Chapter Overview

Despite the different terms used and the different reasons for delivering services in homes, the unifying thread across social work fields of practice for the service models described in this book is the dynamic of providing help in the ecological context of the home. This chapter introduces the historical and current context for home-based social work practice and discusses the rationales for delivering services in the home. This chapter also discusses the skills needed for delivering home-based services, as the home environment can affect each step of the social work intervention process. The chapter concludes with comments on the dimensions of social work in-home practice that are considered in the following chapters.

Definition of Home-Based Services

There are a number of different perspectives to consider when defining social work practice that occurs in recipients' homes. Sometimes the home is viewed as just another setting where social work assessment and interventions take place. In this view, the work of assessment and intervention is not affected to any significant degree by the setting in which it occurs. At other times, the
home environment is considered to have an influence on social work assessment and intervention practices, either by facilitating the work or presenting challenges to the work at hand. In this book, we approach this topic from the latter perspective: the home environment should be seen as a dynamic force with a substantial effect on the content and method of service delivery.

This book is concerned with a service-delivery model that takes place across a variety of social work practice settings and may be referred to as home-based/in-home services, home-based practice, home-based programs, or home visiting/visitation. The commonality across these various terms is that they all involve working with people in their “natural environments.” Some practice orientations, such as family-centered practice and some forms of case-management services, value and support the use of home visiting as a major or primary means of service delivery. In other settings, a visit to the home may occur just once, in the context of other types of services delivered or in situations where eligibility for a service must be determined. One-time or time-limited home visits may be used in the context of early intervention or prevention services, such as in home visits to mothers soon after the birth of a child (e.g., Daro et al. 2005). Likewise, the home may be the vehicle to deliver intensive services to families, and thus visits are made as often and as long as needed during a defined time period (e.g., Henggeler et al. 1998; Kinney, Haapala, and Booth 1991).

In addition to variations in the duration and intensity of home visiting, home-visit services differ in their overall objective or focus. Masten and Coatsworth (1998) identify three primary objectives: “process focused,” “resource focused,” or “risk focused.” Process-focused home-based practice emphasizes fostering connections between the practice setting and the people served by that setting. Resource-focused home visits involve enhancing access to needed community resources and services, both formal and informal. Risk-focused home visits deal with eliminating or ameliorating risk factors. Risk-focused home visits are typically initiated by a referral to community or agency services due to physical, social, or emotional problems or difficulties. Of course, the primary purpose of home visits may change over time with the needs of the client and as the social worker–client relationship develops.

Rationales for delivering home-based services include ensuring continuity of care, improving access to difficult-to-reach clients, minimizing barriers to care, facilitating generalization of new skills to the natural environment, and minimizing the power imbalance by meeting people on their own turf (Gomby, Culross, and Behrman 1999; Lindblad-Goldberg, Dore, and Stern 1998; Wasik and Bryant 2001). Social workers who assess clients in their homes may be able to observe directly the resources and challenges in the client’s
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environment. This can lead to a more accurate assessment of client needs. While being cognizant of confidentiality issues, home visitors may be able to engage with family members who would not otherwise attend family sessions and intervene to strengthen crucial client informal-support networks. Resourceful social workers can take advantage of the home environment to build on the strengths of family interactions and resources. Proponents of home-based work also note the compatibility of this form of practice with core social work values, such as client self-determination and involvement in the service-delivery process (Beder 1998; Weiss 1993).

History of Home-Based Services in Social Work

Home visiting has a long legacy in social work and, in many ways, the use of home visits parallels major changes in social work practice and policy (see table 1). Home visiting was originally termed “friendly visiting” when it was organized in the late 1800s as a volunteer service by charity-aid organizations (Richmond 1899/1906). One of the basic tenets of friendly visiting was to explore all possible sources for self-help and to seek naturally occurring sources of help for the family. The home visit was essential to assessing what resources within the family and surrounding community could provide assistance, thereby reducing the need for formal charitable services. In Friendly Visiting Among the Poor, Richmond describes the manner in which relatives, friends, and others known to the family would be contacted regarding “their theory as to the best method of aiding, together with some definite promise as to what they themselves will do” (188) to help. The home visit was the window into both establishing and securing these resources for the family.

In the first half of the 1900s, the use of home visiting expanded to schools and hospitals, as well as to child welfare and social services. One of the first volumes of the National Association of Social Workers’ journal Social Work contains a description of a comprehensive home-service approach with multi-problem families, the St. Paul Family-Centered Project (Birt 1956), which in many ways foreshadows the delivery of current intensive family-preservation services. While early home-visit work was essentially viewed as the medium of help, this view shifted as social workers adopted more psychologically based approaches to intervention, and the home and social environment of clients increasingly became an adjunct to treatment. In this view, the home visit was important because family members and key informal helpers could be more involved in treatment planning and in the maintenance of treatment gains. However, as Beder (1998) and Hancock and Pelton (1989) point out, with
time, as part of the trend of social workers seeking a more professional status, home-based work fell into disregard and became a neglected area in practice and professional training. Home visits were also criticized for invading clients’ privacy, particularly prior to the 1970s, when financial and social services were linked. The home did not again become a respected site for prevention and intervention services until the 1980s and beyond (Adnopoz 2006). Home visiting returned to favor following the passage of the Adoption Assistance and Child Welfare Act of 1980 and the formation of a national resource center and organization devoted to home-based services (Nelson and Landsman 1992).

As part of the current emphasis on community-based services, Lightburn and Schamess (2002) view home-based practices as an antidote to past practices that were unsuccessful due to “fragmentation, inaccessibility, unresponsiveness to cultural differences, and isolation from integral family and community systems that support development” (820). Today, social workers in many practice settings work with clients in their homes. For example, in the field of mental health, community-based systems of care have been promoted by federal, state, and foundation initiatives over traditional institutional care (Lightburn and Sessions 2006). The President’s New Freedom Commission on Mental Health (2003) is consistent with a move toward more home-based services; the report set forth the need for community-based services with the goal to make mental health care consumer and family driven.

The NASW Center for Workforce Studies’ 2004 survey of a nationwide random sample of ten thousand licensed social workers provides some information on the extent of home visiting. Their sample of 4,436 respondents was stratified by region and yielded a response rate of 49.4 percent. Eighty-one percent of the respondents were actively employed as social workers, 79 percent held an MSW, 12 percent held a BSW, 2 percent held doctorates, and 8 percent had no social work degree. Survey participants worked in the following practice specialty areas: 37 percent in mental health and addictions, 13 percent in child/family welfare, 13 percent in health care, 9 percent in aging, 8 percent in school social work, 6 percent in services for adolescents, and 14 percent in all other areas of social work. Based on an analysis of data from the NASW Workforce Study, over one-third (36.5 percent) reported that some portion of their time was currently spent conducting home visits. Amounts of time spent on home visits varied as follows: 17.2 percent reported spending 1 to 10 percent of their time conducting home visits, 12.3 percent reported 11 to 50 percent, and 6.9 percent reported from 51 to 100 percent of their time. Some, but not all, felt prepared to provide home-based services to children and families. When asked to rate their ability to provide home visits on a scale from 1 (low) to 5 (high), 9.4 percent ranked their ability as 1, 11.8 percent ranked their ability as 2 or 3,
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TABLE 1.1
Highlights in the History of Home Visiting in Social Work

<table>
<thead>
<tr>
<th>Period</th>
<th>Event</th>
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<tbody>
<tr>
<td>1890s</td>
<td>Friendly visiting of charitable organization societies; <em>Friendly Visiting Among the Poor</em> (Richmond 1899/1906)</td>
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<tr>
<td>1900s</td>
<td>Emergence of home-visiting teachers and school liaisons; Massachusetts General Hospital begins a home-visiting program</td>
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<tr>
<td>1949</td>
<td>St. Paul’s Family-Centered Project—early home-based service approach</td>
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<td>1960s</td>
<td>Home visits for social-welfare practice</td>
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<td>1970s</td>
<td>Social services separates from income assistance; First National Clearinghouse for Home-Based Services established</td>
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<tr>
<td>1980s</td>
<td>Family Preservation and Support Services Program (PL103-66)—reasonable efforts to prevent placement, home-based family-preservation programs; Education of the Handicapped Act Amendments, Part H (PL 99-457, 1986)—intervention with young children who are disabled or at risk and their families in their natural environment; National Resource Center for Family Based Services established</td>
</tr>
<tr>
<td>1990s</td>
<td>Growth in home-based services: home health care, hospice, early childhood, intervention, multisystemic treatment for youth and families; Adoption and Safe Families Act (PL 105-89)</td>
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<tr>
<td>2000s</td>
<td>Promoting Safe and Stable Families Amendment (PL 107-133) focuses on child safety, well-being, and permanency; President’s New Freedom Commission on Mental Health</td>
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*Source:* Reprinted, with permission, from Allen and Tracy (2008).

9.1 percent ranked their ability at 4, and 24 percent ranked their ability at 5. It should be noted that the focus of this survey was current practice experiences and may underrepresent social workers’ experiences conducting home visits during the course of their career.*

Skills for Delivering Home-Based Services

Home- and community-based services provide an opportunity to define and work with client problems in conceptually different ways than in an office setting. Work in homes, neighborhoods, and other natural settings hold tremendous promise for the development of collaborative, working partner-

* One of the chapter authors (SA) took an informal poll of home-visiting experience in a master’s-level family-therapy class. Of eighteen students, all but two were currently conducting home visits in their field placement or at work or had conducted home visits in past social-service jobs.
ships between social workers and clients. However, meeting clients in their homes rather than in a more controlled office environment can also lead to challenging situations and present ethical dilemmas (see chapter 2). When delivering home-based services, social workers must possess well-developed skills for keeping interviews focused despite distractions (Lindblad-Goldberg et al. 1998), setting appropriate boundaries with clients, maintaining client confidentiality, ensuring social worker and client safety, and making use of supervision (Allen and Tracy 2008). Delivering effective services to clients in their home environment requires certain interview skills and involves each step of the intervention process: engagement, assessment, goal planning and implementation, and evaluation and termination.

Although basic interviewing skills used for all types of social work practice are needed for in-home work, the development of certain skills can be particularly important. Social workers meeting with clients in the home need to be particularly aware of the rich nonverbal aspects of communication both on their parts and the parts of clients and their families. For example, how a social worker dresses and her body language as she sits in a cluttered kitchen may be more crucial to her interaction with the client than what she says. Reading the nonverbal cues of clients may alert the worker to an escalating confrontation despite the words being said. Home environments are full of distractions, such as televisions blaring and extended family dropping by, and these can derail the helpful focus of an interview. Other times, they can present opportunities to deal with vital issues. Therefore, home-visitation social workers need to develop both keen abilities to structure and redirect the interview process and to assess events for their therapeutic potential as they are unfolding. In addition, social workers have opportunities to revise consumers’ own views of their home environment and their interaction patterns with family members through reframing, another especially valuable interview skill. For example, a social worker may reframe an elder’s embarrassment over a messy kitchen as her commitment to continue to make home-cooked meals for her family despite the elder’s physical challenges. Interview skills such as these are valuable at every phase of the intervention process. In addition, each step of social work home-based practice presents unique challenges and opportunities.

Engaging with clients and their families enrolled in home-based programs can be particularly challenging, as these programs often target families who have been unable or unwilling to access office-based services and may have difficulty trusting and developing relationships with helping professionals (See, e.g., LeCroy and Whitaker 2005; Lindblad-Goldberg et al. 1998; McCurdy and Jones 2000). Nevertheless, the neighborhood and home environments offer tools that may help the engagement process. Social workers’
observational skills become crucial as they look for strengths to acknowledge, such as safety equipment in a house with a young child or a frail elder, which may enhance the development of a therapeutic alliance. An asset of providing in-home services, as well as a challenge in regards to confidentiality and limit setting, is that contact can be established with all those who live in the home and not just those who would attend office sessions.

Social workers’ observations of clients’ living situations can have a particularly important influence on the assessment process. This awareness of the neighborhood and home environments may lead more rapidly to a holistic understanding of the client’s environmental strengths and challenges compared to assessments in an office setting, where much of the information provided by the client is verbal. Aspects of the neighborhood and home environment can be observed to evaluate the assets and challenges for the client (Allen and Tracy 2008). For example, social workers may observe strengths of the neighborhood, such as proximity to community resources, and challenges such as safety concerns. A strength of the home environment can be the presence of and supportive communication with extended family members; a challenge, the lack of physical space for privacy needs. When social workers use formal tools to help structure the assessment process, tools can be selected that will help evaluate the resources and challenges reflected in the consumer’s natural environment. For example, the Home Observation for Measurement of the Environment (Caldwell and Bradley 1984) may be used in initial assessments of families with children; the Social Work Assessment Tool (Reese et al. 2006) can be used for on-going assessment of hospice services. Eco-maps that chart consumers’ interactions with their environment, genograms to map the history of family relationships, and family timelines to list the sequence of important events can be very useful in a wide range of home-based practice settings (Lindblad-Goldberg et al. 1998).

Specific social work practice skills, including observation, collaboration, and facilitation of role plays, are particularly important when setting goals and implementing interventions in the home environment. Consumers and their families partner with social workers to develop goals within the environmental context that provides the resources for implementation. Social workers use their awareness of the client’s environment to support goals that build on client strengths. In addition, specific family members who are crucial to setting goals and implementing interventions are more likely to be present during home visits than at office sessions. Because home-visitation programs tend to serve consumers who deal with particularly daunting life challenges, it can be vital to develop small, obtainable goals in incremental steps so that consumers and their families can early on experience some success in making changes
(Lindblad-Goldberg et al. 1998). Social work interventions may involve modeling, role plays, and reinforcement of new behaviors with the client and family members in the home environment, where they will be implemented. Observations of family interactions and resource deficits in the consumer’s natural environment may also provide crucial clues to roadblocks in the therapeutic process.

Delivering services in the home environment can benefit the evaluation and termination phases of social work practice. Meeting with consumers in their homes enhances the evaluation and reinforcement of behavioral changes. Social workers may be able to observe and comment on progress in the home environment that would not be visible during office visits, supplementing the consumer’s verbal reports of goal attainment. Family members crucial for the earlier phases of treatment may also provide helpful input as goals are evaluated and services terminated.

Dimensions of Home-Based Practice

Home-based practice can be thought of as having four dimensions: who, what, when, and where. Each dimension is described below.

**Who**

Programs that deliver home-based services take different approaches to the focal problem in terms of whom they serve. Those that take a universal approach make an effort to reach all of those in a given population, in order to prevent problems from developing. Other programs take a selected approach, serving those assessed as specifically at risk for developing a problem. Programs that only serve those identified as having developed the problem take a targeted approach.

**What**

Home-based programs also vary in the objectives of the services provided. As previously mentioned, they may be process, resource, or risk focused (Masten and Coatsworth 1998). These objectives relate to the types of services delivered (Allen and Tracy 2004). A thorough assessment of client resources and needs provides the basis for goal setting and is a key component of home-
based practice. Services provided in home-based practice run the gamut of social work interventions, including, for example, all types of case-management interventions (e.g., instrumental, informational, and material support), crisis-intervention strategies, advocacy, social support, enhancing problem-solving skills, and promoting informal social support systems.

When

Home-based services may target clients during any lifespan period, from birth, as in early childhood home visiting, to death, as with hospice care. Since the focus is on intervening in the client’s environmental context, home-based practice often involves work with the client’s extended family and personal social network. Therefore, although a program may target clients at a particular point in their lifespan, home-based social workers in any given agency routinely work with clients in a wider range of lifespan periods. The life-stage tasks of the focal client group can influence the client needs and type of services delivered.

Where

Home-based services emanate from agencies that cover the range of social work settings of practice. Those covered in this book include schools, child welfare, mental health, criminal justice, and hospice. As such, home-based services derive from many policy and agency contexts. Depending on the field of practice, social policies may either facilitate or impede the delivery of home-based services (see chapter 4). In addition, there are administrative challenges inherent in delivering home-based services that cut across agency settings and fields of practice (see chapter 3).

Summary

Home visiting, with its lengthy tradition in social work, is an essential component of current social work practices that focus on working with clients in their natural environmental context to deliver accessible services that build on client strengths. This book provides a comprehensive view of the “who, what, when, and where” of social work home-based services in diverse practice settings and with social work clients throughout the lifespan. In addition,
it addresses the special challenges in terms of ethical dilemmas and administrative practices for practitioners and agencies that deliver services to clients in their homes and discusses how social policies provide an influential context for service delivery and evaluation.

REFERENCES


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