

## **SUMMARY**

# **Benefits and Effectiveness of Early Childhood Development (ECD) Home Visitation Programs**

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## SUMMARY: Benefits and Effectiveness of ECD Home Visitation Programs

Generally, home visiting is one of several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant and early childhood health, safety and development; strong parent-child relationships; and responsible parenting among mothers and fathers. In this synthesis of home visiting literature, information has been extracted primarily from systematic reviews. Where the literature is scant with respect to systematic reviews or other evidence reviews, randomized controlled trial evidence is reported where available.

With respect to **home visitation programs** and their role in ECD, evidence is reported by nine domains in which programs aim to improve outcomes: *general; child development and school readiness; child health; maternal health; positive parenting practices; reductions in child maltreatment; reductions in juvenile delinquency, family violence, and crime; low income, disadvantaged mothers, families; and teen moms, at-risk moms.*

There are a number of interventions available for which there is strong or reasonable evidence of effectiveness.

1. *General*: There is some evidence to suggest a beneficial impact of home visiting on measures of intellectual development in children; mental health and physical growth; breastfeeding; children's diets; detection and management of postnatal depression; improvement in maternal employment, education; nutrition and other health habits.
2. *Child development and school readiness*: There is overall benefit of home visiting programs on school readiness and child development outcomes. Home visiting programs that promote high quality parent-child relationships and combined with high-quality early education programs are most likely to result in better school readiness outcomes for children.
3. *Child Health*: Home visiting programs have provided significant improvements in reduced incidence of low birthweight and they can help increase mothers' nutritional knowledge and confidence. There is sufficient evidence that multi-faceted in-home interventions (e.g., home environmental assessment, education) for asthma are effective.
4. *Maternal health*: There is limited evidence that home visiting programs impact maternal depression; some that serve low income pregnant women at-risk for postnatal depression appear promising.
5. *Positive parenting practices*: There is strong evidence that home visiting programs help promote positive parenting practices and mother-infant interaction. Parenting interventions are effective in reducing unintentional child injury, and there is fairly consistent evidence that they also improve home safety. This evidence relates mainly to interventions provided to families from disadvantaged populations.
6. *Reductions in child maltreatment*: There is mixed evidence for the performance of childhood maltreatment programs, although evidence shows the potential for positive results among high-risk families, however not in the context of Aboriginal communities.
7. *Reductions in juvenile delinquency, family violence, and crime*: There is evidence of long-term effects of nurse home visiting on children's criminal and antisocial behavior.
8. *Low income, disadvantaged mothers, families*: Postnatal home-visiting programs show benefits for socially disadvantaged mothers and their children.
9. *Teen moms, at-risk moms*: There is evidence that home visiting for moms of pre-term infants improves parent-infant interaction and pre-natal care, parental knowledge, skill development

and problem solving, and social supports, while there is limited evidence regarding the outcomes of infant development, morbidity, birth weight, gestational age, abuse/neglect, and growth/nutrition. There is insufficient evidence to recommend the routine use of home visits for pregnant or postpartum women with a drug or alcohol problem.

Generally, programs that are most effective are:

- i. provided by professionals or well-trained para-professionals,
- ii. tailored to local social and cultural conditions,
- iii. ones with a comprehensive, intensive, rigorous approach that can be sustained over time with fidelity,
- iv. ones with more frequent visitation (for at-risk families), and
- v. ones where there is effective collaboration between program staff, parents, and the community.

In addition to compiling the literature on home visiting interventions, this review serves to consolidate intervention resources, of which the online searchable portals (repositories) of interventions may be particularly useful to ECD staff involved with home visiting program and service development. The document entitled “Appendices” is also a wealth of information, containing over 400 citations on specific programs and abstracts of key research papers. The program citations are footnoted in the main document in the section (i.e. domain) within which their program aims to achieve outcomes. Users of this document may want to search specific outcome domains to identify programs of interest as well as comments regarding effectiveness.