Investing in Families through Family Support Home Visiting

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Family Policy Checklist

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Oregon State University's Extension Family and Community Development Program provides research-based educational experiences, information, and publications to help Oregon families meet the practical challenges of daily life. Educational programs are designed to strengthen the capacity of families to maintain overall health and wellness, create and manage resources, and to partner with communities to build strong families and caring, safe communities. With the involvement of community partners and agencies, educational experiences are conducted in group, community, and family settings, and through the media. Areas of specialization include health, diet, and nutrition; family development across the lifespan, including parenting, child development, and gerontology; and leadership and community development.

The Barbara E. Knudson Family Policy Program at OSU was established to inform and improve public policies that affect families across the lifespan. This mission is addressed through education, applied research, and evaluation. Since it began in 1993, the Family Policy Program has addressed a number of family policy issues including poverty and welfare reform; kin and non-kin foster care; childcare systems; child maltreatment; community engagement in policy development; and accountability systems for community-based programs. Through these and other initiatives, the OSU Family Policy Program has helped to shape policies and programs serving families in Oregon and elsewhere in the nation.
Recently there has been increased interest in the importance of the early years of a child's life for determining later well-being. There is a window of opportunity to have an impact on the future trajectory of children's lives when they are young. Research on early brain development, brain physiology, and the effects of trauma on emotional and cognitive development has led to renewed interest in strategies that reduce vulnerability and increase resilience in children and families. Children who are healthy and well nourished, who have a secure and caring relationship with their parents or caregivers, and who have a supportive community and social network are more likely to build buffers and resilience. After age three, however, it becomes more difficult to develop these buffers and resilience. There is growing recognition that our society needs to make an early investment in families in order to promote positive outcomes and reduce adverse outcomes.

What Do We Know about Vulnerable Families?
Vulnerable families struggle with the cumulative effects of multiple risk factors and burdens, and therefore often are known by more than one service agency. Frequently, the parents in these families have their own difficult histories, and in order to support their children they need assistance with day-to-day problem solving as well as with longstanding developmental and personal issues. The experiences of poverty and rapid economic changes add to the vulnerability of these families. It may take prolonged, intensive support to help reduce a family's burden and begin to enhance its resiliency. Families can become more resilient, which in turn can avoid or
mitigate expensive and socially costly adverse outcomes, such as child abuse, juvenile delinquency, and school failure.

Problems with Traditional Approaches to Prevention

Fragmentation
Many program strategies have been offered to help families, but fragmentation of services is often a problem. This only adds to the burden of already vulnerable families who are least able to deal with multiple agencies to get needed services. Fragmentation of services is an inefficient and possibly inequitable use of resources. In a recent policy discussion paper, having reviewed some of these family support strategies in the United States and Western Europe, the Australian Federal Parliamentary Labor Party noted:

There are hundreds of home visiting programs servicing disadvantaged families across America, but their effectiveness is compromised by poor integration with other community services. In many areas, basic infrastructure support such as childcare, health clinics, and family services are unaffordable or simply unavailable, forcing home visiting programs to fill impossibly wide service gaps virtually single handed.

Australian Labor Party, 2000

Lack of Collaboration
A major challenge in investing in families is bringing programs together in a focused approach that is individualized for each family. Even though different groups have similar goals, they may find it difficult to collaborate because they are working with different funders and under different operating principles. Specialists from various disciplines must be prepared to put their professional interests aside in order to best serve vulnerable families.

Program Models as Funding Strategies
Categorical funding and a scarcity mentality in the human services have contributed to the idea that there are certain models of delivering family support programs and that it is important to apply these models widely in order to avoid inefficiency. A model is a set of guidelines and an ideal description of how program structure and process meet the conceptual goals of a program; by itself, however, a model is not a program. Instead of focusing on program names or details, it is necessary to take a step back and look at what we are trying to accomplish, what we expect to happen and how we will know if we're successful. In order to plan for integrated services, there needs to be a clear idea of the problem to be addressed and the program components (with theoretical justification) that will address these problems. Only then should there be discussion about specific service configurations.

Prevention as a Time-limited Event
There is an idea in this country that prevention is a short-term process. For families who have been overburdened for 20 to 30 years, a short-term intervention will not suddenly make a difference. Vulnerable families may need preventive support throughout their lives, and the support they need may change over time.

Characteristics of Effective Family Programs
Systematic and Logical
Effective family programs have a systematic and logical approach to problems with a conceptual foundation that includes an understanding of what the program seeks to accomplish, underlying theories of growth and change, and ideas about optimal outcomes. Relevant research
should be carefully examined, and program interventions should be identified that will reflect knowledge coming out of both research and practice experience.

**Consistency and Sustained Effort**
Effective programs operate in a consistent fashion and are sustained over time.

**Commitment to Quality and Constant Learning**
Effective programs should have a commitment to quality and constant learning. While it is important to continue researching the effectiveness of intervention strategies, it is also important to note that the preoccupation with finding the right interventions is often not accompanied by attention to the quality and fidelity of the interventions. It is important to ensure that the program is carried out consistently with its original design, usually referred to as "model fidelity." However, programs are learning all the time, and without change the program rigidifies into a set of rules. It is important to determine whether these changes are consistent with program principles and thus represent flexibility, or whether they represent marked deviations, commonly referred to as "model drift."

**Implementation Plan**
An effective program should have a thorough implementation plan involving key stakeholders who agree what the program is, what it does, and how it will be evaluated. If key stakeholders do not understand and agree on program implementation, they may withhold support and/or interfere with implementation. Ideally, there is an understanding prior to implementation that the proposed program is based on a foundation of solid practice, theory, and research and that it meets the goals of policy makers and the public.

**Quality Management and Evaluation**
Process data, as well as the degree of adherence to the standards set forth in the program implementation checklist, are an important part of any program of quality management. Process data often are collected through a management information system. The program checklist should be used as part of a recurring process that includes self-study, review of results, and feedback to key players.

The type of evaluation that can be performed on a program often depends on resources. While not every program evaluation is a controlled randomized study, it is important to systematically measure key outcome indicators and apply an evaluation design that has been agreed upon prior to program implementation. It is important to clarify at all levels what type of evaluation is being done and what its strengths and limitations are. The evaluation should be systematic and should follow a logic model that is consistent with the theoretical foundations set forth in the first phase. In other words, based on what the program is trying to accomplish, there should be a clear idea about the research questions and how each item being measured helps to answer those questions.

**The Evolution of the Integrated Team Case Management Approach**
The Integrated Team Case Management approach to providing family support service has evolved over a period of several years. The evolving program has been embodied in several key initiatives, starting with Healthy Families-San Diego, moving to California Safe and Healthy Families, and culminating in the current Answers Benefiting Children Initiative. Experience with these initiatives has led to a further articulation and development of program...
components and to the formulation of team case management as the core service activity for providing comprehensive, integrated programs to vulnerable families.

The Healthy Families-San Diego (HFSF) study was undertaken at Children's Hospital, San Diego, and was included as part of a large department called Family Support Programs. Children's Hospital, San Diego, had been offering family support programs to overburdened families in the community since 1976. By 1995, when Healthy Families-San Diego was initiated, the department was operating several sites throughout San Diego County and was beginning to develop a set of principles and a model based on the research and practice current at that time.

This project enabled us to further elaborate on our thinking with respect to the composition of the team and ways to integrate child development interventions and health interventions into a family support program. The project also allowed us to further articulate concepts of case management and to identify key elements of the helping relationship which seem to be crucial in working with overburdened families. As the project unfolded, what emerged was the characteristics, training, and supervision of the home visitors and other members of the team as well as the need to articulate the way the teams operate.

The California Safe and Healthy Families (Cal-SAHF) Family Support Home Visiting Model (Carillio, 1998), implemented in seven sites throughout California, utilized home visiting as a key component of a comprehensive program. The family built a relationship with a consistent home visitor who received supportive backup from multidisciplinary team members. The regular home visits were augmented by a structured, center-based group program that was intended to permit families to apply what they were learning and to reduce isolation.

Answers Benefiting Children (ABC) is a statewide initiative currently being carried out in 17 counties throughout California. The initiative utilizes the same management information system that was initially applied in the HFSD Clinical Trial and in the Cal-SAHF initiative. Additionally, ABC applies the key principles of the Integrated Team Case Management Approach.

Consistent with suggestions in the Packard Report (Gomby, Culross, & Behrman, 1999; Gomby, 1999) and from the Revisiting Home Visiting Summit in March of 1999 (Margie & Phillips, 1999), the ABC initiative has emphasized quality management and model fidelity. Technical assistance and training are provided to staff at all levels in areas including supervision, working on multidisciplinary teams, blended funding, case management, using the management information system to develop a system of continuous quality improvement, and use of screening and assessment instruments for case planning and case management. As a result of our experiences with HFSD, Cal-SAHF, and ABC, we began to develop the principles embodied in the integrated team case management approach.

Collaborative Case Management in a Center-based Environment
The Integrated Team Case Management (ITCM) approach represents a paradigm shift in that it involves a team (not an individual worker) collaboratively managing a caseload and embeds the integrated team case management functions within a center-based environment. Some of the key concepts are based upon those articulated in the field of mental health for Assertive Community Treatment models (Stein & Santos, 1998). The service array available to a family is tailored to the family's needs and circumstances with the key component being the integration of activities throughout the team.
Additionally, the approach focuses on the idea of integrating funding to develop continuity and coherence of programming for families.

Due to the complex needs of the overburdened family, it is not recommended for one individual alone, regardless of training, to be entrusted with assessing, monitoring, and managing a complex intervention plan. A number of key dimensions affecting families may require more than one person to observe and interact with the family. In this model, generalists would be utilized as the contact points for families while specialists in such areas as child development, parenting skills, mental health, substance abuse, and family violence would be available to offer more in-depth assessments and resources based on the family’s needs.

Reasons for depending on the team as the source of intervention, rather than individual home visitors, no matter how well trained and skilled, include but are not limited to the following:

- Overburdened families can easily overwhelm single workers.
- Counter-transference issues are significant with these families, and the team approach helps reduce these effects.
- By using the specialists as a resource to the entire team, those team members with specific training and skills are not locked into a single small caseload but are able to utilize their skills on behalf of the entire caseload of the team.
- Because turnover is high among home visitors, helping families to connect with...

### Key Principles of the Integrated Team Case Management Approach

1. Members of a multidisciplinary, multilevel team work collaboratively. The team manages the caseload jointly and utilizes a variety of specialists in fields such as substance abuse, health, child development, child abuse treatment, and mental health.

2. Caseloads are balanced in size and intensity.

3. Services to individuals and families are embedded in a center environment.

4. The team conducts systematic screenings and ongoing assessments of family needs.

5. An individualized and comprehensive service plan for each family is developed that integrates a wide range of services and expertise.

6. Funding from different sources is blended to enhance the range, comprehensiveness, and continuity of services.

7. Members of the team receive ongoing training and regular supervision.

8. The program structure, process, and content are mutually supportive, and there is mutual accountability at all levels.

9. There is an active and ongoing quality management program and program evaluation.

10. There is a strong commitment to building capacity in communities and families.
the team reduces disengagement when staff turnover occurs. Additionally, when families re-enter the program for “booster shots” at key periods of sensitivity, it is hypothesized that their relationship with the team will reduce barriers to re-entry, and the family will not feel that they are being assisted by strangers.

Home Visiting and Center-based Programs
Experiences with the programs described above led to the observation that the services that we had been calling home visiting were not a unitary intervention but actually represented an array of services supporting families. It was possible to identify the key program elements in this intervention and replicate them in new settings. We developed the idea that a center-based group component is essential in working with overburdened families. While home visiting is the centerpiece of family support home visiting, in order to apply what they are learning in a supportive environment, families are encouraged to combine their home visiting experience with center-based services. This gives the family a chance to practice new skills in a safe environment and reduce their isolation. Social isolation is a significant problem in these families, not only because it creates stress in and of itself but because without the input of others, parents often make poor decisions in managing their daily activities.

Programs utilizing multiple interventions—particularly a combination of center-based classes and groups, case management, and intensive in-home visiting—seem to engage families and, anecdotally, to improve their functioning. By providing families with support and helping them to build their skills in managing activities of daily living, crises and child abuse seem to be reduced and family well-being improved.

Home Visitors Support and Supervision
In conceptualizing the ITCM approach, the individual home visitor is viewed as the contact point with a family, but the entire team participates in assessment, planning, and intervention. Essentially, the caseload belongs to the team and not to the individual worker. Nevertheless, there is a strong focus on the development of a supportive relationship between the family and the home visitor. The team supports the home visitor. Regular weekly team meetings are essential. At these meetings, which often last 2 to 3 hours, the team discusses clinical concerns, case progress, administrative procedures, program development, logistics, problem solving, and crisis management. Each home visitor also receives a minimum of 1 hour per week of individual supervision from the team leader.

Initially we suggested that home visitors could be either paraprofessionals or professionals. However, as we have studied the results coming out of the research on paraprofessional home visitation models, we have concluded that while paraprofessionals clearly play a role in family support programs, key interventions, including home visiting case management, need to be performed by trained professionals (Duggan et al., 1996; Landsverk et al., 2000; Hiatt, Sampson, & Baird, 1997; Olds et al., 1999; Eckenrode et al., 2000).

In existing evaluation studies and observations of home-based programs, it has been found consistently that supervision is an essential ingredient in the development and maintenance of quality services. While supervision is an important aspect of any human service program, it seems to be particularly so for home-based programs because of the home visitor’s isolation during much of the day. Home visitors spend much of their working time directly
with families without the benefit of ongoing peer support that workers such as classroom teachers might have. Because home visitors are in clients' homes and out in the community, they are required to think about a vast range of information and situations on their own. In addition, the home visitor is required to have a good working knowledge of the community, resources for families, and a strong basic knowledge of child and family development, health and nutrition, and any specialty areas that are relevant to the population served, such as special education or drug treatment. As an added responsibility, the home visitor must create appropriate boundaries and individualized approaches for each family in a sensitive and culturally competent manner. The success of a home visiting program is dependent on the home visitor's communication skills and a strong working relationship with family members over time. Failure to pay attention to the dynamics of a situation or the inability to develop a working relationship with a family can reduce the home visitor's effectiveness in spite of that visitor's knowledge about children, families, or community resources.

The complexity of the home visitor's role makes it imperative that there be adequate and supportive supervision. Although the need for competent supervision is particularly important for a new program or new staff, the need for ongoing supervision even with experienced and highly competent staff cannot be overstated.

The Opportunity to Make a Difference

The family support program staff work with the parent to alter negative expectations about relationships. The parent's new experience of a supportive relationship is then reflected in his or her relationship to the child. This model supports families by strengthening the parent's ability to parent. The primary interaction is with the parent, and through a "parallel process" the experiences of the parent in the program influence the relationship with the child. "Parallel process" refers to the ways in which experiences in one relationship carry over into other relationships. By providing the parent with structure, support, and a corrective emotional and developmental experience, the family support staff strengthens the parent's ability to bond with the child and to provide the child with structure, security, and age-appropriate nurturing.

The Integrated Team Case Management Approach is built upon a broad set of principles, based on the preponderance of research findings. The initiatives previously described have been focused on early childhood and primary prevention. However, by embedding the integrated team case management services within a center environment, program developers and administrators are encouraged to blend funding to develop a continuum of services that provides support at multiple points in a family's developmental cycle. The approach is intended to broadly target the overburdened family. It allows for the development of a holistic strategy that cuts across categorical funding and targeting and does not insist that one response to the problems faced by vulnerable families is the single best response.
References


A Checklist for Assessing the Impact of Policies and Programs on Families

Policy Institute for Family Impact Seminars
University of Wisconsin–Madison

The first step in developing family-friendly policies is to ask the right questions:

- What can government and community institutions do to enhance the family’s capacity to help itself and others?
- What effect does (or will) this policy (or proposed program) have for families? Will it help or hurt, strengthen or weaken family life?

These questions sound simple, but they can be difficult to answer.

The Family Criteria (Ad Hoc) Task Force of the Consortium of Family Organizations (COFO) developed a checklist to assess the intended and unintended consequences of policies and programs on family stability, family relationships, and family responsibilities. The checklist includes six basic principles that serve as the criteria of how sensitive to and supportive of families policies and programs are. Each principle is accompanied by a series of family impact questions.

The principles are not rank ordered, and sometimes they conflict with each other, requiring trade-offs. Cost-effectiveness also must be considered. Some questions are value-neutral and others incorporate specific values. People may not always agree on these values, so sometimes the questions will require rephrasing. This tool, however, reflects a broad nonpartisan consensus, and it can be useful to people across the political spectrum.

For the questions that apply to your policy or program, record the impact on family well-being.

Principle 1. Family support and responsibilities
Policies and programs should aim to support and supplement family functioning and provide substitute services only as a last resort.
Does the proposal or program:
- Support and supplement parents' and other family members' ability to carry out their responsibilities?
- Provide incentives for other persons to take over family functioning when doing so may not be necessary?
- Set unrealistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members?
- Enforce absent parents' obligations to financially support their children?

**Principle 2. Family membership and stability**
Whenever possible, policies and programs should encourage and reinforce marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself.

Does the policy or program:
- Provide incentives or disincentives to marry, separate, or divorce?
- Provide incentives or disincentives to give birth to, foster, or adopt children?
- Strengthen marital commitment or parental obligations?
- Use appropriate criteria to justify removal of a child or adult from the family?
- Allocate resources to help keep the marriage or family together when this is the appropriate goal?
- Recognize that major changes in family relationships such as divorce or adoption are processes that extend over time and require continuing support and attention?

**Principle 3. Family involvement and interdependence**
Policies and programs must recognize the interdependence of family relationships, the strength and persistence of family ties and obligations, and the wealth of resources that families can mobilize to help their members.

To what extent does the policy or program:
- Recognize the reciprocal influence of family needs on individual needs, and the influence of individual needs on family needs?
- Recognize the complexity and responsibilities involved in caring for family members with special needs (e.g., physically or mentally disabled or chronically ill)?
- Involve immediate and extended family members in working toward a solution?
- Acknowledge the power and persistence of family ties, even when they are problematic or destructive?

• Build on informal social support networks (such as community/neighborhood organizations, religious communities) that are essential to families’ lives?
• Respect family decisions about the division of labor?
• Address issues of power inequity in families?
• Ensure perspectives of all family members are represented?
• Assess and balance the competing needs, rights, and interests of various family members?
• Protect the rights and safety of families while respecting parents’ rights and family integrity?

Principle 4.
Family partnership and empowerment
Policies and programs must encourage individuals and their close family members to collaborate as partners with program professionals in delivery of services to an individual. In addition, parent and family representatives are an essential resource in policy development, program planning, and evaluation.

In what specific ways does the policy or program:
• Provide full information and a range of choices to families?
• Respect family autonomy and allow families to make their own decisions? On what principles are family autonomy breached and program staff allowed to intervene and make decisions?
• Encourage professionals to work in collaboration with the families of their clients, patients, or students?
• Take into account the family’s need to coordinate the multiple services they may require and integrate well with other programs and services that the families use?
• Make services easily accessible to families in terms of location, operating hours, and easy-to-use application and intake forms?
• Prevent participating families from being devalued, stigmatized, or subjected to humiliating circumstances?
• Involve parents and family representatives in policy and program development, implementation, and evaluation?

Principle 5.
Family diversity
Families come in many forms and configurations, and policies and programs must take into account their varying effects on different types of families. Policies and programs must acknowledge and value the diversity of family life and not discriminate against or penalize families solely for reasons of structure, roles, cultural values, or life stage.

How does the policy or program:
• Affect various types of families?
• Acknowledge intergenerational relationships and responsibilities among family members?
• Provide good justification for targeting only certain family types, for example, only employed parents or single parents? Does it discriminate against or penalize other types of families for insufficient reason?
• Identify and respect the different values, attitudes, and behavior of families from various racial, ethnic, religious, cultural, and geographic backgrounds that are relevant to program effectiveness?
Principle 6. Support of vulnerable families
Families in greatest economic and social need, as well as those determined to be most vulnerable to breakdown, should be included in government policies and programs.

Does the policy or program:
- Identify and publicly support services for families in the most extreme economic or social need?
- Give support to families who are most vulnerable to breakdown and have the fewest resources?
- Target efforts and resources toward preventing family problems before they become serious crises or chronic situations?