Critical Element #1

Initiate services prenatally or at birth.

Rationale

There are a variety of reasons to initiate home visiting services prenatally or at birth. An early delivery system:

- Links parents and infants to early preventive medical care, improves service utilization, and results in improvement of overall healthy status;
- Reaches families when parents are eager to learn how to care for their child and are receptive to information;
- Helps promote parent-child bonding and attachment, a process that begins even before birth;
- Assists families in developing appropriate expectations for their child's development and helps foster that development;
- Provides support for families with children under the age of two at an exciting and potentially stressful time, when most physical abuse and neglect occurs;
- Identifies overburdened families early on and provides guidance and support to curb drastic outcomes related to child abuse; and
- Facilitates the formation of a long-term, trusting relationship between home visitors and families.

Supporting Literature

Services initiated prenatally or at birth reach parents when they are most open to information and assistance. Early interactions between parents and home visitors serve as the basis for all future interactions. "Pregnancy is a time of anticipation and preparation, and for first-time mothers it brings anxiety that makes them especially eager for the information and reassurance that the program worker can provide." (Fair Start for Children, 1992, p.227) Once parenting patterns and a resource network have been established, it is much more difficult to intervene. Thus, offering home visiting services prenatally or at birth facilitates the formation of a long-term, trusting relationship between visitors and families.

Early initiation of services results in healthier mothers and higher birth weight babies. Olds (1992) evaluated a nurse home visiting program serving a sample of 400 mothers-to-be in Elmira, New York. Women receiving services during pregnancy reduced the number of cigarettes smoked and improved their diets. Specifically, women receiving services who smoked prior to pregnancy had 75 percent fewer preterm births than a control group. Finally, adolescent mothers receiving services delivered infants who were 395 grams heavier at birth than the control group.

Early initiation of services results in healthier babies. Between 1987 and 1990, the Hawaii Healthy Start program provided home visiting services starting at birth for 2,256 families. (State of Hawaii, Department of Health, 1994) Comparisons of families receiving home visiting services and Hawaii's general population showed that 90 percent of children receiving services were fully immunized at two years of age compared to 60 percent of the general population. Furthermore, 95 percent of eligible children receiving services were enrolled in EPSDT services, while only 43 percent of eligible children in the general population were enrolled in EPSDT services.

Early initiation of services seeks to prevent child abuse and related fatalities. According to Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1994 Annual Fifty State Survey (Wiese & Daro, 1995), an estimated 3.1 million children were reported to Child Protective Services agencies in 1994 as alleged victims of child maltreatment. Furthermore, an estimated 1,271 child abuse and neglect-related fatalities occurred. Of these fatalities, 88 percent occurred among children under the age of five. Forty-six percent of the fatalities occurred among children under the age of one. Early prevention and intervention efforts hold promise for reducing these statistics.

Early initiation of home visiting services provides the opportunity to influence the quality of the early childhood environment and its stimulus effect on infant brain development. According to a 1994 report of the Carnegie Corporation, brain development that takes place before the age of one is rapid and extensive. This brain development is highly susceptible to environmental influences. Environmental factors affect the number of brain cells, the number of connections in the brain, and the ways that brain connections are wired. These influences have long lasting impacts, and evidence suggests that early childhood stress has a negative impact on brain function. Early childhood home visiting services have the opportunity to influence brain development by promoting safe, stimulating early childhood environments.

The quality of parent-child interactions plays a significant role in determining positive child outcome. "Infants thrive on one-to-one interactions with parents. Sensitive, nurturing parenting is thought to provide infants with a sense of basic trust that allows them to feel confident in explaining the world and forming positive relationships with other children and adults." (Carnegie, 1994, p.5) By initiating services at birth or earlier, home visitors are in a position to help shape the quality of these early interactions. Through role play and modeling, home visitors can help parents learn how to touch, hold, soothe, and communicate with their babies in ways that promote healthy development.

Early initiation of services facilitates the development of an attachment relationship between parents and children. Bowlby (1969, 1973, & 1980) suggests that attachment relationships between parents and children are generally formed by nine months. A good quality parent-child relationship that is developed early in life leads to a secure attachment relationship, which provides the cornerstone for all later development. By supporting parents through stressful situations and helping them to bond with their babies, home visitor services beginning prenatally or at birth have the greatest opportunity to assist in fostering positive parent-child relationships.

Reaching parents when they are most willing to accept information and assistance is an important element of a home visitor program. Pregnant women who receive services are healthier, and their babies have higher birth weights accompanied by fewer immediate health problems. Later, these infants have healthier childhoods as a result of receiving proper medical care and immunizations. Thus, family stress related to health problems is reduced. Additionally, home visitors increase parents' knowledge about the importance of forming early relationships with their children. Good parent-child relationships lessen the likelihood of serious child abuse, neglect, and related fatalities and promote healthy families.

Critical Element #2

Use a standardized (i.e., consistent for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes (i.e., social isolation, substance abuse and parental history of abuse in childhood).

Rationale

Several factors contribute to the rationale for using assessment tools in determining a family's need for services.

- If it is not fiscally possible to provide services universally, standardized assessment tools identify families most in need of services in an objective manner.

- Standardized assessment tools insure home visiting services are provided to those families the program is designed to serve (e.g., limited services for all families and more intensive services for high risk families). Assessment tools promote better program management and more efficient use of scarce resources.

- Consistent use of standardized assessment tools provides home visitors with an understanding of the unique strengths, risk factors, and needs of a family and affords an opportunity to provide individualized service. This understanding provides a uniform starting point for working with families and building on their strengths.

- Follow-up assessments, completed at regular intervals, provide opportunities to recognize progress, revise family support plans as needed, and prepare families to meet the needs of their members and achieve their goals when their home visiting services come to an end.

Standardized assessment tools should not be used to predict which families would commit abusive acts. However, they can effectively identify families experiencing the stressors or risk factors associated with an elevated risk for maltreatment.

Supporting Literature

Standardized assessment tools assess a range of factors to identify families at a higher than average risk for child maltreatment or other poor childhood outcomes. In the past, home visiting programs have used demographic characteristics, such as number of previous live births, young age of mother (<19 years), single-parenthood status, and low socio-economic status, to predict which infants are predisposed to health and developmental problems. (Olds, Henderson, Chamberlin, & Tatelbaum, 1986) However, no single factor is sufficient to predict who faces the high levels of stress that may lead a parent to abuse or neglect a child. It is also not possible for a single factor to predict which children are at-risk for developmental delays or poor health outcomes. Thus, more comprehensive assessment tools have been developed to reflect the complexities of child maltreatment.

Standardized assessment tools can establish risk categories for child abuse, which also predict other poor childhood outcomes. Gray, Cutler, Dean, and Kempe (1979) classified 150 mothers into risk categories for child abuse. Mothers were placed into "Low-Risk," "High-Risk Non-Intervene," and "High-Risk Intervene" groups. Placement was based on a prenatal interview and a 72-item questionnaire, which covered parents' upbringing, feelings about this pregnancy, expectations for the newborn child, attitudes about discipline, availability of a support system, and present living situation. Other assessments included observations of the mother during labor and delivery and a postpartum interview.

Results showed that mothers assigned to high-risk groups differed significantly from mothers in the low-risk group in the number of child abuse cases reported to the Central Child Abuse Registry at the 17-month milestone. The high-risk infants also had five failure to thrive cases, significantly more accidents requiring medical attention, and more failed items on the Denver Developmental Screening Test. High-risk families experienced more out-of-home placements and family moves, while high-risk mothers experienced significantly more postpartum depression.

The Family Stress Checklist is an example of a broadly used assessment tool that identifies pregnant women who are at-risk for child abuse. Murphy, Orkow, and Nicola (1985) used the Family Stress Checklist to assign 587 mothers to risk categories during pregnancy. Results obtained when the children were between two and two-and-one-half years old showed that mothers classified as at-risk for abuse had a 52 percent child abuse and neglect incidence, while mothers classified as not at-risk had a 2 percent child abuse and neglect incidence. It is important to note that when making these assign-

ments, single or teen mothers did not fall disproportionately into the high scoring group, which again suggests that demographic factors alone are not always a reliable method for identifying risk for child maltreatment.

The Child Abuse Potential Inventory (CAPI) also measures an individual's likelihood to abuse children. The CAPI designed by Milner (1986)[1] is a standardized, self-administered assessment tool that measures an individual's likelihood of physically abusing a child. Daro, Jones, and McCurdy (1993) discuss the high validity and reliability of this instrument. Studies have shown a strong positive relationship between high CAPI scores and subsequent confirmed cases of physical child abuse. (Milner, Gold, Ayoub, & Jacewitz, 1984) Furthermore, the CAPI can distinguish between different levels of risk for child abuse (Milner and Ayoub, 1980; Ayoub et. al., 1983) and has been standardized for race, income, and level of risk for abuse groups. Other measures may more specifically predict poor childhood outcomes such as developmental delays or increased need for medical care.

A broad range of other assessment tools has been used widely among family support programs. Summaries of these instruments and the constructs used are available in *The Parenting Program Evaluation Manual.*

Certain risk factors are associated with a higher likelihood of abuse. Assessment tools measure the likelihood of abuse by screening for a combination of these risk factors, including family background, current living condition, and attitudes towards pregnancy and child rearing. The use of standardized assessment tools is essential to determine those families who may benefit most from home visitor services, thereby making the best use of scarce resources.

[1] The validity and reliability of the CAP are established in Milner (1986) and Milner, Gold, and Wimberly (1986). The construct validity of the CAP is established in Chan and Perry (1981).

Critical Element #3

Offer services voluntarily and use positive, persistent outreach efforts to build family trust.

Rationale

Home visiting services should be provided to those parents who voluntarily accept them. Voluntary acceptance of services allows parents to make decisions in their own best interests. Families who participate willingly are more receptive than those who feel coerced into participating. Services should be offered voluntarily because:

- Services are designed to be socially supportive, not socially controlling;
- Voluntary participation and goal-setting empowers families and helps them to build on their strengths;
- Forcing families to accept services may limit the amount of information they are willing to share or accept, and their willingness to make changes that improve family functioning; and
- Voluntary acceptance of services increases service effectiveness.

Some families do not recognize the benefits of home visiting services or may be distrustful of people offering assistance. Therefore, persistent outreach efforts should be extended to those families who are hesitant to accept services, but have not clearly indicated an unwillingness to accept services. Persistent outreach is beneficial because:

- Families may decide after a period of time that services will be helpful;
- Families may recognize that situations at home are more stressful than anticipated; and
- Families may develop a sense of trust with a home visitor who offers and follows through with services, increasing their likelihood of eventually accepting services.

Supporting Literature

Voluntary services increase trust and receptivity among families. In the article, "Home Visiting: Analysis and Recommendations", Gomby et. al. (1993) note,

> All home visitation services must be voluntary. The entire context and tone of the program should be one of respect for families – their desires and their strengths. Most American families do not expect governmental involvement in child rearing and some families may actively oppose it. They may feel that such involvement invades privacy and weakens the family (Emphasis added.) If home visiting is offered on a universal and entirely voluntary basis, families in America may well begin to value home visiting services and see them as a logical and helpful support, just as most European families apparently do. (pp.15-16)

Voluntary services are supportive rather than controlling. According to Daro (1988), an important reason for voluntary programs is that mandatory programs shift emphasis from one of social support to one of social control. Additionally, Daro answers critics of voluntary programs who charge that the people most likely to voluntarily use prevention services are those who would be less likely to abuse or neglect their children. The most violent and seriously dysfunctional families may avoid early intervention. According to Daro, self-selection, "may not be detrimental to the efficient use of prevention resources," (p.16) because extremely dysfunctional families may not be good candidates for home visiting services. Abusive behaviors in these families may not be due to a lack of knowledge about child development or parenting, but rather due to deep and complex personal dysfunction. Such parents may require court-ordered services in order to change or may be simply unwilling to accept their parenting responsibilities under any service condition. Self-selection weeds out families who may be least receptive to services and avoids allocating scarce resources to those unable to capitalize on them.

Outreach efforts for those families who do not clearly reject services are necessary. Daro, Jones, and McCurdy (1993) evaluated 14 programs providing services to high-risk families. They learned that outreach efforts must be made for those families who do not clearly reject services. Although most programs relied on referrals for their participants, two of the programs successfully attracted a large number of high-risk families to their programs by using aggressive door-to-door canvassing, proving that outreach efforts can be successful in enrolling families facing substantial risk for maltreatment, not merely those who demonstrate strong service utilization skills.

Outreach programs allow parents time to recognize that home visiting services may be beneficial to them. Olds and Kitzman (1993) argue in favor of outreach because, "many highly stressed and defensive parents are, at first, wary of accepting visitors into their homes. These parents require persistent and sensitive efforts to establish a relationship so they can be in a better position to know whether the offered service is one that can be of benefit to them" (pp.87-88). The authors add, "These parents, in our opinion, often are at greatest risk and, therefore, are in greatest need of the service. Efforts should be continued to connect with them until they have explicitly indicated that they do not want the service," (pp.87-88) Olds and Kitzman imply that outreach efforts allow families to build trust and rapport with home visitors while deciding if services will help their family.

When home visitor services are offered on a voluntary basis, families are more likely to be receptive and recognize the supportive role of the visitor. Understanding that the home visitor is offering assistance and information rather than seeking to control, the family builds trust in the visitor-family relationship. Although some families are not initially interested in services, they may later realize the benefit of services. Ongoing outreach efforts permit these families to take advantage of services when they are ready to accept them.

Critical Element #4

Offer services intensively (i.e., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long term (i.e., three to five years).

Rationale

Service intensity and length of involvement are crucial components for successful interventions.

- Intensive services allow home visitors to establish a solid rapport and trust with families, increasing the families' receptiveness to new information.

- Intensive services allow home visitors to meet family needs as they arise. Such services may be particularly important at birth when family needs are greatest. Service intensity may be decreased later as parents become more comfortable in their roles.

- Intensive services have been demonstrated to result in the greatest impact on the range and degree of gains made by families.

- Long-term services are necessary because new issues arise for families as children develop and family circumstances change (e.g., marital status, employment). Long-term services allow home visitors to help families face these new challenges and to incorporate new knowledge and life skills.

  Social science literature and common sense support the idea of offering intensive home visiting services. Intuitively, regular and consistent visits allow home visitors to establish rapport and trust with families. This base increases family receptiveness to new information. Furthermore, intensive services allow home visitors to become truly supportive of families.

Supporting Literature

Successful programs provide comprehensive and intensive services. Schorr (1987) provides examples of intervention programs with quantified results. Among these, the most successful programs provide comprehensive and intensive services. The problems facing families at risk for abuse or neglect are so complex that, “fragments of services – a few classes in parent education, a one-visit evaluation at a mental health center, or a hurried encounter with an unfamiliar and overburdened physician – are often so inadequate that they can be a waste of precious resources.” (p.368)

Early intensive family support can significantly improve long-range family functioning. Seitz et al. (1985) discuss a ten-year follow-up comparing families who received a family support intervention with a control group. Family support was provided from the mother's pregnancy until 30 months after birth. Results indicated "early, intensive family support intervention has significant potential for improving long-range family functioning in at least certain kinds of impoverished families." (p. 386)

To realize the most significant weekly gains, weekly home visits are recommended. A comparison of families involved in weekly, bi-weekly and monthly home visits in Jamaica by Powell and Grantham-McGregor (1989) reveals that weekly visits produced the most positive outcomes while monthly visits had no discernable impact. As visiting increased, both the range of outcomes and degree of gains broadened. Though Olds and his colleagues (1986) did not specifically assign families to different amounts of home visitation services and compare their outcomes, they do report that gains from the Elmira program were directly related to the number of visits received by the family.

Frequency or intensity of home visits is a strong predictor of whether participants will benefit from intervention. A comparison of 14 child abuse prevention programs offering a range of services noted that weekly contact with the program produced the greatest reductions in parental potential to engage in physical abuse. (Daro, Jones, and McCurdy, 1993)

Services must be provided at least once or twice a week for a period of at least two years to effectively prevent child abuse. Daro, Jones, and McCurdy (1993) evaluated 14 child abuse and neglect prevention programs in Philadelphia. "Effectively preventing child abuse requires an intensive level of service contact. These data [from the 14 programs] suggest services be provided, on average, at least once or twice a week," (p.40) from birth to around age two. The most rapid development occurs in the first two years in a child's life. This period is critical to a child's physical, social, and emotional development and is also the time when parenting patterns are established. As parents become more confident and children's needs become less complex, the frequency of visits should naturally decrease.

Families receiving more intervention demonstrate greater benefits. According to Gomby et al. (1993), experimental data do not suggest a preferred duration and intensity for home visiting.[2] However, quasi-experimental data and correlational studies show, "that weekly visits are better than monthly, or that generally, families that receive more of an intervention demonstrate

[2] Gomby et al. cite the work of Olds and Kitzman (1993).

greater benefits" (Gomby et al., 1993, p. 12)[3] Although the precise intensity and duration are not stated, more rather than less is considered most helpful.

Intensive services have the most consistent relationship with positive outcomes. In reviewing findings from family-centered, home-based service programs, Frankel (1988) learned that intensive services may be more effective, regardless of the type of services. The results of an evaluation of 14 child abuse and neglect prevention programs in Philadelphia (Daro, Jones, and McCurdy, 1993) concur. In terms of cognitive development, greater participation in the Infant Health and Development Program (IHDP) resulted in more benefits for children. (Ramey et al., 1992)

It is logical to extend services until children reach school age. There is no experimental evidence regarding the optimal duration of home visiting services. However, Brazelton (1992), a nationally recognized pediatrician, puts forth an argument that supports the logic of extending services until children reach school age. Brazelton discusses "touchpoints."

> Touchpoints, which are universal, are those predictable times that occur just before a surge of rapid growth in any line of development – motor, cognitive, or emotional – when, for a short time, the child's behavior falls apart. Parents can no longer rely on past accomplishments. The child often regresses in several areas and becomes difficult to understand. Parents lose their own balance and become alarmed. (pp. xvii-xviii)

Examples of touchpoints include the newborn individual, newborn parents, three weeks, six to eight weeks, four months, seven months, etc. During these times children develop rapidly. Touchpoints offer an opportunity for parents to understand their child and the behavioral mechanisms that lead to troublesome behavior. "A caring professional can use such times to reach into the family system, offer support, and prevent future problems." (p. xviii) Brazelton's touchpoints only cover developments to age three, however there are touchpoints later as children develop play relationships and enter school. When children enter school, evolving support networks allow for the gradual decrease of home visitor services.

[3] Correlational and quasi-experimental studies are found in Powell and Grantham-MacGregor (1989) and Ramey, Bryant, Wasik, et al. (1992).

Successful home visitor programs provide comprehensive and intensive services. Early intensive family support can significantly improve long-range family functioning. There is also evidence that when visitors offer more frequent intensive services there is a greater impact on functioning and services are more effective. To capture these effects, services should be provided at least weekly for a period of several years. There is inherent logic to extending services beyond this period in order to help families deal with stresses they may encounter later as their children continue to develop.

Critical Element #5

Services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; and materials used should reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.

Rationale

For home visitor services to be effective it is imperative that cultural context is incorporated into program design and delivery. There are two underlying assumptions to this statement: 1) that the diversity of families is of great significance to intervention programs; and 2) services may be provided by persons whose culture differs from that of the participating family. Thus, in developing home visitor programs, it is important to consider that:

- Family needs, health beliefs, coping mechanisms, and child rearing practices vary by population, and interventions should reflect this variation;

- Failure to value diversity in its many forms (e.g., cultural, linguistic, racial, geographic, and ethnic) may restrict a home visitor's ability to establish quality relationships with families; and

- A home visitor's failure to establish strong relationships with families based on mutual respect and understanding will limit the opportunity for providers and families to work together.

Supporting Literature

While there is no strict empirical support for culturally competent services, efforts to provide services to children and families that are sensitive and responsive to their needs and adaptive strengths have their roots in the late 1800's. When Jane Addams founded the first settlement house in America, it was intentionally located in an area accessible by the majority of families in the neighborhood and staffed by providers who lived in the community being served. The success of the settlement house was due, at least in part, to the fact that service providers appreciated the families' "indigenous language and cultures, specifically their behavioral norms, rituals, and routines, that is, their agreed-upon shared ways of behaving within constituted family and community groups." (Slaughter-Defoe, 1994, p.175)

Cultural sensitivity begins during program design. When implementing programs, it is always important to consider that the cultural characteristics of the target population may suggest an alternate or complementary strategy to home visitation. For some groups, the support gained from peers in a group-based setting will be more effective as an agent of change than support delivered in the home. For instance, among Native American Pueblos and traditional Hispanic families, seeking outside support to address family problems is not an accepted practice. (Harris-Usner, 1995) By contrast, in rural settings where families do not live in close proximity to one another, home visiting is a more pragmatic strategy than trying to convene a group. These reasons underscore the need for community members and potential participants to be involved in the program design phase.

Successful home visiting programs must provide culturally competent services so that new skills and ideas fit into the context of each family. The National Commission to Prevent Infant Mortality describes the key components of successful home visiting programs. Successful programs are sensitive to the culturally different values and decision-making systems of families. To strengthen families' coping abilities and independence, visitors must respect differences among families. In discussing her work with rural families, for example, Windsor (1995) explains, "Understanding the advantages and disadvantages of choosing to live outside the mainstream, they are comfortable with their choice. They are proud of their ability to survive and flourish with the seasons." Yet, not all families who live in rural areas espouse the traditional rural culture; families who flee the hassles of the city will maintain some of the urban values and norms once they live in the country. (Forest, 1995) Clearly, visitors must begin by understanding and accepting family differences.

Families vary in many ways, so it is important that home visitors understand differences among them. Cultural groups may define "family" differently, which affects the audience for home visiting services. For example, in African-American families when both parents are in the home, it is customary for mothers and fathers to share the responsibilities of child care. In addition, extended family has traditionally played an instrumental role in the care and socialization of children. (McAdoo, 1988) It follows that home visitor programs serving African-Americans should extend their focus beyond the mother and the nuclear family by including all of the relatives and or mentors who play an influential role in the child's life in planning for services and service delivery.

Home visitors should observe cultural differences and use them as a springboard for inquiry and understanding, asking families about particular behaviors. Home visitors must then facilitate the family's consideration of alternate perspectives. (Bernstein, Percausky, & Wechsler, 1994) Family background and ethnicity influence value systems, how people seek and receive assistance, and communication practices (e.g., native language, slang, body language), among other things. If home visitors ask questions that are non-judgmental in tone, then families have an opportunity to reflect. Answers to questions provide home visitors with greater understanding and allow visitors to share alternate perspectives with families. As Slaughter-Defoe (1993, p.178) points out, "Bridging the communication gap could be the most important prerequisite to building trust between visitors and family members." Even such basic child development activities as counting games will be more effective if they are culturally relevant. City children will be more interested in counting the number of floors in the apartment building while children being raised in the country might learn by counting bales of hay. In the end, home visitors act not as teachers per se, but as facilitators of informed choices and decision-making.

Culturally competent home visitors help families search for positive strategies while keeping the family context in mind. According to Bernstein, Percansky, and Wechsler (1994), home visitors should not argue about values, but rather work with families to search for the best strategy for their children and consider what the family feels is important. Furthermore, the essence of acceptance of cultural diversity is understanding that families have the right to choose to live their lives differently from ours. "We believe, however, that whatever the choice in an area of concern, it should result from parents sharing their perspective and programs sharing information – rather than the result of ignorance, habit, or personal history – without considering alternatives." (Bernstein, Percansky, & Wechsler, 1994, p.16) This type of exchange should be routine in any home visitor program so that there is ongoing and open dialogue regarding mutually established goals.

Geography also has a profound effect on service design and delivery. Whether providing home visiting services in rural or urban settings, pragmatic issues of safety, transportation, and resource availability must be considered. To that end, programs need to address safety concerns of the home visitor. If the home visitor feels threatened either due to real or imagined issues, he or she will not be able to connect with the family. Home visitors in rural areas may drive hundreds of miles in any given day and on occasion may need to forego plans for a home visit due to hazardous road conditions. Transportation also presents a problem in urban areas as it may often be unsafe for home visitors to take public transportation or drive their own car.

These reasons lend further support for utilizing service providers from within the community. For both urban and rural communities, availability and accessibility of additional resources present challenges. While there may be a large number of potential referral sources in urban areas, the high density of these communities often means that the resources are insufficient to meet the needs. By contrast, the narrow range of service options in rural areas often necessitates that an individual with training in one particular area develops many areas of expertise. (Jones, Paine, et al., 1995)

Program administrators, supervisors and service providers should closely examine their own beliefs and values to foster a healthy group culture and guard against the development of stereotypes. (Kaplan & Girard, 1994) As stated by Slaughter-Defoe (1993, p.179), "How staff members feel about each other, those they serve, and the program itself can have a very strong influence on program outcome." For instance, when home visitors feel that they have control over their work allowing them the flexibility to meet families' needs, they have a better chance of fostering that same sense of empowerment in the families they serve. Stereotypes influence the provider's relationship with families, so home visitors must examine their own beliefs.

There is a consensus among social scientists that home visiting programs and visitors should provide culturally competent services. Providing culturally competent services requires that knowledge of diversity be applied to policy and practice. Agencies and their staff must observe and understand differences among families so that new skills and ideas fit in with existing family behaviors and contexts. Home visitors must facilitate the family's consideration of how new perspectives fit into their lives. This practice allows families and home visitors to work together to craft positive family development strategies.

Critical Element #6

Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development.

Rationale

It is essential that home visitors maintain three foci: the parent(s), the child, and the parent-child relationship.

- Services that support parents' needs reduce stress, improve the home environment, and create healthy conditions for children. In addition, these services strengthen the relationship between parents and home visitors and increase parents' receptivity to the other forms of service.

- Services supporting parent-child interaction ensure that parents have reasonable expectations of their child, enhance the child's growth and development, and thereby reduce the risk of maltreatment.

The types of services that support parents' needs include reducing social isolation, and helping families access resources to meet food, housing, electricity, educational, employment, and health care needs. Home visitor services that support parent-child interactions include improving parents' knowledge of child development and modeling of appropriate parent-child interaction. Home visitors should provide these services in a way that leads to the independent growth and development of both parents and children while providing opportunities for mutual enjoyment. Home visitor services should also cover a broad array of areas and be provided to the family as a whole. Providing services to the whole family is important because services to parents alone do not "trickle down" to children. (Brooks-Gunn, 1990, as cited by Bernstein, Percansky, & Wechsler, 1994) However, if services help change the caregiving environment, then there are benefits for the parents and the children. (Seitz & Apfel, 1994)

Supporting Literature

Supporting parents and parent-child interaction results in a significantly reduced risk for child maltreatment and a positive parent-child relationship. Daro, Jones, and McCurdy (1993) evaluated 14 child abuse and neglect prevention programs in Philadelphia. The evaluation showed that prevention programs seeking to enhance parenting skills among high-risk populations need to offer intensive services that do more than merely transfer specific parenting or child development knowledge. Enhanced parenting skills will be achieved only if a program addresses its clients' personal as well as parenting needs. (p.7)

Programs provided medical and day care services to meet personal needs. Direct services to children included therapeutic child care or parent-child play groups. These services influenced child functioning and provided opportunities for supervised parent-child interactions. Parents who received an array of services significantly reduced their risk for maltreating their children (as measured by the Child Abuse Potential Inventory). Parents also reduced specific at-risk behaviors, such as corporal punishment, inadequate supervision of children, and ignoring their children's emotional needs. Furthermore, an array of services promoted child functioning, parent-child interactions, and parents' knowledge of child development.

Home visitors must address the financial, social and psychological needs of the family when working to develop good parent-child relationships. Olds and Kitzman (1990) reviewed results from a number of home visiting programs. The authors argue that the prenatal, postnatal, and prevention of maltreatment home visiting programs with the greatest chance of success use ecological models. These models view parent-child interactions in terms of systems of interactions that include material, social, behavioral, and psychological factors.

> To be optimally effective, programs must address simultaneously the psychological needs of the parents (especially their sense of mastery and competence); the parental behaviors that influence maternal, fetal, and infant development; and the situational stresses and social supports that can either interfere with or promote their adaptation to pregnancy, birth, and early care of the child. (p.114)

For example, home visitors in successful prenatal home visiting programs evaluated maternal personal resources, social support, and stresses. Then the home visitors educated mothers about health-related behaviors such as smoking and alcohol consumption. Home visitors also facilitated social support by involving family members and friends in the home visiting program, and the visitors helped families find needed health and human services.

Successful home visiting programs support the parent-child relationship within the framework of the family. Schorr (1989) discusses successful early intervention programs. “Successful programs deal with the child as part of a family, and the family as part of a neighborhood and community.”

Increasing parents' knowledge about child development, including intellectual stimuli, increases the likelihood of the child's educational success. According to Campbell and Ramey (1994), children's cognitive development is enhanced by strengthening the developmental appropriateness and intellectual stimulus value of their early environment. As a result, children will be more prepared to enter school, and this early school success contributes to later school success. Campbell and Ramey evaluated the Carolina Abecedarian Project. The project provided children of 109 low income families with either preschool (infant to age eight, or infant to age five), school-age (age five to eight), or no educational intervention.

Preschool services, provided in a day care center, included primary medical care, supportive social services for families, and a school curriculum to enhance cognitive, language, perceptual-motor, and social development. Preschool children later received language development and pre-literacy skills. Campbell and Ramey (1994) found that, "positive effects of preschool treatment on intellectual development and academic achievement were maintained through age 12. School-age treatment alone was less effective." (p.684) Brooks-Gunn, Klevanov, Liaw, and Spilker (1994) also found that early intervention services provided benefits for cognitive development at ages two and three. The results of these studies underscore the importance of early childhood environment and of home visitors providing parents with information on child development.

Family stress resulting from financial, psychological, or social needs interferes with good parent-child relationships. Supporting parent-child interactions in the context of the family and helping parents meet their needs significantly reduces the risk for child maltreatment. Furthermore, providing parents with information that increases their knowledge of child development enhances the likelihood of the child's educational success.

Critical Element #7

At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.

Rationale

Home visitors must perform the dual role of supporting families' personal and parenting needs. Personal needs may include food, electricity, educational, employment, housing, and health care, while parenting needs include information on child development and parenting skills. The home visitor's priority in supporting personal needs is to link families to health care information and services and to help families learn to use the health care system preventively.

- Home visitors who work with families prenatally are the linchpins to facilitating family access to prenatal care. Following birth, they help ensure timely postpartum care, immunizations and well-child care, which prevent future health complications.

- After positive involvement with the health care system, families may feel more comfortable and confident about using other social service systems.

- It is easier to meet families' non-health personal needs once they are physically healthy. (Note: there may be situations in which other needs must be addressed concurrently, e.g., lack of basic material needs may interfere with a family's ability to access and utilize health services.)

- When children are healthy, they are more likely to achieve school success and grow up to be more productive members of the workforce and become better parents.

Supporting Literature

Home visitor services that begin prior to birth help assure that pregnant women receive comprehensive prenatal care and support. The benefits of prenatal care are well documented; women receiving complete and comprehensive prenatal care are much more likely to deliver full-term, normal-weight, healthy babies than women who do not. By educating pregnant women about the benefits of prenatal care and helping them gain access to such services, home visitors are the keys to improving birth outcomes.

Home visitors facilitate access to health care services. The 1989-1990 measles epidemic (National Vaccine Advisory Committee [NVAC], 1991) illustrates why home visitors must help ensure access to health care. Measles is preventable through early immunization. A measles epidemic occurred despite the fact that immunizations are often available for free or at reduced costs. Many barriers limit successful immunization even if vaccinations are low-cost or free. Barriers include: missed opportunities to administer vaccine, shortfalls in the health care delivery system, inadequate access to care, and incomplete public awareness of and lack of public requests for immunization (NVAC, 1991). Several factors cause inadequate access to health care.

- Inadequate access to health care and immunizations occurs when families have no ongoing relationship with a health care provider (NVAC, 1991).
- Families isolated from the health care system may fail to understand the importance of beginning immunization in infancy. (NVAC, 1991)
- Families may not be able to overcome the difficulties of making appointments, enrolling their child in a well-child program, or obtaining a physical in order for their child to receive immunizations.

Home visitors alleviate access and information problems by acting as supportive mentors who help families understand the importance of immunizations. Home visitors also help families overcome deterrents, such as lack of transportation or the need to enroll a child in a well-child program.

Linkages to health care services through home visitation can alleviate the potential problems associated with early hospital discharge following child birth. Infants and particularly newborns are developmentally vulnerable and entirely dependent on their care givers. In addition to providing advice and support, home visitors serve as the important link between the family and other community supports, primarily health care. From promoting immunizations and well-child care to encouraging the use of car safety seats and other safety measures, these services help prevent avoidable childhood diseases and injuries. (Carnegie, 1994)

Education about the importance of health care encourages parents to access well-child health services for their children. Short and Lefkowitz (1992) found that expanding Medicaid eligibility encouraged preventive health care visits among low-income, preschool children. However, factors other than insurance and income influenced health care visits. To encourage parents to obtain age-appropriate well-child visits for their children, parental lack of education about child welfare must be combated. (Short & Lefkowitz, 1992) Educating parents about the importance of preventive health care greatly increases their use of well-baby services.

Early initiation of health care services helps prevent long-term health-related problems, including those that result in educational difficulties. Another reason for home visitors to build bridges from families to health care providers is that health status affects other life areas. (Shearer, 1994)

- Health status affects education because health problems, such as hunger, poor vision or hearing, high levels of lead in the blood, or dental problems, interfere with learning.

- Mental health or physical disabilities may impede successful development.

- The health of children affects their parents' employability and the resulting income.

Early education about the importance of health care decreases the frequency of childhood illnesses and emergencies. Olds, Henderson, Chamberlin, and Tatelbaum (1986) found that during the first and second years of life, babies of nurse-visited, unmarried teenage mothers experienced fewer emergency room visits. Emergency visits decreased because infants had fewer upper respiratory infections, accidents, and poisonings. Increased knowledge of health risks appears to reduce negative health outcomes. Home visitors should play a role in educating families about health needs and in creating medical homes, where children can receive consistent, ongoing health care.

Home visitors have the dual responsibility to educate families about the importance of early health care for children and to help families access appropriate medical services. Parents need to know that early initiation of health care services, including immunizations and well-child visits, lower the risk of illness and emergencies. Early initiation of health services also helps prevent long-term health-related problems, such as educational difficulties. Home visitors help families access medical services by identifying and removing the barriers that discourage parents from using these services. When families are physically healthy, they are more likely to be responsive to interactions with home visitors and the information that visitors have to share. Furthermore, a successful experience with the health care system will encourage families to access other useful service systems.

Critical Element #8

Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities (i.e., for most communities no more than 15 families per home visitor on the most intense service level. For some communities the number may need to be significantly lower e.g., less than 10)

Rationale

The number of families that each home visitor serves comprises a caseload. Home visitors' caseloads should be limited in size for several reasons.

- Limited caseloads allow home visitors to spend more time with each family. This additional time encourages the development of strong relationships between home visitors and the families receiving services. These relationships are essential to the quality of home visiting services.

- Limited caseloads facilitate intensive and responsive services individualized to family needs. Home visitors have ample time to make frequent visits and to work jointly with families developing and implementing realistic service plans responding to family changes and crises as they occur.

- Limited caseloads afford service providers time to receive ongoing training and supervision that augment their ability to serve families and their professional development.

- Limited caseloads reduce the likelihood of staff burnout and turnover resulting from home visitors "spreading themselves too thin."

Supporting Literature

More families remain intact when home visitors have limited caseloads. Though not directly comparable to home visiting programs geared towards child abuse prevention, the literature on family preservation points to the need for low caseloads. A family preservation program in Ramsey County, Minnesota, had caseloads for home-based services that were half as large as caseloads among traditional services. (Lyle & Nelson, 1983, cited in Frankel, 1988) Home-based service providers met with families for an average of 29 hours per month. Subsequently, 67 percent of families remained intact. Simultaneously, traditional service providers met with families for an average of 12 hours per month, which resulted in only 45 percent of families remaining intact.

Leeds (1984) evaluated a home-based family preservation program and found a positive relationship between small caseloads and children remaining in their homes (cited in Frankel, 1988). In addition, children in the small caseload group received an average of five hours of service per week.

Limited caseloads allow visitors to increase time spent with families during critical child development changes. For example, touchpoints as defined by Brazelton (1992) occur during the second year when children are speaking, feeding themselves, and getting ready for toilet training. Since these touchpoints are often challenging and frustrating for parents, a home visitor's support and guidance may help change a period of tension into a time of excitement and anticipation. By limiting caseloads, home visitors will have ample time to help turn possible family crises into family opportunities.

Limited caseloads reduce burnout among home visitors. Burnout is the "progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work." (Edelwich & Brodsky, 1980, cited in Wasik, Bryant, & Lyons, 1990, p.14) Burnout can result from heavy caseloads, among other things. (Wasik, Bryant, & Lyons, 1990) The costs of burnout include staff turnover, expense of training new staff, lowering of staff morale, and loss of continuity and contact with families. From a family's perspective, the importance of minimizing staff turnover cannot be overstated. For many individuals who have difficulty establishing trust and building relationships, the notion of having to "start over" with a new home visitor may be so disconcerting that the family may drop out of the program altogether.

Limited caseloads provide the necessary time for home visitors to consult with and receive guidance from supervisors. "Appropriate individualization of home visiting work is probably less likely to occur when caseloads are unreasonably high and the level of supportive supervision of home visitors is minimal." (Powell, 1990, p.72) High caseloads result in home visitors receiving supervision through review of written records. In contrast, when home visitors work with eight to ten families, they tend to have weekly consultation with a supervisor to review each home visit (Jester & Guinagh, 1983; Lambie, Bond, & Weikart, 1974, cited in Powell, 1990)

Critical Element #9

Service providers should be selected because of their personal characteristics (i.e., nonjudgmental, compassionate, able to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.

Critical Element #10

Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.

Rationale

Home visitors should be selected based on their personal characteristics and their educational or experiential background.

- Service providers must have receptive, sensitive, nonjudgmental personalities to establish the rapport required to provide effective services.

- Home visitors should have educational and/or experiential background in child health and development, child maltreatment, and parenting.

- Service providers must be able to work with diverse family types and meet their varying needs.

  Of these selection criteria, personal qualities may be the most important. Program managers must look closely at what potential professional or paraprofessional home visitors bring to the position through life, work, and educational experiences. And yet, to meet the varying needs of families, service providers need to augment their existing experience and education with training. Training should be in areas related to the range of services being offered.

Supporting Literature

Home visiting programs must consider a variety of skills and personal qualities when hiring service providers. Wasik (1993) names five factors for consideration when hiring home visitors: professional experience or education; race, ethnicity, and culture; experience, age, and maturity; gender; and interpersonal and helping skills. Hiring decisions should map these considerations onto the program's philosophy, client base, and resources.

Personal characteristics of the home visitor may be the most important criteria for successful interaction with families. It is important to look closely at what potential professional or paraprofessional home visitors bring to the position through life, work, and educational experiences. Relevant work or volunteer positions may serve as an indicator that the prospective home visitor can participate cooperatively as part of a team. Experience may also predict that a home visitor will be responsive to training and supervision. (Wasik, 1993) Some home visiting programs place an emphasis on hiring individuals who are parents (e.g., HIPPY), because parent home visitors have knowledge about children that cannot be gained from work or training experiences. Furthermore, the experience of being a parent usually makes the visitor seem more credible to the families they visit. (Wasik, 1993)

Personal characteristics may be the most important criteria for selecting home visitors, whether they are professionals or paraprofessionals. (Wasik, 1993) Home visitors must have strong interpersonal skills, maturity, flexibility, and good judgment. In addition, if home visitors share some similarities (e.g., ethnicity, gender, marital status) with the families they visit, then more trusting relationships develop between families and home visitors. If a home visitor is from the target population's community and has a similar background, then families will be more likely to embrace and trust the visitor. Other key considerations should be the home visitor's respect for the values and beliefs of many different cultures and the ability to respond appropriately and sensitively to others. (Wasik, 1993)

Home visitors who have strong personal, social, and medical skills are most able to develop a good relationship with clients. The National Commission to Prevent Infant Mortality also suggests characteristics for home visitors. In the article "Home Visiting: Opening Doors for America's Pregnant Women and Children" the Commission notes that,

> Experts agree that several personal characteristics of home visitors make them successful across programs. These characteristics include strong skills in observing, organizing, listening,

> supporting, probing, interpreting, prompting, and gently confronting. Home visitors need to be particularly sensitive to various cultures and to the variety of conditions they face in the homes. It is imperative that they be nonjudgmental.
>
> Generally, a program should select visitors who have strong "people skills" and the right mix of medical and social skills appropriate for the needs of the families they serve. Of equal importance are issues of training, supervision, and support. (p.13)

To work successfully with families, home visitors must be supportive and nonjudgmental in their approach, and have the appropriate educational qualifications. Other authors make recommendations for hiring based on the success of formally evaluated home visiting programs. For example, Schorr (1987) discusses intervention programs evaluated qualitatively. Among successful programs, "staff have the time, training, and skills necessary to build relationships of trust and respect with children and families." (p.368) It follows that these qualities should be considered in hiring home visitors. Daro, Jones, and McCurdy (1993) evaluated 14 child abuse and neglect prevention programs in Philadelphia. Results indicated that "competent and empathic direct service staff are the linchpin for successful prevention efforts. In selecting staff, project directors need to evaluate applicants not only in terms of their educational and technical qualifications, but also in terms of their ability to relate to clients in a nonjudgmental and supportive manner." (p.7) Both studies show that successful home visitors are characterized by particular personal qualities. Thus, home visiting programs should consider these qualities when making hiring decisions.

Effective home visitors possess a strong social-relational orientation that fosters the development of good relationships with families. Fair Start for Children (1992) discusses the outcomes of seven demonstration projects that include home visiting services. Halpern, in the chapter "Issues of Program Design and Implementation," noted that a common characteristic in effective home visitors is a strong social-relational orientation. This orientation fostered the development of visitor-family relations. A later chapter, by Halpern, Larner, and Harkavy, delineates the critical personal characteristics of family workers, including maturity, social ease, open-mindedness, self-awareness, and warmth.

Standardized training programs assure that all home visitors have the knowledge necessary to work effectively with families. Wasik (1993) makes recommendations about the necessary content of a home visitor training program. Wasik recommends six major areas of training: history of home visiting, philosophy of home visiting, knowledge and skills of the helping process, knowledge of families and children, knowledge and skills specific to programs, and knowledge and skills specific to communities. Providing home visitors with a standard training program brings all staff, whatever their background, to the same point.

Home visitors must have a combination of personal qualities and educational training to work effectively with families. Personal qualities are perhaps the most important criteria for successful interaction with families. These qualities include strong social skills, sensitivity to the values and beliefs of different cultures, and a supportive, nonjudgmental approach. Beyond personal qualities, home visitors must be well trained in family systems, child development, health and safety, and specific issues such as drug abuse and chronically ill children. Training insures that all home visitors receive the standard level of training that is needed to work effectively with families. Both training and personal qualities foster the development of good relationships between home visitors and families.

Critical Element #11

Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (i.e., identifying at-risk families, completing a standardized risk assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, emphasizing the importance of immunization, utilizing creative outreach efforts, establishing and maintaining trust with families, building on family strengths, developing an individual family support plan, observing parent-child interactions, determining safety of the home, teaching parent-child interaction, managing crisis situations, etc.)

Rationale

In addition to having dispositions and interpersonal skills that prepare them for their role, home visitors must also receive formal training to develop the knowledge and skills necessary to achieve program goals. Both pre-service and in-service training are essential.

- Formal training prepares home visitors to assess family needs, assist with parent-child interactions, provide accurate information, engage in appropriate case management activities, and meet certain standards of service delivery.

- Training establishes a link between theory and practice.

- Training provides the opportunity for home visitors to develop and implement practical approaches to real situations in a safe environment.

- Training allows staff to share information, experiences, and to learn from each other.

- Training helps home visitors feel supported in their work, and promotes their professional development.

- Training home visitors insures consistent service delivery and allows for improved program evaluation.

Supporting Literature

Intensive training enhances the home visitor's ability to sensitively transmit information to families and to change entrenched parenting behaviors. Weiss (1993) reviews the history of home visiting and discusses qualities of effective home visiting programs. According to Weiss, effective programs must provide an educational curriculum and training in communication strategies for home visitors. This educational core should be grounded in knowledge of child health and development and an understanding of the environmental and psychosocial circumstances that influence parenting behavior. The goal of this training is to help home visitors transmit information on child development and parenting to families while being responsive to family needs. Furthermore, this knowledge is essential because home visitors need an array of tools to change entrenched parenting behaviors.

Intensive home visitor training results in visitors using their time more efficiently. Wasik, Bryant, and Lyons (1990) discuss four sets of characteristics and skills essential for helping relationships between home visitors and families. Helper characteristics are an element of the home visitor's personality. Basic helping skills are among the necessary characteristics, and they include observing, listening, questioning, probing, and prompting. Home visitors must employ specific helping techniques, such as modeling, role playing, and use of examples. In addition, home visitors should be skilled in behavioral change procedures. Another skill is that of problem-solving. These skills must be mastered so that home visitors use their time constructively and productively. (Wasik, Bryant, & Lyons, 1990) Training programs must provide visitors with supervised opportunities to practice these skills in addition to written materials and clinical skills.

Effective home visitor training is experiential and incorporates elements of the home visitor's work. Bernstein, Percansky, and Wechsler (1994) discuss the development of a training program for the Chicago Ounce of Prevention Fund home visitors.The training program developed due to staff frustration and feelings of ineffectiveness in addressing family needs. This program uses didactic training to instruct staff on the use of the Denver Developmental Screening Test. The program also provides concrete information on child development, its influence on parenting, and risk factors in prenatal and early childhood development. However, creative methods used to develop parent-child observation skills are the real strength of the training. These creative methods involve watching and rating parent-child interactions on videotapes and demonstrating certain behaviors. This creative approach to training evolved from a desire to model and parallel home visitors' successful work with families. Thus, successful training must be experiential and based on the home visitor's work.

Additional training and supervision curricula should be developed in conjunction with colleges and universities. Gomby, Larson, Lewit, and Behrman (1993) stress the importance of training.

> Training and supervision are so crucial to the field [home visiting] that we believe any large expansion of home visiting programs should be accompanied by increased training opportunities at colleges and universities for both home visitors and supervisors. Further, within a community and nationally, there should be an attempt to catalog and maintain a resource center for training materials for home visitors and home visiting curricula. (p.18)

Home visitors must possess many skills and significant knowledge to work with families. Each family is unique and presents specific challenges. Many families have established parenting practices that are difficult to change. Home visitors need insights acquired from intensive training to meet these challenges, to facilitate change, and to develop an atmosphere of trust. Through training, the home visitor acquires in-depth, multidisciplinary knowledge and develops practical solutions to the problems arising in everyday work. In addition, training is a necessary support to the worker and reduces frustration and feelings of ineffectiveness.

Critical Element #12

Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations.

Rationale

Supervision serves multiple purposes for home visitors who work away from their peers and face tremendous challenges on the job.

- Supervision promotes both staff and program accountability (Wasik, 1993).
- Supervision encourages the home visitor's personal and professional development (Wasik, 1993).
- Supervision may reduce staff burnout and turnover, through providing home visitors with much needed support.
- Supervision enhances the quality of service families receive.

Supporting Literature

There is no strict empirical support for the inclusion of supervision in home visiting programs. However, many authors who have assessed successful home visiting programs strongly recommend supervision.

Supervisors provide guidance, education, and emotional support to home visitors. "Supervision is defined as a relationship with another person that fosters professional growth (Wasik, Bryant, & Lyons, 1990, cited in Wasik, 1993)." Supervisors may take on multiple roles, including: administrator, teacher, and therapist (Wasik, 1993). In the administrative role, supervisors evaluate the performance of home visitors and even go on visits with providers. Administrative supervisors also provide feedback, which encourages the visitor's professional development. In the teaching role, supervisors add to the home visitor's knowledge and enhance the visitor's abilities. Teaching supervisors help place cases in context or model how to best approach a family. Another teaching role involves discussing difficult families and how best to work with them (Wasik, 1993). Because home visiting is a high stress job, a supervisor in the therapist role offers the visitor emotional support and collegiality. Finally, providing visitors with supervision also allows for congruency between the visitor's expectations of the family and the program's expectations of the visitor, which ensures program quality (Wasik, 1993).

Supervision ensures that training programs are properly implemented. "Staff supervision and training provide education, support and nurturance and serve as a vehicle through which to build an esprit de corps, imperative for staff who need to know that they can count on each other (Kaplan & Girard, 1994, p. 103)." Supervision contributes to effective home visiting programs by ensuring that training programs are properly carried out and that core program curricula are transmitted to home visitors (Bernstein, Percansky, & Wechsler, 1994; Weiss, 1993).

Effective family support programs provide supervision to home visitors, which serves multiple purposes. Larner, Halpern, and Harkavay (1992) assessed the effectiveness of seven demonstration projects for children and families. In these programs,

> At its best, supervision provided an opportunity to review and assess the relationship that was developing with individual families from a deeper and more complete perspective than the group setting of in-service training meetings allowed. It also served as an important vehicle for containing the strong feelings that some families evoked in the workers. ... The most significant element of the supervision, however, was the support it provided for the family workers in their often-stressful work with families (Larner, Halpern, & Harkavay, 1992, p. 194).

Supervision may reduce burnout among home visitors. According to Edelwich and Brodsky (1980, cited in Wasik, Bryant, & Lyons, 1990), burnout is the "progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work (p. 14)." Supervisors provide emotional support and objectivity that may reduce burnout among providers (Wasik, 1993). Families benefit from a decrease in staff burnout because they gain stability from having a long-term relationship with a service provider.

Home visitors often work in stressful environments apart from their peers. Supervision directly affects home visitors through its impact on their emotional comfort. Supervision helps the home visitor maintain perspective, evaluate his or her level of performance, and learn new methods of working with families. Proper supervision may reduce home visitor burnout. Furthermore, supervision indirectly benefits families receiving services by enhancing the quality of home visiting services.