

Improving health outcomes for children by home visiting

VICTOR NOSSAR MB BS, FRACP, FAFPHM
DIANNE HUDSON BSocStud, MMgt



Early and sustained home visiting by nurses or trained visitors to support the mothers of infants and young children is one of the most effective ways to significantly improve health and development outcomes for children. These strategies produce the greatest benefit in families at greatest socioeconomic disadvantage, and should be incorporated into mainstream services for children.

Improving health and developmental outcomes for children is a central objective for health service providers. In Australia, the main health goals and targets have been well defined for many years,¹ and the adverse impacts of poverty and socioeconomic disadvantage on achieving these goals have been equally well documented.^{2,3} Clinical health services for children have made impressive gains over recent decades but they have, in the main, been unable to reduce these inequalities in health status deriving from socioeconomic disadvantage.

To make significant improvements in health and developmental outcomes for children, we need to use more effective strategies to intervene earlier in children's lives and better address the

determinants of these outcomes. Early and sustained home visiting has been shown to be one such strategy.

What do home visiting programs involve?

Home visiting programs provide practical support, advice and information for caregivers of young children in their own homes. In studies published, the home visiting has been undertaken by trained community volunteers, paraprofessionals and nurses, with comparable levels of efficacy.

The role of home visitors includes:

- assisting and supporting the assigned families to enhance existing coping skills by recognising the positives in each family and working with them to find appropriate solutions to their difficulties while focusing on their strengths
- helping to develop positive parenting skills by assisting parents to become more attuned to their child's individual qualities, and by modelling appropriate responses to the child drawn from the visitor's valuable life experience
- establishing and maintaining supportive relationships in the community, including appropriate and effective use of community services, by helping families identify who they can turn to for support and by facilitating new connections with appropriate local services – including the family's GP.

Are home visiting programs effective?

Studies have shown that intensive home visiting during the latter part of pregnancy and the first two years of a child's life can

Dr Nossar is Service Director of Community Paediatrics, South Western Sydney Area Health Service, and Conjoint Senior Lecturer, Schools of Paediatrics and Community Medicine, University of NSW, Sydney, NSW.

Ms Hudson is Program Manager of the NSW Government's 'Families First Initiative', NSW Office of Children and Young People, The Cabinet Office NSW.

significantly improve outcomes for both the child and family. Benefits include:^{4,5}

- increased breastfeeding rates
- decreased accidental injury rates
- increased immunisation rates
- decreased parental behaviours associated with physical abuse and neglect (such as unrealistic expectations of the child and an excessively harsh parenting style)
- decreased rates of physical abuse and neglect
- decreased presentations to emergency departments and paediatric hospital admissions.

Benefits for subsequent children in participating families have also been shown, and significant benefits continue to be found 15 years later in follow up studies.⁵ Importantly, home visiting and other similar, community-based early intervention programs have been shown to produce most benefit for children in families at greatest social disadvantage.

The success of home visiting programs is attributed not only to their process and content, but also to the extent in which they offer vulnerable families the chance to make connections with support services and other families by providing information, facilitating their contacts with services and through practical support. The programs seem to be more effective if commenced earlier in pregnancy and sustained, on a regular basis, for at least six months. To achieve the best results, home visiting programs should be made available to all families (to be nonstigmatising), involve voluntary participation by parents, and be sensitive to the characteristics and circumstances of different families (e.g. cultural background and beliefs, or factors connected with the child such as disability).

What home visiting programs are available?

The challenge to provide effective community-based early intervention is being taken up in a number of places. For example, the NSW Government's *Families First Initiative* involves a suite of programs to improve access to home visiting in the State, as well as develop more responsive (and more universal) services.⁶ The strategy began in three areas of NSW (the mid-north coast, the far-north coast and south-western Sydney), and by 2003 will reach all children born in the State.

Many early intervention and prevention services already provide support that includes some home visits. The health component of *Families First* will strengthen this service network so that all universal early childhood health services have home visiting as a service feature, and will offer all new parents this important aspect of postnatal support.

Since the introduction of *Families First*, similar strategies have been (or are being) considered by the Commonwealth and other State governments. Doctors working in NSW can obtain more information about home visiting programs in

their area by contacting their local community health centre or visiting the *Families First* website (www.parenting.nsw.gov.au).

What is the GP's role?

GPs play an important role in alerting pregnant women and any new parents when home visiting and other effective parent support programs become available in their communities. Parents who take up a *Families First* referral, for example, will receive more co-ordinated and more family-friendly support – in their own home, if necessary – as well as new services to complement help from their family doctor. In return, GPs will discover that patients who receive home visiting support are more likely to heed their positive health messages and to make better use of available medical care.

Conclusion

Home visiting programs can significantly improve health and developmental outcomes for children. To be effective, these programs need to be part of a broader network of services that can nurture children and families while enhancing social connectedness.⁷ Other effective strategies include the promotion of breastfeeding, immunisation programs, and interventions supporting learning in early childhood (such as the High/Scope Perry Preschool project).^{8,9} Incorporation of the identified strategies into mainstream services will require adjustment by traditional service providers. MT

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