# Home Visiting

## An Australian perspective

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*This paper is based on the Keynote Address given by the author at the First National Home Visiting Conference in Canberra, 18-20 August, 1997. The paper explores a range of questions fundamental in relation to the future of home visiting programs in Australia. What are home visiting programs? Who visits whom and to what end? What type of relationship develops and what happens during the visit? Where should such programs fit into agencies and service systems? And what about issues such as funding, ethics and evaluation? Last but not least, how can we learn from the home visiting programs of the past to meet the needs of the present and the future?*

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The African proverb that 'It takes a village to raise a child' has now become a cliché, but the key question is 'What might it take to rebuild the village?'. This is the challenge facing us as we seek new ways of enhancing the well-being of children and their families. Home visiting programs are one way in which we might be able to rebuild the web of relationships or the informal social infrastructure around families at the critical point of transition to parenthood.

The recent emergence of interest in home visiting programs in Australia is welcome and most timely as we begin to face the reality that our current response to problems such as child abuse and neglect is just not working. Huge numbers of families are now drawn into the child protection net in our country but only a tiny proportion of cases proceed to a court order. The net widening in the reasons for such notifications is pushing our child protection systems to the point of collapse. In too many cases the first port of call in our service system is the child protection system. Protecting the child who is really at risk is akin to looking for the proverbial needle in the haystack. At the same time, large numbers of vulnerable families are deeply humiliated and alienated by the system of intrusive investigation, which often does not result in any assistance to the family. In fact it often makes it more difficult for such families to make use of available services.

There is therefore a renewed interest at the level of both policy makers and practitioners in home visiting programs which intervene before families get close to the edge of the cliff. This interest led the Commonwealth Government, through the National Child Protection Council, to commission Professor Graham Vimpani, Associate Professor Margarita Frederico and Professor Lesley Barclay to undertake an Audit of Home Visitor Programs, and their report, published in 1996, documents the diversity of home visiting programs in Australia. While their effectiveness is yet to be fully tested, it is hoped that by reaching out to parents in an affirming way in their own home environment, home visiting programs can facilitate the transition to parenthood and enhance family functioning. Home visiting programs can be offered at the primary, secondary and tertiary levels of prevention.

The term 'home visiting' is rapidly coming to have a specific meaning based on a certain type of program, just as the term 'family support' came to have a specific programmatic meaning, but what do we mean by home visiting programs? Who visits and who is visited? Why? What type of relationship develops? What happens during the visit? Where should such programs fit into agencies and service systems? The who, why, what and where questions are fundamental to consider in relation to the future of home visiting programs in Australia.

So are questions relating to funding, ethics and evaluation.

## WHO?

There are two 'who' questions: who visits; and who is visited? Let us look at each in turn. Many people visit the home. The next door neighbour may visit the home, the Meals on Wheels volunteer may visit the home, so might the local general practitioner treating a housebound patient or a child protection worker doing a risk assessment investigation. But we do not usually associate these sorts of visits to the home as 'home visiting'. Rather we associate home visiting as a more formal and structured process than the next door neighbour popping in for a cup of tea and a less formal and structured process than a professional visit with a specific task to perform. Home visiting sits somewhere in the middle of this spectrum of relationships, and the visitor may be a professional person or a volunteer.

Who is visited? There is enormous diversity in home visiting programs, as the Commonwealth's 1996 Audit of Home Visitor Programs highlights. This diversity includes who visits whom. While at the National Home Visiting Conference 1997, the particular focus was on home visiting programs for parents of young children, visiting programs exist in a broad range of fields. For example, in the field of aging there are programs such as Do-Care for elderly isolated people. In parent-focussed home visiting programs, however, who is visited?

This varies a lot. In primary prevention programs such as the universal mother-to-mother befriending programs in the Netherlands, or in programs such as "Mums' Chums", which was developed in Melbourne in the late 1970s by Southern Family Life in collaboration with local maternal and child health centres (Schwarz & Begg 1980), every new mother is offered a volunteer visitor who is a local mother like herself. There is no identification of 'risk' and those who are visited, in turn, may become visitors.

In secondary prevention programs home visiting services are targeted at parents who are seen as vulnerable and likely to experience a problematic transition to parenthood for a broad range of possible reasons. This probably best describes the UK Home Start programs which have developed in Australia with the support of the University of Newcastle's Family Action Centre which has played such an important role in promoting home visiting programs in this country.

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In tertiary prevention programs, a supportive relationship is offered to families who are experiencing great difficulty in their parenting and where child abuse or neglect may already have occurred and where the goal is to prevent its recurrence. The volunteer program developed in the late 1970s at St Anthony's Child & Family Services agency in Melbourne for families who had experienced inter-generational wardship, carefully matched such families with a volunteer family. This was envisaged as a long term relationship, and was part of an intensive intervention which also involved professional services.

While it is possible to classify some programs in this way, other home visiting programs cater for a broad range of needs and serve some families for whom the intervention could be described as primary and others for whom it could be described as a secondary or tertiary intervention. Such a classification system may therefore be of limited use, although it does highlight the diversity of other services with which home visiting programs might need to connect at these three levels, from obstetric hospitals and maternal and child health, to family support and counselling services, to statutory child protection services.

## WHY?

Why home visiting? What is its purpose? The defining feature of home visiting is the purposeful offer of a supportive relationship in order to enhance social functioning. The general practitioner, or the volunteer for Meals on Wheels, may also provide a supportive relationship but this is secondary to their primary purpose, although it may become the most important aspect to the person being visited. The concerned neighbour may also visit and do so with the primary purpose of providing support but this is not a home visiting program as such, auspiced by an organisation in response to an identified need.

Why visiting and why in the home? To me the location of the interaction is secondary to the nature of the relationship in defining home visiting. It may not even be in the 'home' as long as it is in the 'natural living space' of the individual. In the Big Brother Big Sister mentoring program for children and adolescents, where the contact occurs is less important than that it occurs in a place where a relationship may best develop. In some circumstances it may be more appropriate for the interaction not to occur in the home. Certainly this was true of some of the vulnerable adolescent mothers in the Brotherhood of St Laurence Family Friends Program with which I have been involved in recent years. Home, if it can be called that, for a house is not always a home, may be a dark place full of drugs and despair, and for some of the young women the relationship with their 'Family Friend' had a better chance of developing in the shopping centre, in the car, or even in the volunteer's home.

A supportive relationship may even be sustained without visits. In the Family Friends program much of the interaction occurs on the telephone, as the young women and the volunteers are

scattered across one of the geographically largest and one of the lowest residential density cities in the world. I imagine that in remote regions of Australia, the telephone or two way radio may also be the most viable means of maintaining regular contact.

It is therefore possible for 'home visiting' not to be in the home and not to be based on visiting, as long as it possesses the essential element of providing a purposeful supportive relationship. The relationship may also vary in its duration – from relatively short term to a lifetime, although it is unlikely that a very short term contact would enable a supportive and trusting relationship to develop.

But what is this supportive relationship like? This is unclear in terms of our usual categories of social relationships. Home visiting programs exist at the interface of what has been described as the 'institutional world' and the 'sub-institutional world' of the family. The institutional world is the world of formal organisations based on formal rules and the sub-institutional world is one of kith and kin based on informal rules. These worlds operate in fundamentally different ways. Sitting at the interface of these two worlds, the relationship between the visitor and the visited may have features of both friendship, based on norms of informality, reciprocity and loyalty, and features of a professional-client relationship.

In regard to the latter, there may be an expectation that the home visitor will record in writing or report back to others on the family, acts which would be alien, if not an anathema to the usual notion of friendship. Such ambiguity carries within it the potential for confusion and deception. For example, home visiting programs can easily become the welfare wolf in sheep's clothing, carrying out a surveillance operation on the part of the State's child protection system. On the other hand, a family may want an enduring and intimate style of friendship with a volunteer home visitor which is different from what the volunteer wishes to offer, and this can lead to discomfort on the part of the volunteer and a sense of rejection on the part of the family. How might we best deal with the inherent capacity for boundary blurring and role confusion of home visiting programs? This is a crucial question.

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## WHAT?

What actually happens during a home visit? There is enormous diversity in the activities undertaken in home visiting. Some programs are based on very structured activities such as the acclaimed Dublin Community Mothers program in which volunteer women from a low income neighbourhood regularly visit a number of families in their own area during the first year of the baby's life. They do this with the support and supervision of a Health Visitor, a public health nurse, and help families to chart their own child's development and systematically work through a developmentally sequenced educational program with carefully designed comic style reading material.

In contrast, in other home visiting programs the focus of the activity is highly unstructured and based on the individual needs of the family. It may vary from supportive counselling to very practical assistance in the home, or simply social contact. We should not think of the activities as being in a hierarchy in which, for example, 'counselling' is superior to concrete assistance or social contact. Rather, what is done needs to match the family's needs and what they are telling us they would find helpful, not what we want to impose.

I was struck while reading an evaluation of one home visiting program in which a volunteer complained of being used as a babysitter. She wanted something 'more challenging'. While matching volunteer interests and family needs is obviously important, the latter needs to take precedence, and in some circumstances a volunteer who performed the role of babysitter may be more important to a family than one who was a quasi-counsellor.

Volunteers need to feel affirmed and valued for whatever help they provide and to achieve this others in the agency must value the concrete and not just the clinical. As a researcher exploring maternal depression and the role of the maternal and child health nurse, I once accompanied a nurse up several flights of stairs to visit a Moslem lady with twin two-year-old daughters and a new baby girl and no extended family in Australia. Her husband worked long hours and she lived like a prisoner in her tiny flat, never venturing out. She spoke very little English and was obviously clinically depressed. Caring for the three children and coping with an unsupportive husband who blamed her for producing yet another daughter was overwhelming for her. The maternal and child health nurse had involved a local family service agency but they soon gave up as they had wanted to teach the mother how to stimulate the twins and encouraged her to use educational toys. The mother had not responded to their efforts and the relationship between the mother and the family worker had not developed. I asked her what she would have liked the family worker to have done. In broken English and with sign language she communicated to me that she would have liked someone to help her go shopping and assist her up the stairs as it was impossible to carry the shopping, the baby and the twins up the stairs at the same time and she feared that either the food or the children might be stolen if she left them at the ground level. If the worker had been encouraged by her supervisor to roll up her sleeves, things might have been different, but in this agency 'therapy' was valued above all else and so anything which appeared to resemble 'home help' was discouraged.

This case reminds us not only of the importance of culturally sensitive practice, but also about the importance of the concrete. Responding to the concrete may be a means of building a relationship which can perform other functions, as occurs in family preservation programs, or it may be an end in itself. My mentor and teacher, the late Dr Len Tierney, one of the leading child welfare reformers and social work educators in this country, used to say to his students when they became too immersed in the psychological, 'Remember, there are states of affairs as well as states of the mind'. He also used to remark, 'The more professional you really are, the less professional you have to appear to be'. These words of wisdom may help us to avoid becoming too preoccupied with the 'inner world' to the exclusion of the 'outer world', and too preoccupied with our own upward occupational mobility. They are important lessons for all types of programs working with individuals or families.

## WHERE?

Where should home visiting programs be located organisationally and within the broader service system? The agency auspice can vary greatly – for example, from a large non-government agency, to a local council or a neighbourhood house. The degree of agency involvement in recruiting, training, matching and supporting the relationships can also vary greatly, from being very limited and highly informal to being an intensive and closely monitored process. How does organisational structure and mandate shape the way in which home visiting programs are developed and delivered? We don't know the answer to this yet but it is an important question for research in the future.

My personal preference is for home visiting programs to be located within a non-government organisation, although this is no guarantee against the impact of rigid bureaucracy. What matters most though is whether the agency can be flexible enough to respond to the unique needs of a family in an individualised way rather than processing families in a standardised manner according to the predetermined boxes of single input services based on categorical funding. Home visiting programs may be 'stand alone' services or co-exist with a broad range of other services in an agency. Not only are organisational overheads reduced when they are one of a number of services, but under this arrangement there may be greater opportunity to select from a variety of services the one or the combination which best suit a family's needs rather than have a 'one size fits all' response.

Non-government agencies may also be more successful in recruiting and retaining volunteers who identify with their ethos more than they would with a government body. Organisations which draw on the resources of volunteers must develop the skills to harness and sustain this valuable resource. Volunteer programs require a sound infrastructure if they are to be effective. This is not cheap.

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The effectiveness of home visiting programs will depend to a great degree on the service system in which they are embedded. A 'good enough' service system needs a broad range of well-integrated services. In the absence of appropriate alternatives, home visiting programs will be pressured to fill a gap which they are not equipped to fill such as already occurs with some child protection cases. The possible dangers in this are obvious – for the child, the family, the visitor and the agency. At the same time, we must remember that even when cases are being well managed by child protection services, there is still the risk that a child may be seriously harmed. We can reduce the risk but we cannot eliminate it and home visiting programs need to be prepared for this possibility.

It is essential that we analyse the specific service system into which we seek to introduce home visiting programs. Case studies of home visiting programs which succeed or fail, are useful in helping us to do this. In relation to the latter, there is a deafening silence. It takes a special agency with professional integrity on the part of staff to report their failures. This was what the staff from the Melbourne agency Berry Street Child and Family Services did at the 1996 International Conference on Child Abuse and Neglect when they presented a paper on the agency's inability to introduce the Hawaiian Healthy Start Program in a growth corridor area of outer Melbourne. Their experience highlighted the central significance of inter-agency relationships, in this case problems in collaborating with maternal and child health services, as well as the funding crisis facing many agencies. Similar domain disputes and inter-professional tensions have recently plagued other early intervention programs in Victoria. Enhanced inter-agency and inter-professional collaboration are therefore essential if we are to serve families.

Another major challenge relates to the transfer of home visiting models from one type of service system to another. For example, the United States does not have universal maternal and child health services – this is the very gap their home visiting programs are designed to fill. Their replication in a service system which does have universal maternal and child health services will therefore be very different, and raises the fundamental question as to whether we should even try to replicate such models or instead adapt and extend our existing service infrastructure.

This is exactly the same issue I raised in relation to the importation of intensive family preservation programs in the early 1990s. These programs, which now have an important place in the service spectrum, came from the United States which does not have

family support services as we know them. That is the gap which family preservation programs were intended to fill in their system. This was not addressed in relation to their introduction in Australia. In some states they were introduced as if family support programs did not exist or as if they were the poor relation, and the issues relating to the integration of both program models was not resolved. We are now having to face the legacy of this.

The UK does not have a system of family support programs either, although they certainly have an excellent equivalent of our maternal and child health service in their health visitor service. We must therefore consider carefully how US and UK home visiting programs fit within our existing structure of family support programs. Let us not make the same mistake with home visiting programs. The old Australian cultural cringe is a millstone around our necks. We have much to learn from other countries but they have as much to learn from us. As well as developing our own program models, we should adapt successful overseas programs into the unique ecology of our own service systems. Our own service systems vary from region to region, and the transfer of models within Australia also needs careful consideration.

Given that most Australian states have some existing infrastructure of both universal maternal and child health services at the primary prevention end of the spectrum, and family support programs at the secondary and tertiary prevention ends of the spectrum, the fundamental question facing us is 'what is the proper place for home visiting programs within our service systems?' I would argue that our basic strategy should be to redevelop and link these two existing levels of services – maternal and child health and family support, and then incorporate within them, and not in addition to them, elements of home visiting programs to fill particular unmet needs. This will not be easy to achieve. For example, volunteer-based programs may not sit easily with professionally-based programs if roles overlap and some people are paid for doing similar work to those who are not. The industrial and other tensions in this situation are obvious. But to try and build a whole new level of infrastructure is neither economically viable nor desirable as it will merely add more fragmentation to an already fragmented system.

Last but certainly not least, the funding level and funding sources of home visiting programs vary greatly – including non-government agencies which fund their programs from their own diminishing reserves, government funded programs on time limited service agreements, and some with no funding at all which have been surviving on the smell of an oil rag but which are about to collapse. However, the cars of the volunteers do not run on the smell of an oil rag. They need petrol, and in some of the struggling Home Start programs in rural New South Wales, the volunteer women are digging into their own already stretched housekeeping money to fill their cars with petrol so that they can drive great distances to visit the families for whom they have become an emotional lifeline. Some of these programs face the prospect of closing within months and a number of small community-based programs in rural New South Wales ended last year.

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This is not only devastating for individual families but destructive to the community itself which will hesitate to invest in such initiatives again. It can further damage the social fabric of a community when such a service dies, particularly in communities already weakened by the loss of the local bank, the post office and the school, as is happening in many rural communities across Australia. Initiatives like home visiting which depend on volunteer effort and goodwill, have as their life source the 'social capital' of a community. This is a fragile resource. When extinguished it is hard to revive. It would be mad to embark on a new series of expensive pilot programs while those which are currently in existence die for want of modest amounts of money to sustain them.

## ETHICS

There are a number of other challenges facing organisations in relation to home visiting programs. These include the challenge of ensuring ethical practice and the challenge of evaluating their efficacy and efficiency. The task in relation to ensuring ethical practice is not easy for secondary prevention home visiting programs which are targetted at vulnerable families. If we are to identify 'at risk' families rather than provide universal home visiting, it is vital that we are careful that we do so in a way which is not stigmatising. Issues relating to the interaction of home visiting programs and child protection services must be resolved in an open and ethical way in which we are honest with families about why they have been referred to a home visiting program and about the limitations which might exist in regard to confidentiality.

Ethical issues are also of concern in relation to risk assessment instruments which are used by some US home visiting programs in obstetric hospitals to identify and recruit vulnerable families. Hospital Ethics Boards are increasingly and rightfully concerned about risk assessment screening instruments being administered to patients without their informed consent, particularly during the early post-partum period. In her keynote address at the 1993 Australasian Child Abuse and Neglect Conference, Dr Deborah Daro, a leading figure in North

American home visiting programs, stated that the use of child abuse and neglect risk assessment instrument to offer home visiting was ethical only if families were completely at liberty to decline the offer, and that it was unethical for them to be used to make child protection notifications.

One of the reasons is because such risk assessment instruments have very high false positive rates, as outlined by Dr Kevin Brown, another keynote speaker at that conference, who presented his UK longitudinal research on this subject. That is, while they can accurately identify families who subsequently go on to abuse or neglect their child, they also identify as being at similar risk of abuse, many more times this number of families who do not subsequently abuse their child. To intervene coercively on the basis of a high score on such an instrument is therefore unethical. It can also be highly discriminatory in relation to poor families as the strongest predictors of child protection notifications, certainly in North America, are factors such as age of mother at the child's birth, her years of education, marital status and the colour of her skin.

## EVALUATION

Evaluating the efficacy of home visiting programs is essential to their survival and expansion but is also a methodological nightmare. While it is wonderful to celebrate the diversity of programs and say 'let a thousand flowers bloom', if we are to evaluate them, we need to know that we are not comparing oranges and lemons. Global questions such as 'Do home visiting programs work?' are unanswerable. We need to ask questions about particular types of programs in relation to particular types of populations in particular service system contexts in relation to particular objectives. Outcome measures need to be chosen very carefully. Variables such as child protection notification rates will not tell us whether home visiting programs prevent child abuse and neglect as the very visibility of the family made possible through home visiting may allow identification of behaviours which remain invisible in families not receiving home visiting. Control groups in this type of field are also notoriously problematic.

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The type of evaluation which works well, such as that adopted in the Dublin Community Mothers Program, uses a range of measures relevant to the child and family. While there is obviously a place for large scale evaluations there is also a place for small scale studies which provide a 'thick description' of the program and its context. A good example of this is the recently released evaluation of the Home-Start Early Parenting In-Home Support Program of the Uniting Church agency, Copelen Child and Family Services.

## FROM THE PAST TO THE PRESENT

Home visiting programs will develop best if those involved in them critically reflect upon their practice and share their ideas and experiences with one another while drawing upon the collective experience of the past. There is a tendency for each generation to reinvent the wheel. The home visiting programs of today are the direct descendants of the friendly visiting programs of last century, and it is important that we recognise that home visiting has a very long heritage which has strongly shaped the development of social work and community development. This history has some valuable lessons for the home visiting programs of today.

In the mid-nineteenth century 'friendly visiting' of poor families by volunteer middle class women was common in England and to some extent was reproduced in the colonial cities of Australia. In London in the 1860s pioneering social worker and social reformer Octavia Hill, combined 'friendly visiting' to the poor with efforts to change the social conditions in which the poor lived. In addition to exploring the internal functioning of the family, she recognised that family morale and well-being were also a function of the external environment. With the backing of philanthropists, Octavia Hill became involved in small scale housing reform, purchasing derelict houses and replacing them with carefully designed homes and including some of the first children's playgrounds in the history of urban development. She exemplifies the fundamental principle of 'going from case to cause', which we should try to emulate in our home visiting programs today.

By the early years of this century 'the home visit' had achieved a hallowed status in the young profession of social work. One of the North American matriarchs of social casework, Mary Richmond, expressed with sophistication and elegance the advantages of seeing families in their home in her classic book *Social Diagnosis*, published in 1917.

> Family caseworkers welcome the opportunity to see at the very beginning of intercourse several of the members of the family in their own home environment, acting and reacting upon one another, each taking a share in the development of the client's story, each revealing in ways other than words social facts of real significance. (Richmond 1917, p. 137)

From this statement we can see all the seeds of modern family systems theory: a focus on interactional processes; a notion of individual and family narratives (very post-modernist!); and non-verbal communication. These are extraordinary insights, for which we have only recently developed a conceptual language. The late nineteenth century Australian home visiting programs were characterised by the same chasm of class as their English counterparts. However, at the end of the First World War a uniquely Australian home visiting program broke through

the class barrier. The extraordinary organisation called Legacy developed in the aftermath of a war in which 60,000 Australian men lost their lives (a higher proportion of its young men than any other Allied country), leaving large numbers of families fatherless at a time without the safety net of the modern welfare state. Legacy developed further after the Second World War, particularly in its educational role. Given its distinctive features, it is surprising that Legacy has received so little attention from researchers, with one of the few studies being that of Healy (1975).

Legacy arranged for fatherless families to be offered the assistance of an ex-serviceman, who befriended the war widow and her children, and provided practical and moral support, backed up with educational assistance for the children. Some of us are old enough to remember going to school with children who received the non-stigmatising assistance from Legacy, and some went on to university with the same assistance. Sally Morgan, the daughter of an Aboriginal mother and a white father, an ex-POW who died when she was very young, recalls in her remarkable book *My Place*, the vital support her mother received from Legacy in the years after her father's death and how a Legacy Scholarship enabled her to enter university.

Legacy is an Australian home visiting service *par excellence*. It has several core characteristics that we need to identify and consider in relation to current home visiting programs.

1. It is staffed by volunteers and has developed strong support from the community. It thus springs from deep within civil society. How do current home visiting programs draw upon the voluntary resources within the community and build a base of community support?
2. It has a distinctively Australian ethos of egalitarianism, growing out of the bonds forged between men at war. It was underpinned by the dignity of 'hypothetical reciprocity' – that one has done to one what one would have done unto the other if the situation had been reversed. How might home visiting programs today preserve the dignity of families and avoid the undesirable aspects of class-based charity?
3. It provides both practical and moral support. Often actions speak louder than words. How do home visiting programs remain responsive to the material needs of families?
4. It is truly family centred, not individual centred. How might modern home visiting programs best focus on all family members and avoid being 'mother centred'?
5. It crosses the gender gap. How does the female home visitor reach out and engage men in families? What is the place for male home visitors? Is family life 'men's business' as well as 'women's business'? Gender sensitive practice cuts both ways. We have a long way to go in our field when it comes to working effectively with men.

In relation to some of these questions, we can also learn from the 'therapeutic ingredients' of recent innovative programs, including ones that are not home visiting programs. For example, one of the major limitations of many home visiting programs is their individualism at a time when we desperately need communitarianism. Another is their restricted capacity to allow families to go beyond the recipient role. Some of the recent innovative programs in the child and family field have found ways to address this. The North American FAST Project – Families and Schools Together project – moves from family centred groupwork to family centred community work, providing vulnerable families with opportunities to make connections with other families in their communities. It also encourages parents who have successfully completed the program to become links in the chain and recruit new families in a manner which is based on an equality of having been in the same position.

The acclaimed UK program NEWPIN, has also developed structured avenues by which the women can gradually move into running the program. Many home visiting programs are now incorporating group work and social interactional opportunities, and we need to pursue these options further. To create supportive communities we may have to start with the one-to-one home visiting relationship for some families but we should always endeavour to go beyond this and build a web of reciprocal and supportive relationships within the community.

Home visiting programs have an important place in our service system but they must not be promoted as the latest quick-fix clinical cure or policy panacea. In the complex field of child and family welfare, there are no quick-fix cures or panaceas. If there were we would have found them already. But home visiting programs provide an opportunity to reach families in new ways. Not only do they enable us to mobilise the resources of the village to help raise a child, but if we are creative they may also be one way of rebuilding the village for all of us. □

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