HOME VISITING: AN ESSENTIAL BUILDING BLOCK TO SUPPORT FAMILIES

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This article outlines the advantages of extended home visiting for families and children at risk. This form of visiting— by a nurse, welfare worker or trained volunteer—which may begin in pregnancy or in the first few weeks of life, usually continues regularly and frequently over a period of many months, and in the case of participants in the Olds study, for two years after birth.

Intensive home visiting during the latter part of pregnancy and over the first two years of life is widely regarded as a crucial strategy for improving a range of child and family health outcomes. The benefits of home visiting include the prevention of child abuse and neglect, particularly in vulnerable families. There is good evidence in the literature that, for families, home visiting reduces social isolation, improves the sense of well-being and control of new mothers (especially those most vulnerable by virtue of inexperience and poverty) increases birth intervals, improves employment prospects, reduces involvement with the law and has benefits for long-term mental and social health. For children of all ages, home visiting results in fewer unintentional injuries, better nutrition and lower rates of notified child abuse and neglect.[1]

As Weiss reminds us, home visiting is a necessary but not sufficient element for supporting families.[2] The intensity of the support needed depends on family needs, and there is good evidence that it should be available for all families, especially those having their first child or living in disadvantaged neighbourhoods. Otherwise, there is a danger of stigmatising recipients as potential child abusers, causing some families who could benefit to shy away.[3]

The success of home visiting is attributed not only to its process and content, but also the extent to which it provides a critical link between family units and a range of other neighbourhood-based family support strategies, such as self-help and personal growth groups for parents, play groups for young children, and the establishing of mutually supportive friendships.[4]

If home visiting is managed as a discrete program there is a significant risk that these linkages will not be achieved. If mainstream health services were to embark on universal home visiting, its practice should be flexible to ensure that other services could be provided in response to family need and that linkages to other neighbourhood services could be made. Having volunteer home visitors working in partnership with professional visitors is a model that is intuitively attractive, but its success requires further evaluation in the Australian context.[5] Provision of adequate and secure resources to home visiting programs is critical to their success; current evidence suggests that this has been rare in Australia in recent times.[6]

Home visiting is perhaps best offered from a neighbourhood base that can offer a range of other services, such as play groups and therapeutic or self-help groups for parents, as in the model established by Newpin in the United Kingdom (some family support services in NSW offer a similar model).[7] A broader role for the local public school in family support work (including home visiting) is being encouraged by projects such as the Schools as Community Centre pilot project,[8] and the Full Purpose Schools movement promoted by the Australian Centre for Equity through Education.[9,10]

There is good evidence that investing in home visiting, as a crucial cornerstone in building social connectedness among families, is a cost-effective strategy.[1] From such connectedness and interpersonal recognition develops the sense of mutual trust that is essential to the growth of social capital.[11]

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