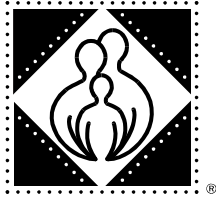


# Characteristics of Effective Home Visitors



Home visiting minimizes barriers to service delivery. Staff have the opportunity to engage the entire family in the process. Earning the trust of parents and establishing relationships with family members in order to build on family strengths and address needs requires a unique skill set. The key to effective home visitation lies in the training, supervision, skills, and personal strengths of home visitors.

Home visitation programs employ a range of staff with varied backgrounds. The Healthy Families America<sup>®</sup> (HFA) program enables communities to determine their staffing profile and many of them have opted to utilize paraprofessionals. The term “paraprofessionals” may be used to describe home visitors in programs that do not specify educational credentials for these staff. What does the term “paraprofessional” really mean, and what evidence exists on their effectiveness in serving families with young children?

The term paraprofessional typically refers to a worker who does not possess formal educational credentials in their field of employment. Paraprofessional home visitors are a diverse group, but typically have some college education, specialized training, and experience. For example, within the HFA network:

⊙ In half of HFA programs, nearly all the home visitors (90% or more) are college graduates or have some college education.

⊙ Across all HFA programs, 74% of HFA home visitors are college graduates or have some college education.

⊙ Two-thirds (67%) of HFA home visitors have college-level training in a helping profession (child development, social work, education, nursing, public health, etc.).

⊙ Ninety-two percent of HFA home visitors have at least one year of prior experience in home visiting, with an average of three years.

Healthy Families America programs place a high priority on their hiring process. Home visitors are selected because of their non-judgmental nature, their compassion, ability to establish a trusting relationship with families and their willingness and motivation to provide services to families.

In addition, HFA home visitors receive intensive and ongoing training to ensure services are thoughtful and culturally competent. Staff receive in-service trainings year-round on topics ranging from domestic violence and substance use to building upon family strengths, infant mental health, utilizing community resources and developing family goals. Other home visiting programs have found it beneficial to send their staff to attend HFA trainings.

Another critical component of HFA is its emphasis on staff supervision. Healthy Families America home visitors receive weekly supervision. This ensures that staff are receiving the guidance and support they need to best meet the needs of the families with whom they work.

Although many family support programs have employed paraprofessionals for decades, the research on their effectiveness is mixed. Some of the problems in determining the effectiveness of non-degreed staff in the research literature include: the inconsistency in how studies define paraprofessionals, differences in training and recruitment of workers, and the level of tasks assigned to these workers.<sup>1,2,3</sup> Some research has found that paraprofessionals were more effective in achieving positive outcomes with parents and families than were professionals.<sup>4,5</sup> In contrast, a recent study led by Dr. David Olds<sup>6</sup> finds that families served by nurses had better outcomes than those served by paraprofessional home visitors. This study represents the first attempt by Olds and colleagues to adapt the Nurse-Family Partnership (NFP) model

for use by non-nurses. Because the study did not evaluate the adequacy of training and supervision provided to this particular group of paraprofessionals, who had different educational and experiential backgrounds than is typical of the field, it is unclear whether the results are due to service provider characteristics or implementation challenges.

According to two recent meta-analytic studies, paraprofessionals achieved results comparable to professionals, including nurses. Guterman's (2001)<sup>7</sup> meta-analysis examined home visitation programs that targeted parent-child outcomes related to child abuse and neglect. His study finds comparable rates of family engagement, retention, and child maltreatment outcomes for both nurse and paraprofessional home visitors. Researchers at the Centers for Disease Control and Prevention (CDC) found that, within home visiting programs intended to last two years or more, paraprofessional visitors and nurse visitors achieved similar outcomes with regard to preventing child abuse and neglect.<sup>8</sup>

## Conclusion

The complex helping relationship at the core of effective home visitation cannot be reduced to a single dimension of service provider characteristics, such as a particular degree or discipline. While programs should select the most qualified home visitors possible, educational credentials should not be emphasized over experience, interpersonal skills, and other skills related to this type of work. High quality training and clinical supervision are key program components that help ensure paraprofessional effectiveness. The research literature offers ample support for the effectiveness of paraprofessional home visitors, particularly in the area of reducing child abuse and neglect.

Research findings from Healthy Families America are available at:  
[http://www.preventchildabuse.org/learn\\_more/research\\_docs/hfa\\_research\\_folder.html](http://www.preventchildabuse.org/learn_more/research_docs/hfa_research_folder.html)

<sup>1</sup> Wasik, (1993). Staffing issues for home visiting programs. *The Future of Children*, 3(3):140-157.

<sup>2</sup> Musik & Stott. (1990). Paraprofessionals, parenting, and child development: Understanding the problems and seeking solutions. In S. Meisels & J. Shonkoff (Eds.), *Handbook of early intervention* (pp. 651-667). Cambridge, UK: Cambridge University Press.

<sup>3</sup> Hiatt, Sampson & Baird. (1997). Paraprofessional home visitation: conceptual and pragmatic considerations. *Journal Community Psychology*, 25: (77-93).

<sup>4</sup> Durlak. (1979) Comparative effectiveness of paraprofessional and professional helpers. *Psychological Bulletin*. (86): 80-92.

<sup>5</sup> Hattie, Sharpley, & Roger. (1984) Comparative effectiveness of professional and paraprofessional helpers. *Psychol Bull.* (95): 534-541.

<sup>6</sup> Olds, Robinson, O'Brien, Luckey, Pettitt, Henderson, et al. (2002). Home visiting by paraprofessionals and by nurses: A randomized controlled trial. *Pediatrics*, 110 (3), 486-496.

<sup>7</sup> Guterman (2001). *Stopping child maltreatment before it starts: Emerging horizons in early home visitation services*. Thousand Oaks, CA: Sage Publications, Inc.

<sup>8</sup> Hahn (personal communication with L. Friedman, 10/10/02)