



Participants' perceptions of healthy families: A home visitation program to prevent child abuse and neglect

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Abstract

This qualitative study of 46 randomly selected participants of a home visitation program explores current participants' perceptions of the intake process, the program's purpose, and the relationship between the home visitor and the participant. The findings reveal that the participant and home visitor relationship is a central feature of the program. Not only do participants relate their personal achievements to the quality of their relationship with their home visitor, but through a positive relationship with the mother, the home visitor is able to address parenting behaviors that are harmful to the child. These findings are important in that prior research has questioned the ability of strength-based home visitation programs to address major risk factors for child maltreatment. Recommendations are made for improving the intake process so that fewer parents will experience initially negative reactions to home visitation.

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1. Introduction

Home visitation programs comprise one of the largest and fastest growing prevention efforts in the United States to improve the health and development of children, and to prevent child abuse and neglect. As an example, Healthy Families America, a national model of home visitation programs has grown from 25 sites in 1992 to 430 sites in 2003, serving an estimated 47,500 families (Diaz, Oshana, & Harding, 2004). The momentum in Healthy Families has resulted from interest in early childhood development, positive research findings from well controlled studies,

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and the fact that home visitation offers an effective delivery method for the provision of prevention services. Paris and Dubus (2005) describe several reasons why home visitation services are perceived as effective, including that they bring the service to the participant, they provide an ecological context for understanding the mother and child in the natural environment, and they offer services in the home environment where they are more likely to make a difference. The growth in home visitation programming has also been fueled by national endorsements such as that from the U.S. Advisory Board on Child Abuse and Neglect in 1991 that endorsed home visitation as the single most critical element in a comprehensive approach to prevent child maltreatment (U.S. Department of Health and Human Services, 1991). More recently, the Centers for Disease Control and Prevention, based on a systematic review of published studies, recommended that home visitation programs be implemented or continued on the basis of “strong evidence of effectiveness” (2003, New findings section, 2).

Despite the positive coverage, home visitation is not without criticism. In 1999, *The Future of Children* issued their second issue on home visitation. In that issue, Gomby (1999) reported mixed outcomes from a multitude of studies raising important questions about whether home visitation programs were implemented well enough to assess their outcomes. Since that time additional reviews of home visitation programs have also noted mixed results depending on the study, the outcome measures used, the implementation or fidelity of the intervention, and the period of follow-up (see for example Chaffin, 2004; Guterman, 2001; Lundahl, Nimer, & Parsons, 2006; Nelson, Westhues, & MacLeod, 2003). Thus, even though overall there has been strong support for home visitation, the mixed outcomes suggest that it is essential to examine the various strategies in order to determine which will yield the greatest impact. Indeed, programmatic variations, even within a particular model, may be an important factor in understanding why some programs appear to work and others do not (Duggan et al., 2004).

While many policy makers have been focused on the outcome evaluations of home visitation, it is recognized that a more complete understanding of service delivery and implementation has been lacking. For instance, early on in a comprehensive review of home visitation programs Gomby, Culross, and Behrman (1999, p. 15) concluded, “Existing home visitation programs should focus on efforts to enhance implementation and the quality of their services.” When Duggan et al. (2004, p. 615) found disappointing results in an experimental evaluation of home visitation they concluded: “We believe that the program’s implementation system contributed to its minimal impact on maltreatment.” Further, Paris and Dubus (2005, p. 72) note that “home-visiting interventions have been used as a means of support, education, and prevention of various areas involving the needs of women and infants during the postpartum period (Gomby et al., 1999; Taggart, Short, & Barclay, 2000), but studies are needed that detail the usefulness of the home-visitor and new mother relationships from the participants’ perspective.” Hebbeler and Gerlach-Downie (2002) discussed the need to elucidate the “black box” of home visiting programs. Finally, LeCroy and Whitaker (2005) suggested that future studies should continue to examine the day-to-day interactions of home visitors and families in order to better understand implementation and provide data for improving the potential impact of home visitation.

The purpose of this qualitative study was to better understand the nature and quality of services received from a home visitation program. It focuses on understanding what the procedures and services used in this program mean to the participant. The research questions asked include: How do participants experience the intake process? How do participants conceptualize the program’s purpose? How do participants’ perceptions of the benefits of participating in the program compare with the intent of the program model? What factors do participants consider important relative to their retention in the program? And, how do participants perceive their relationship with their home visitor?

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