Home Visitation and Young Children:
An Approach Worth Investing In?

Jennifer Astuto and LaRue Allen
Child and Family Policy Center
at New York University

Abstract

More than 10 million children from birth through age six in the US live in low-income families. Although large investments in early childhood intervention programs are evident, is the field fully exploiting its potential to address the diverse needs of children and families? One means of addressing this question is to focus on the efficacy of home-visiting as a service delivery strategy. In the US, it is estimated that the field of home visitation serves between 400,000 and 500,000 children and their families across 40 states. Because of its visibility, the field of home visitation is the target of strong debate and scrutiny. With its roots in European countries, home visitation as a service delivery model came to the US in the late 19th century. Today, opinion is divided on the effectiveness of home visitation due to the perplexing nature of the empirical literature. For example, depending on which studies are reviewed, different conclusions can be drawn about the effectiveness of home visitation programs. Nevertheless, policymakers have proposed federal legislation which would provide a direct funding streamline for home visitation services—the most recent being President Obama's commitment of 750 million dollars over 5 years. The purpose of this report is to present the major concerns and current developments in the field of home visitation. We review US studies of large, established home visitation program models which have been broadly evaluated and point to areas ripe for future research (e.g., home visitation and immigrant communities, the role of implementation fidelity). Overall, stakeholders should invest in programs which are committed to continuous quality improvement as well as rigorous evaluations of efficacy, utilizing diversified methods to assess the complexity of programs nested within their communities. Although challenges exist in the execution of a System of Care approach to early childhood prevention and intervention services, home visitation will play an important role in a network of social supports which can address different developmental stages and outcomes for young children and their families.

FROM THE EDITOR

In this issue of *Social Policy Report*, Jennifer Astuto and LaRue Allen assemble and present the research evidence on home visiting for families with young children. The Obama administration has shown considerable interest in this program model to assist young parents, particularly those who show a variety of risk factors, most notably poverty. The administration's recognition of and interest in this program model already speaks to the value of research documenting its effectiveness. However, as is true for most topics in developmental science, there are numerous complications. These authors estimate that home visiting already serves half a million children; if the current administration's proposal becomes reality, that number will increase. Hence it is critical that the developmental science community offer its assistance to this effort. Home visiting has a lengthy and diverse history. Available research offers often contradictory conclusions depending on the particular program being studied and the methods of the study. The purpose of this SPR is to lay out the issues, thereby allowing informed policymakers to make intelligent decisions. Neither we nor the authors intend this report to represent the final word on this complex topic.

In order to address more fully the complex nature of this topic, we also offer three one-page commentaries by other experts on this topic: Ron Haskins, Christina Paxson and Associate Editor Jeanne Brooks-Gunn writing one, Deborah Daro another, and Barbara Wasik with Donna Bryant a third. These commentaries always serve to round out the coverage on a topic, but in this case, they are especially important.

As many members know Mary Ann McCabe has left the position of Director of our DC Office for Policy and Communications as of July 31. We will miss her and her contribution to the *SPR*. However she continued to assist in her usual way with preparation of this issue and the associated research brief. As of November 1, Dr. Martha Zaslow will assume the position of Director.

It is with very mixed emotions that Brooke and I write this final editorial statement, since this is the last issue of the *Social Policy Report* that we will edit. Beginning with the next issue, the first for 2010, Dr. Sam Odom and a team of colleagues at the University of North Carolina will assume editorial responsibility for *SPR*. A statement from this new team is available in this report on page 21.

For a variety of reasons, Brooke and I have had a longer term as editors than is typical for SRCD. We are pleased with the progress we have made. *SPR* is clearly a recognized SRCD publication, and policymakers and others look to it for valuable information they need to do their jobs effectively. We have taken great pleasure and pride in the work we have done; we hope it has served well both the membership and the field. We are very pleased to have this important issue on home visiting as our final *Social Policy Report*.

Lonnie Sherrod, Ph.D., Editor
SRCD Executive Director

Home Visitation and Young Children: An Approach Worth Investing In?

Jennifer Astuto and LaRue Allen
Child and Family Policy Center
at New York University

The United States is a nation of poor children. In fact, it is argued that the United States has "a larger child poverty problem" than most industrialized countries, including France, Spain, Italy, Germany, the United Kingdom and Canada (Rainwater & Smeeding, 2003). In this country, it is estimated that 42% of children under the age of 6 (10.2 million) are from low-income families (i.e., family income is more than twice below federal poverty threshold) (National Center for Children in Poverty [NCCP], 2007). Children who are born in communities of poverty have less access to adequate health care, parks, or daycare; have limited in-home resources such as books and toys; and are more likely to live in overcrowded homes (Duncan, Brooks-Gunn, & Klebanov, 1994). The effects of economic deprivation are statistically linked with a variety of negative outcomes for children, from low birth weight and poor nutrition in infancy to increased chances of academic failure, emotional distress, and unwed childbirth in adolescence (Duncan & Brooks-Gunn, 2000). Disproportionate to their financially better off counterparts, most of these children and their families are ethnic minorities, from immigrant families and English Language Learners, requiring targeted, culturally responsive services to effectively ameliorate the impact of their disadvantaged start in life.

Not only does growing up poor create challenges for children, but it also costs society money. Efforts to address these challenges come from all major sectors of society, including health and education. For example, as part of an effort to expand health insurance for low-income children, the State Children's Health Insurance Program (SCHIP) was enacted in 1998 (commonly referred to as the "Insure Kids Now" initiative). Federal and state spending combined averaged approximately $6 billion in 2004, covering approximately 4 million children nationally (Smith, Rousseau, & Marks, 2006).

The best thinking is that the earlier the intervention the better; thus, there is a great focus on policies for early childhood intervention, especially in education. According to the Department of Education, in the fiscal year 2007, $12.8 billion in Elementary and Secondary Education Act Title I funds were distributed to economically distressed communities in an effort to address the complex educational, health and social needs of poor children and families (Department of Education, 2008). During that same fiscal year Early Reading First state grants, which totaled more than $1 billion, aimed to establish effective reading programs for students in early childhood education settings. Even Start and Grants for Infants and Families, two programs established to support the development of children under six years old, received $82 and $436 million respectively in fiscal year 2007 (United States Department of Education, 2008). Yet, despite these efforts, progress toward developing healthy children and families is slow and the prospects bleak. Infant mortality rates in the US exceed other industrial and second-world countries (CIA Factbook, 2006), and poor children lag significantly behind their affluent peers on several domains of development (Gershoff, 2003).

Has the field of early childhood intervention fully exploited its potential to address the varied needs of poor children from diverse backgrounds, allowing them to "catch up" to economically better off children? One means for addressing this question has been to focus on the efficacy of home-visiting as a service delivery strategy for children and families who are hardest to reach. Increased attention to deploying the most advanced design and methodologies to assess intervention efficacy (Chaffin, 2004; Coalition for Evidence-Based Policy, 2009; Sweet & Applebaum, 2004), as well as the development and bipartisan support of federal legislation to create a unique funding stream for home visitation services are two striking examples of how researchers and policymakers are taking seriously the potential of this service delivery approach.

This report will focus on home visitation as an early childhood intervention strategy. Though many laud its potential, this approach has a history of debate regarding whether it can effectively improve the lives of poor children and families. An analysis of the history, strengths and potential of this method of service delivery is warranted in light of current policy initiatives, including the Education Begins at Home Act (see http://www.govtrack.us/congress/bill.xpd?bill=h110-2343), as well as President Obama's proposed $750 million in support for home visitation as part of his commitment to provide a "world class" education to every child in America. We begin with a discussion of the history of home visitation in the United States. Then, we review the extant literature on nationally recognized home visitation interventions and discuss the limitations of the existing empirical base as well as lessons learned thus far. We conclude with considerations for practice, research and policy in the field of home visitation.

The Historical Context of Home Visitation

Home visitation as a service model has its roots in European countries dating back to the turn of the 20th century and continues today to be a widely accepted component of care in many places such as France, Ireland, Spain, Germany and Belgium (Wasik, Bryant, & Lyons, 1990). For instance, in France free prenatal care and home visits are provided by midwives or nurses who educate young mothers about smoking, nutrition, substance use, housing, and other health-related issues (Council on Child and Adolescent Health, 1998). Unlike the US, home visitation services in France (and most European countries) are offered to all citizens regardless of their income and are embedded in a comprehensive national approach to maternal and child health care (Kamerman & Kahn, 1993).

As described by Weiss (1993), the first large-scale US experience with home visitation was part of the charity

era in the late 19th century. "Friendly visitors" were middle and upper class women who were charged with the task of penetrating urban, poor and immigrant communities in an effort to offer moral and behavioral guidance, as well as report back to their superiors about the nature of "the living poor" (Boyer, 1978). Because the ills of poverty were not improved through the "friendship" of these visitors, home visitation became the center of much criticism and debate. Most discussions focused on the dual role of the home-visitor, that of friend and of spy, and how this duality would prevent the development of supportive interpersonal relations.

During this social experiment, a more complex role of the home-visitor surfaced. A select group of forward thinking charity organization leaders called for the expansion of the home-visitor role to become advocacy and social reform-oriented. Jane Addams and others in the settlement house movement, for example, worked hard to build upon the existing strengths of local culture while supporting parental development (Weiss, 1993). Another factor which motivated the expansion of home visitation services was the move to scientific charity, which "professionalized" services which were historically provided through church volunteers.

As a result of this expansion, "friendly visitors" transformed their role to what was referred to as "experts of urban survival" (Katz, 1986). Linking families to community services was, in part, an activity undertaken by this new generation of home-visitors—a role still critical to the success of home visitation programs today (Weiss, 1993). On the other hand, marginalized communities experienced a patriarchal, disempowering model of "support" which would color their future engagement with social service programs (Katz, 1986).

The beginning of home visitation as a means for delivering services via professionals in the US started in 1893 (Fahy, 1994). The main purpose of the visits by social workers and public health nurses was to provide in-home education and health care to women and children who lived in poor, urban contexts (Buhler-Wilkerson, 1985). By the early 20th century, student nurses were being used to educate mothers about breastfeeding and hygiene through a program implemented by the New York City Health Department. It was not until 1921, with the passage of the Sheppard-Towner Act which aimed to structure the provision of maternal and child health services, that nurse home visitation became a component of the federal health infrastructure (Thompson, Kropenske, Heinicke, Gomby, & Halfon, 2001).

Prior to the social movements of the mid-20th century, home visitation was utilized primarily to address health-related issues for poor communities. As President Lyndon Johnson's "War on Poverty" materialized, awareness of the effects of economic deprivation on cognitive, social and physical developmental outcomes expanded. This led to an interest in the use of home visitation as a viable service delivery option to address a variety of developmental challenges for poor children and families. Understood as a critical developmental niche, the idea of "home" as a target for early childhood intervention was strengthened, in part, from movements of the "Great Society" era of the 1960's which drew attention to the role of support structures for parental (home) and center-based initiatives in producing and sustaining a healthy society. For example, growing in parallel with federal programs such as Head Start, the Mother-Child Home Program (currently known as Parent-Child Home Program) was developed from 1965 to 1982 with 3 million dollars in public and private funding (Levenstein, 1988). In 1977, David Olds began randomized trials with a program soon to be known as the Nurse Family Partnership, continuing to support the use of nurses in the homes of poor families with children from birth to two years of age.

In 1980, the Academy of Pediatrics hosted a conference on home visitation aiming to garner enough empirical support to recommend the service modality as a national policy initiative—but was unsuccessful (Weiss, 1993). Shortly after, other home visitation programs emerged which would eventually gain national recognition. In 1981 the first study of Parents as Teachers (PAT) was conducted, and in 1984 HIPPY (Home Instruction for Parents of Preschool Youngsters) an Israel-based home program targeting families with 3-5 year olds arrived in the US. In 1986, Congress established Part C Early Intervention program in an effort to provide early intervention services for infants and toddlers with disabilities, including home visitation. In 1988, the publications of two books, "Within our Reach: Breaking the Cycle of Disadvantage" (Schorr & Schorr, 1989) and "Messages From Home: The Mother-Child Home Program and Prevention of School Disadvantage" (Levenstein, 1988), established an accessible public discourse regarding the role of home visitation in the early intervention field stretching historical conceptions of home-visitors as solely healthcare educators. The role of the home-visitor became diversified more than ever before, assisting parents in preparing their children for early childhood education.

In 1990, the US Advisory Board on Child Abuse and Neglect called for a universal system of home visitation for newborns and their parents (US Department of Health and Human Services, US Advisory Board on Child Abuse and Neglect) focusing public and policy attention on the home visitation system in Hawaii as well as the work of Olds and his colleagues. The early 1990's produced three more soon-to-be national home-based programs, Healthy Start, Healthy Families America and Even Start. Although many grassroots early intervention programs exist and utilize home visitation as a service delivery strategy, the programs mentioned in this report are nationally implemented and tap more deeply into federal

...the idea of "home" as a target for early childhood intervention was strengthened, in part, from movements of the "Great Society" era of the 1960's which drew attention to the role of support structures for parental (home) and center-based initiatives in producing and sustaining a healthy society.

monies allocated for servicing poor communities (such as Title 1, Temporary Assistance for Needy Families [TANF] and Even Start Funds) (NCCP, 2009). As a result of the growth in the field, the expansion of programs and the use of limited federal and state funds for early childhood intervention services, home visitation interventions gained much needed attention from scholars and researchers concerned about the field's lack of organization, its implementation strategies and about the overall efficacy in producing benefits for children and families (Gomby, Culross, & Behrman, 1999).

Today opinion regarding the effectiveness of home visitation is divided; on the one hand, lack of rigorous testing (e.g., randomized outcome trials) and common use of proxies for intended outcomes (e.g., measuring hospital admission rates, not actual neglect or abuse), has led to the discounting of home visitation as an effective strategy for preventing child abuse, for example (Chaffin, 2004). Policymakers have been cautioned about the modest benefits that have been generally reported from the field (Gomby, 2005). Others believe that programs do have effects under some conditions or for some groups of children and families (Raikes et al, 2006; Sweet & Appelbaum, 2004).

Policymakers' endorsement of the latter view is evident in proposed legislation. For example, the bi-partisan Education Begins at Home Act (EBAH) was introduced in the Senate on March 3, 2005 (S. 503) by Senators Bond (R-MO), Talent (R-MO) and DeWine (R-OH), and in the House (H.R. 3628) by Representatives Davis (D-IL-7), Osborne (R-NE-3) and Platts (R-PA-19). The act was amended and sent to the House of Representatives on June 18, 2008, then placed on the Union Calendar on September 19, 2008 (Library of Congress, 2008). This legislation proposed to provide $500 million over three years through the US Department of Health and Human Services to help states establish or expand quality home visitation programs. Of the $500 million authorized in EBAH, $400 million would be provided to states to expand and enhance home visitation programs, while the remaining $100 million would be divided between two competitive grants to reach military families and families with English Language Learners. Although this bill never made it through the House, recently President Obama announced his proposal for the inclusion of home visitation fiscal support as part of his approach to comprehensive education, *"The President's budget proposes $8.5 billion in mandatory funds over 10 years for a new home visitation program that provides funds to states for evidence-based home visitation programs for low-income families. The program will provide states with funding primarily to support home visitation models that have been rigorously evaluated and shown to have positive effects on critical outcomes for children and families. Additional funds will be available for promising programs based on models with experimental or quasi-experimental research evidence of effectiveness that will be rigorously tested to assess their impact. Home visitation is an investment that can yield substantial improvements in child health and development, readiness for school, and parenting abilities to support children's optimal cognitive, language, social-emotional, and physical development and reductions in child abuse and neglect"* (retrieved on May 23, 2009 from http://www.whitehouse.gov/omb/fy2010_key_education/). Currently, this initiative is embedded in the Affordable Health Choice Act of 2009 in the House (HR 3200) with a recommended, mandatory funding stream of $750 million over five years—less than half of what was initially proposed in the Early Support for Family Act H.R. 2667 (http://thomas.loc.gov).

Although exact figures for federal support of home visitation interventions are not available, we know that less than 5% of Title I funding (or approximately $637 million of the $12.7 billion allocated) was allocated to provide services for children under 4 years old, including but not limited to home visitation programs in 2005 (S. Walzer, personal communication July 2005). In a recent report (Johnson, 2009), 40 states reported on which sources of funding are being used to support 69 home visitation programs. According to these data, across 10 states, 16 programs use federal money only (e.g., Title V Maternal and Child Health Services Block Grant, Temporary Assistance for Needy Families [TANF], Medicaid Federal Financial Participation). Developing a direct funding stream to support this service delivery model would create the necessary coordination and infrastructure to address the educational and health needs of at-risk infants, toddlers and pre-schoolage children and their families by providing every low-income child with the opportunity to receive home visitation services (retrieved on May 23, 2009 from http://www.whitehouse.gov/omb/fy2010_key_education/). But what is the evidence that home visitation is worth the investment?

A decade ago, the spring/summer issue of the Future of Children presented a comprehensive review of evaluation results of home visitation programs for young children and their families (Gomby, Culross, & Behrman, 1999). The editors concluded that the results were "mixed" and where positive, the sizes of program effects were modest. According to this review home visitation did not produce strong benefits for the populations served, and when benefits were recognized for subgroups of children and families, these effects were not consistent across subgroups or effects were fairly small (Gomby et al., 1999). Three specific recommendations emerged from this review: 1) new expansions of programs should be reassessed in light of the report's findings; 2) stakeholders should recognize the inherent limitations of home visitation as a service delivery model and align their expectations within this framework, 3) existing programs should focus their efforts on improving implementation and the quality of services. In addition, others recommended that home visitation services are best supported as part of a comprehensive, integrative approach of services for young children and their families (which can include an integration of center and home-based services or a combination of home-based services targeting specific developmental periods) (Weiss & Klein, 2006).

Most of the research conducted in the field of home visitation occurred in isolation from the service delivery

field in which it operates, making it difficult to assess the impact of a home visitation service component within the framework of early childhood development and family support services (Thompson et al., 2001). Overall, mixed results reported from various programs, a lack of systematic methods for conducting meta-analysis, and minimal cross-program collaborations and system integration efforts yielded a controversial view of how home visitation would benefit those served by the field of early childhood intervention. Several meta-analyses and policy reports emerged which contributed to the already heightened scrutiny of home visitation as an effective tool in improving the lives of poor families (Geeraert, Van den Noortgate, Grietens, & Onghena, 2004; Gomby, 2005; Sweet & Appelbaum, 2004), and continue to add to the complexity of the literature on home visitation (e.g., Howard & Brooks-Gunn, 2009).

> Overall, mixed results reported from various programs, a lack of systematic methods for conducting meta-analysis, and minimal cross-program collaborations and system integration efforts yielded a controversial view of how home visitation would benefit those served by the field of early childhood intervention.

A more recent review of the research emphasizing the importance of evidence-based practice (Coalition for Evidence-Based Policy, 2009) raises questions about whether or not relying on data solely from randomized clinical trials (RCT) is all that is necessary to support the development of a system which seriously invests in home visitation. In a personal letter to President Obama, scholars from the field of early childhood intervention strongly urged the administration to reconsider the language and structure of the proposed policy (Daro, Dodge, Weiss & Zigler, 2009). The authors suggest three principle reasons why the current structure of the proposed policy (e.g., reliance on findings from a single home visitation program to generalize to the diversity of needs of children and families)

> Today, as one reviews the target goals and intended population of the most visible national home visitation models, there are clear differences and strengths of each, offering a range of possibilities for communities interested in investing in home visitation that fit their particular needs.

would not achieve maximum benefits: 1) building a national initiative solely on the basis of evidence generated by randomized clinical trials provides little guidance on how to replicate the model at sufficient scale to serve national interest; 2) building a national initiative solely on the basis of a single model's target population and provider characteristics will leave many of the most at-risk infants unserved and states unable to continue other high quality interventions they are already employing to serve these groups; and 3) building a national initiative that does not embrace a universal understanding that all parents face challenges in raising their children undermines the generation of the collective responsibility and public will to support and sustain a robust early intervention system.

Is there evidence that nationally implemented home visitation models can work together to target diverse needs of children and families while improving their services? In 1999, the Home Visit Forum, supported by the Packard and Kaufman Foundations, was a broad response to some of the concerns listed above. This Forum was jointly managed by a team of scholars from Harvard Family Research Project, Chapin Hall at University of Chicago, and the University of North Carolina at Chapel Hill. A consortium of program administrators, practitioners, and researchers, the Home Visit Forum participants represented six programs: Early Head Start (EHS), Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), the Nurse-Family Partnership (NFP), Parents as Teachers (PAT), and the Parent-Child Home Program (PCHP) (http://www.gse.harvard.edu/hfrp/projects/home-visit/index.html). Though many other "home visitation models" exist, these programs represent those interventions which are both nationally recognized and implemented in diverse settings, and therefore were selected to participate in this initiative. Key players in the field responded to criticisms by convening meetings of practitioners and researchers to debate and explore the relationship between practice, research and policy, as well as address existing criticisms. The work of the Forum resulted in cross-program research collaborations, advocacy and dissemination, as well as individual-program level evaluation efforts. For example, in 2000 the Home Visit Forum established an area of collaborative inquiry focusing on the issue of family engagement by addressing the following question: How does your program recruit, engage and retain participants? Supported by mini grants from private foundations, each participating organization designed and conducted research projects to explore this question. During 2005, every program was charged with the task of articulating a logic model of change — a systematic and visual way to articulate the relationships among program resources, planned activities and expected results of program participation (W. K. Kellogg Foundation, 2004). Engagement in this process was intended to facilitate corrections, movement and improvement across and within all participating organizations. This can be seen as a first, small step in establishing a way to nationally monitor program policies on curriculum, accountability, supervision, training and desired outcomes.

Today, as one reviews the target goals and intended population of the most visible national home visitation models, there are clear differences and strengths of each, offering a range of possibilities for communities interested in investing in home visitation that fit their particular needs (see Table 1). Each program targets a different develop-

Home Visiting Programs: An Example of Social Science Influencing Policy
Ron Haskins, Christina Paxson, and Jeanne Brooks-Gunn

The publication of this issue of *Social Policy Report*, on home visiting programs for families with young children, is timely. In the winter of 2009, President Obama's budget blueprint included a provision to allocate up to $8 billion over the next ten years on nurse home-visiting programs. The goal was to enhance the success of parents who are rearing their children under difficult circumstances. Helping mothers become better parents would, it was hoped, improve children's well-being. In a recent publication (Haskins, Paxson, and Brooks-Gunn, Social Science Rising: a Tale of Evidence Shaping Public Policy, published by The Future of Children in October of 2009; www.futureofchildren.org), we provide a brief history of the policy process since the blueprint budget was proposed six months ago. A synopsis is provided here.

What has happened illustrates the role that social science can play in formulating public policy. Indeed, it is a triumph for social science and highlights the importance of rigorous program evaluation. As the National Academies of Science has recently indicated, when programs are evaluated using randomized clinical trials (RCTs), the 'highest level of confidence' exists for the efficacy of a particular program. The existence of a series of well-designed RCTs in the home visiting field provided the impetus for the President's recommendation, in and of itself a victory for social science.

The initial budget blueprint emphasized 'nurse home visiting' as an approach to be funded. In large part this was due to the fact that the program developed by David Olds (The Nurse-Family Partnership) has been rigorously evaluated in three different clinical trials. While the samples and designs varied, all have shown some evidence of success (see Howard and Brooks-Gunn for a review in the 2009 Future of Children issue). In fact, the budget text included the following statements; 'the program has been rigorously evaluated over time and proven to have long-term effects' and the program produces a 'return-on-investment [of] between $3 and $6 per dollar invested", both clear references to the Olds program.

Other home-visiting programs, such as Parents as Teachers, Healthy Families America, the Parent-Child Home Program and HIPPYUSA, were, not surprisingly, disappointed to have been left out. What followed was a lobbying campaign to broaden the language in the blueprint in order to include other home visiting approaches. These programs were joined in their efforts by advocacy organizations in Washington D.C. The argument was that all effective home-visiting programs ought to be included in the legislation.

At the same time, other organizations, such as The Coalition for Evidence-Based Policy in Washington DC, entered the fray, preparing a brief stating that, on the basis of the RCTs, the Olds programs has shown the strongest evidence of efficacy. Other scholars responded, some in a letter to the President, that other programs also were efficacious.

The resulting compromise is a bill that would provide programs with the strongest evidence of success the most money, while those programs with modest evidence would receive less money. In addition, the current draft of the bill would require continuing evaluation. The evidence from these new RCTs could be used to determine what programs are most effective, as well as which programs are effective when taken to scale.

As social scientists, we are pleased that evaluation research is being used in the policy process, that program success is being required for continued funding, and that high-quality evidence of programs for children and families is taken seriously.

mental population (e.g, birth-two years old; 2-4 years old), uses different mechanisms to promote change (e.g., modeling positive parent-child interaction; providing information resources on parenting) and focuses on different outcomes (e.g., school readiness; decreases in child neglect; maternal health).

Serving Communities at "Home"

The field of home visitation serves between 400,000 and 500,000 children and their families in the United States every year, reaching approximately 2% of all children under age six (Gomby, 2005). Currently, 40 states implement a statewide home visitation program (Johnson, 2009). Coming from diverse geographical areas, as well as distinct communities, these families represent a unique sector of those individuals living in poverty and engaged in social services. In part, the willingness of these families (a small percentage of those eligible to receive services) to embrace an intervention in their home elucidates the need to fully explore the conditions under which home visitation works most effectively, for whom, and why. Reaching the most difficult to engage families in their home context is a social policy issue in need of strong consideration (Zigler, Finn-Stevenson & Hall, 2003). It is not, however, the focus of this report to compare effects of center versus home-based interventions on developmental outcomes for children and families. In contrast, our view is to consider the benefits of an integrative approach to early childhood intervention—forcing us to think carefully about what empirical evidence is required for investment in such an initiative.

Home visitation is commonly used to reduce barriers to accessing services, to reach geographically and psychologically isolated populations and to generate a genuine snapshot of the home environment (Thompson et al., 2001). As a key component to integrative, comprehensive services, home visitation is uniquely designed to address the challenges inherent in serving the early learning and health needs of children and families living in poverty and/or those for whom English is a second language. Serving families in the home facilitates the capacity to "match" specific circumstances and individual needs of the family with appropriate interventions. For example, because some parents are reluctant to establish a rapport with those outside of the family or friend network (Gomby et al., 1999), it is advantageous to match the home visitor to the family on characteristics such as ethnicity and language (e.g., Korfmacher, et al, 2008; Brookes, Summers, Thornburg, Ispa & Lane, 2006; McCurdy, Gannon & Daro, 2003).

At the most basic level, it is parents who are responsible for ensuring an individual child's health and achievement, whether it is through obtaining government-sponsored health insurance or registering a child for universal prekindergarten. While there is no doubt that high quality, center-based support for children's development has the potential to be useful and should be made available to all children, the fact is that many early childhood programs in already depressed communities are of mediocre quality. For example, one study indicated that 75% of early child-

Table 1. DESCRIPTIONS OF KEY NATIONAL HOME VISITING PROGRAM MODELS

Program Model	Program goals	Onset and duration	Population served	Background of home visitors	Training requirements for home visitors
The Nurse-Family Partnership	• Improve pregnancy outcomes • Improve child health and development • Improve families' economic self-sufficiency	Prenatal through 2nd birthday Weekly, fading to monthly	Low-income, first time mothers, all ethnicities	Public health nurses	Two weeks of training in the program model over the first year of service. Forty-six hours of continuing education in assessing parent-infant interaction, plus additional continuing education as needed.
The Parent-Child Home Program	• Develop children's language and literacy skills • Empower parents to be their children's first and most important teachers • Prepare children to enter school ready to learn • Enhance parenting skills • Prepare children for long-term academic success and parents to be their children's lifelong academic advocates	Typically 2nd through 4th birthdays, but as young as 16 months (two years total) Two visits/week	Families in the United States, Canada, Bermuda, and the Netherlands; low-income, low-education families; all ethnicities; families with English as a Second Language; teen parents; homeless families	Paid paraprofessionals from the community, many previously parents in the program. Small number of volunteers, who may be professional.	16 hours of training prior to becoming a home visitor. Weekly minimum two-hour ongoing training and supervision session.
Parents As Teachers	• Empower parents to give their child the best possible start in life • Give children a solid foundation for school success • Prevent and reduce child abuse • Increase parents' feelings of competence and confidence; Develop home - school-community partnerships on behalf of children	Prenatal through 3rd birthday; may extend through 5th birthday Monthly, biweekly, or weekly, depending upon family needs and funding levels	Families in the United States and six other countries, all income levels and ethnicities.	Paraprofessionals, and AA, Bachelor, and advanced degrees	One week of pre-service training, 10-20 hours of in-service training, annual credentialing by the Parents As Teachers National Center

Table 1. DESCRIPTIONS OF KEY NATIONAL HOME VISITING PROGRAM MODELS (cont.)

Program Model	Program goals	Onset and duration	Population served	Background of home visitors	Training requirements for home visitors
Early Head Start	• Promote healthy prenatal outcomes for pregnant women • Enhance the development of very young children • Promote healthy family functioning	For home-based Early Head Start model only: Birth through age 3 Weekly home visits	Low-income pregnant women and families with infants and toddlers; 10% of children may be from families with higher incomes; 10% of program spaces reserved for children with disabilities	No specific requirements, although experience with infants and toddlers is preferred	Vary by program. Staff development plans and ongoing professional development required.
Healthy Families America	• Promote positive parenting • Prevent child abuse and neglect.	Birth through 5th Birthday Weekly, fading to quarterly	Parents in the mainland U.S. and Canada, all income levels and ethnicities, who are identified at the time of birth as at risk for abuse and neglect	Paraprofessionals and Bachelor degrees	One week of pre-service training; 1 day of continuing training quarterly; 80 hours of additional training in the first 6 months of service are recommended by Prevent Child Abuse America.
The Home Instruction Program for Preschool Youngsters (HIPPY)	• Empower parents as primary educators of their children • Foster parent involvement in school and community life • Maximize children's chances for successful early school experiences	Academic year, or two years before, and through the end of kindergarten Bi-weekly, i.e., at least 15 times, over 30 weeks during the school year	Families in the United States, Guam, and at least 6 other nations; all ethnicities; many low-income and with limited formal education.	Paraprofessionals, typically members of the community and former HIPPY parents. Most work part-time (20-25 hours/week)	Two-day pre-service training in the HIPPY program model, plus weekly ongoing training and staff development.
Healthy Start	• Reduce infant mortality rates, low birth weight, and racial disparities • Provide adequate prenatal care • Promote positive prenatal health behaviors • Meet basic health needs (nutrition, housing, psychosocial support) • Reduce the barriers to access • Empower the client	Varies	Communities served consist of large minority populations with high rates of unemployment, poverty, and major crime.	Varies	Varies
Part C Early Intervention	• Provide services to infants and toddlers (birth -3yrs) who have developmental disabilities and delays	Varies	Families in the United States that have infants and toddlers (birth – 3 yrs) who have developmental disabilities and delays, have diagnosed conditions and are at risk for delays.	Varies	Varies

SOURCES: National program offices and the websites for each home visiting model. Adapted and Modified from Gomby , D.(2005). Home Visitation in 2005: Outcomes for Children and Parents. http://www.partnershipforsuccess.org/docs/ivk/report_ivk_gomby_2005.pdf.; Johnson, Kay (2009). *State-based Home Visiting Strengthening Programs Through State Leadership,* National Center for Children in Poverty, March 2009. Available at http://www.nccp.org/publications/pdf/text_862.pdf.

hood programs did not meet criteria for developmentally appropriate care or practices (Peinser-Feinberg, Culkin, Howes, & Kagan, 1999). Since low quality early childhood programs can actually diminish children's skills (NICHD Early Child Care Research Network, 2000), the risk associated with attendance at poor quality programs is great. Furthermore, given the variation in quality of public school programs once children leave their prekindergarten programs, even assuring high quality prekindergarten is insufficient. Therefore, targeting children for intervention during the first three years of life may be a necessary step in addressing the educational and health obstacles associated with growing up poor.

> Home visitors can gain insight into the cultural context of the parent-child interaction and the parent's approach to learning.

For low income parents, having their children attend center-based education programs may be a logistical challenge, compromising their ability to fully participate in and benefit from the program. Some families — many Latino families, for example — are reluctant to use center-based services for different reasons (e.g., cultural differences) (National Center for Educational Statistics, 2000). In fact, young children from immigrant families[1] in general are less likely to participate in early care or early education programs than US born children (Matthews & Ewen, 2006). Given that one out of every five children in the US is from an immigrant family (Hernandez, Denton & Macartney, 2007), it is important to recognize that home visitation may be one of the most effective ways to meet the needs of this increasingly visible segment of the early childhood population. Because of the individualization inherent in home visitation programs, services are better able to be "matched" to parents' styles and needs, increasing the families' engagement as well as the likelihood of program retention and fidelity (Roggman, Boyce, Cook & Jump, 2001). Home visitors can gain insight into the cultural context of the parent-child interaction and the parent's approach to learning. This creates ample opportunity for programs to integrate cultural factors into the delivery of the program

> A review of the home visitation literature begs the question—what about model fidelity?

services—which is considered a beneficial strategy when working with immigrant populations (Jensen, 2005). Furthermore, assuming a family is not identified as in need of center-based services, home visitation interventions also cost less than center-based services that do not have a parent education component (Gomby, 2005).

Relying solely on center-based programs to guarantee

all children (and their parents) begin school with the same readiness skills is unlikely to work. Program quality, overall, is fair and not all parents enroll their children into center-based programs. Efforts such as universal prekindergarten will not equalize the achievement gaps that exist prior to preschool between children from disadvantaged and well-resourced communities. Home visitation services create an opportunity to reach families early and with greater flexibility in tailoring services than center-based programs.

Demonstrations of Program Success

Over the past decade, research documenting the effectiveness of home visitation programs grew. Depending on which studies are reviewed, different conclusions can be drawn about the effectiveness of home visitation programs (e.g., only randomized trials, only studies for children with special needs). This mélange of results across and within studies leads to the controversial nature of home visitation literature. In this review we include US studies of large, established home visitation program models which have been broadly evaluated.

Because parents (most commonly mothers), more often than children, are targets of intervention for home

> Home visitation services create an opportunity to reach families early and with greater flexibility in tailoring services than center-based programs.

visitation programs (especially when their children are younger than four years old) we review the literature by first addressing what we know about parental change, followed by a look at child outcome research. Overall, home visitation programs yield short-term outcomes for mothers more than for children (Brooks-Gunn & Markman, 2005).

Research with Parents

Focusing on maternal health and behaviors as an effective way to have an impact on the developmental trajectories of young children is well established (Bronfenbrenner, 1979; Reynolds & Zigler, 2000). A review of the home visitation literature suggests two distinct areas of change for parental outcomes: parental health (both physical and mental), and parenting skills and behaviors. For example, at-risk parents who participated in home visitation interventions had fewer subsequent pregnancies (Kitzman, Cole, Yoos & Olds, 1997; Olds et al., 1998), reduced domestic abuse (Duggan et al., 1999), had greater emotional coherence and expressiveness (Olds et al., 2004), were less intrusive and demonstrated more support for their child's autonomy (Heinicke, Fineman, Ponce, & Guthrie, 2001). In a population of clinically depressed mothers, reduced depressive

---

1   "Young children of immigrant families" refers to children under the age of six who are foreign born or have at least one parent who was born outside of the United States

symptoms were reported (Gelfand, Teti, Seiner & Jameson, 1996). Similarly, reduced usage was achieved in a sample of substance-dependent mothers (Black et al., 1994).

Parents who participated in home visitation interventions also demonstrated changes in their parenting style and behavior. For example, parents exposed to such an intervention increased the amount they read to children (Johnson, Howell, & Molloy, 1993), showed greater reliance on non-violent discipline (Bugental & Schwartz, 2009; Duggan et al., 1999; Heinicke et al., 2001), greater verbal responsiveness and provision of stimulating activities (Black et al., 1994), greater safety maintenance in the home (Bugental & Schwartz, 2009), increased sensitivity in parent-child interactions (Olds et al., 2002), support in interactions with their children, had less parenting stress (Administration for Children and Families [ACF], 2002; Love, et al. 2005; Duggan et al., 1999) and showed increased involvement when their children were in kindergarten (Allen, Sethi & Astuto, 2007). Increasing the amount of positive interaction and communication between parents and their young children has been understood as one way to narrow the achievement gap between poor and middle-class children (Hart & Risley, 1995). In a meta-analysis including 13 home visitation evaluations which examined mother-child interactions, 11 reported positive benefits in affecting nurturant behaviors (Brooks-Gunn, Berlin & Fuligni, 2000).

Research with Children

Although child outcomes have been explored less, there are trends worth noting. In a recent report, expectant mothers who were randomly assigned to a home visitation program were at significantly lower risk for delivering low birth weight children (Lee et al., 2009). Children whose parents participated in a home visitation intervention also had reduced doctor/hospital visits for accidents and injuries (Kitzman, Cole, Yoos, & Olds, 1997), increased immunizations and improved nutrition (Johnson et al., 1993), fewer behavior problems (Aronen & Kurkela, 1996; Butz, Lears & O'Neil, 2001), better emotional functioning (Heinicke et al., 1999; Jacobson & Frye, 1991; Van den Boom, 1995), more secure attachments (Heinicke et al., 2001; Lieberman, Weston & Pawl, 1991), and among low birthweight babies, better health outcomes (Brooks-Gunn et al., 1994).

What Have We Learned?

The 1999 Future of Children report concluded that the field of home visitation did not have the "proof" to be recognized as an effective service delivery approach. What have we learned since then? Although limited "gold-standard" evidence was generated across (and within) nationally-implemented programs since the report, empirical and theoretical issues spark new inquiry as we consider what role home visitation will

play within the field of early childhood intervention.

Serving Latino Communities at Home

While some investigators report no language/cognitive effects for young children who participate in home visitation services (Baker, Piotrkowski, & Brooks-Gunn, 1999), findings are emerging that support the idea that such effects may be found with some children and families and/or specialized samples (Levenstein, Levenstein & Oliver, 2002; Olds et al., 2002), particularly Latinos, a young population which will double in size by the year 2020 (Suro & Passel, 2003). For example, despite challenges of limited English proficiency, low parental education, immigrant status, and poverty, the performance of Latino children who had participated in a home visitation intervention was similar to that of their peers on the majority of measures given, including teacher reports of early literacy, social competence, inhibitory control, book knowledge, and counting (Allen, Astuto & Sethi, 2007). When Latino families were compared with non-Latinos from the program, as well as with Latinos who were in the control group, results revealed that Latino families did accrue greater benefits from home visitation programs than did non-Latinos (Wagner & Clayton, 1999). Thus, it is reasonable to suggest that there may be a particularly good fit between this type of service model and Latinos and/or other young children of immigrant families—an area of research in need of further exploration. Young children of immigrant families experience poverty and hardship at higher rates and are less likely than native born children to receive federal supports such as Medicaid (Hernandez, 2004). These factors make young children of immigrants particularly vulnerable to negative educational and health outcomes. Whether or not policymakers are ready to reach a consensus on broader immigrant policies (e.g., access to welfare benefits; national border control), it would be socially negligent to dismiss a systematic examination of which types of early interventions work best for this population, and for the society that will support them. The wellbeing of young children from immigrant families is understudied in the field of developmental science, leaving a clear void in our understanding of how to improve their lives and futures as citizens in American society (Takanishi, 2004).

Model Fidelity

A review of the home visitation literature begs the question—what about model fidelity? Most studies reviewed here have not reported measures of implementation fidelity. If programs are not fully implemented as intended, should we expect to achieve intended results? Differences in implementation quality may also explain why some scholars report

> Although limited "gold-standard" evidence was generated across (and within) nationally implemented programs since the report, empirical and theoretical issues spark new inquiry as we consider what role home visitation will play within the field of early childhood intervention.

<div style="color:cyan; text-align:center">

Commentary

From Innovation to Common Practice: Home Visitation in the 21st Century
Deborah Daro

</div>

The utility of investing in home-based services for pregnant women and new parents is a topic of high interest among state and federal policymakers as well as private philanthropy. This interest, however, is not without controversy. Today, home visitation is viewed by some as a critical lynchpin for a much needed coordinated early intervention system and by others as yet another example of a prevention strategy promising way more than it can deliver (Daro, 2009; Chaffin, 2004).

Among the many aspects of the home visitation debate that merits careful attention is better understanding why the idea grew to such prominence and how this exponential increase in popularity might impact future implementation and research. To be certain, the seminal work of David Olds and his colleagues showing initial and long-term benefits from regular nurse visiting initiated during pregnancy and continued through a child's first 2 years of life provided the strategy's most robust empirical support (Olds, Sadler & Kitzman, 2007). Although impressive, such evidence may not have been sufficient leverage for change had the political and practice climates not been receptive to its message. Hawaii's success in establishing the first statewide home visitation system and the long-standing efforts of early national models such as Parents as Teachers, the Parent Child Home Program and HIPPY shaped the policy landscape by demonstrating that home visitation programs could be established in diverse contexts and embedded within existing educational and health care delivery systems. These efforts also demonstrated that most new parents, regardless of socio-economic circumstances, were receptive to offers of voluntary support.

On the political front, the U.S. Advisory Board on Child Abuse and Neglect through a series of reports in 1990 and 1991 called for a universal system of home visitation for newborns and their parents. "Complex problems do not have simple solutions," the Board wrote. "While not a panacea, the Board believes that no other single intervention has the promise that home visitation has." (U.S. Advisory Board, 1991:145). In response to this report, the National Committee to Prevent Child Abuse developed Healthy Families America and aggressively promoted the strategy through its chapter network and the state Children's Trust and Prevention Funds. As HFA and other models expanded, the notion of a "home visitation field" took shape in part because of the evidence, but also in part because states were now looking for ways to build the type of early intervention systems the Advisory Board had promoted.

As with most "promising interventions", the more common they become, the more visible their limitations. Although many home visitation programs are substantial in both dosage and duration, even intensive interventions cannot fully address the needs of the most challenged populations—those struggling with serious mental illness, domestic violence, and substance abuse as well as those rearing children in violence and chaotic neighborhoods. Doing better with these populations requires ongoing critical assessment of home-based interventions to identify what such services can and cannot accomplish.

Equally important, however, is understanding how best to embed these types of targeted interventions within a universal system of support for all new parents. Limiting efforts to only those with "problems" has done little to change normative context in both patterns of service utilization or parental practices. And the process often results in marginalized programs that are the first to be cut in times of budget distress. Not everyone needs intensive services — however few manage without the help of someone. Communities that offer universal supports to all new parents offer an opportunity to both normalize the process of seeking and receiving help around the time a child is born as well as engage a higher proportion of those families reluctant to accept targeted interventions for fear of stigmatization.

References

Chaffin, M. (2004). Is it time to rethink Healthy Start/Healthy Families? *Child Abuse & Neglect*. 28: 589-595.

Daro, D. (2009). Science and child abuse prevention: A reciprocal relationship. In Dodge, K. & Coleman, D. (Eds.). *Community Prevention of Child Maltreatment*. Guilford Press, pp. 9-25.

Olds, D., Sadler, L., & Kitzman, H. (2007). Programs for parents of infants and toddlers: recent evidence form randomized trials. *Journal of Child Psychology and Psychiatry*, 48: 3 & 4, 355-391.

U.S. Department of Health and Human Services, U.S. Advisory Board on Child Abuse and Neglect. (1991). Creating Caring Communities: Blueprint For An Effective Federal Policy for Child Abuse and Neglect. Washington, DC: U.S. Government Printing Office.

the most robust effects for highest risk families (e.g., Nurse Family Partnership) and others for moderate risk families (e.g., Early Head Start). Duggan et al (2004) reports only modest impact in prevention of neglect with a Health Start sample and suggests improved effectiveness will result from targeted improvement in model implementation. Hebbeler and Gerlach-Downie (2002) emphasize the need for programs to articulate and test their program model or theory of change as a way to support intended outcomes. Adhering to model fidelity is a critical aspect of providing effective services and engaging in continuous model improvement (e.g., Weiss & Klein, 2006). Replication initiatives must also consider the important role of implementation fidelity. Reports demonstrate that consistent positive health outcomes result from model robustness and the fidelity of its implementation across sites (O'Brien, 2005). Knowing what works under what conditions is a challenge for every program, as well as a concern for policymakers who have limited funds to support home visitation. Finding support for evaluative capacities is considered a more difficult task than finding financial support for direct services (Wasserman, 2006). Programs that develop an infrastructure which systematically supports and guides implementation and evaluation processes will be more likely to demonstrate stability of effects across sites (Olds, 2006), thus allowing policymakers to feel confident about their investments.

> Movement away from the notion that home visitation alone is a panacea for addressing the ills of poverty towards a more integrated, system-level approach to intervention and prevention is an idea whose time has arrived.

Participant Engagement in Services

Since the opening of the "Black Box" (Berlin, O'Neal & Brooks-Gunn, 1998), there is an attempt to gain insight into what factors contribute to participant engagement in home visitation services, one critical aspect of implementation. Berlin, O'Neal & Brooks-Gunn (1998) illuminate three dimensions for consideration of what makes early intervention work; program and participant characteristics and the interaction between the two. As noted in their report, key to understanding parental engagement is examining the interaction between the participant and home-visitor characteristics. Recent work in this area reveals difficult challenges in examining these factors. For example, what measurements are reliable in assessing the quality of interaction between home visitors and participants? Are there particular home visitor characteristics which are more meaningful when providing services in certain ethnic/racial communities?

The quality of the home-visitor/participant relationship is identified as a strong predictor of overall parent involvement in and benefit from home visitation services (e.g., Brooks-Gunn, Berlin, & Fuligni, 2000; McCurdy & Jones, 2000), despite measurement challenges such as strong positively biased parental reports (Korfmacher, Green, Spellmann & Thornburg 2007). Specifically, the mother's relationship history and ability to connect with services influences the quality of the home-visitor and program participant engagement (e.g., Spieker et al., 2000; Korfmacher, Kitzman, & Olds, 1998). Rector-Staerkel (2002) found that parents with high levels of participation in home visits required high levels of responsivity and approval from their home-visitor. A qualitative examination of factors which contribute to successful home-visitor/maternal relationship reveals that both familial and program-level characteristics play a role (Brookes et al., 2006). Familial stress factors, available social supports, and individual parental characteristics such as personality, health and motivation influence the quality of home-visitor/maternal relationships. Similarly, program-level characteristics such as home-visitor conscientiousness, home-visitor/mother match in terms of personality and personal history, and efforts to build program loyalty play a part in shaping this relationship (Brookes, et al 2006).

Although a handful of studies exist, examining factors that contribute to parental engagement in home visitation is an area in need of further exploration. McCurdy and Daro (2001) stress the role of parental beliefs and attitudes regarding the need for services and the likelihood of change as important factors shaping maternal involvement in home visitation services. Other structural factors noted that affect maternal participation include maternal age, high mobility, lack of support from non-participating adults in household, and the organizational strength of the program (Daro & Harding 1999). Based on participant self-report, Korfmacher et al. (1998) suggests that higher levels of home visitor empathy relate to an increase number of sessions completed. Olds and Korfmacher (1998) found a relationship between maternal sense of control and number of home visits received, with home visits decreasing as mother's reported experiencing higher levels of control.

In addition to parental beliefs and attitudes, parental demographics also impact participants' engagement in home visitation programs. Karoly et al. (1998) suggests that unmarried, low-income mothers were most likely to benefit from a home visitation program. Disengagement in home visitation services may be influenced by how much the program resembles other services a participant is receiving (Baker et al 1999).

Understanding what is inside of the "black-box" of high quality implementation for home visitation services for female parents is seldom examined in home visitation research, and almost non-existent for male parents (despite the need to engage male caregivers in early intervention programs as a direct way to address the impact of poverty on developmental outcomes such

as maltreatment (Garbarino, 2000)). Accumulating additional evidence on which process and structural factors contribute to overall engagement in services will be required to effectively meet the needs of children and families, and therefore should be considered a critical aspect of evaluation design in home visitation research.

System of Care for Young Children and Families

A System of Care approach refers to the coordination and structuring of early childhood intervention systems which function across programs and agencies to provide the necessary links and access among varying levels of services for families in need (Administration for Children and Families, 2008). By creating seamless access to programs within the early childhood intervention field, supports for young children and their families improve, leading to better outcomes. Movement away from the notion that home visitation alone is a panacea for addressing the ills of poverty towards a more integrated, system-level approach to intervention and prevention is an idea whose time has arrived. In fact, there is evidence that outcomes are more robust when home visitation services are co-joined with additional support programs (Anisfeld, Sandy, & Guterman, 2004; Love et al., 2002). Most recently, Love, Vogel, Chazan Cohen, Raikes, Kisker & Brooks-Gunn (2009) report longitudinal impacts on randomized program participation (i.e., center-based, home-based and mixed approach), noting that mixed approach showed the strongest impact on outcomes at age 3 and home-based having strongest effects on children and families at age 5.

Home visitation embedded in a System of Care for young children may support overall intervention responsiveness from families (Weiss & Klein, 2006). In one study, family-centered services which included home visits were integrated in an existing service delivery system (Head Start). The authors suggest that home visitation is an effective means of maintaining a relationship with Head Start families as they graduate from HS to kindergarten (Stormshak, Kaminski & Goodman, 2002). Existing models of successful integration, such as the School of the 21st Century, exemplify how communities, schools and families can cooperate to improve the lives of children in most need. Data from this project support the view that if links among services are strengthened, so are families (Desimone, Finn-Stevenson, & Henrich, 2000).

Proponents of home visitation programs suggest that home-visits may be an important factor in the "success" of center-based programs; however, such service integration is not well represented in the empirical literature. One illustration of this "under-reporting" is apparent in reports of the High/Scope Perry Preschool model, which is based on a high-quality, center-based educational approach that includes a home visitation component that engages parents in the educational process. In order to accurately estimate the potential impact of home visitation interventions (and interpret the "mixed" results from the field), one must explore the ways in which home visitation exposure has (or not) been accounted for in evaluations of center-based programs. One study which found increased cognitive and language ability in an Early Head Start population illuminates the issue of "under-reported" home-based component effects on child outcomes (Administration for Children and Families, 2002). Because little empirical attention has focused on possible "booster" effects of early home visitation exposure, such as parental engagement in social services and parent education programs, deciphering the ways in which home visitation differentially contributes to the overall impact of overall program participation is also unknown. In other words, families who participate in home visitation programs may fare better in center-based programs, both in terms of developmental change and in overall engagement in program services.

In addition to creating and supporting a service integration culture within the field, policymakers are urged to think outside of the box of "intervention" and embrace the reality that creating equal opportunities for all children and families will take systemic change (Daro, 2006). Access to health care and other federal programs, especially for immigrant populations, is a major obstacle for many communities. School systems which are increasingly pressured to allocate financial and logistical resources to a "high stakes test-taking" culture are less able to meet the needs of young children who confront educational challenges. Connecting with socioeconomically, culturally and ethnically diverse families in sensitive, collaborative ways is strength of most approaches to prevention and intervention. New investments in early childhood intervention are best realized when we look further than the individual and reflect this view.

Looking Beyond Effect Sizes

When considering the importance of providing families in poverty with home visitation services, have we considered all of the "evidence"? Are there meaningful, qualitative and/or process indices that have gone overlooked or undervalued which can serve to inform our perspective about the worth of this service modality for the early childhood intervention field? The "Swamp Nurse," a New Yorker Magazine report (2006) on how a home-visitor navigates the cultural beliefs of a Cajun teen parent, highlights this issue. With the understanding that it was critical to connect with the young mom, the home visitor recognized the equal importance of winning over the cast of players in the household (including the baby's father who gets high during her visit). In this case, delivering services became grounded in multiple cultural realities such as how the act of becoming a mom is more respected than how one subsequently acts with one's child, or how giving advice about keeping shotguns out of reach shouldn't be delivered any differently than advice about routine-building for toddlers.

Inherent in the modality itself exists an opportunity to learn from and capture the ways in which poor families experience "intervention", with the goal of developing culturally-relevant program practices. If we accept the proposition that we are targeting the hardest to reach families, it is reasonable to also explore "success" in terms

Commentary

Essentials of Funding Home Visiting Programs: Hiring, Training, and Supervising Home Visitors
Barbara Hanna Wasik and Donna Bryant

The renewed interest in and funding for home visiting should result in stronger supports for children and families, especially for poor families. Astuto and Allen have provided an excellent summary of the research supporting the importance of providing home visiting services within a system of care. They have appropriately raised issues about the importance of gaining critical information about the treatment fidelity of home visiting programs, how to achieve greater fidelity, and whether greater fidelity predicts better child or family outcomes.

A few studies have attempted to elucidate the "black box" of home visiting to determine if home visits are meeting the expectation for home visitor interactions in the home (Hebbeler & Gerlach-Downie, 2002; Roggman, Boyce, Cook, & Jump, 2001; McGimsey, Greene, & Lutzker, 1995). Yet our knowledge about the actual procedures used by home visitors and the content they address is very limited. As we seek to expand our knowledge, we can simultaneously focus on three components of home visiting that directly influence treatment fidelity, namely hiring, training, and supervision.

Hiring. The foundation for treatment fidelity begins with hiring the right people. Given the extremely wide range of knowledge and skills expected of a home visitor, it is rare that a person will have all desired characteristics when applying for a position. The challenge, then, is to hire those who have many of the skills, especially skills not easily taught in a limited time frame (e.g., bilingual), and the willingness and ability to learn the others. Sometimes considered routine, this administrative task is essential to ensure quality in services. To enhance the success of the interview process in selecting strong home visitors, in our book on home visiting (Wasik & Bryant, 2001), we provided guidelines and rating scales. Attending to communication and interpersonal skills when hiring cannot be overemphasized, because these skills help home visitors create the necessary working relationships to provide assistance to families.

Training. Quality training requires the use of a variety of procedures, the introduction of specific content, and the assessment of competencies. Training procedures may include observing the home visitor both in person and on videos; role playing; experiential learning; and ongoing professional development. Important content areas include knowledge of families and children; knowledge and skills related to the helping process; knowledge about and ability to implement the specific program model; and knowledge about the local community and its resources.

Supervision. Research has documented the limited supervision provided to most home visitors (Wasik & Roberts, 1996), yet it is essential to ensure adherence to program protocols, and provide the necessary professional support needed by most home visitors. Supervision should convey feedback, advice, and support to enable visitors to better serve families. Recognizing the critical nature of home visitor supervision, Wasik and Sparling (1995) developed an observation tool for use when accompanying a home visitor. A recent study of Early Head Start home visiting found it useful in identifying a home visitor's strengths, weaknesses, and fidelity to the expected model of intervention, including documenting that 25% of the expected activities did not occur during the home visits (Yazejian & Bryant, 2009).

In summary, the complexity of home visiting calls for well-qualified individuals who are provided the training and supervision to conduct their work with fidelity and competence. In any new national funding efforts, programs should be required to have in place the plans and funding to effectively hire, train, and supervise to ensure that visits are conducted with fidelity. Though these activities require time and resources, home visiting programs can extend their own resources through innovative collaborative arrangements with other programs by bringing together home visitors for training on common issues.

References

Hebbeler, K. M., & Gerlach-Downie, S. G. (2002). Inside the black box of home visiting: A qualitative analysis of why intended outcomes were not achieved. *Early Childhood Research Quarterly, 17*, 28-51.

McGimsey, J.F., Greene, B. F., & Lutzker, J. R. (1995). Competence in aspects of behavioral treatment and consultation: Implications for service delivery and graduate training. *Journal of Applied Behavior Analysis,* 28, 301-315.

Roggman, L. A., Boyce, L. K., Cook, G. A., & Jump,V. K. (2001). Inside home visits: A collaborative look at process and quality. *Early Childhood Research Quarterly, 16*, 53-71.

Wasik, B. H., & Bryant, D. (2001). *Home visiting: Procedures for helping families.* (2nd edition). Thousand Oaks, CA :Sage.

Wasik, B. H., & Sparling, J. J. (1996). *Home Visit Assessment Instrument.* University of North Carolina, Chapel Hill, NC.

Wasik, B. H., & Roberts, R. N. (1994). Home visitor characteristics, training, and supervision: Results from a national survey. *Family Relations, 43,* 336-341.

Yazajian, N., & Bryant, D. M. (2009) *Enhancing and Evaluating the Partners for a Healthy Baby Home Visiting Curricula for Early Head Start, Final Report to ACF.* Head Start University Partnerships: Curriculum Development Research Grants 2005-2008.

of process as well as outcome. Data which support relative qualitative changes in behavior for parents and children who participate in home visitation is lacking. In thinking about the future of the home visitation field it will be beneficial to find ways to systematically and rigorously explore the richness and possible insights into development which delivering services in the home may afford. Utilizing diverse methodological approaches to document and assess program effectiveness will serve to increase our understanding of the "user perspective" in home visitation research and allow for contextual issues pertaining to intervention participation to emerge (Shams & Robinson, 2005). For example, developing qualitative databases will be useful for the successful adaptation and implementation of programs as communities become increasingly more diverse, as well as for the development of community-driven practices and policies (McCall & Green, 2004).

Considerations for the Home Visitation Field

There is a new generation of research and policy questions related to a System of Care approach to the early intervention field and the specific role home-based intervention will play in addressing the diverse needs of infants, young children and their families. We have learned that stakeholders should invest in programs which are committed to continuous quality improvement as well as rigorous evaluations of efficacy, utilizing diversified methods to assess the complexity of programs nested within specific communities. Policymakers and practitioners alike should consider the diversity in models and program goals as they seek assistance in addressing their community's needs. Home visitation is one of the many options for inclusion in a network of social supports, which can address different developmental stages and outcomes for young children and their families. Better communication across and within the home visitation field has already produced signs of promise (Johnson, 2009). However, the systemic fiscal obstacle preventing a System of Care approach must be addressed before States achieve successful integration of home visitation services into the range of early childhood intervention services existing in most communities.

Funding streams for home visitation interventions are categorical in nature, creating barriers to an integrative system of care for young children and their families. Criteria imposed by categorical funding (e.g., defining eligible target populations or requirements for staffing and program design) force home visit programs to utilize a mélange of funding to address the needs of the communities they serve (Thompson et al., 2001). By contrast, expanding fiscal support to adequately fund program implementation

and continuous evaluation at a national level would provide an unprecedented coordination of support for home visitation services. Unlike categorical funding streams (e.g., collaborative, community-wide early childhood initiatives), these funds would create a pool of dollars that can be used for variety of home visitation program activities, thus, strengthening the quality and increasing the availability of services to communities (Thompson et al., 2001).

Providing seamless fiscal support is an important step in providing effective services to families and children. However, the field faces additional obstacles which may prevent a system approach to early childhood intervention. Gallagher and Clifford (2000) suggest six barriers to this level of policy implementation (see Figure 1). They suggest any effort to create a sustainable infrastructure in early childhood would require a set of strategies such as identifying and cultivating political forces, establishing planning structures, forming a media initiative and engaging professional organizations. Although President Obama's proposal represents a necessary step in introducing home visitation on a national scale for communities, policymakers must address a range of issues to use the funds wisely.

Over the last several years, a collective voice for the field began to emerge—not a movement to blend programs but to learn what is being done, which are good, for whom and at what point on the developmental timeline. Embedding home visitation programs in universal strategies of early childhood intervention will link services, create diversified pathways for families and may well provide opportunities to improve the overall quality of care for our nation's most vulnerable children and their families. Evidence of the success of this type of integration is promising. Positive gains in mothers' parenting behavior were greatest for Early Head Start recipients enrolled in programs with a combination of home visitation and center based services, for example (Administration for Children and Families, 2001). Service integration studies have recommended that home visitation programs consider including community coalitions as part of their program goals, in an effort to streamline the services and supports available to communities (Tandon, Parillo, Jenkins & Duggan, 2005). Other large-scale, successful models of service-integration are visible in education reform efforts such as the Comer School Development Program and the Schools of the 21st Century (Borman, Hewes, Overman &

> **Although President Obama's proposal represents a necessary step in introducing home visitation on a national scale for communities, policymakers must address a range of issues to use the funds wisely.**

> **Embedding home visitation programs in universal strategies of early childhood intervention will link services, create diversified pathways for families and may well provide opportunities to improve the overall quality of care for our nation's most vulnerable children and their families.**

Barriers to Policy Implementation

> **Institutional**
> These barriers arise when the proposed policy conflicts with the current operation of established social and political institutions. A call for interagency coordination might create difficulties in blending the existing policies and operations across health, social services, and educational agencies. If a lead agency is identified to carry out the policy, is that agency given sufficient authority and resources?
>
> **Psychological**
> A proposed policy can come into conflict with deeply held personal beliefs of clients, professionals, or leaders who must implement the policy. Perhaps some persons resent the fact that they were not consulted before the policy was established. Any time someone loses authority or status, there can be personal resistance.
>
> **Sociological**
> Sometimes the new policy runs afoul of established mores or cultural values of subgroups within the society. For example, it may be traditional in some cultural subgroups for family members to show deference to those in authority (e.g., physicians or agency heads). The notion of family empowerment might be a difficult one for them to entertain.
>
> **Economic**
> Often, the promise of resources to carry out a program is not fulfilled, not because of deviousness, but because of the multitude of issues to be met and the limited financial resources at the state or federal level.
>
> **Political**
> Some programs become identified with one or the other political party, and such programs become hostage when the opposing political party comes into power. There is a periodic overturn of political leaders through retirement or elections—changes that can cause disjunction in the support or understanding of the program on the part of political leaders.
>
> **Geographical**
> The delivery of services to rural and inner-city areas has long plagued those who have tried to provide comprehensive health and social services. Personnel resources tend to remain in large- or middle-sized urban areas, causing substantial difficulties in covering outlying areas.

Figure 1 - Adapted from Gallagher, J. & Clifford, R. (2000). The missing support infrastructure in early childhood. *Early Childhood Research & Practice*, *2*(1).

Brown, 2002; Desimone, Finn-Stevenson, & Henrich, 2000).

Over the last decade, the field of home visitation was the focus of much needed critique and debate. What has emerged is a range of national efforts to improve quality and implementation of services, engage in diversified methodological models of research and advocate for stronger representation and support in the field of early childhood intervention. These trends introduce a range of issues which can serve to guide national implementation and research efforts. For example, burgeoning research indicates that home visitation may be particularly suited for children of immigrant families, a fast-growing segment of the US population. Exploration of the ways home visitation impacts outcomes for immigrant communities is worthy of attention. Understanding what factors contribute to participant engagement and retention in home visitation services is another area for future exploration.

The most effective home visitation programs are those which are well implemented and uniquely aligned with the distinct challenges and strengths of their communities (Daro & Cohn-Donnelly, 2001). To achieve community-relevant practices and policies, the use of methodologically and theoretically diverse models must be core to future implementation and evaluation processes (McCall & Green, 2004).

As Daro (2006) recommends in the following statement, diversified, analytical thinking is critical to our understanding of the current state of the field: "A key question with regard to home visitation is not whether the collective body of information suggests that the *average* level of performance among participants exceeds the *average* level of performance among various control or comparison groups, but rather is whether program outcomes and quality are improving over time, and whether program expectations are becoming more aligned with what families need and communities can support". (pp 3). A close examination of how implementation fidelity explains program success (or failure) is critical to ongoing research investigations.

Conclusion

In the near future our government will decide whether or not an investment of $750 million over five years for home visitation services will uniquely contribute to the quality of education and overall success of children (and their families) living in America. Building this infrastructure will rely on creative and progressive thinking. Reports of the late 90's pointed to the dearth of RCT designs within the field of home visitation as a major weakness in our ability to ascertain the value of home visitation programs. Today,

the limitations of relying solely on this type of evidence to develop a national initiative are attracting similar attention.

The restructuring and coordination of funds for this intervention modality have far-reaching implications in the early childhood intervention community. A key feature of the way funds will be distributed requires states to provide annual reports, including characteristics of each funded program, the degree to which service have been delivered and designed and to the extent to which identified outcomes are achieved. The possibility of developing a comprehensive, integrative System of Care for families will become more realistic without the current barriers of categorical funding for home visitation programs. One way to maximize the benefit of increased coordination and accountability would be to develop an integrated database that will allow states to look across the models they are implementing. Successful models of such systems exist and help policymakers determine the best efforts needed to identify, engage and effectively serve their communities (e.g., University of Pennsylvania KIDS Integrated Data System; http://www.gse.upenn.edu/node/914).

Today, criteria exist to help states guide their decision making about program adaptation (see Johnson, 2009 for an example). Investing in programs with an infrastructure that systematically supports implementation and evaluation processes through the utilization of diverse methodological approaches is a crucial step. In the early 90's home visitation models yielded mixed results and criticisms about implementation processes. More recent foci on evaluation and quality assurance, cross-collaborations, and dissemination have earmarked a new era of home visitation, particularly as a service which will be most effective within a systematic approach to early childhood intervention. Whether or not home visitation is an intervention strategy worth investing in may be a question which will never reach full consensus among policymakers. One can certainly hope that acknowledging the disparity of outcomes between poor and more economically privileged children summons fresh ideas, renewed hope and new investments — such as home visitation — to improve the lives of those who need it the most and a society in which they will someday participate as adult members.

References

Administration for Children and Families. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start.* Washington, DC: US Department of Health and Human Services.

Administration for Children and Families. (2001). *Building their futures: How Early Head Start programs are enhancing the lives of infant and toddlers in low-income families.* Washington, DC: US Department of Health and Human Services.

Allen, L., Sethi, A., & Astuto, J. (2007). An evaluation of graduates of a toddlerhood home visiting program at kindergarten age. *NHSA Dialog, 10*(1), 36-57.

Ammerman, R., Steven, J., Putnam, F., Altaye, M., Hulsmann, J., Lehmkuhl, H., Monroe, J., Gannon, T., and Van Ginkel, J. (2006). Predictors of Early Engagement in Home Visitation. *Journal of Family Violence*, 21, 2, 105-115.

Anisfeld, E., Sandy, J., & Guterman, N. B. (2004). *Best beginnings: a randomized controlled trial of a paraprofessional home visiting program.* New York, NY: Columbia University School of Social Work.

Aronen, E., & Kurkela, S. (1996). Long-term effects of an early home-based intervention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1665-1672.

Baker, A. J. L., Piotrkowski, C. S., & Brooks-Gunn, J. (1999). The Home Instruction Program for Preschool Youngsters (HIPPY). *The Future of Children*, 9(1), 116-133.

Beckwith, L. (1988). Intervention with disadvantaged parents of sick preterm infants. *Psychiatry, 51*(3), 242-247.

Berlin, L. J., O'Neal, C. R., & Brooks-Gunn, J. (1998). What makes early intervention programs work? The program, its participants, and their interaction. *Zero to Three, 18*, 4-15.

Black, M., Nair, P., Kight, C., Wachtel, R., Roby, P., & Schuler, M. (1994). Parenting and early development among children of drug-abusing women: Effects of home intervention. *Pediatrics*, *94*, 440-448.

Boo, Katharine. (2006, February 6). The Swamp Nurse. *The New Yorker,* 54.

Borman, G. D., Hewes, G. M., Overman, L. T., & Brown, S. (2002). *Comprehensive school reform and student achievement: A meta-analysis.* Center for Research on the Education of Students Placed At Risk. Baltimore, MD.

Boyer, P. S. (1978). *Urban masses and moral order in America, 1820–1920.* Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Brookes, S., Summers, J. A., Thornburg, K. R., Ispa, J. M., & Lane, V. J. (2006). Building successful home visitor-mother relationships and reaching program goals in two Early Head Start Programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly, 21*, 25-45. doi:10.1016/j.ecresq.2006.01.005.

Brooks-Gunn, J., Berlin, L.J., Fuligni, A.S., & Leventhal, T. (2000). Depending on the kindness of strangers: Current national data initiatives and developmental research. *Child Development,* 71, 257-268.

Brooks-Gunn, J., McCarton, C., Casey, P., McCormick, M., Bauer, C., Bernbaum, J., et al.(1994). Early intervention in low birth weight, premature infants: Results through age 5 years from the Infant Health and Development Program. *Journal of the American Medical Association, 272*(16), 1257-1262.

Brooks-Gunn, J., Markman, L. B. (2005). The Contribution of Parenting to Ethnic and Racial Gaps in School Readiness. *Future of Children*, *15*(1), 139-168.

Bugental, B. & Schwartz, A. (2009). A Cognitive Approach to Child Mistreatment Prevention Among Medically At-Risk Infants. *Developmentally Psychology*, 45, 284-288.

Buhler-Wilkerson, K. (1985). Public health nursing: In sickness or in health? *American Journal Public Health, 75*, 1155-1161.

Butz, A., Lears, M., O'Neil, S., & Lukk, P. (1998). Home intervention for in utero drug-exposed infants. *Public Health Nursing, 15*, 307-318.

Central Intelligence Agency (CIA) Factbook. Retrieved on December 20, 2006 at https://www.cia.gov/cia/publications/factbook/rankorder/2091rank.html.

Chaffin, M. (2004). Is it time to rethink Health Start/Healthy Families? *Child Abuse and Neglect*, *28*, 589-595.

Coalition for Evidence-Based Policy (2008, October 23). **What Works and What Doesn't Work in Social Policy?: Findings From Well-Designed Randomized Controlled Trials.** Retrieved May 7, 2009, from http://www.evidencebasedprograms.org/static/.

Council on Child and Adolescent Health. (1998). American Academy of Pediatrics: The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families. *Pediatrics*, 101, 486-489.

Daro, D. (2006). *Home visitation: Assessing progress, managing expectations.* Chicago, IL: Ounce of Prevention Fund and Chaplin Hall Center for Children.

Daro, D., & Cohn-Donnelly, A. (2001). Child abuse prevention: Accomplishments and challenges. In J. Myers, L. Berliner, J. Briere, T. Hendrix, C. Jenny, & T. Reid (Eds.) *APSAC handbook on child maltreatment* (2nd ed., pp. 431-448). Newbury Park, CA: Sage Publications.

Daro, D., Dodge, K., Weiss, H., & Zigler, E. (April, 2009). Home Visiting Initiative, Letter to the President.http://www.voices.org/uploads/42109HVCommentsFromResearchCommunity(1).pdf.

Daro, D., & Harding, K.A. (1999). Healthy Families America: Using research to enhance practice. *Future of Children*, 9(1), 152-176.

Daro, D., & McCurdy, K. (in press). Interventions to prevent children maltreatment. In Doll, L., Mercy, J., Hammond, R., Sleet, D., & Bonzo, S. (eds.) *Handbook on injury and violence prevention interventions.* New York, NY: Kluwer Academic/Plenum Publishers.

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*, *27*, 1101-1125.

Desimone, L., Finn-Stevenson, M., & Henrich, C. (2000). Whole school reform in a low-income African American community: The effects of the CoZi model on teachers, parents, and students. *Urban Education, 35*, 269-323.

Duncan, G. J., & Brooks-Gunn, J. (2000). Family poverty, welfare reform, and child development. *Child Development, 71,* 188-196.

Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development, 65*, 296-318.

Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S.M., Windham, A. & Sia, C. (2004). Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. *Child Abuse & Neglect, 28,* 597-622.

Duggan, A., McFarlane, E., Windham, A., Rohde, C., Salkever, D., Fuddy, L., et al. (1999). Evaluation of Hawaii's Healthy Start Program. *The Future of Children, 9*, 66-90.

Fahy, E. T. (1994). Healing at home: New York visiting nurse service. *Nursing and Health Care, 15*(2), 66-73.

Gallagher, J., & Clifford, R. (2000). The missing support infrastructure in early childhood. *Early Childhood Research & Practice, 2*(1).

Garbarino, J. (2000). The soul of fatherhood. In H. E. Peters et al (Eds.), *Fatherhood:Research, interventions, and policies* (pp. 11-21). Binghampton NY: The Haworth Press.

Geeraert, L., Van den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment, 9*, 277-291.

Gelfand, D., Teti, D., Seiner, S., & Jameson, P. (1996). Helping mothers fight depression: Evaluation of a home-based intervention program for depressed mothers and their infants. *Journal of Clinical Child Psychology, 25*, 406-422.

Gershoff, E. (2003). *Low income and the development of America's kindergartners* (Living at the Edge Research Brief No. 4). New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

Gomby, D. S. (2005) *Home visitations in 2005: Outcomes for children and parents* (Invest in Kids Working Paper No. 7). Committee for Economic Development: Invest in Kids Working Group. Available at http://www.ced.org/docs/report/report_ivk_gomby_2005.pdf.

Gomby, D. S., Culross, P. L., & Behrman, R. E. (1999). Home visiting: Recent program Evaluations - analysis and recommendations. *The Future of Children*, *9(1)*, 4-26.

Hart, B., & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young American children.* Baltimore, MD: Brookes Publishing Company, Inc.

Hebbler, K.M. and Gerlack-Downie, S.G. (2002). 'Inside the black box of home visiting: a qualitative analysis of why intended outcomes were not achieved', *Early Childhood Research Quarterly,* 17, 28-51.

Heinicke, C., Fineman, N., Ponce, V., & Guthrie, D. (2001). Relation-based intervention with at-risk mothers: Outcome in the second year of life. *Infant Mental Health Journal*, *22*(4), 431-462.

Heinicke, C., Fineman, N., Rodning, C., Ruth, G., Recchia, S., & Guthrie, D. (1999). Relationship-based intervention with at-risk mothers: Outcome in first year of life. *Infant Mental Health Journal, 20*, 349-374.

Hernandez, D. J. (2004). Demographic change and the life circumstances of immigrant families. *The Future of Children, 14*(2), 16-47.

Hernandez, D. J., Denton, N. A., Macartney, S. E. (2007) Young Hispanic Children in the 21st Century. *Journal of Latinos and Education*, *6*(3), 209-228.

Howard, K.S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, 19 (2),* 77-104.

Jacobson, S., & Frye, K. (1991). Effect of maternal social support on attachment: Experimental evidence. *Child Development, 62*(3), 572-582.

Jensen, B.T. (2005). Culture and Practice of Mexican Primary Schooling: Implications for Improving Policy and Practice in the *U.S. Current Issues in Education,* 8(25). Retrieved August 2008 from http://cie.asu.edu/volume8/number24/index.html.

Johnson, Kay. *State-based Home Visiting Strengthening Programs Through State Leadership,* National Center for Children in Poverty, March 2009. Available at http://www.nccp.org/publications/pdf/text_862.pdf.

Johnson, Z., Howell, F., & Molloy, B. (1993). Community mothers' programme: Randomised controlled trial on non-professional intervention in parenting. *British Medical Journal*, *306*, 1449-1452.

Kamerman, S.B. & Kahn, A.J. (1993). Home health visiting in Europe. *The Future of Children*, Vol 3(3), pp.39-52.

Katz, M. (1986). *In the shadow of the poorhouse: A social history of welfare in America.* New York: Basic Books.

Karoly, L.A., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M.R., Rydell, C. P. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions.* Santa Monica, CA: RAND.

Kitzman, H., Cole, R., Yoos, H., & Olds, D. (1997). Challenges experienced by home visitors: A qualitative study of program implementation. *Journal of Community Psychology*, *25*(1), 95-109.

Korfmacher, J., Kitman, H., & Olds, D. (1998). Intervention process as predictors of outcomes in a preventive home-visitation

program. Journal of Community Psychology, 26 (1), 49-64.

Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., Faldowski, R., Schriffman, R. (2008). Parent Involvement in Early Childhood Home Visiting. *Child Youth Care Forum*, 37, 171-196.

Korfmacher, J., Green, B., Spellmann, M., Thornburg, K. (2007). The helping relationship and program participation in early childhood home visiting. Infant Mental Health Journal, 28 (5), 459-480.

Lee, E., Mitchell-Herzfeld, S., Lowensfels, A., Greene, R., Dorabawila, V., & DuMont, K.. (2009). Reducing Low Birth Weight Through Home Visitation : A Randomized Controlled Trial. *American Journal of Preventative Medicine*, 36, 154-160.

Levenstein, P. (1988). *Messages from home: The mother-child home program and the prevention of school disadvantage.* Columbus, OH: Ohio State University Press.

Levenstein, P., Levenstein, S., & Oliver, D. (2002). First grade school readiness of former child participants in a South Carolina replication of the Parent-Child Home Program. *Applied Developmental Psychology, 23*(3), 331-353.

Library of Congress, (2008). Retrieved September 23 from http://www.govtrack.us/congress/bill.xpd?bill=h110-2343.

Lieberman, A. F., Weston, D. R., & Pawl, J. H. (1991). Preventive intervention and outcomes with anxiously attached dyads. *Child Development*, 62, 199-209.

Lorrig, J. (2007). Education Begins at Home Act (S. 667): Wolf in Sheep's Clothing. Retrieved April 2008 from http://www.hslda.org/docs/news/200710310.asp.

Love, J.M., Vogel, C., Chazan Cohen, R., Raikes, H.H., Kisker, E.E., & Brooks-Gunn, J. (2009). The early head start evaluation: Impacts at the end of the program, two years later, and the context for on-going research. Poster presented at the biennial meeting of the Society for Research in Child Development, Denver, April 2009.

Love, J., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents. *Developmental Psychology*, 41, 885-901.

Love, J., Kisker, E. E., Ross, C., Schocher, P., Brooks-Gunn, J., Paulsell, D., et al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start, Vol. I. Final technical report.* Princeton , NJ: Mathematica Policy Research, Inc., and New York, NY: Columbia University Center for Children and Families at Teachers College.

Matthews, H., & Ewen, D. (2006). *Reaching all children? Understanding early care and education participation among immigrant families.* Washington, DC: Center for Law and Social Policy.

McCall, R. B., & Green, B. (2004). Beyond the methodological gold standards of behavioral research: Consideration for practice and policy. *Social Policy Report*, *18*(2), 3-19.

McCurdy, K., & Jones, L. (2000). Supporting families: Lessons from the field. Thousand Oaks, CA: Sage.

McCurdy, K., Gannon, R. A., & Daro, D. (2003). Participation patterns in home-based family support programs: Ethnic variations. *Family Relations*, 51, 3-111.

McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations*, 50, 113-121.

National Center for Children in Poverty (NCCP; 2007). *Basic Facts About Low-Income Children: Birth to Age 6.* New York, NY: Columbia University, Mailman School of Public Health.

National Center for Education Statistics (2000), Retrieved December, 2003, at www.nces.ed.gov.

NCCIC - Early Childhood Systems Building: National Initiatives. (2008). Retrieved July 2008 from http://www.nccic.org/poptopics/ece_initiatives.html.

NICHD Early Child Care Research Network. (2000). The relation of child care to cognitive and language development. *Child Development, 71(4),* 960-980.

O'Brien, R. A. (2005). Translating a research intervention into community practice: The Nurse Family Partnership. *Journal of Primary Prevention, 26,* 241-257.

Olds, D. L. (2006). The Nurse-Family Partnership. In Watt, N. F., Ayoub, C., Bradley, R. H., Puma, J. E., LeBoeuf, W. A. (Eds.), *The crisis in youth mental health: Critical issues and effective programs, Vol. 4. Early intervention programs and policies* (pp. 147-180). Westport, CT: Praeger Publishers.

Olds, D., Eckenrode, J., Henderson, C. R., Jr., Kitzman, H., Powers, J., Cole, R., et al. (1998a). Long-term effects of home visitation on maternal life course, child abuse and neglect and children's arrests: Fifteen-year follow up of a randomized trial. *Journal of the American Medical Association*, *278*(8), 637-643.

Olds, D., Henderson, C., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., et al. (1998b). Long-term effects of nurse home visitation on children's criminal and antisocial behavior. *Journal of the American Medical Association*, *280*(14), 1238-1244.

Olds, D., Robinson, J., O'Brien, R., Luckey, D., Pettitt, L., Henderson, C., et al. (2002). Home visiting by paraprofessionals and by nurses: Age-four follow-up of a randomized trial. *Pediatrics*, *110*(3), 486-496.

Olds, D., Robinson, J., Pettitt, L., Luckey, D., Holmberg, J., Ng, R., et al. (2004). Effects of home visits by paraprofessionals and by nurses: Age-four follow-up of a randomized trial. *Pediatrics, 114*, 1560-1568.

Peisner-Feinberg, E., Culkin, M., Howes, C., & Kagan, S. (1999). *The children of the cost, quality, and outcome study go to school, 1999.* Chapel Hill, NC: FPG Child Development Center and the National Center for Early Development and Learning at UNC-Chapel Hill.

Raikes, H., Green, B. L., Atwater, J., Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006). Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes. *Early Childhood Research Quarterly*, 21(1), 2-24.

Rainwater, L., & Smeeding, T. M. (2003). *Poor kids in a rich country: America's children in comparative perspective.* New York: Russell Sage.

Rector-Staerkel, F. (2002). Early Head Start: Home Visiting and Parenting Group Program uptake—an implementation study. UMI Dissertation Services. Seattle, WA.

Reynolds, A.J., & Zigler, E. (2000). *Success in Early Intervention: The Chicago Child-Parent Centers*. Lincoln, NE: University of Nebraska Press.

Roggman, L. A., Boyce, L. K., Cook, G. A., & Jump, V. K. (2001). Inside home visits: a collaborative look at process and quality. *Early Childhood Research Quarterly, 16*(1), 53-71.

Schorr, L. B., & Schorr, D. (1989). *Within our reach: Breaking the cycle of disadvantage.* New York: Anchor Press/Doubleday.

Shams, M. & Robinson (2005). A critical interdisciplinary analysis of culturally appropriate research approach and practices in health care and social work. *Child care in Practice, 11 (4),* 457-470.

Smith, V. K., Rousseau, D., & Marks, C. (2006). *SCHIP enrollment in 50 states: June 2005 data update*. Menlo Park, CA: Kaiser Commission on Medicaid and the Uninsured.

Spieker, S. J., Solchany, J., McKenna, M., DeKlyen, M., & Barnard, K. B. (2000). The story of mothers who are difficult to engage. In J. D. Osofsky & H. I. Fitzgerald (Eds.), *World association of infant mental health handbook of infant mental health, Vol 3: Parenting and child care* (pp. 172-209). New York: John Wiley & Sons.

Stormshak, E. A., Kaminski, R. A., & Goodman, M. R. (2002). Enhancing the parenting skills of Head Start families during the transition to kindergarten. *Prevention Science*, *3*(3), 223-234.

Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development, 75*(5), 1435-1456.

Suro, R., & Passel, J. S. (2003). *The rise of the second generation: Changing patterns in Hispanic population growth.* Los Angeles, CA: Pew Hispanic Research Center.

Takanishi, R. (2004). Leveling the playing field: Supporting immigrant children from birth to eight. *The Future of Children, 14*, 61-79.

Tandon, S. D., Parillo, K. M., Jenkins, C., & Duggan, A. K. (2005). Formative evaluation of home visitors' role in addressing poor mental health, domestic violence, and substance abuse among low-income pregnant and parenting women. *Maternal & Child Health Journal, 9*(3), 273-283.

Thompson, L., Kropenske, V., Heinicke, C. M., Gomby, D. S., & Halfon, N. (2001). Home visiting: A service strategy to deliver proposition 10 results. Building community systems for young children. *UCLA Center for Healthier Children, Families and Communities, 59.*

United States Department of Education, (2008). Fiscal Year 2001-2009 State Tables [Data file]. Retrieved August 12, 2008 from \\http://www.ed.gov/about/overview/budget/statetables/09stbyprogram.pdf.

Van den Boom, D. (1995). Do first year intervention effects endure? Follow-up during toddlerhood of a sample of Dutch irritable infants. *Child Development, 66*(6), 1798-1816.

Wagner, M., & Clayton, S. (1999). The parents as teacher program: Results from two demonstrations. *The Future of Children, 9*(1), 91-115.

Wasik, B. H., Bryant, D. M., & Lyons, C. M. (1990). *Home Visiting: Procedures for helping families.* Newbury Park: Sage Publications.

Wasserman, M. (2006). Implementation of Home Visitation Programs: Stories from the States. Chapin Hall Center for Children, Issue Brief 109.

Weiss, H. (2006). Changing the conversation about home visiting: Scaling up with quality. Harvard Family Research Project.

Weiss, H. (1993). Home visits: Necessary but not sufficient. *Future of Children, 3*, 113-128.

W.K. Kellogg Foundation (2004). *Using logic models to bring together planning, evaluation, and action: Logic model development guide.* Battle Creek, MI: W.K. Kellogg Foundation.

Zigler, E. F., Finn-Stevenson, M., & Hall, N. W. (2003). *The first three years and beyond: Brain development and social policy.* New Haven, CT: Yale University Press.

About the Authors

LaRue Allen, Ph.D., is Raymond and Rosalee Weiss Professor of Applied Psychology at New York University in the Steinhardt School of, Culture, Education, and Human Development, and a Visiting Scholar at the American University of Paris. She also directs the Child and Family Policy Center which focuses on bringing social science knowledge to policymakers and practitioners concerned with children and their families. Dr. Allen's research interests include urban preschool, adolescent and emerging adult development; impact of social, cultural and ecological factors on human development; issues in cross-cultural and cross-national research methods and design; civic engagement and financial literacy in emerging adults.

Jennifer Astuto, Ph.D., is Assistant Director of the Child and Family Policy Center in the Steinhardt School of Culture, Education, and Human Development at New York University. Her work examines the impact of developmental contexts on young children and adolescent social-emotional and cognitive competencies. Dr. Astuto's topics of interest include early childhood classroom quality and measurement, play, parent-child interaction and civic engagement. Her policy interests focus on how community-based research can inform developmental science by creating and evaluating contextually relevant programs and policies.

Jeanne Brooks-Gunn, Ph.D., is the Virginia and Leonard Marx Professor of Child Development and Education at Teachers College and the College of Physicians and Surgeons at Columbia University, and she directs the National Center for Children and Families (www.policyforchildren.org). She is interested in factors that contribute to both positive and negative outcomes across childhood, adolescence, and adulthood, with a particular focus on key social and biological transitions over the life course. She designs and evaluates intervention programs for children and parents as well as conducts large scale longitudinal studies. She has received life-time achievement awards from the Society for Research in Child Development, American Academy of Political and Social Science, the American Psychological Society, American Psychological Association and Society for Research on Adolescence.

Donna Bryant, Ph.D., a developmental psychologist, is a Senior Scientist and former Associate Director of the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and is a Research Professor in the School of Education. She was a Co-Director of the National Center for Early Development and Learning based at UNC-CH, funded by the Institute for Educational Sciences. She led the evaluation team for North Carolina's Smart Start initiative and has conducted several experimental studies of center-based child care, family child care, and family and health services. More recently she has conducted studies with Head Start, including the Head Start Quality Research Consortium, and a study of mental health interventions for teachers and parents of children with challenging behaviors. She had direct experience early in her career as a home visitor, and later was involved in developing training and assessment instruments for home visitors. She co-authored Home Visiting: Procedures for Helping Families with Barbara H. Wasik.

Deborah Daro, Ph.D., is a Research Fellow at the Chapin Hall at the University of Chicago. Prior to joining Chapin Hall in January 1999, Dr. Daro served as the Director of the National Center on Child Abuse Prevention Research, a program of the National Committee to Prevent Child Abuse, where she contributed to the development of Health Families America (HFA), a strategy for developing a universal system of support for all newborns and their parents. Most recently, Dr. Daro's research and written work has focused on developing reform strategies that embed individualized, targeted prevention efforts within more universal efforts to alter normative standards and community context. She also is examining strategies to create more effective partnerships among public child welfare agencies, community-based prevention efforts and informal support systems. Dr. Daro holds a Ph.D. in Social Welfare and a Masters degree in City and Regional Planning from the University of California at Berkeley.

Ron Haskins, Ph.D., is a Senior Fellow in the Economic Studies Program and Co-Director of the Center on Children and Families at the Brookings Institution and Senior Consultant at the Annie E. Casey Foundation in Baltimore. He is the author of Work Over Welfare: The Inside Story of the 1996 Welfare Reform Law (Brookings, 2006), the co-author of Getting Ahead or Losing Ground: Economic Mobility in America (Pew Charitable Trusts and Brookings, 2008), and a senior editor of The Future of Children. In 2002 he was the Senior Advisor to the President for Welfare Policy at the White House. He spent 14 years on the staff of the House Ways and Means Human Resources Subcommittee.

Christina Paxson, Ph.D., is the Hughes-Rogers Professor of Economics and Public Affairs and the Dean of the Woodrow Wilson School of Public and International Affairs. In 2000, she founded the Center for Health and Wellbeing (CHW), an interdisciplinary health research center in the Woodrow Wilson School. Paxson is a Senior Editor of The Future of Children; a Research Associate of the National Bureau of Economic Research, where she is a member of the programs on Aging, Health, and Children; and a Research Associate of Princeton's Office of Population Research. Her research is on health, economic development and public policy, with a current focus on economic status and health outcomes over the life course in both developed and developing countries.

Barbara Hanna Wasik, Ph.D., holds a William R. Kenan, Jr. Distinguished Professorship in the School of Education at the University of North Carolina at Chapel Hill where she is also a Fellow of the Frank Porter Graham Child Development Institute and former Director of the Center for Home Visiting. A clinical and school psychologist, she has devoted most of her professional career to developing and evaluating early intervention programs for children at risk for social, emotional, or academic difficulties. She was an invited participant to the White House Conference on Child Care and served as a member of the Committee on Early Childhood Pedagogy of the National Academy of Sciences. She is the co-author of Home Visiting: Procedures for Helping Parents (2nd edition) with Donna Bryant, and has extensive experience in training and supervising home visitors. She co-designed and co-conducted the first national study of home visiting programs, was a major developer of the home visiting component in three major experimental studies of early intervention and was one of the co-directors for the National Forum on Home Visiting.

New Editorial Team for the
SRCD *Social Policy Report*

The 24th volume of the SRCD *Social Policy Report* (*SPR*) ushers in several notable changes. A new editorial team is responsible for the report. Based at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, the editors are Samuel L. Odom (Lead Editor), Donna Bryant and Kelly Maxwell (Co-Editors), and Anne Hainsworth (Managing Editor). Drs. Lonnie Sherrod and Jeanne Brooks-Gunn provided excellent guidance for the *SPR* over the last decade, and during their tenure, *SPR* addressed some of the most important topics of our time. They recruited as authors the leading experts on these topics and worked diligently with the SRCD Committee on Policy and Communications to publish briefs that summarized the most relevant information for policy audiences and SRCD members. Drs. Sherrod and Brooks-Gunn also brought the report into the digital age, and extended its reach, by introducing an easily accessible online format.

A quote attributed to the mysterious Henry J. Tillman says: "*If you're not part of the solution, you're part of the precipitate,*" with the precipitate in this metaphor being that murky sediment at the bottom of your glass of Alka Seltzer ©, the sidelined journal articles sitting in a begrimed corner of your office shelf, or the electronic report quickly dispatched by the decisive strike of the delete key (or even worse, the SPAM filter). *SPR* is an important platform for channeling findings and new information from developmental science to policy implications. Our intent is for *SPR* to maintain its role in advancing solutions for public policy, and to foster a lively, informed exchange of ideas between researchers and policymakers. To avoid being the precipitate, we must identify information needs of policymakers and SCRD members through collaboration with the Office for Policy and Communications. Like our editorial predecessors, we plan to recruit experts to write reports that synthesize the findings about socially important topics from developmental science and policy analyses. We hope to make use of cutting-edge technology and information science to convey the information in a form that is most accessible to our audiences. We welcome advice from members and policymakers about the most effective modes of communication.

Beginning with Volume 24, the *SPR* will be published exclusively in electronic format. We plan to evaluate this format change in the future, but for now, look for the new *SPR* in your email or at the SRCD website (www.srcd.org), rather than in your physical mailbox. Also, beginning immediately, authors may contact Sam Odom (slodom@unc.edu) if they have questions about the *SPR*. Our team is honored to be selected to edit the SRCD *Social Policy Report*, and we look forward to producing informative and insightful new issues.

Sam Odom, Donna Bryant, Kelly Maxwell, Anne Hainsworth
FPG Child Development Institute, University of North Carolina at Chapel Hill

Electronic access to the *Social Policy Report* is available at the *Report*'s website:
http://www.srcd.org/spr.html

Purpose

Social Policy Report (ISSN 1075-7031) is published four times a year by the Society for Research in Child Development. Its purpose is twofold: (1) to provide policymakers with objective reviews of research findings on topics of current national interest, and (2) to inform the SRCD membership about current policy issues relating to children and about the state of relevant research.

Content

The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for policies affecting children. The Society recognizes that few policy issues are noncontroversial, that authors may well have a "point of view," but the *Report* is not intended to be a vehicle for authors to advocate particular positions on issues. Presentations should be balanced, accurate, and inclusive. The publication nonetheless includes the disclaimer that the views expressed do not necessarily reflect those of the Society or the editors.

Procedures for Submission and Manuscript Preparation

Articles originate from a variety of sources. Some are solicited, but authors interested in submitting a manuscript are urged to propose timely topics to the editors. Manuscripts vary in length ranging from 20 to 30 pages of double-spaced text (approximately 8,000 to 14,000 words) plus references. Authors are asked to submit manuscripts electronically, if possible, but hard copy may be submitted with disk. Manuscripts should adhere to APA style and include text, references, and a brief biographical statement limited to the author's current position and special activities related to the topic. (See page 2, this issue, for the editors' email addresses.)

Three or four reviews are obtained from academic or policy specialists with relevant expertise and different perspectives. Authors then make revisions based on these reviews and the editors' queries, working closely with the editors to arrive at the final form for publication.

The Committee for Policy and Communications, which founded the *Report,* serves as an advisory body to all activities related to its publication.