

4-2.B Home Visit Completion

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).

WHY is it important?

The research tells us that:

At least 3 visits a month = More than 2x as effective

Nievar, M. A., Van Egeren, L. A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31, 499–520

ABSTRACT: A meta-analysis of home visiting programs for at-risk families ($K=35$, $N=6,453$) examined differences in the effects of programs on maternal behavior. On average, programs with more frequent visitation had higher success rates. The frequency of home visits explained significant variance of effect sizes among studies in the United States, with two visits per month predicting a small, substantive effect. Intensive programs or programs with at least three visits per month were more than twice as effective as were less intensive programs. Home visiting programs using nurses or mental health professionals as providers were not significantly more effective than were programs using paraprofessionals. In general, programs showed a positive effect on maternal behavior, but programs with frequent home visits were more successful.

WHY is it difficult?

Of course programs face challenges due to caseload management, scheduling, and any number of other programmatic factors. But we need to also be constantly aware of parents with attachment challenges due to early childhood trauma. Although their trauma can frustrate our ability to complete home visits, it's a major opportunity for our perseverance to help them repair those lost connections.

Parents who have experienced unresolved early childhood trauma tend to

- View all people as potentially harmful or hurtful – including you.
- Have no experience with a healthy relationship – a “friend” is a friend when that person is nice to you, an enemy the next day.
- Cannot *hold* you in their mind as they have no sense of *knowing* another person is there for them.
- Many parents who have experienced unresolved early childhood trauma are *wired* to expect all humans will hurt them or find them useless. There is no expectation that the world is safe, predictable, comfortable, or pleasurable. In fact, their world view is the opposite.

We also need to remember that the trauma of families has a vicarious emotional impact on staff– both chemically (mirror neurons) and through strong feelings. When parents are not home for home visits, staff may feel disappointed, frustrated, rejected, & angry... and not fully understood.

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4-2.B Families at the various levels of service (e.g., weekly visits, bi-weekly visits, monthly visits, etc.) offered by the site receive the appropriate number of home visits, based upon the level of service to which they are assigned.

4-2. B Rating indicators

3- Ninety percent (90%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

2- Seventy-five percent (75%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

1- Less than seventy-five percent (75%) of families receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.

Next Steps

Discover more strategies and come up with your own!

- Read more about direct actions you can take to work towards home visit completion from a trauma informed perspective.
- Watch home visit completion videos from across the country!
- Talk to your Implementation Specialist!
- Ask new questions when you look at your data. Try to see trends in groups of families where home visit completion is more of a challenge.

Strategies from YOU, Our HFA Network!

- Be consistent with visits (same time & same place)
- Hold them in your mind, ask them about how something in particular went last week, and let them know you missed them.
- Let family plan the visit
- Bring a fun/engaging activity
- Leave a handwritten note at the door
- Send a letter in the mail
- Send thoughtful reminders/ text messages
- Don't judge
- Find something in common that make you both smile
- Offer concrete support (food coupons, diapers, resources, books, referrals, bus tickets)
- Include the entire family in the visit
- Be supportive and persistent
- Assume the best
- Use Reflective Supervision
- Reschedule missed visits
- Process with your team/Staff meetings
- Be an active listener/Listen, Listen, Listen
- Empathize
- Monitor home visit completion rates
- Bring educational information
- Set goals, talk about dreams
- Be on time, Be predictable
- Bridge Cultures
- Offers social activities, Parent groups, Outings
- Meet them where they're at
- Use social media
- Offer flexible scheduling
- Connect Prenatally
- Drop in or Call
- Staff cover for each other during vacations & sick time
- Make Diaper Cupcakes for Families (make a handmade gift, handprints, footprints)
- Celebrate events (Birthdays, Holidays)
- Play Prenatal Bingo
- Be genuine
- Leave something with them to remind them of your relationship (picture, artwork made together)
- Take Care of Yourself!