



Title **The Effectiveness of Domiciliary Health Visiting: A Systematic Review of International Studies and A Selective Review of the British Literature**

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Aim

The objectives were to: 1) systematically review the effectiveness and cost effectiveness of domiciliary health visiting [Part I], 2) selectively review the British health visiting literature [Part II], and 3) recommend future research.

Conclusions and results

Part I presented evidence suggesting that home visiting of parents and children: 1) improves parenting skills and the quality of the home environment, 2) ameliorates several child behavioral problems, including sleep behavior, 3) improves intellectual development in children, 4) reduces rates of unintentional injury and the prevalence of home hazards, 5) improves detection and management of postnatal depression, 6) enhances quality of social support to mothers, and 7) improves breastfeeding rates. The evidence suggests that home visiting to elderly people reduces mortality and admission to long-term institutional care among the frail 'at-risk' elderly population. Findings from the limited number of studies assessing cost effectiveness indicate a potential for net cost savings, particularly in hospital costs, from home visits to parents and their children and to elderly people and their carers. Part II of the report: 1) describes process issues related to identifying and meeting needs through home visiting, 2) analyzes the micro-context of health visitor/client interaction, and 3) demonstrates how health visiting highlights policy tensions in British health care.

Recommendations

Implications for health visiting [Parts I and II]

1) Several reviews of the literature support making the content, duration, and intensity of home visits appropriate and sensitive to client needs. 2) Professional judgement is considered valid for decisions about where to target home visiting resources. 3) Expectations of home visiting by health visitors should be realistic. 4) The literature suggests that nonprofessional home visitors can play a role, but that they require guidance, supervision, and support from professionals. More complex difficulties may not be suitable for nonprofessional home visiting. 5) The evidence suggests that home visiting interventions that are restricted to pursuing a narrow range of outcomes are less effective than more broadly based interventions that address multiple needs of individuals and families.

Methods

Electronic databases, relevant journals, and reference lists were searched, and key individuals and organizations were contacted. Studies assessing the outcomes of home visiting by British health visitors were included, as were non-British studies where home visits were made by personnel with responsibilities within the remit of British health visitors. Part II discussed studies that assessed the home visiting process of British health visitors and that analyzed policy issues. In Part I, data were extracted from each study using an agreed procedure. Study quality was assessed using a standardized checklist. Where appropriate, quantitative data were entered into a meta-analysis. Data were also discussed in a narrative manner.



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Further research/reviews required

Part I. There is a need:

1. For studies with rigorous experimental designs to evaluate the effectiveness of home visiting by British health visitors.
2. To undertake further studies comparing the effectiveness and cost effectiveness of professional and nonprofessional home visitors.
3. For full economic evaluation of home visiting by health visitors using an RCT design.
4. To establish a substantial British knowledge base.

Part II. There is a need for:

1. Sociolegal, policy, and ethical studies that explore and analyze the tensions and dilemmas in health visiting identified in this review.
2. A comprehensive survey of the roles and functions currently being undertaken by British health visitors.