

# INFANT HOME VISITATION: One Step Toward Creation of Caring Communities

—by Gary B. Melton

In 1990, the U.S. Advisory Board on Child Abuse and Neglect (ABCAN) released its first report. With great media attention, ABCAN proclaimed a national emergency, because the problem of child maltreatment and the failure of the system charged with protecting children were of such enormous magnitude and such grave consequences. Although ABCAN issued 31 recommendations at that time, it described these recommendations as merely “critical first steps” designed to respond to the national emergency, and it promised in the subsequent years to develop a new national strategy to replace a fundamentally flawed system.

The drafters of the report envisioned a new child-centered, neighborhood-based system. It would be based in part on the premise that “the thrust of a child-centered child protection system must be to move toward preventing child abuse and neglect before it happens” (U.S. Advisory Board on Child Abuse and Neglect, 1990, 81). ABCAN asserted further that such a function has been woefully underemphasized:

The most serious shortcoming of the nation’s system of intervention on behalf of children is that it depends upon a reporting and response process that has punitive connotations, and requires massive resources dedicated to the investigation of allegations. State and county child welfare programs have not been designed to get immediate help to families based on voluntary requests for assistance. As a result it has become far easier to pick up the

telephone to report one’s neighbor for child abuse than it is for that neighbor to request and receive help before the abuse happens. If the nation ultimately is to reduce the dollars and personnel needed for investigating reports, more resources must be allocated to establishing voluntary, non-punitive access to help (U.S. Advisory Board on Child Abuse and Neglect, 1990, 80).

ABCAN urged the federal Cabinet, especially the Secretary of Health and Human Services, and the nation’s governors to ensure a “substantial” increase in efforts to prevent child maltreatment. Such efforts, ABCAN said, should include, “at a minimum...a significant expansion in the availability of home visitation and follow-up services for all families of newborns” (U.S. Advisory Board on Child Abuse and Neglect, 1990, 82, Recommendation 25).

In 1991, ABCAN began its elaboration of the new national strategy by publishing *Creating caring communities: Blueprint for an effective Federal policy on child abuse and neglect*. That report was “dedicated to the many thousands of American children and families trapped in the throes of abuse

and neglect who are waiting for our society, and its governments, to respond to their plight with more than just a report, and more than just an investigation” (U.S. Advisory Board on Child Abuse and Neglect, 1991, Dedication).

Toward that end, ABCAN proposed the adoption of a National Child Protection Policy, declaring that “[t]he principle goal of governmental involvement in child protection should be to facilitate comprehensive efforts to ensure the safe and healthy development of children” (U.S. Advisory Board on Child Abuse and Neglect, 1991, 46). ABCAN further urged that relevant Federal agencies be mandated to “take all steps necessary to ensure that every community in the United States has the resources — fiscal, human, and technical — required to develop and implement a [comprehensive, child-centered, family-focused, and neighborhood based] child protection strategy” (U.S. Advisory Board on Child Abuse and Neglect, 1991, 48).

The top-priority recommendation in ABCAN’s 1991 report (Recommendation G-1) provided for “a dramatic new Federal initiative aimed at preventing child maltreatment — piloting universal voluntary neonatal home visitation.” The recommendation continues:

The Federal government should begin planning for the sequential implementation of a universal voluntary home visitation system. The first step in the planning process should be the funding of a large series of coordinated pilot projects. Instead of reaffirming the efficacy of home visiting as a preventive measure — already well-established — these projects should aim at providing the Federal government with the information needed to establish and administer a national home visitation system (U.S. Advisory Board on Child Abuse and Neglect, 1991, 141)

ABCAN provided six options for Federal action to accomplish this recommendation:

- administrative decisions by the Administration for Children and Families, the Public Health Service, and the Health Care Financing Administration to direct child abuse and neglect demonstration grants, Maternal and Child Health block grants, and Medicaid funds toward the establishment of the necessary pilot programs;
- coordinated activities by the Department of Health and Human Services, ACTION (then the national volunteer agency), and the Points of Light Foundation to stimulate “Caring Community Programs” that would encompass community-wide home visitation programs staffed by volunteers;
- in concert with relevant professional associations, advocacy to persuade private insurers, including those serving Federal employees, to cover home visitation services;

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- incorporation of home visitation services into the programs of the Indian Health Service;
- incorporation of home visitation services into the health services provided to military families;
- Congressional action to mandate the actions listed above.

In weighing the relative merits of this approach, it is important to bear in mind that the Board's emphasis on home visitation is embedded in a new sense of community involvement in and caring for children

This community focus was derived from an assessment that child maltreatment both causes and results from an unraveling of the social fabric:

Deterioration in the quality of urban neighborhoods and rural communities increases the isolation of families from their neighbors and, therefore, the rate of child abuse and neglect; child maltreatment itself tears the social fabric of the community and thus escalates the decline of neighborhoods and communities in crisis (U.S. Advisory Board on Child Abuse and Neglect, 1991, 44)

Neighborhood disintegration is accelerated by poverty. When economic resources are scarce or declining, the incentives to move are great; those who are left behind tend to be those with the fewest resources with which to help each other. The resulting combination of economic poverty and social isolation is especially pernicious; care for children becomes increasingly difficult, and the safety of the children is steadily reduced

Although poverty poses dire risks for the safety of children, the sense of alienation and isolation expressed by many impoverished parents reflects broader social trends. With the extraordinary changes in family life and socioeconomic structure that have occurred in the past 30 years, informal, "natural" support networks have been disrupted and daily life has become more complex for most families, regardless of social class. Unfortunately, though, the service system has changed little in response.

The challenges at hand are expressed in ABCAN's recently released report, *Neighbors helping neighbors: A new national strategy for the protection of children*. That report, which presents a wide-ranging agenda for all sectors of society, ends with the following exhortation:

To create a society in which children need not live in fear the nation must strive diligently to overcome the isolation created by the demands of modern life and exacerbated by the ravages

of poverty. We must tear down the walls that divide us by race, class, and age, and we must create caring communities that support the families and shelter the children within them. We must take the time to see the need and to lend a hand.

To achieve this simple vision, we must strengthen neighborhoods so that people are involved with each other as a community and that adults feel competent as parents, empowered to protect the safety of their own children, and responsible for supporting each other. A "quick fix" or "band-aid" is not enough. Programs must be constructed in a manner that they facilitate sustained development of neighborhoods that are safe environments for families. People must have sufficient resources and sense of control over their lives that they can help each other and that they can do so over the long term without feeling drained. Government at all levels can do much to facilitate such requisites for continuing safety for children and families; so too can private agencies, businesses, the religious community, and civic and philanthropic organizations. The nation's child protection system must be redesigned to support even the most troubled and impoverished neighborhoods and families — and to nurture and protect even the most vulnerable children within them.

The Board challenges not just the new Federal leaders but also the leaders both inside and outside government in states and communities throughout the nation to consider the proposed strategy. [The Board] challenges all American adults to resolve to be good neighbors — to know, watch, and support their neighbors' children and to offer help when needed to their neighbors' families (U.S. Advisory Board, 1993, 82).

ABCAN's recommendation for universal infant home visitation is consistent with its emphasis, elaborated in the 1993 report, on providing help to families when they need it (including during developmental transitions, like childbirth) and where they need it — making child protection a part of everyday life.

The 1993 report also noted the potential of infant home visitation programs as structures on which to build support networks for families:

Infant home visitation programs could serve as a base for organizing parents of children of the same age in clubs, groups, or activities in which they form a "natural" support network (U.S. Advisory Board, 1993, 20).

ABCAN's advocacy for universal infant home visitation programs thus is based on its recognition

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of the success of such programs in prevention of child maltreatment, better documented than for any other intervention; and such programs' conceptual consistency with the broad-scale social reform that ABCAN believes to be necessary for the protection of children.

In that vein, ABCAN has recommended home visitation as just one of a multitude of measures to increase community involvement in child protection. Indeed, the lengthy, heavily footnoted 1993 report is replete with actions that could be taken toward such an end, and it provides principles to guide child protection efforts in all sectors of society.

A general theme of ABCAN's reports has been that a matter so fundamental as the protection of children's security as persons demands much more careful planning than has typified child protection efforts thus far. Accordingly, ABCAN argued for incremental movement toward universal availability of home visitation for young families:

The Board does not wish to oversell universal voluntary neonatal home visitation. It understands: (1) that there is evidence for negative side effects of home visitation programs among families that were already well-functioning; (2) that the positive effects are limited largely to "high-risk" families; (3) that some of the effect sizes are small; and (4) that the level of intervention that is necessary is substantial. (For example, the Hawaii Healthy Start Program, which is clearly the "star" among home visitation programs in the U.S., continues to the child's fifth year.)

The Board also understands that a universal voluntary neonatal home visitation program will not be accomplished easily. The Hawaii program still screens substantially less than 100 percent of the births in that state and then provides a home visitor only to those who are determined to be at high risk. That program, which has taken a while to get off the ground in a small state with a geographically concentrated population, costs \$6 million per year, with indigenous paraprofessionals (not public health nurses) as the home visitors.

Moreover, the nations that have adopted home visitation typically have not had programs of the intensity of the [David] Olds approach. They also have national health services.

Complex problems do not have simple solutions. While not a panacea, the Board believes that no other single intervention has the promise that home visitation has.

That is why the 1991 report calls upon the Federal Government to begin the immediate

planning for the sequential implementation of a universal voluntary system of neonatal home visitation services. The first step in the planning process should be a large series of coordinated pilot projects to provide information which the Federal Government would need in the establishment and administration of a system.

Among the matters to be studied by the projects would be: costs; the level of program intensity required by families presenting various levels of risk; the optimal size of programs; data collection; staffing needs; training requirements; and differences in program design necessitated by various population groups and geographical locations. To ensure that the information obtained is accurate on a national scale, in the series should be state-wide, reservation-wide, county-wide, city-wide, and neighborhood-wide units (U.S. Advisory Board on Child Abuse and Neglect, 1991, 145).

Unfortunately, neither the Bush Administration, the Clinton Administration, nor the Congress has taken the initiative for such a planned, comprehensive infant home visitation program. It is gratifying to note, however, that many of the states have joined with the National Committee to Prevent Child Abuse (NCPCA) and the Ronald McDonald Children's Charities to initiate home visitation programs, and that the National Center on Child Abuse and Neglect has provided NCPCA with additional support for related evaluation research.

If home visitation is to be universally available to young American families, concerted action by the federal government is likely to be a necessary component. I hope that such involvement will come soon, although I fear that it will not. When it does occur, federal, state, and local governments and the private sector should join to make infant home visitation one step in a broader plan for the creation of caring communities respectful of children and supporting of families. Such an approach is critical to the building and rebuilding of safe environments for children.

#### References

- U.S. Advisory Board on Child Abuse and Neglect (1990). *Child abuse and neglect. Critical first steps in response to a national emergency* (Washington D.C.: U.S. Government Printing Office).
- U.S. Advisory Board on Child Abuse and Neglect (1991). *Creating caring communities: Blueprint for an effective Federal policy on child abuse and neglect* (Washington D.C.: U.S. Government Printing Office).
- U.S. Advisory Board on Child Abuse and Neglect (1992). *The continuing child protection emergency: A challenge to the nation* (Washington D.C.: U.S. Government Printing Office).
- U.S. Advisory Board on Child Abuse and Neglect (1993). *Neighbors helping neighbors: A new national strategy for the protection of children* (Washington D.C.: U.S. Government Printing Office).

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# Healthy Families America

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**By recognizing that children and families are individuals and entities unto themselves as well as part of a larger community, home visitors serve as a bridge to link parents to the resources they need to better care for themselves and their children.**

goal is through partnerships among new parent programs. For example, merging a program like First Steps with HFA. First Steps, created by the Georgia Council on Child Abuse is an example of a model already providing short-term educational and support services to all families with newborns (e.g., one or two visits around the time of birth).

Since the program is hospital-based and primarily short-term, it provides a solid foundation for identifying families in need of more comprehensive services. In at least two states with First Steps programs, Arizona and Georgia, efforts are underway to introduce a systematic needs assessment and expand the model to incorporate the components of a Healthy Families America system. This type of partnership makes effective use of limited dollars by combining program efforts, which achieves the goal of offering general support and information to all parents and supplementing this with more intensive services to families most in need.

**Coordinated Services:** No single prevention or intervention program can address the entire range of families' needs. HFA in and of itself is not a panacea, but is effective as part of a comprehensive effort to link parents and children to care that meets their specific needs. NCPCA's training and technical assistance to HFA planning teams emphasizes and promotes such coordination. For example, the Cooperative Extension System of the U.S. Department of Agriculture, currently trains paraprofessional home visitors to provide guidance on nutrition and household management issues. To avoid wasteful duplication by creating new HFA sites or training new paraprofessionals, communities are being encouraged to build on the Extension's existing system.

Similarly, HFA sites seeking to offer parent support groups in addition to home visits are being encouraged to connect with programs already well-established in their community. For example, programs such as MELD (Minnesota Early Learning Design), which has been serving families since 1973, give parents another vehicle for gaining support, through a peer group

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format with "parents helping parents." And, in addition to providing direct services to families, staff at MELD and other programs can help with ongoing training for HFA paraprofessionals.

**Continuity of Care:** The home visitor services provided under the Healthy Families America banner are designed to begin intensively and taper off as families grow more stable, autonomous, and responsive to their children's needs. Since families participate in HFA for up to five years, the services are the least intensive just prior to school entry. As a result, a critical element in the HFA criteria is to help enroll families in Head Start or establish program linkages with other school readiness programs. Models such as HIPPPY, the Home Instruction Program for Preschool Youngsters, utilize paraprofessional home visitors to work with parents of four- or five-year-olds during the critical transition between preschool and kindergarten. NCPCA and HIPPPY hope to build the HIPPPY program into one or more existing HFA sites to demonstrate how the two efforts can work together. Finally, there are a multitude of center-based family resource and support programs, often with multiple foci, that can be important resource for families. In addition to general support, these centers offer services such as English as a Second Language classes, clothing exchanges, child care, and literacy education; they are an integral component to the comprehensive array of family support services. And, these centers remain accessible to families following their participation with an HFA site.

## Conclusion

The vision of Healthy Families America is to help all adults develop their capacity as parents so that their children can in turn achieve their fullest potential. It is a vision shared and created by the field. But it will only be realized if all HFA efforts are done collaboratively. Only through a coordinated system can we assure that families will receive all of the services they need (with a secure funding base).

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## APSAC FACTS:

Twenty-three states are home to approved APSAC chapters. Professionals are actively forming chapters in 18 additional states and in Puerto Rico. Professionals in Australia, Canada, and the U.S. Armed Forces stationed overseas have expressed interest in developing APSAC chapters as well.

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