

# Home-visiting Programs

## Background

Childhood adversities are stressful and potentially traumatic events during childhood that can have lasting negative effects on health and wellbeing, and significantly contribute to the development of mental health problems. Intervening early to reduce and prevent the impact of adversities could help lessen the mental health burden on children and families.

Thirty-two evidence-based interventions to reduce the occurrence and impact of adversities on children under 8 years of age were identified through a literature search.

These interventions were then taken through a Delphi study, which aimed to arrive at an informed group consensus on the most feasible interventions to implement in Australia. The Delphi method is a technique for systematically collecting expert opinions through a series of step-by-step surveys, and is a preferred method to establish consensus among experts, especially where there is a lack of evidence available to support decision making.

## Home-visiting programs

Home-visiting programs were one of six intervention categories that achieved consensus from experts involved in the Delphi study. These programs generally aim to provide new and expectant parents with information, support, and referrals to community resources and services, promote good maternal and child health, home safety, food security, and positive parenting (Sandstrom, H. 2019). Furthermore, home-visiting programs provide a range of supports for families.

Home-visiting is not a single uniform intervention, but a strategy for delivering a variety of services. As a result, home-visiting programs come in many forms, differing in their goals, intensity of services, staffing, who they serve and can be delivered in different policy contexts (McDonald et al. 2012).

## Why choose Home-visiting Programs?

Home-visiting programs are one of the most popular approaches for promoting child health and preventing common ACEs, such as harsh parenting and child maltreatment (Sahle et al., 2021). In a study conducted by Hall et al. (2021) caregiver participants reported finding the nurse home visiting useful, with one caregiver stating:

*"...Home-visiting programs should be there because during that first month, you need some help from the nurses and we have no idea how to take care of baby. [...] I got some problems during that period, but it was resolved by the nurse".*

Service providers from a range of sectors found nurse home visiting programs supported trust and relationships to be built with families over time. These relationships then provide an opportunity to identify family adversities, and allowing coordination of necessary supports for families (Hall et al. 2021).

Stated by one child and family worker:



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## Why choose these programs?

“When the nurse visits she gets the vibe of the house or she gets to know the environment. She might not get a clear picture in the first visit or so, but if she’s on her third visit she would have a better idea to sense the situation, if things are going well or if mum needs an extra support or to help in the best possible way.” (change to black text).

Home-visiting programs were endorsed as a priority due to evidence of effectiveness for this intervention to reduce adversity, the program’s relevance to the Australian context, and because programs can be tailored to meet the needs of different families.

Three examples of home-visiting programs can be found at Table 1 (see page 3). Alternatively, you can find out more information about these programs as well as other home visiting programs via the website: <https://www.childhoodadversity.org.au/resources/for-service-providers/>

## Implications

No single intervention alone can be expected to effectively prevent family adversity and reduce the impact on child and family mental health. Home visiting programs deliver important parenting support services to families, while also providing the opportunity for nurses to identifying and support the early intervention of ACEs.

## References

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- 2) Hall, T., Honisett, S., Paton, K. *et al.* Prioritising interventions for preventing mental health problems for children experiencing adversity: a modified nominal group technique Australian consensus study. *BMC Psychol* **9**, 165 (2021). <https://doi.org/10.1186/s40359-021-00652-0>
- 3) Sahle BW, Reavley NJ, Morgan AJ, Yap MBH, Reupert A, Jorm AF. A Delphi study to identify intervention priorities to prevent the occurrence and reduce the impact of adverse childhood experiences. *Aust N Z J Psychiatry*. 2021 Jul 7:48674211025717. doi: 10.1177/00048674211025717. Epub ahead of print. PMID: 34231407.
- 4) Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on mental health: An evidence based review. Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia, 2020 Sandstrom, H. (2019) Early Childhood Home Visiting Programs And Health. Health Affairs Health Policy Brief. DOI: [10.1377/hpb20190321.382895](https://doi.org/10.1377/hpb20190321.382895).



# Home-visiting Programs

Table 1. Examples of Home-visiting Programs

Intervention	Overview	Resources and personnel needed	Does it work? (Data from quasi-RCTs)
<b>Community Child Health Nurse Home Visiting Program</b>	This is a postnatal home-visiting program delivered by community health nurses to families experiencing adversity, such as domestic violence, single parenthood, and socio-economic disadvantage.	Specially trained community health nurses.	Data from randomised controlled trials (RCT) – the gold standard of studies, show that postnatal community child health nurse home visiting programs improve parenting and the home environment that can influence a child’s health and development.  However, most home visiting programs are not rigorously evaluated.
<b>right@home</b>	right@home is an Australian model of a nurse home visiting program delivered to families experiencing adversity. It is designed to improve parent care (e.g. feeding, sleeping and safety), parent response (bonding with baby) and create a supportive home environment (to foster language and literacy).	-Delivered by a specially trained maternal and child health nurse, supported by a social worker.  - The social worker provides support for the nursing team and families, including advocating for and assisting families with housing, service access, and financial issues.  - At least one full-time social worker is required per 100 families in the program.	An RCT showed improvement in parenting skills, and that the home environment that can influence a child’s health and development (such as, parental responsivity, acceptance of the child, organisation of the environment etc.) when children in participating families were 2 years old.
<b>Healthy Families America (HFA)</b>	A home visiting program designed to build and sustain community partnerships to engage families in home visiting services prenatally or at birth, strengthen parent-child relationships, and enhance family functioning.	- HFA is conducted by family support workers who live in the same communities as program participants and share their language and cultural background.  - The program has resources and manuals to assist with its implementation.	Data from RCTs show that HFA improved child behaviour and well-being and positive parenting behaviour. However, there was no conclusive evidence of the benefit of HFA for preventing child abuse and neglect.

**Note: Cost-effectiveness for the above three programs are unknown.**

