

HOME VISITATION PROGRAMS

The Need

Each year, thousands of children are born underweight and underdeveloped. Many of them die before they reach their first birthday. Thanks to the technological marvels of neonatal intensive care units, some of these children survive—at an average cost of \$500,000 for a single child—and need therapy or support service for the rest of their lives.

Each year, many more thousands are born to parents who do not know how to care for them. The parents lack a traditional network of relatives and neighbors to help them. As a result, many of the children are neglected or abused.

One type of program has proven capable of solving both problems, helping children to be born healthy and cared for by confident, loving parents. It is called “Home Visitation” and has been used for more than 100 years.

Home visitation programs train a nurse, social worker, or neighbor to visit homes of expectant mothers and new families. They establish a

rapport with the people they visit, and that motivates the parents to learn and accept help from their visitors.

Home visitors help pregnant women understand the importance of prenatal care and proper nutrition. They help the expectant mothers gain access to services and prepare them for the realities of caring for an infant. Visitors model proper care and developmentally appropriate activities; they share information about nutrition, safety, and immunizations; and they listen to the concerns of the parents.

Home visitation programs can be an extremely important part of a comprehensive program of health care and family support. There still needs to be health clinics, nutrition programs, rehabilitation services, and agencies that work together to help families. But the home visitor is the “front line” that reaches into homes and makes sure families get the help they need. That’s why the countries with the lowest infant mortality rates have home visitation programs and why home visitation is now viewed as the most effective

way to keep child abuse from beginning in a family. Unfortunately, in many communities there aren’t home visitation programs.

Program Design

Home visitation programs must have clearly defined goals, methods, and target populations. Programs can serve all families, all pregnant women, or new families with certain risk factors. In each case, the focus must address a genuine need that the community recognizes. Visitors can provide general support; or move quickly to link families to services; or provide specific services or treatment programs. The goals must be defined in a way that can be measured, related to health or behavioral outcomes.

Workers in visitation programs must be carefully chosen and trained. In addition to the skills needed to provide services, visitors should relate easily and fit in with the families visited. They need to

be able to listen, observe, guide, question, demonstrate, and sometimes confront without ever destroying the relationship with the families. This is why many programs try to hire home visitors from neighborhoods or areas in which they will work.

Training needs to be on-going, both to ensure the continued focus of services and proper knowledge base. Supervision is needed to help home visitors face the continuing, unique challenges each of their families presents. Continued support is essential to ward off frustration and burn-out when success must be measured by small increments that take months or years.

Finally, the programs must be designed to provide enough support over a sufficient period of time to have a lasting impact. This requires long-term commitments on funding, program administration, evaluation, and the people involved in the program.

Program Costs

An effective home visitation requires substantial funding. Administrators should train and oversee the visitors, who will work with only 15 to 20 families. Costs per family served can run from a few hundred dollars to \$3,500 a year. Most of the recognized, effective programs cost at least \$2,000 a year per family.

That is a lot of money. However, the costs of not having home visitations are often very much higher. In some cases, the cost of a single child in neonatal intensive care for three to six months could pay for a home visitation

program for all the pregnant women in a community for a year. Similarly, a year-long visitation program for 20 families could be supported from the cost of prosecution of a single child abuse or neglect case, including care for the child and education for the parents.

In short, the cost of coping with the health and family crises of a community may be greater than investing in health support and guidance for all the families in that community. And while saving money, the lives of all children in the community can be improved.

The Challenge for Kiwanis

Kiwanis clubs can help create home visitation programs. The first step is to understand that clubs can't do it alone. As with many other Young Children: Priority One projects, clubs will need to form partnerships with members of the health and social service professions and others who are concerned about the quality of maternal and infant health, parenting, and child abuse in the community.

The first step is to learn about home visitation programs and gather statistics and comments from families that demonstrate the need for home visitation programs. Use this information to educate other service agencies, business and community leaders, government officials, and the public about this need. Throughout the education process, add new members to the partnership so that business,

government, and the target communities are all represented.

Once this partnership of concerned organizations has grown to "maturity", it can define the goals and deadlines necessary to create a home visitation program for the community. Various people or organizations will take responsibility for certain roles:

- ☐ *Lead Agency*—Responsible for leadership, administration, and coordination of activities.
- ☐ *Grant Writing*—Requires expertise to track and initiate private and public grant proposals.
- ☐ *Fund Raising*—A number of people needed, with experience soliciting funds from individuals, organizations, and businesses.
- ☐ *Training*—A team with knowledge of adult education, interpersonal communication, group process, maternal and infant health, child development, and parenting.
- ☐ *Media Relations*—Requires writing experience for op-eds, press releases, and letters; contacts in the print and broadcast news media.
- ☐ *Public Education*—Writing and public speaking needed, as well as funds for printing materials.
- ☐ *Advocacy*—Must communicate the need for the program to policy makers, business leaders,

and other influential groups.

If home visitation programs already exist, organizations can address a number of other jobs, too. These include:

- ☐ Identifying new home visitor candidates.
- ☐ Providing transportation to home visitors.
- ☐ Providing administrative office space for visitation programs, where home visitors can meet, complete paperwork, keep files, and make follow-up phone calls.
- ☐ Holding Baby Showers for participants.
- ☐ Adopting home visitors paying the costs associated with full-time home visitors.
- ☐ Developing Maternity Closets of donated clothes that can be offered to pregnant women.
- ☐ Assisting with language translation of materials or helping to communicate with families.

To Learn More

Several organizations offer tremendous resources that can help clubs plan the development of home visitation programs. Contact some of the organizations listed below for more information.

National Commission to Prevent Infant Mortality

Resource Mothers Program
Switzer Building

330 C Street SW, Room 2014
Washington, DC 20201
Phone: 202/205-8364
Fax: 202/205-5562

The Resource Mothers Program has created a database of home visitation programs throughout the United States. After surveying a number of these programs, it has developed implementation and training materials to help guide communities in establishing programs.

Prevent Child Abuse America

200 S. Michigan Avenue,
17th Floor
Chicago, IL 60604-2404
Phone: 312/663-3520
Fax: 312/939-8962
www.preventchildabuse.org

Prevent Child Abuse America has led the way in building awareness, providing education and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation's children. Various programs include: Healthy Families America and Circle of Parents.

Extension Service

Communication, Information,
and Technology Staff
U.S. Dept. of Agriculture
Room 3328-S
1400 Independence Ave SW
Stop 2201
Washington, DC 20250-2201
Phone: 202/720-7441
www.csrees.usda

The Cooperative Extension Service has developed three home visitation programs that are used in a number of states: *The Expanded Food and Nutrition Education Program*

(EFNEP), the Volunteer Information Provider Program, and the Mentor Mother Program. A county agent, the extension service office at a state land-grant university, or the office listed above can provide information about these programs.

Bureau of Family Health

Kansas Department of Health
and Environment
Landon State Office Building
Room 1005
900 SW Jackson
Topeka, KS 66612-1290
Phone: 913/296-1234
Fax: 913/296-6231

The Healthy Start Program provides education and support to pregnant women and families with a baby (less than one year old). It is now available in 49 counties in Kansas. A manual and other materials used in the program are available for purchase.

Georgia Council on Child Abuse

1720 Peachtree Street NE
Suite 600
Atlanta, GA 30309
Phone: 404/870-6565
Fax: 404/870-6541
www.preventchildabusega.org

The Georgia Council offers a program called First Steps that begins after delivery, with a visit in the hospital, and continues with home visits as needed. Materials available for purchase include an operational manual, a training guide, volunteer handbook, brochures, and video about the program.



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