LEHIGH UNIVERSITY

Integrating Home Visiting into Systems of Care: Where is the Science?

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Introduction

✓ Meeting the complex needs of low-income infants/toddlers requires the integration of home visiting, healthcare, and other child developmental services. Recent policy announcements, such as the U.S. Departments of Education (DOE) and Health and Human Services (DHHS) joint call for integration of MIECHV Program and Part C (USDOE/USDHHS, 2017). At present there is wide variation in the implementation and effectiveness of services across states (Bipartisan Policy Center, 2018).

✓ The science of integrated services for infants and toddlers lags behind policy. This poster presents a literature synthesis of research and scholarship concerning the integration of birth-to-three home visiting programs with Primary Care Providers(PCP), Part C Early Intervention (PartC), Center-based Education/Care (CBC), and Child Welfare (CW). The purpose of the synthesis was to: 1) identify prevalence of system pairings, 2) identify prevailing themes, and 3) map the current state of empirically-supported integration onto an implementation framework. This poster compares home-visiting-focused literature to the total pool.

Methods

Literature Identification

✓ Literature focused on the joint provision of five developmental services (home visiting, PartC, PCP, CBC, and CW) to children under three years of age was identified. Publications from 1987 to 2018 were selected if they addressed integration of at least two systems. Search terms representing various combinations of the developmental service systems were examined in PsychInfo, ERIC, and Medline, resulting in 31 articles. An ancestral search identified an additional 19 articles, yielding a total of 50.

Coding

✓ Key findings/propositions were identified from a subsample of articles that represented all services systems. The research conducted an iterative process of identified themes from these findings/propositions. Articles were coded according to: *Structural/administration*, *Inter-agency training*, *Identifying children for services*, *Financial resources*, and *General Call* for integration. All articles were coded by two doctoral students for independent coding, comparison of coding, and reconciliation of discrepancies to arrive a proposed coding. Each article and its proposed coding was reviewed by a faculty member on the team to determine his/her agreement. Discrepancies between the faculty member's perspectives and the proposed coding were resolved by the team. Additionally, elements of articles were recorded, including the year and type of publication.

Alignment to Implementation Stages

✓ Based upon Metz, Naoom, Halle, and Bartley (2015), a five-stage implementation continuum was created to include: Recognition, Exploration, Installation, Initial implementation, and Full Implementation and Evaluation. Similar to the dual, independent coding and reconciliation processes described above, the team has coded all articles.
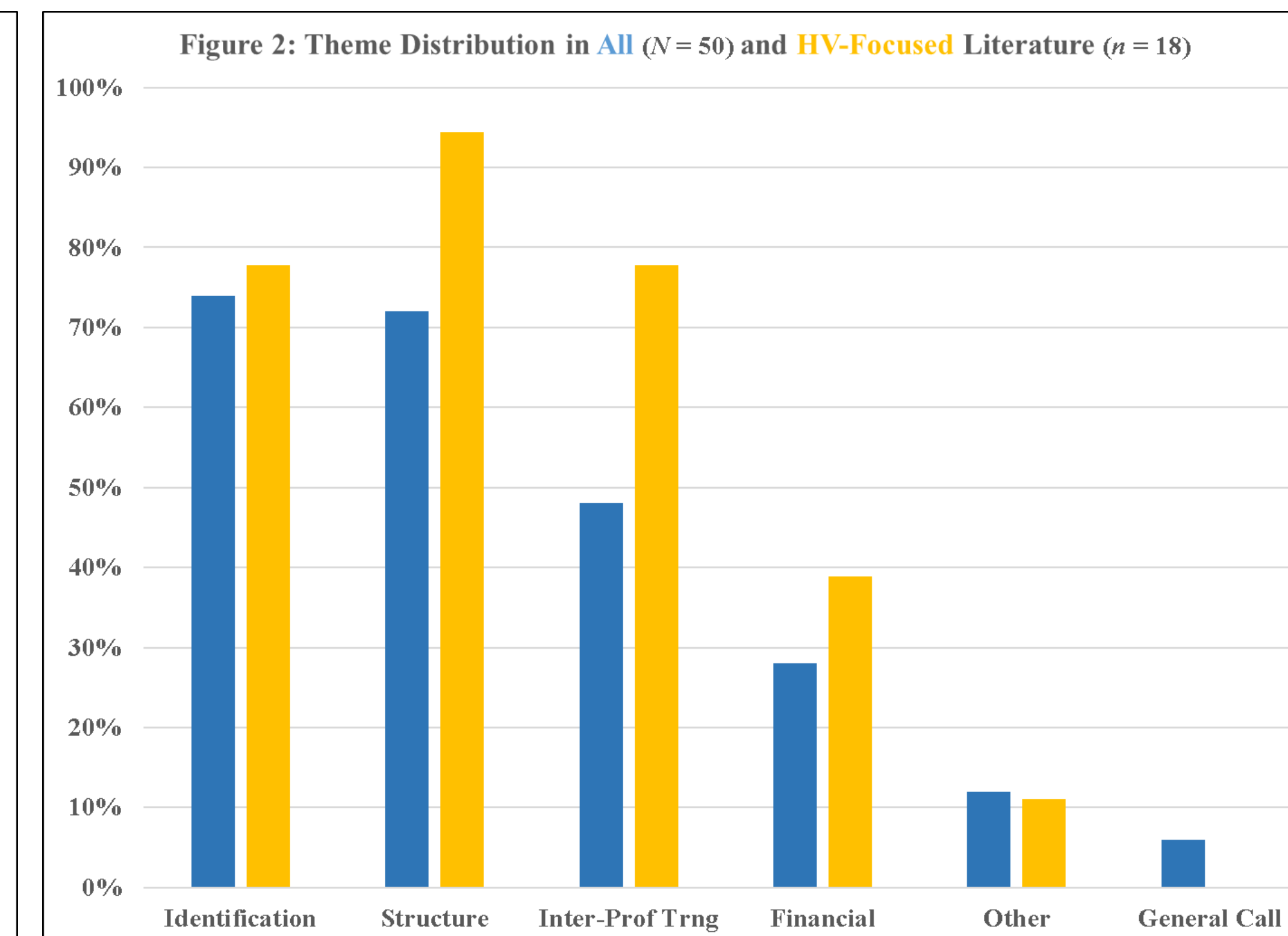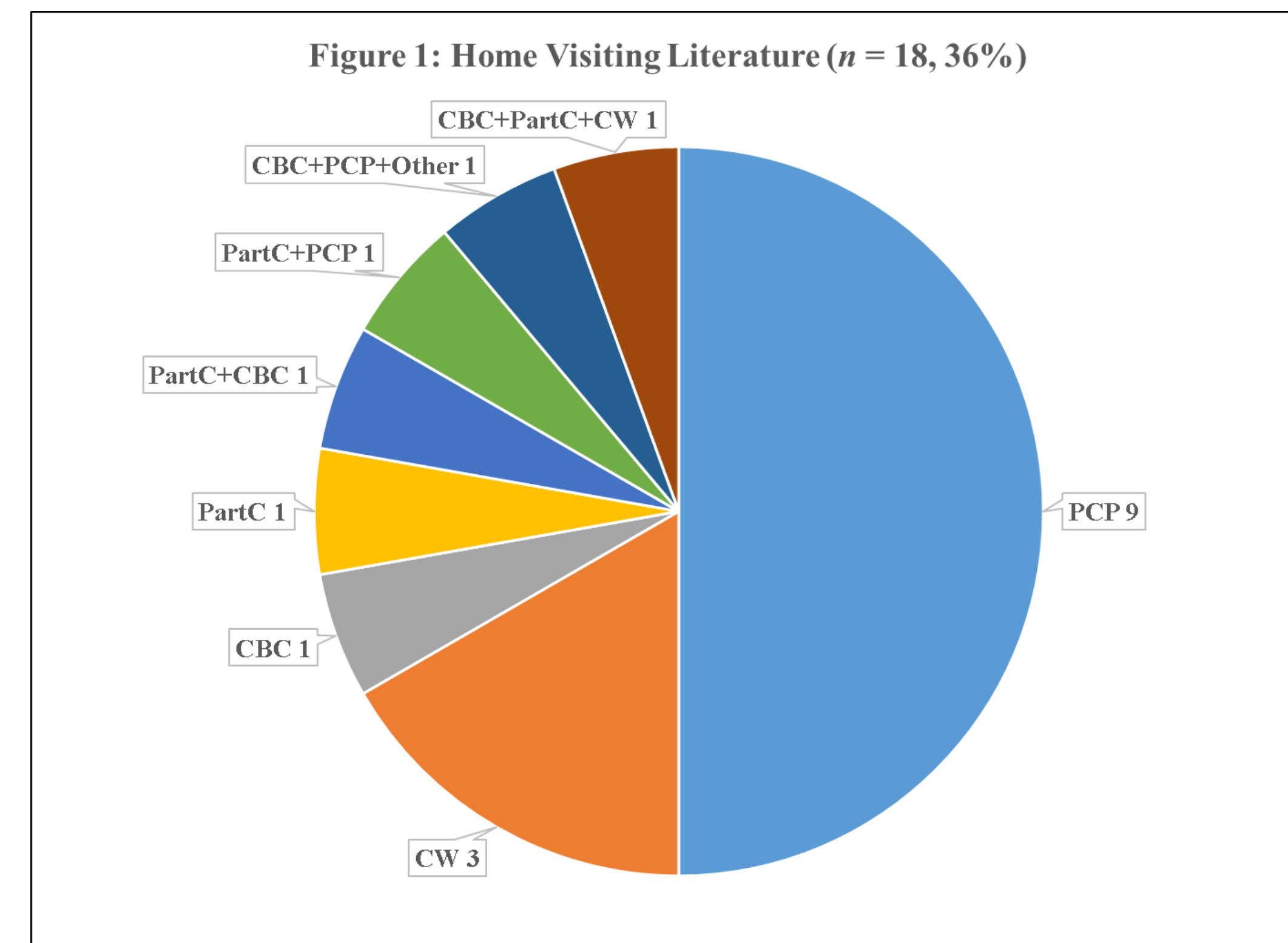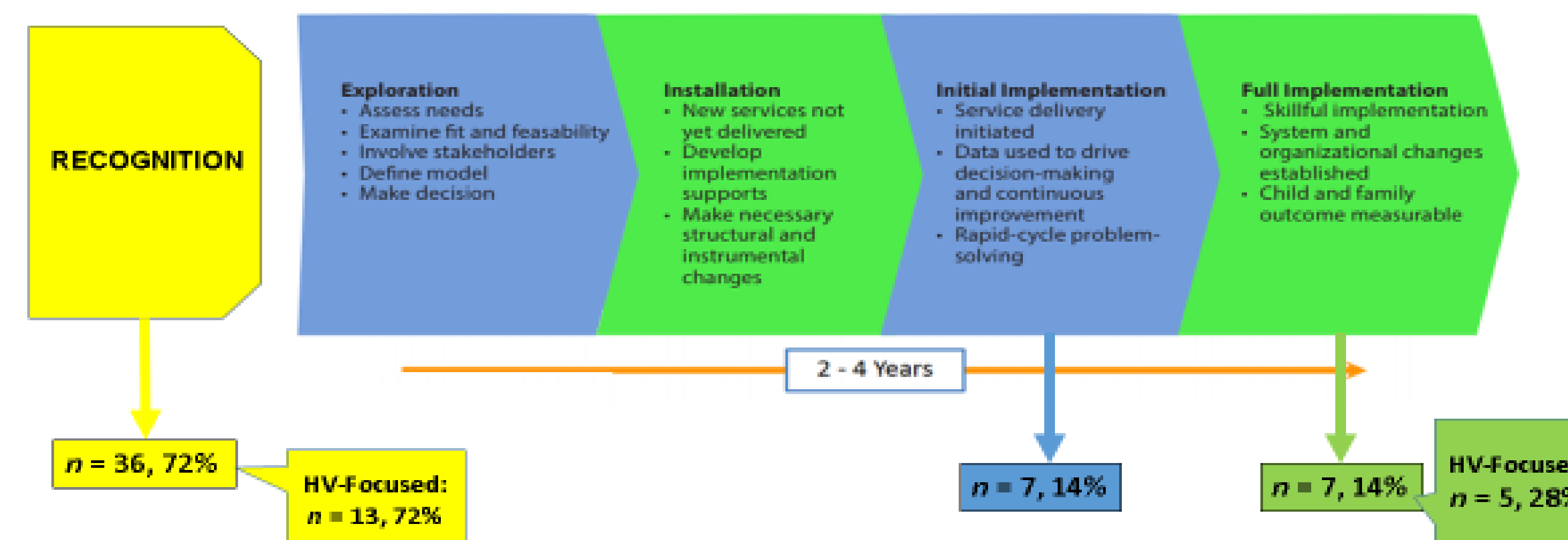

Figure 1: Home Visiting Literature (*n* = 18, 36%)

PCP 9 · CW 3 · CBC 1 · PartC 1 · PartC+CBC 1 · PartC+PCP 1 · CBC+PCP+Other 1 · CBC+PartC+CW 1

Figure 2: Theme Distribution in All (*N* = 50) and HV-Focused Literature (*n* = 18)

(Identification, Structure, Inter-Prof Trng, Financial, Other, General Call)

Figure 3: Stage of Implementation: All and Home-Visiting-Focused Literature

RECOGNITION

Exploration
- Assess needs
- Examine fit and feasability
- Involve stakeholders
- Define model
- Make decision

Installation
- New services not yet delivered
- Develop implementation supports
- Make necessary structural and instrumental changes

Initial Implementation
- Service delivery initiated
- Data used to drive decision-making and continuous improvement
- Rapid-cycle problem-solving

Full Implementation
- Skillful implementation
- System and organizational changes established
- Child and family outcome measurable

2 - 4 Years

n = 36, 72% HV-Focused: *n* = 13, 72%   *n* = 7, 14%   *n* = 7, 14% HV-Focused *n* = 5, 28%

Results

Status of Literature

✓ Almost half (*n* = 21, 42%) of literature was published since 2013. Most of the literature was published in peer-reviewed journals (*n* = 37, 74%). Six (12%) of the scholarship was produced by professional organizations (i.e. Zero to Three). The remaining scholarship included dissertations and government reports. The majority (85%) of HV-focused literature was published in peer-reviewed journals.

Prevalence of System Pairings (*Figure 1*)

✓ Nearly one-quarter of the full pool of literature focused on PCP+PartC (*n* = 12, 24%). Following, equal portions of the full pool (*n* = 9, 18%) focused on PCP pairings with CW and with HV. All other possible pairings accounted for less than 6% of the literature (ranging from 1 – 3 publications).

✓ Like the prominent focus on PCP in the full pool, half of the HV-focused literature was focused on HV-PCP integration. Only one article focused on HV-PartC alone; yet an additional three articles addressed HV-PartC and at least one other system. An equal amount of attention was given to HV-CW pairings.

Theme Distribution (*Figure 2*)

✓ The full body of literature focused most frequently on identification of children for early intervention, with nearly equal attention to program structure and administration. Slightly less than half of the articles focused on inter-professional training, with about 1/3rd focused on financial considerations.

✓ Attention to structure was much more pronounced among the subset of HV-focused literature, with nearly equal attention to child identification and inter-professional training. The significant increase in attention to training in the HV-focused literature, relative to the full pool, is noteworthy. Similarly, there was a greater frequency of attention to financial considerations, relative to the full pool.

✓ Significant *omissions* were noted in the pool of literature, including attention to parents' roles, beliefs, and experiences. Only three articles mention parents, with minimal attention to the need to educate them about system navigation. Another important constraint in this literature is the predominant focus on referral, as opposed to ongoing service integration.

Implementation of Service Integration Procedures & Processes (*Figure 3*)

✓ Common in the full pool and HV-focused literature, the grand majority of scholarship recognizes the need for service integration, without attention to procedures or processes for doing so. HV-focused literature attended more frequently to initial implementation and evaluation than the full pool. Noteworthly, literature has not progressed along recommend implementation stages, but rather mostly represents the two extreme ends of the continuum.

Conclusions

Discussion

✓ Service integration for infants and toddlers is a growing focus in publications. Yet, the literature pool is small, particularly for home visiting.

✓ Findings of a prevalent focus on peer-reviewed publications is encouraging, although the number of articles is low.

✓ Predominant foci on structure, identification, and inter-professional training seems appropriate given the novelty of integrating services for this age group. The significant differences in attention to structure between the full pool and HV-focused literatures may reflect the complications associated with the wide variation in program models. Related to model variation, the pronounced attention to training in HV-related literature is likely reflective of the range of home visitors credentials and professional training. With many home visitors facing insufficient pre- and in-service training.

✓ The large proportion of publications focused on recognition rather than any stages of implementation clearly indicates a concerning gap in empirically-tested procedures and processes for integrating services for infants and toddlers. Although there is a small body of literature examining full implementation of integrated models, the progress of research on the full continuum of implementation is lacking.

Implications

✓ Research is necessary for developing processes/procedures for service integration beyond referral in addition to those necessary for staging implementation. Additionally, the superiority of integrated services to typical service delivery needs to be empirically demonstrated.

✓ Parent roles, responsibilities, supports, and experiences must receive empirical attention.

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References available upon request