



Designing a Home Visiting Framework for Families in Public and Mixed-Income Communities

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Early childhood is an important developmental period and a valuable time to positively affect a child's life (National Research Council and Institute of Medicine 2000). It is also a vulnerable period for children in poverty and a time when large developmental disparities begin.

Very young children in public housing are exposed to some of the deepest poverty in the United States, but they are usually out of reach of most interventions that might help. Home visiting programs that support and connect pregnant women and new mothers to educational and other early childhood resources hold promise for reaching vulnerable families. Some models have demonstrated positive effects on such dimensions of well-being as maternal health, child development, school readiness, parenting practices, and family economic self-sufficiency. Home visiting programs have also been linked to reductions in child maltreatment, juvenile delinquency, and family violence (Avellar et al. 2014). But these programs are not common in public housing communities.

Since 2011, the Urban Institute has partnered with several local public housing agencies and service providers to evaluate an innovative two-generation model working with families in public and mixed-income housing. The Housing Opportunity and Services Together (HOST) demonstration has provided services to parents and school-age children with promising results (box 1). But local community partners have become increasingly concerned about the need to reach families earlier, before their children have entered elementary school. After assessing the communities' needs, it became clear that an early childhood home visiting program would be the most appropriate strategy.

This brief was spurred by our interest in identifying appropriate home visiting models for two HOST sites in Chicago, Illinois, and Portland, Oregon. Because the existing home visiting models and literature did not sufficiently address some of the target sites' unique needs, Urban Institute researchers sought and received funding through the Institute's Low-Income Working Families project to convene a working group in fall 2013 to discuss how to design a home visiting framework for these communities.

Working-group participants included 16 home visiting experts and key resident service staff from two housing authorities participating in HOST. (See the final section of this brief for a list of meeting participants.)

This brief describes some of the key issues that program planners and early childhood leaders may need to consider in designing appropriate and responsive home visiting programs for families in public and mixed-income housing. It describes lessons and guidance from the meeting participants, including several who have developed, implemented, and studied home visiting programs across the country.

BOX 1

What Is HOST?

Since 2011, the Urban Institute has been studying whether intensive two-generation case management services for families living in public and mixed-income housing communities can improve family well-being and stability. The HOST demonstration's goal has been to address caregivers' primary obstacles to self-sufficiency—including untreated physical and mental health problems, addictions, limited educational attainment, and weak connection to employment—while integrating services and supports for children and youth. The services for children and youth focus on addressing the needs of school-age children and adolescents. One unique aspect of the HOST model is that it involves a partnership with local housing agencies and social service providers who develop the intensive two-generation supportive services for the most-vulnerable residents. The HOST model includes regular home visits and counseling and connects and refers families to outside services.

Why Focus on Young Children in Public and Mixed-Income Housing?

Many public housing communities are quite troubled, suffering from all the ills of chronic disadvantage: violence, disorder, and economic and social isolation. Adult residents are often unemployed or underemployed, and residents may have poorly managed physical and mental health problems. Children and youth are also in danger of injury, neglect, and educational failure (Popkin et al. 2000; Popkin et al. 2010). Ample evidence suggests the children are also at risk of developmental delays and delinquency (Popkin, Leventhal, and Weismann 2010).

The federal government has recognized public housing's problems for many years and has implemented broad efforts over the past three decades to improve both physical conditions and the life chances of residents. The federal HOPE VI program and other initiatives transformed public housing in the early 1990s, providing funding for the demolition and replacement of almost 100,000 units (Popkin et al. 2004). Most of these properties were replaced with new, mixed-income communities, and many residents relocated with vouchers that allowed them to rent units in the private market. At the same

time, the US Department of Housing and Urban Development provided funding for rehabilitating less-distressed properties and took a more active role in improving basic management and oversight of troubled housing authorities. As a result of this investment, we might expect that children raised in public housing communities today are faring much better than children raised in similar communities just 10 to 15 years ago, given the physical housing changes. And the housing quality is better in many places (Popkin et al. 2013). But better housing has not always translated to better and safer outcomes for children (Hailey and Gallagher 2013).

The experience of the past three decades has made it clear that having better housing and living in safer neighborhoods has not eliminated the harm poor families and children experience when they are isolated and disconnected from socially and economically enriching services and support systems (Popkin et al. 2013). Many families have lived in the racially and economically segregated environments of distressed public housing for generations and have to overcome the effects of accumulated disadvantage (Sharkey 2013).

The HOST model targets the most vulnerable families in public and mixed-income housing to connect them to enriching services and support systems. But most HOST programming has been geared toward adults (through clinical services, job counseling, and case management) and school-age children (through tutoring, youth groups, and activities). Service partners felt strongly that their services missed the youngest children in HOST families. The sites' concerns were motivated both by the overwhelming evidence that early intervention can improve children's futures and by seeing firsthand that many young children were not receiving high-quality services. Frontline partners were vocal about the challenges HOST families with very young children face in three areas:

- problems accessing and using important early childhood services, such as early intervention, nutrition, health care, early care, and early education, to support child development and parental self-sufficiency efforts
- limited access to parenting programs and supports for new parents
- significant mental health challenges, including trauma caused by chronic violence in the community or within the family itself, that dampen families' resolve and capacity to seek out opportunities for their very young children

HOST partners in Chicago, Illinois, and Portland, Oregon, want to identify new strategies for reaching families with children ages 6 and younger. Though the sites are very different structurally, demographically, and organizationally, they both want effective models for reaching the very young.

Why Focus on Home Visiting?

The HOST partners identified key needs for the families they served, including support around the following core areas:

- positive parenting

- child development
- school readiness
- caregiver mental health
- referrals and follow-through for screening and services for children and caregivers

HOST service providers and partners identified these areas as central needs that HOST case managers in the two sites were not already addressing or were not addressing comprehensively (in the case of mental health services).

As we examined the strategies for supporting families in these core areas, home visiting emerged as a clear best choice. Home visiting programs work with families in their homes on family goals around parent and child health, child safety, children's preparation for school, parenting skills, and child development. Although home visiting models vary widely, they all emphasize strong relationships between a home visitor and the family. The visitors provide support, education, and connection to services and resources; they also encourage actions to improve family and child well-being. Because the current HOST service delivery model uses a home visiting approach for working with parents and older children, home visiting seemed a natural fit for families with very young children.

Because several strong home visiting models exist, we initially expected to investigate and select the best ready-made evidence-based model for the two sites. But we found no single program could fully address the range of needs within the HOST communities and families. Instead, we would need to customize a home visiting framework for the different settings that could take into account each community's particular needs.

Understanding the Unique Needs of Families in a Public and Mixed-Income Housing Context

Our site partners and our work with the HOST communities identified unique aspects to delivering services to families in the HOST sites and in a public and mixed-income housing context. These include

- being able to serve diverse families;
- being able to reach isolated families with high needs, including needs around mental health and trauma; and
- being able to deliver services in a public housing context.

Diverse Families

Chicago and Portland serve different types of families, affecting the many aspects of designing home visiting approaches, including the appropriate qualifications of home visitors, such as education,

language, and cultural knowledge; the services they offer; and the types of places they would likely refer families to for additional support.

The two sites are very different demographically. Among Chicago's HOST families, most are non-Hispanic black. Portland's families with children under age 6 are more racially and ethnically diverse: 41 percent are non-Hispanic black, 24 percent are non-Hispanic white, 24 percent are Hispanic, and 14 percent are from other ethnic and cultural groups. Also in Portland, 38 percent of families with young children are headed by foreign-born adults. They moved to the United States from varied countries, including Somalia, Ethiopia, Russia, and Central America. In addition, many of the immigrant communities include large numbers of refugees. Portland's racial and cultural diversity means home visitors may need to speak different languages. Program curricula and other materials may also need to be modified or translated.

The sites also differ in family composition, which has implications for service delivery. For example, families with two adults in the household may need a different set of services or only be available for visits at different times than families headed by a single adult. Though most families in Chicago are headed by a single adult or grandparent, in Portland more than one-third of households (42 percent) include two parents.¹ Household sizes range from 2 to 9 individuals in Chicago and from 2 to 13 individuals in Portland. This broad range has implications for the necessary number of home visitors, the potential range in children's ages, and the potential number of children in a given household.

High-Need Families

HOST is designed to target the most-vulnerable families in the public and mixed-income housing communities. The two participating housing authorities identified potential participants based on families' unemployment records, trouble complying with lease agreements, child behavior problems, or other difficulties. Though both sites want to offer home visiting services to all residents and not just the subset who are eligible for HOST, any model would need to be designed to effectively reach the families in greatest need (and in many cases the "hardest to serve").

In both sites, for example, unemployment is high and many adults have less than a high school education (Scott, Popkin, et al. 2013). Heads of households in both HOST communities experience higher rates of depression, anxiety, elevated worry, and trauma than both the national average and low-income population in general (Scott, Popkin, et al. 2013). Current HOST service providers in both locations recognized unmet clinical needs the more they worked with families (Scott, Falkenburger, et al. 2013) and knew some needed to be addressed before other family goals could be achieved. These issues highlight the challenges of and benefits to engaging with caregivers: parents and children both benefit when parents have their mental health needs met (Golden and Fortuny 2011; McDaniel and Lowenstein 2013). A home visiting model would need to be responsive to these concerns to maximize what children and caregivers gain from participating.

Public Housing Context

In addition to appropriateness for families, the housing context matters. The public and mixed-income housing setting is unique in many ways, including because it involves a clearly defined geographic location and because the housing authority has oversight over the services provided there. Three issues are highlighted here: the relationships that the public housing authority might have with service providers, the relationships it has with families, and the relationships it has with other agencies (including child protective services).

RELATIONSHIPS WITH SERVICE PROVIDERS

Different public housing authorities have different arrangements for working with service providers such as home visitors. Some provide services in-house; others contract out or partner with local social service agencies. Either way, the relationship and collaboration among service providers, housing authority leadership, and (most important) property managers ensure that the providers have both the on-site infrastructure (e.g., space and administrative support) they need and access to families. Property managers can help identify high-need families and service providers can offer assistance with lease violations and other problems as a means of getting families to participate in service.

The two HOST housing authorities have different models of working with service providers. The Chicago Housing Authority has contracted with outside agencies to provide case management services to families for many years; it has also partnered with providers to deliver such specialized services as youth programming. Home Forward, the housing authority of Portland, had a Family Self-Sufficiency program called GOALS, a team of case managers on site, and partnerships with local workforce agencies. The authority also has a long track record of partnering with local service providers, such as groups that offered youth programming and a small grocery store. Though these two agencies are well suited to forming new partnerships around home visiting, other housing authorities may lack the experience or capacity to launch such initiatives without technical assistance.

RELATIONSHIPS WITH FAMILIES

Other public housing aspects include the housing authority's relationship with families and whether services are "voluntary," especially given public housing authorities' power as landlords over their resident tenants. For example, families having trouble complying with lease agreements could be encouraged to participate as a condition for keeping housing. Public housing authorities may have different perspectives on these services, and the extent to which services are "voluntary" may have implications for how families view, receive, and engage with them. A home visiting program would need to be able to work closely with a public housing authority and property management staff to design those aspects of their programming.

RELATIONSHIPS WITH OTHER AGENCIES INCLUDING CHILD PROTECTIVE SERVICES

Another housing context is the relationship the housing authority may have, or need to establish, with other agencies that serve their families. These may include child protective services and city or state agencies that handle cash assistance, food stamps, or health insurance.

Because home visitors may work with families who are involved (or at risk of involvement) with child protective services, it is important that the program understand any existing dynamics or communication between the child protection agency and the housing authority. The home visiting program may also need to develop its own procedures for interfacing with the two agencies.

Designing a Home Visiting Framework: Essential Features

After discussing families' needs and the unique housing context, meeting participants talked about some essential features of a suitable home visiting framework. They focused primarily on program content, delivery, and infrastructure.

Content

As noted earlier, the targeted outcomes for the Chicago and Portland sites are positive parenting, child development, school readiness, and caregiver mental health. A framework also needs strong linkages and referrals to additional services (e.g., health care providers and disability screening). In addition to addressing these key outcomes, the curriculum must be flexible and adaptable to different cultures, family arrangements, and family experiences. In this section, we focus on two particularly important issues: ensuring that the model and curriculum are adaptable and ensuring a strong mental health focus.

ADAPTABLE CURRICULUM AND MODEL

Each home visiting model needs a core curriculum to achieve program goals and to structure home visits. Providers and program developers should select evidenced-based curricula based on the outcomes the curricula target, such as positive parenting, healthy child development, parent and child health, school readiness, reduced juvenile delinquency, family violence and crime, and family economic self-sufficiency. One strategy for selecting a curriculum is to compare the ones that most effectively and directly target the selected outcomes. Once a core curriculum is chosen, the weaker areas can be enriched by other curricula.

STRONG MENTAL HEALTH FOCUS

The home visiting framework in each site should include services and staff training that are trauma informed. Trauma-informed services and trauma-informed agencies recognize that their clients have often been exposed to such traumas as physical violence, homicide, food insecurity, and posttraumatic stress; these experiences affect family members' reactions to and engagement with services and service providers. During the working-group discussion, many commented that untreated mental health issues are an obstacle to improving parenting and child development and that such issues should be a central focus for home visitors in a public housing setting.

Some mental health interventions for women include those that target and serve caregivers who are at risk but not yet clinically depressed; women who are already clinically depressed are referred to

clinically trained mental health partners. Both mental health clinicians and paraprofessional home visitors provide services for the at-risk population. Either the clinician partners with the home visitors to provide services or the clinician provides services initially and the home visitors take over later. These interventions provide stress management skills and therapy and help women to engage on behalf of their own mental health.

Mental health curricula should be culturally competent—that is, it should reflect the culture and language of the target populations. Parents may not be comfortable discussing their mental health in standard ways or, in certain cultures, there may be no word for depression or a concept of mental health. For example, instead of asking about stress directly, a staff member may ask about cigarette smoking and whether that is a coping mechanism. Adapting the mental health approach based on a family’s culture or level of comfort is important to effectively address mental health.

Working-group participants emphasized the importance of strong partnerships with agencies they make referrals to as one essential component of mental health services.

Delivery

Because of the unique needs and variety of cultures at the sites, delivery must be flexible and culturally adaptable. For example, as one site partner from Portland explained during the meeting, “Engaging different cultures is difficult—there are no best practices for engaging Somalis [for example]. The approach has to be unique—[you have to] look at the two sites to see how you roll out the curriculum.” The success of a flexible and culturally adaptable delivery depends heavily on staffing and training. It is important for home visitors to establish families’ trust. Strong delivery also depends on staff qualifications, training, and support, as well as the staffing structure.

ESTABLISHING TRUST

Home visiting research has highlighted the importance of a strong relationship between the home visitor and parent on parent and child outcomes (Heaman et al. 2006; Kearny, York, and Deatrick 2000). Many studies have also found that one aspect of the relationship, trust, is particularly important (Duggan et al. 1999; Jack, DiCesno, and Lohfeld 2002). Although trust is important in every home visiting model, it is especially so within a public housing context and when serving a large immigrant population.

In public housing communities, some families may distrust service providers when the distinction between the service providers and property management is unclear. Families may also view a home visitor as a mandated reporter for child welfare and refugee services. Consequently, the working group advised that home visitors need to establish a clear separation between their services and property management and other feared agencies.

Communication is important to build trust between a home visitor and the family (Slaughter-Defoe 1993). The large and diverse immigrant population at the Portland site magnifies the issues around language, communication, and the complexity of serving families from diverse cultures. Research highlights the need for staff that are able to establish trust and are sensitive to and knowledgeable

about the cultures they are serving (Korfmacher et al. 2008). In addition to communication, privacy is important to maintain trust. Families' concerns about safety, especially in Chicago, can limit their interactions with neighbors and how much they engage with other residents (Hailey and Saxena 2013). Home visitors need to be especially attuned to confidentiality concerns and careful to maintain families' privacy.

STAFF QUALIFICATIONS

Typical home visiting models use either paraprofessionals who may often share the cultural background of the population they serve or professionals who may not share the same cultural background but have degrees in related fields or previous experience in home visiting.

Experts weighed the relative benefits of hiring a culturally knowledgeable paraprofessional versus a highly trained professional to work with families. Though the working group did not reach consensus, participants discussed the pros and cons of both options. Hiring paraprofessionals as home visitors may remove a cultural barrier and foster better trust between the home visitor and the family. Yet paraprofessionals may need extensive training on the content of the home visit, which can be a long-term cost investment.

Alternatively, professionals trained in the content, such as early childhood education or mental health, require less intensive and potentially costly advance training, but they may not foster the same levels of trust or success with the family.

In considering the relative advantages, one participant noted, "We can train for the very technical stuff, but the cultural responsiveness is harder to train in, so we intentionally look for paraprofessionals who are able to do so in a way that is natural to them." Depending on the staff or the specific culture, it may be more difficult to train someone on cultural responsiveness. Other working-group participants felt differently. One person found that training paraprofessionals who did not have the requisite administrative or office skills to fulfill the reporting requirements of some funding sources was time-consuming and increased the work demand on other staff. One funding source that requires detailed administrative reporting, for example, is the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program. MIECHV is funded through the Affordable Care Act and implemented through the Department of Health and Human Services and has elaborate reporting requirements.

Making a case for hiring professionals, one participant noted that professionals are sometimes more effective precisely because they are not from the same community or background as the families they serve and are better able to detach themselves from the families' circumstances and remain more impartial. But hiring professionals often requires a larger up-front financial investment because content specialists tend to be more highly paid.

STAFFING STRUCTURE

Families with many children or adults have different needs than families with fewer household members. Two strategies for organizing staff working with large families are a "tiered approach" and a "pairing approach."

One participant described her program's tiered approach: it includes paraprofessionals, nurses, and college-educated parent coaches. The nurses conduct only one or two home visits, depending on the child's health. The bachelor's-level staff, who meet more often with families, have low caseloads so they can provide more intensive services; paraprofessionals have more regular contact with the families.

Pairing, or "teaming," is another strategy to incorporate both paraprofessionals and professionals into the model. A paraprofessional or preexisting case manager conducts each home visit with a professional. The professional is chosen based on the family's needs; a mental health professional may be chosen for highly traumatized families or an early childhood specialist may be chosen for children with developmental delays. In this teaming approach, the family works with a culturally appropriate paraprofessional and someone professionally trained to provide the specialty services they need.

With pairing, home visitor teams can work with more than one child at a time. Families with several children often require this approach, so pairing with a case manager can help alleviate some of this work from the professional. This is especially relevant for families with more than one child under age 5. Additionally, pairing allows home visitors to travel in neighborhoods together, which can ease safety concerns.

During the working-group meeting, participants gave examples of how programs may pair home visitors. One example is the Child First model in Connecticut. A master's-level mental health professional pairs with a bachelor's-level care coordinator to provide home visits at least once a week for 6 to 12 months.² This home visiting model incorporates a teaming approach and has a strong mental health component.

Similarly, New Haven MOMS Partnership provides an eight-week course on stress management. In this course, a clinician partners with a paraprofessional to engage moms with their own mental health and wellness. After the eight-week course, if a mother requires a more intensive follow-up, she is referred to one of their partners.

TRAINING

Although an adaptable curriculum provides flexibility to staff to address diverse needs and cultures, programs should train staff on effective techniques for engaging with families. Two common approaches for programs are a strengths-based approach and motivational interviewing.

A strengths-based approach emphasizes and builds on the strengths, rather than the weaknesses, of a parent or child. "We start with the strengths of the child and then provide suggestions and modeling for how the child can improve," one participant explained. This approach builds rapport and improves the relationship between the home visitor and family.

Motivational interviewing is another recommended approach for relating to families. It is a way of "guiding to elicit and strengthen motivation for change. It is an empathic, supportive counseling style that supports the conditions for change. Practitioners are careful to avoid arguments and confrontation, which tends to increase a person's defensiveness and resistance."³

SUPPORTING STAFF

Though it is important to train staff on how to serve and support families, it is equally important to provide support to home visitors coping with the stress and trauma they may experience secondhand from working closely with families coping with severe traumas.

One way to do this is through “reflective supervision.” During reflective supervision, a home visitor’s supervisor will help the home visitor problem-solve by guiding them through a strategy such as reflective listening (i.e., repeating back to the supervisee what the supervisee has said) and validating the home visitors’ feelings and concerns (Parlakian 2001). Supervisors do not tell the home visitor what to do; rather, they support the home visitor in developing a plan or strategy. These meetings provide a safe place for the home visitor to talk through cases and work through his or her own anxiety over clients’ problems. As one participant noted, reflective supervision is important when serving families with high levels of trauma to help the home visitor cope and reflect. The relationship between the supervisor and the home visitor models the relationship the home visitor should build with the client. It also strengthens the home visitor’s ability to use a strengths-based approach with the families.

Despite little empirical research on how well reflective supervision works, participants still recommended it as a best practice; others have as well (Harden 2010; Korfmacher et al. 2013; Weatherston, Weigand, and Weigand 2010; *What Makes Supervision Work* 2006).⁴

Reflective supervision requires regular meetings between the home visitor and the supervisor. One working-group participant explained that in her program, the staff meet bimonthly with a clinician who supervises the group reflection. The staff also meet individually with their supervisor every week.

Infrastructure

To implement the home visiting program well, it must have a strong infrastructure. The infrastructure should include an effective data collection system, documented policies and procedures, solid partnerships with outside agencies, and funding.

DATA COLLECTION SYSTEM

Programs need a system for maintaining information about who they serve and what services families need and receive. Especially with home visiting programs in which the services are not provided in an office, it is important that information about families’ progress and service quality are adequately recorded. The system should also track referrals and communication with other providers and show whether the services are addressing the targeted needs and outcomes. Experts noted that a program should have its data collection system operating when services are started so that providers can immediately assess families and develop an appropriate service plan. A poor or delayed data collection system can compromise the service quality and its effectiveness. Accordingly, staff should be fully trained and familiar with the data system before they begin serving families.

POLICIES AND PROCEDURES

The policies and procedures should be well-documented and used as a framework to ensure staff provide the services in accordance with the program's core principles. As emphasized throughout this brief, the home visiting framework should be family driven and flexible so it can adapt to families' different needs and cultures. It should also draw on best practices and research evidence.

PARTNERSHIPS

Partnerships with outside agencies and organizations that work with families are essential. Given the high levels of need in public housing communities, most home visiting programs will not be equipped to tackle all services. By creating external partnerships, home visiting programs can directly link families to additional supports. The linkage, as one participant noted, creates a direct pathway between home visiting and desired outcomes, such as mental health. One strategy for improving the referral process for families is to involve the leadership from the agency receiving the referral as a partner in any program planning and development process.

Finally, the home visiting model must be integrated with the existing service-delivery model; this integration requires the buy-in of the housing authority and case managers. It may also pose challenges: case managers may feel protective of their families and hesitant to partner with home visitors. But, if willing, these case managers can help foster trust between the new home visiting staff and families.

FUNDING

As with all home visiting programs, acquiring funding is a challenge. Participants discussed the pros and cons of implementing home visiting models through such common federal funding sources as the MIECHV program. MIECHV allocates 75 percent of its funding to states for implementing evidence-based models as determined by the Home Visiting Evidence of Effectiveness review. Up to 25 percent of the remaining MIECHV funds are available for promising approaches that must be rigorously evaluated.⁵

Though MIECHV provides an opportunity for substantial funding, programs are required to meet certain federal benchmarks each year. This requirement can place a serious financial and time burden on the programs to implement the models faithfully and collect reliable data. The data burden also requires that staff have sufficient data collection and entry skills. These requirements may be more challenging for paraprofessionals with less program administrative knowledge and may require additional training or time. Some of the training burden may be alleviated, however, because MIECHV funding also includes funding for national technical assistance.

Conclusions

Home visiting is part of a promising package of intensive two-generation interventions that, if adapted and implemented well, may reduce the risks to children living in distressed public housing and prevent a second generation of public-housing leaseholders.

But designing home visiting models appropriate for this setting will require some planning and innovation because no single evidence-based home visiting model currently addresses many of the needs we see among families living in public housing communities in Chicago and Portland participating in the HOST demonstration. Those needs include caregivers with educational, physical, mental, or other challenges; diverse family structures and cultures; and neighborhood conditions that can affect families' engagement with more traditional home visiting programs. A suitable home visiting model in this setting needs to take into account this diversity and range in service needs. Home visitors in this setting also need to work closely with the housing authority when developing and implementing services.

More research and planning are needed to make effective services for families with young children a reality in public housing and mixed-income communities. As we highlight in the brief, a home visiting framework for families in public and mixed-income housing should include attention to the following:

- Program content
 - » An adaptable curriculum and model
 - » A strong mental health focus
- Delivery
 - » An emphasis on building families' trust
 - » Attention to staff qualifications (e.g., drawing on the different strengths of paraprofessionals and professionals)
 - » Emphasis on staffing structures (e.g., a tiered approach or pairing approach)
 - » Strengths-based counseling approaches and motivational interviewing
 - » Reflective supervision to support staff members' exposure to secondary trauma
- Infrastructure
 - » A strong data collection system
 - » Program policies and procedures
 - » Solid partnerships with outside agencies
 - » Sufficient funding

Important next steps for building on a home visiting framework for families in public and mixed-income communities include

- exploring public housing communities and currently available resources and partnerships,
- determining the range in available mental health services and fostering partnerships with experienced mental health professionals,
- assessing families' needs and determining the numbers of families who would benefit from a home visiting program, and

- developing a multiagency team with an advisory group of home visiting experts to explore available home visiting models and options for customizing their design and curriculum.

Public and assisted housing are home to some of the most disadvantaged families in the nation. If we are to help more children become alumni of public housing rather than the next generation of parents in these communities, we must invest in testing innovative efforts that address the barriers that keep too many families stuck in chronic poverty and disadvantage.

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Notes

1. From HOST research team baseline-survey tabulations of families with children under age 6.
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