

**FACT SHEET**



THE FSU  
HARRIS INSTITUTE  
for Infant Mental Health Training

FSU Center for Prevention  
& Early Intervention Policy

# Home Visiting as an Intervention in Infant Mental Health

\* Home visiting programs are based on the belief that parents mediate changes in the behavior and abilities of their children. Typically, home visitors work to promote parents' skills and interactions with their children rather than working with children directly. By providing services in the home, many of the barriers to program participation may be reduced (e.g., transportation). Most home visiting programs are preventive in their intent and frequently target families whose children are at risk for less than optimal development.

## REFERENCES

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.

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

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.

## RESEARCH

Home visiting is a method of delivering services and, as such, may differ along many dimensions. Published studies differ with respect to types of families served, desired outcomes, type of staff delivering the service, ages of children targeted, type of services provided, length and intensity of services, theoretical bases for the services provided, methods of recruiting participants and methods of assigning families to treatment or control groups.

Outcomes measures are related to both changes in the parent and/or changes in the child. Parent outcomes are most often improved parenting behavior, better parenting attitudes, increased maternal education, increased maternal employment/wages, and less dependence on public assistance. Child outcomes are most often increased cognitive competence, increased social-emotional competence and decreased suffering of abuse.

The vast majority of studies have reported only immediate post-treatment or short term effects. A notable exception has been the work of David Olds and his colleagues, who have followed children into adolescence; their mothers received home visits from the prenatal period through the child's second birthday. Initial findings showed benefits for mothers and reductions in child maltreatment. In adolescence, children of poor, single women who received the visiting program were less likely to be involved with the juvenile justice system (i.e., fewer arrests, convictions, and probation violations).

A recent meta-analysis of 60 home visiting programs found statistically significant, but very modest, increases in improved parenting behavior, better parenting attitudes, and increased maternal education, but no treatment-produced differences in employment/ wages, reliance on public assistance, or parents' self-reports of stress. Treatment groups showed a significant but modest decrease in measures of child abuse potential, but overall there was no significant decrease in actual child abuse (measured in only seven studies).

## REFERENCES

## RESEARCH

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.

Lyons-Ruth, K., & Melnick, S. (2004). Dose-response effect of mother-infant clinical home visiting on aggressive behavior problems in kindergarten. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(6), 699-707.

Schuler, M. E., Nair, P., & Black, M. (2002). Ongoing maternal drug use, parenting attitudes, and a home intervention: Effects on mother-child interaction at 18 months. *Journal of Developmental Behavioral Pediatrics, 23*(2), 87-94.

Schuler, M. E., Nair, P., Black, M. M., & Kettinger, L. (2000). Mother-infant interaction: Effects of a home intervention and ongoing maternal drug use. *Journal of Clinical Child Psychology, 29*(3), 424-431.

The findings for child outcomes were quite similar. There were statistically significant but very modest increases in cognitive and social-emotional competence.

The differential effects of the various components of the home visiting programs reviewed can only be highlighted here. Child cognitive outcomes were better if the visitors were professionals as compared to paraprofessionals or nonprofessionals. In contrast, paraprofessionals produced the best outcomes in reducing child abuse. Longer programs were associated with better cognitive outcomes for children; otherwise length of program was unrelated to program benefits. The average age of the child was not related to any of the outcome measures

When examining findings for high- vs. low-risk families, high-risk families showed a greater reduction in child abuse potential and their children showed greater cognitive improvements. Low-risk families showed greater improvements in parenting.

More recent studies of the effects of home visits have reported both positive and negative results. Home visits to high-risk, low income families begun before the child was 9 months of age and continued for up to 18 months were able to significantly reduce hostile-type behavior problems and increase positive play as measured when the children were age 5. Increased service duration was correlated with more positive behavioral outcomes.

In contrast, in a study of drug-using women, there was no treatment effect on the quality of mother-infant interactions for weekly home visits from birth to 6 months and biweekly visits from 6 to 18 months by trained lay visitors. Within the control group, mothers' continued use of drugs was associated with less optimal maternal behavior and parenting attitudes. Within the treatment group, however, maternal drug use was not associated with less optimal behavior. That is, mothers who continued to use drugs were comparable on parenting measures to those who were no longer using. The authors suggested that perhaps the home visiting program could have mitigated some of the negative effects of continued drug use.

In sum, what do these results mean in terms of the practical significance of home visits? In the meta-analysis, none of the significant differences were, overall, greater than one fourth of a standard deviation on the outcome measure. When considering child cognitive outcomes, the effects of the visits translates into only a few points on most standardized intelligence tests. At the same time, even a modest improvement in parenting behavior and attitudes may yield, over time, improved child social-emotional functioning. The findings from the Olds et al study also suggest the potential for longer-term cost savings among our most high-risk youth. What is needed now are studies that can show lasting effects of home visiting on a wide range of outcomes, and that can compare home visiting with other types of interventions.

\* 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.