbands and wives are together. In extended families, it may be necessary to work first with the grandmother (or the mother-in-law) and then with the parents, thus following rather than disrupting channels of authority. (This was successful in the Korean case.) Draw upon friends who have had a successful experience with the programme to convince doubters. Work with or through a respected community figure who is higher in the chain of authority or respect.

If dealt with successfully, the potential problems associated with home-visiting that are seen as interferences could turn into programme strengths when efforts to overcome these problems result in changing the attitudes of key family members. Indeed, in programme evaluations from such diverse locations as Israel, Colombia, Korea, and the United States, one of the positive results of home-visitor programmes was a change in the attitude and participation of fathers in the parenting process.

### *Organization and Logistics*

In rural areas where there are scattered settlements, a home-visiting approach to early childhood development may be difficult. In rural areas with village concentrations, the visiting may not be hard to organize, but logistics can make supervision difficult. Where a health-visiting arrangement is already in place, it may be possible to build into that an early childhood component, whereas starting from scratch would be out of the question. Getting the cooperation needed from several agencies may also prove difficult. For organizational, political, or budgetary reasons, home-visiting programmes are usually located in one major bureaucratic division or another (e.g., health or education). There are, consequently, advantages to working with and

through private voluntary agencies that can help integrate services in their work with parents and the community as part of an holistic programme of attention to the young child.

### *Costs*

Home-visiting is a labor-intensive approach to early childhood development. As suggested above, however, a para-professional and community approach can reduce the level of budgeted costs, making the option possible. In addition, the outcomes may be cost saving. The Israeli HIPPY programme indicated that "although one-on-one educational enrichment is relatively expensive, in Israel, remedial teaching for only one year costs 40 percent more than three years of HIPPY. In Peru, the home-visiting programme, using an adaptation of the Portage model, cost approximately half of what a centre-based preschool programme costs. In addition, it is possible to concentrate efforts on certain homes, reducing costs. One approach taken, in which home-visiting has been directed at the youngest ages, is to focus efforts on mothers with first-borns (or, when the programme is starting up, with newborns). Presumably, the training received will carry over to other children as well, and home-visiting would not be necessary when a second child appears.

Costs can be reduced when several services (health, nutrition, family planning advice, social work) are incorporated into a home-visiting programme. However, the danger in this approach is that overloading the home-visitor will so weaken the results in any one area that the overall programme will not have an impact. It may be preferable for home-visiting programmes to improve the effectiveness of existing services both by directing families to them and by providing follow-up.

The costs of a home-visiting programme can vary widely depending on the frequency of the visits, the number of families a home-visitor is expected to assist, and the ratio of supervisors to home-visitors. Table 1 shows that the frequency of visits varied from once-a-week to once-a-month. The number of homes for which a home-visitor was responsible varied from four to fifteen. In the Jamaican programme, an evaluation suggested that visits every two weeks produced a result but were too expensive to sustain, whereas visits every month were affordable, but not frequent enough to have the desired impact. The best alternative was weekly visits to selected families who were at the highest risk of problems.

### *Observations*

A look at evaluations of home-visiting programmes, most of which have been carried out on a pilot, relatively small-scale basis, shows results that are positive enough to merit considering the model.

A wealth of materials to support home-visiting programmes has been created in the course of the experiments that have been tried out. These vary from manuals for home-visitors and parents, to activity materials for children. It is also both advisable and possible to create materials as part of the visiting process. In short, materials do not constitute a stumbling block for programming and existing materials can provide excellent ideas.

But materials alone are not adequate to bring the desired changes. Indeed, the home-visiting approach is built on personal contact, adapting materials and ideas to concrete situations, and facilitating family problem-solving. This inter-personal process is naturally a labor-intensive one, and it can lead to high costs if reliance is on highly paid professionals, especially if visits must be frequent to obtain results.

Different programmes have sought solutions to this in different ways—usually by training para-professionals and by focussing on particular children and families. The emphasis on first-born children in poor families seems to be a promising one for home-visiting. In poor areas, the parents of first-borns are often very young, inexperienced, and in need of help. If a programme for newborns is successful, it will have effects on the development of later-born children as well.

## *Endnotes*

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<sup>1</sup> An intermediate approach to care and development is "home daycare" in which a woman cares for several children (her own and neighbors' children) in her own home. The home daycare model is sometimes labeled "home-based" under the questionable assumption that such programmes retain a home or family atmosphere simply because care occurs in a home rather than in a childcare or preschool centre. Home daycare will not be included in this discussion.

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*Early Childhood Counts: Programming Resources for Early Childhood Care and Development.*  
CD-ROM. The Consultative Group on ECCD. Washington D.C. : World Bank, 1999.