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A Report on  
Newborn Home Visiting Programs  
in Massachusetts

November, 1993



**Children's Trust Fund**



Preventing Child Abuse In Massachusetts

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**The Massachusetts Children's Trust Fund (CTF)  
is a public-private partnership  
whose sole purpose  
is to mobilize all segments of the community  
to prevent child abuse  
by strengthening and supporting families.**

**Created by state law in 1988,  
CTF is charged with implementing Massachusetts's  
child abuse prevention plan.**

**This publication was compiled by Children's Trust Fund, 1993. For more information  
about child abuse prevention, contact:**

**Children's Trust Fund  
10 West Street, 3rd Floor  
Boston, MA 02111  
(617) 727-8957**

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## INTRODUCTION

The Massachusetts Children's Trust Fund believes that all parents should be supported in their caretaking role. It is in the home, in the context of family life, that children develop lifetime perceptions of the world and of themselves. The job of parenting, including teaching, protecting and nurturing children, is one of the most important responsibilities adults can assume.

Parenting is also a difficult and demanding job. Parents turn to many resources to help prepare for and cope with the demands of family life. Professionals agree that parenting education and support can increase parenting skills and significantly reduce child abuse. Research has shown that newborn home visiting is one of the most effective ways to prevent child abuse through education and support.

The Children's Trust Fund is charged with implementing Massachusetts' child abuse prevention plan. One of the key strategies is to work towards establishing statewide voluntary home visiting to provide all families with the education and support they deserve. It is our belief that the programs should be universally available, voluntary, home-based, culturally competent, and provide comprehensive and routine services beginning at the perinatal stage and extending through the first three years following birth.

This report was prepared to identify existing newborn home visiting programs in Massachusetts. The aim is to look at how these programs are being implemented to ascertain their strengths and needs. In the process of preparing this report, we hope to identify key people and organizations who can share their expertise and experience to assist the Children's Trust in establishing a universal home visiting program in Massachusetts.

The Children's Trust Fund would like to thank Massachusetts Society for the Prevention of Cruelty to Children, Massachusetts Department of Public Health, Parent Aide Management Service, and the Visiting Nurses Associations for their help in identifying home visiting programs. We would also like to thank all the individuals who took the time and effort to complete the questionnaire.

We would like to acknowledge the superb work that Ruth Goldberg did to develop the survey and compile this report; and to Cassie Mitchell for editing the report.

## **NEWBORN HOME VISITING**

*The U.S. Advisory Board on Child Abuse and Neglect recommends that the first, most important step in responding to the child abuse crisis is to focus on preventing it before it occurs by implementing a universal, voluntary, neonatal home visiting service for all new parents.*

### **a) Definition**

The following characteristics define newborn home visiting:

- ◆ Trained workers go into the home to counsel, support, assist and educate families.
- ◆ Services are voluntary and may continue until the child is age 6.
- ◆ Parents who appear to be at greater risk of abuse receive more intense services.
- ◆ Services are integrated into other community resources.
- ◆ Provides support for families in times of stress.
- ◆ Programs vary in approach, but share a common goal: to promote healthy development of families.

### **b) A Proven Strategy**

Research over the past two decades has consistently confirmed that providing educational and support services to parents beginning near the time of a baby's birth significantly reduces the risk factors associated with child abuse and neglect. An impressive model of reaching new parents with home visitor services already exists in the state of Hawaii. There, "Healthy Start" has been put into place for over 50% of Hawaii's at-risk parents. Over a four year period, this program was 99.2% effective in preventing abuse among 2183 families served. Without intervention, these families would normally experience up to a 20% rate of abuse.

### **c) Cost Effective**

Home visitation of new parents is a sound investment. Good home visitor programs can cost as little as \$3,000 a year per family. Intervention and treatment services for families who have already abused their children can cost as much as \$50,000 or more a year. Further, families that have received newborn home visiting services have shown to have better high school completion rates, higher employment rates, lower use of welfare services, and fewer subsequent pregnancies.

## **SURVEY PROCEDURE**

### **a) Identifying Newborn Home Visiting Programs**

The following resources were used to identify home visiting programs in Massachusetts:

- ◆ Massachusetts Office for Children "Statewide Family Support Services Directory" (1990)
- ◆ Visiting Nurses Associations
- ◆ Parent Aide Management Services
- ◆ Massachusetts Society for the Prevention of Cruelty to Children
- ◆ Massachusetts Department of Public Health

With these resources, 250 home visiting programs were identified in Massachusetts.

### **b) Data Collection**

Each of the 250 programs identified were sent a survey questionnaire. The questionnaire was designed to gather information about the programs including: the geographical area served, how families are identified, where they receive referrals from, the number of people served, the number of visits, length of contact with families, type of home visitors, community linkages and funding sources.

A second round of questionnaires was sent to those who did not respond the first time. In total we received 130 completed questionnaires. Of these, 22 questionnaires were not included in the report because the programs only visited each family one or two times in total; or the programs visited for medical reasons only. Programs that visited children under five years of age, though not necessarily newborns, were included. The total number of questionnaires used to compile this report was 108.

## **SURVEY RESULTS**

### **a) Number of Families Visited**

From the 108 programs who responded to the survey, the total number of families visited in Massachusetts during 1992 was 20,077.

### **b) Duration of Visits**

The following table shows the average length of time that each program continued to visit with families. The table shows the percentage of both families and programs that visited for a specified period of time.

<b><u>Duration of Visits</u></b>	<b><u>% Families</u></b>	<b><u>% Programs</u></b>
Visited for less than one year	17%	24%
Visited for average of one year	18%	25%
Visited for up to two years on average	1%	6%
Visited for up to three years on average	16%	14%
Visited for up to five years on average	11%	3%
Visited for no standard time/as necessary	26%	21%
Visited for an unspecified time	11%	7%

### **c) Frequency of Visits**

Almost half of the programs visited families an average of once a week. Another 16% visited more than once a week, and 8% of programs visited less than once a month.

### **d) Criteria used to Identify Families**

Environmental risk factors are the most common criteria used by programs to identify families for newborn home visiting (78%). The main environmental factors include: history of substance abuse (19%), poverty (13%), and homelessness (13%).

Two other major risk factors being used are medical need (55%) and developmental delays (52%). Over a quarter (27%) of programs serve teenage parents, while ten of the 108 programs (9%) serve only pregnant or parenting teenagers. Almost one-fifth (19%) of the programs serve families where abuse and neglect had been substantiated. Six percent of the programs gave no answer to this question.

#### **e) Voluntary versus Mandatory Visits**

The majority of the programs (66%) are completely voluntary on the part of the families visited. Only 2% of the programs are solely mandatory; and 30% are a combination of both.

#### **f) Sources of Referral**

The following list contains the most frequent sources of referrals to home visiting programs. Most programs had several sources.

<b><u>Source of Referral</u></b>	<b><u>% of Programs</u></b>
▶ Self-referred	87%
▶ Hospitals	84%
▶ Department of Social Services	79%
▶ Doctors	75%
▶ Health clinics	73%
▶ Visiting Nurse Associations	60%
▶ Community agencies	26%
▶ Local schools	24%
▶ Women, Infants, Children program (WIC)	19%
▶ Early Intervention programs	19%
▶ Social workers	12%
▶ Shelters	10%

### **g) Home Visitor Profile**

The majority of home visits are made by professionals, either solely (31% of programs), or by both professionals and paraprofessionals (35% of programs). Another 18% of programs use a combination of professionals, paraprofessionals and/or volunteers or student interns. Only 4% of programs surveyed use solely volunteers as home visitors, and only 8% use solely paraprofessionals.

### **g) Sources of Funding**

The following list refers to the most common sources of funding (most programs have more than one source.) The numbers below represent the percentage of programs which receive some funding from the corresponding source; they do not reflect actual dollar amounts obtained from each source. The dollar amounts are not known at this time.

<b><u>Source of Funding</u></b>	<b><u>% of Programs</u></b>
▶ Private, third party insurance	48%
▶ Medicaid	40%
▶ Mass. Department of Public Health	31%
▶ United Way	19%
▶ Some form of federal funding	19%
▶ Mass. Department of Social Services	18%
▶ Client pays for services	14%
▶ Foundations	11%
▶ Some form of city/local funding	11%
▶ Private, individual donations	10%

## **DISCUSSION**

The survey confirmed that many cities in Massachusetts had some type of newborn home visiting program operating. However, the number of families who have access to this service is very limited.

### **a) Number of Visits**

Research shows that the length of time families stay in the program significantly influences the impact and effectiveness of the program. Healthy Families America and Healthy Families Massachusetts recommend that visits continue for a minimum of three years. The survey data showed that only 15% of newborn home visiting programs visited for at least three years. The majority of programs visit for less than three years (85%) with approximately half of the programs surveyed, visiting for one year or less.

### **b) Program Criteria**

All the services used specific criteria, such as environmental risk factors, to identify families for their program. This means that families who are considered "high risk" are targeted, leaving many families ineligible to receive home visiting. In addition to limiting criteria, the accuracy of risk assessment tools continues to be a controversial subject and no assessment can be 100% accurate. Universal home visiting means that services are available to all families within the particular geographical region served by the program regardless of "risk" factors.

It should also be noted that 19% of programs cannot be classified as preventative because they visited families where abuse and/or neglect had been substantiated.

### **c) Referrals**

Referrals to home visiting programs come from a variety of different sources with the majority coming from the health care sector. The lack of a consistent referral source or system of referral means that many families never find out about, or access, newborn home visiting. It came to our attention that two newborn home visiting programs in one community did not know of the others existence. Additional research is needed to determine which community agencies know and refer people to newborn home visiting programs so that all families are aware of the service.

#### **d) Funding**

The survey showed that the most common source of funding for home visiting is private, third party insurance. This greatly influences who is able to receive services because insurance companies will only pay for specific physical and mental health problems of their clients. This means that a client must, first have insurance, and second, they must be diagnosed with a physical or mental disorder. These factors exclude the majority of families from newborn home visiting. Numerous other factors influence the ability of families to provide quality care to their children such as environmental factors (i.e. poverty); lack of parenting knowledge/experience; or day to day stress.

Lack of funding was cited by many of the programs as the main obstacle to expanding their program: not only to visit families for a longer length of time but also to visit more families. Funding severely effects the ability of programs to provide universal newborn home visiting. It forces programs to target families that are considered "high risk" for abuse and/or neglect. This contributes to the stigmatization of newborn home visiting by labelling people as potential child abusers. All families can benefit from newborn home visiting; the ability to parent is learned not innate. To achieve universal home visiting it is necessary to reduce the stigma attached to asking for assistance and/or support in the parenting role.

## CONCLUSION

### **a) Summary**

The survey highlighted three specific areas that need to be addressed before newborn home visiting becomes a comprehensive, universal service across the state of Massachusetts. Funding appears to be an obstacle for all three of these areas. The areas include:

- ◆ Extending the availability of services for a minimum of three years.
- ◆ Developing a system of referral that will reach all families, whether or not they choose to use the service.
- ◆ Expanding criteria and funding mechanisms to achieve universal availability of newborn home visiting in Massachusetts.

### **b) The Next Steps**

The Children's Trust Fund and Healthy Families Massachusetts are using multiple strategies to ensure a statewide voluntary neonatal home visiting program for all families in Massachusetts. These strategies include:

- ◆ Developing Core Elements for Massachusetts newborn home visiting programs.
- ◆ Bringing together people involved in home visiting at symposiums and conferences.
- ◆ Developing an evaluation tool for newborn home visiting programs.
- ◆ Obtaining more funding through legislative work.
- ◆ Raising public awareness to reduce the stigma associated with seeking parenting support and education.