



HOUSE CALL ASSESSMENT IN EARLY CHILDHOOD PROGRAMS: CONTRIBUTIONS TO THE BRAZILIAN REALITY

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ABSTRACT

Introduction: This study consists of a reflection on house call assessment in early childhood programs, which aimed to discuss the dimensions involved in an assessment model for the Brazilian reality, in addition to the authors' perception of the topic. **Method:** This reflection was structured around the following topics: dimensions involved in house call assessment and the assessment process in Brazilian programs. Considering the centrality and relevance of house calls in Brazilian programs focused on early childhood and the tendency to consolidate this technology as an intervention strategy suitable for programs of this nature, it is proposed to organize four dimensions for house call assessment: dosage, content, relationship, and participant responsiveness. **Results:** Assessing the intervention technology of programs aimed at early childhood, in this case house calls, allows us to inquire into the processes that occur during house calls and to open the 'black box' of intervention, making it possible to clarify operational issues and propose recommendations to fix them. **Conclusion:** The model proposed allows supervisors and decision makers to systematically monitor and adjust the dimensions that impact the results of house call programs aimed at early childhood.

Keywords: House calls. Models theoretical. Child development. Child health.

INTRODUCTION

There is strong evidence that investing in early childhood is a way to achieve major social gains that will impact generations and increase the human capital of countries. In Latin America, the Regional Agenda for Comprehensive Early Childhood Development (ECD) is an agreement between the countries that belong to this block to strengthen public policy aimed at promoting child development⁽¹⁾.

The Legal Framework for Early Childhood, a document that reinforces the importance of intersectoral policy for early childhood in Brazil, reiterates the power of interventions focused on improving parenting skills, so that better results are achieved in child development and family functioning⁽²⁾. Since the publication of this framework, many proposals aimed at promoting child development and early childhood started to gain support and visibility. We may mention here the programs Criança Feliz, São Paulo Carinhosa, Família que Acolhe, Mãe Coruja Pernambucana, among others. These initiatives, also having an intersectoral appeal, are mainly inscribed in the scope of the health and social work sectors⁽³⁾.

A common place for these Brazilian initiatives focused on ECD is the choice of house call (HC) as a health care delivery strategy. The consensus that seems to exist between Brazilian (and international) programs refers to the fact that the health care offered needs to make sense to the nuclear family, see the peculiarities of each family, and deliver an intervention that strengthens the parental skills of family caregivers⁽⁴⁾.

Although there is evidence of the positive impact of house call programs on child development, inaccurate and poor results persist, especially in poor and developing countries⁽⁵⁾. Therefore, existing programs lack assessment processes that are feasible in the socioeconomic context of these countries, which prioritize the intervention tool (house call), which enable realtime responses, are user-friendly, and favor immersion in the field of practice so that adjustments are made⁽⁶⁾.

In a recent study carried out on HC assessment instruments that mapped the literature on the theme, several modalities adopted by the programs were highlighted and that each one serves a different purpose.

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Choosing the most appropriate means to assess house calls in visiting programs depends on factors related to financial availability, staff, time, expertise, and adequacy to the goals proposed⁽⁵⁾. We may infer that there is no consensus on the most adequate and effective methodology, because the intervention scenarios and program goals are quite varied around the world.

Despite this, house call assessment in visiting programs is commonly based on three key elements - dosage, content, and relationship. Dosage consists of the frequency of visits, length of the program, and average time of each house call. Content refers to the program's curriculum and its guidelines were designed according to the goals to be achieved⁽⁷⁾. On the other hand, relationship is the central element in house calls, because the intervention basis lies on mutual trust and participant engagement⁽⁸⁾.

Developing house call assessment tools has great relevance in consolidating effective large-scale programs⁽⁹⁾. The advance in Brazil of initiatives, governmental or not, to act in the most relevant domains of early childhood and improve parenting skills to promote child development, especially in social vulnerability scenarios, reiterate the relevance of studies of this nature, so that program and project managers have concrete and feasible tools to assess the intervention. Therefore, this study refers to a theoretical reflection in order to discuss the dimensions involved in house call assessment in programs focused on early childhood, in addition to presenting the authors' perception of the theme addressed.

DEVELOPMENT

Dimensions involved in house call assessment

Assessment is an activity that consists in making judgments about an intervention, or about any of its components, in order to support decision making. Implementation analysis is highly relevant to inquire into the processes that occur during the operationalization of programs, as studying this attribute allows opening the 'black box' of what happens in intervention, making it possible to clarify operational issues and propose recommendations for further action⁽¹⁰⁾.

Berkel proposes a logical model with

dimensions closely related to the delivery of intervention, namely: fidelity, quality of delivery, participant adaptation and responsiveness, which is related to the commitment level of that person receiving the intervention⁽¹¹⁾. Rogmann, on the other hand, devised a logical model that analyzes the practices adopted during house calls. These practices are linked to relationship with a focus on child development; responsiveness; facilitation; and non-intrusive collaboration⁽¹²⁾. Boller proposed a model in which structural and dynamic aspects of loyalty are measured, such as dosage of house calls; length of the visit; content; and visitor-participant relationship⁽¹³⁾.

Based on this, four dimensions closely related to house call assessment were listed.

Dosage

The dose refers to the number or quantity of intervention units (house call) expected to be delivered within a period of time⁽²⁾. Some concepts are important when trying to measure the dose. Such as the intended dosage, which is how much and how often the intervention should be offered, described in the program guidelines. What is different from the dosage received, which is how much of an intervention the participants actually received⁽¹⁴⁾.

The frequency of visits is the time interval between each one, which can be weekly, biweekly, or monthly. Length of intervention is the time expected for visits to take place, e.g. from pregnancy to 2 years of age. Length of participation is the time interval that the participant remained active in the program, receiving house calls⁽¹⁴⁾.

By way of example, a program designed to carry out house calls from gestation to the child's 24th month with fortnightly visits is the intended dose of the program for participants. Participants are expected to receive a dose close to or equal to the intended dose to achieve the program goals.

A study has found that when the dosage of visits received by families with high vulnerability was high, the results showed less punitive behavior toward children, when compared to families that received a lower dosage⁽¹⁵⁾. There is still not enough evidence in early childhood program implementation studies

about what might be an 'ideal' dosage received, however, inquiring into the dose is a key element when intending to analyze how the program works in an actual setting.

Content

The program's curriculum contains all information that must be addressed by the visitor with a family so that the goals are achieved⁽¹⁶⁾. As most programs work to improve parenting skills, which requires a series of information that is often new to a family, the program curricula have a lot of contents that should be addressed throughout the visits so that parents can improve their skills.

Understanding how the visitor has addressed the contents proposed in the curriculum is key to inquire into whether prior training enables the visitor to devise technical skills to conduct house calls with a focus on child development⁽¹⁵⁾. Therefore, content has been a major element in intervention research.

Commonly, the data source to inquire into the content is the visitation notebook, in which the visitor reports how the visit was conducted; footage and analysis by an external observer can demonstrate the contents that emerged during the visit⁽¹⁷⁾.

This dimension is strongly influenced by the needs of families. Faced with acute situations that require addressing other issues that are not provided for in program curricula, it will be necessary to make adjustments and adaptations so that the needs of a family are met at that moment⁽¹⁸⁾. A study carried out with visiting nurses on the needs of families with high social vulnerability showed that the adversities experienced by participants affected program delivery. The greater the number of adverse situations, the more compromised was the approach to the themes proposed in the program's curriculum, which may impact the intervention. Because the visitor works along with participants on the most urgent needs that emerge in every visit⁽¹⁹⁾. This suggests visitor's preparation to address these unexpected themes and openness to flexibility in the curriculum proposed.

Relationship

The relationship established between the visitor and the participant is the dimension with the most subjective connotation. The relationships between caregivers, parents, and children have been recommended as key aspects of intervention in early childhood⁽⁷⁾.

The relationship established between visitor and participant must be based on mutual trust and engagement, in addition to working in a collaborative and non-intrusive manner. Some measuring instruments are able to capture the relationship details, such as the HOVRS (*Home Visit Rating Scale*), which inquires into the visitor-caregiver, visitor-child, and caregiver-child relationship through filming or external observer⁽¹²⁾.

Learning strategies to improve the visitor's skills in building relationships with caregivers based on reflective practice, bidirectional communication, collaborative partnerships, conflict resolution, and social support can be promising for good engagement with the program⁽²⁰⁾. A study with 57 visiting programs showed that, in general, visitors show a good ability to engage the family in building a relationship that promotes parenthood. The caregiver-child relationship was positive and it improved over time; on the other hand, the visitor-caregiver relationship was positive and stable and had a positive impact on parenthood⁽²¹⁾.

Participant responsiveness

Responsiveness is a measure of a participant's response to house calls, which may include indicators such as participation and enthusiasm levels. Currently, the participant is expected to be actively involved and use the program contents to create significant changes in the routine. In other words, practicing what is proposed by the program is much more significant than simply learning⁽¹¹⁾.

Participant responsiveness is key to the program's success. Women participating in a program noticed impacts on their own emotional well-being and ability to care for themselves, their ability and confidence to interact with their children to promote development, and their relationships with other families and services. A study investigating house call quality showed that rates were higher when there was good

family engagement. More collaborative practices and greater parental engagement were also related to the approach to contents focused on child development during the visits⁽¹²⁾.

Given the above, the dimensions shown have a range of features that must be analyzed during the process to deploy the programs in order to seek satisfactory results in child development. Proposing these dimensions for the Brazilian reality has taken into account some factors that make them feasible in the socioeconomic situation that impacts program and public policy management.

In the case of Brazil, a country of continental

proportions and vast cultural diversity, such dimensions can guide the progress of interventions, evaluate the real gains of programs in various territories, and propose adjustments, when needed. Assessment strategies add value to program management, demonstrate their gains more clearly and can influence the allocation of resources for strengthening and improving public policy in early childhood.

Figure 1 shows a summary of the dimensions and their respective indicators involved in house call assessment.

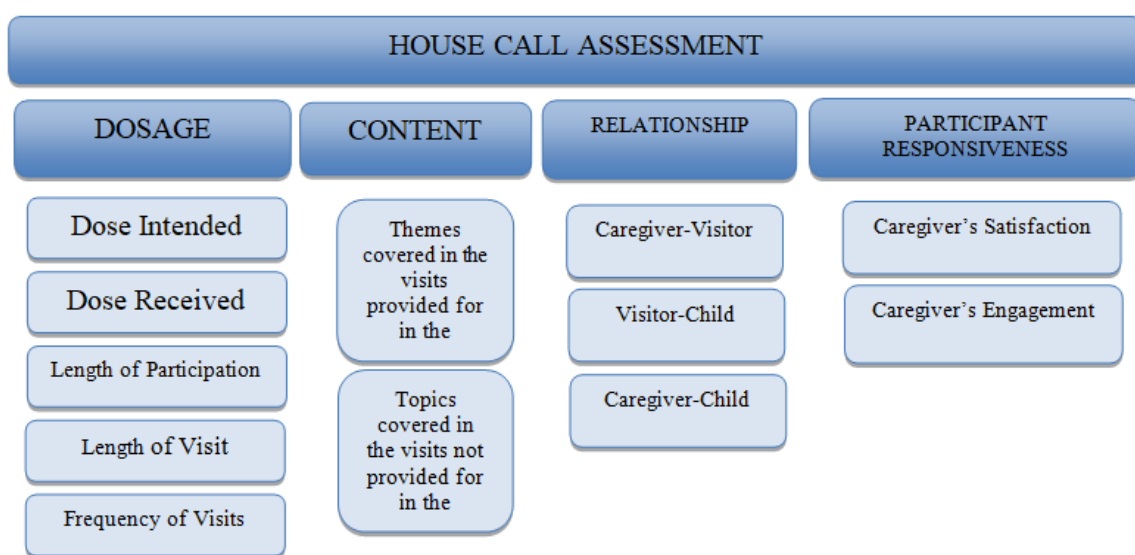


Figure 1. Dimensions related to house call monitoring in early childhood visiting programs. São Paulo, 2020.

House call assessment in Brazilian programs

The scarcity of resources in poor and developing countries to deploy early childhood programs can negatively impact program results. When adapting a program already carried out in rich countries to poorer social and infrastructure conditions, the programs lose their quality and the results achieved are worse than expected. A deployment study in South Africa showed that it is possible to implement high-quality programs in low-resource settings, as long as assessment strategies are adopted⁽²²⁾.

When analyzing the models proposed to assess HC, it is key to clarify how data will be measured, by whom, how and at what intervention time. It is important that people who

do not depend on the intervention participate in information gathering, in order to avoid possible conflicts of interest⁽¹⁶⁾. Such strategies are varied and depend on program structure to work on information. A review study addressing strategies to assess house calls in visiting programs pointed out that the use of measuring instruments, interviews with participants, and analysis of visitation notebooks are the most adopted means. The use of multiple data sources and quantitative and qualitative methodologies also provide a multifactorial approach⁽¹⁷⁾.

The Programa Primeira Infância Melhor (PIM), by means of a partnership with the Inter-American Development Bank (IADB), has analyzed program deployment through house call observation, in which some dimensions were

related to house calls. Criteria such as length of the visit, curriculum, visitor-family interaction, materials used in the visit, visitor training and supervision were adopted. The study showed that aspects aimed at the visitor-child-caregiver relationship were well rated, while items related to program activities lack training⁽²³⁾. The Programa Cresça com seu Filho, in the State of Ceará, assessed house calls through observation and interviews with participants. The result pointed out house call heterogeneity, lack of training for community health workers (CHWs) regarding the program's curriculum, and the difficulty performing activities that focus on child development⁽²⁵⁾.

Despite the fact that house calls are consolidated in Brazil as a powerful tool to deliver the intervention and get closer to the population's sociocultural reality, they lack models to systematize house call assessment, in order to improve it. The increased initiatives to promote child development in Brazil require investigating the processes that take place during interventions and assessing actions along with their progress. The programs currently in operation do not have either clear assessment strategies in place or clear expected results for

the interventions.

FINAL CONSIDERATIONS

This study highlights house calls as a timely moment for health care in early childhood and, like other health practices, they need to be systematized and assessment. The model proposed can serve as a parameter for managers, practitioners, and researchers to delve into the theme and think through the need to invest resources in house call assessment.

The dimensions introduced in this study put forward a systematic strategy for assessing house calls in early childhood programs. Listing such dimensions and gathering information about them throughout the operation of programs will enable managers and visitors to visualize house calls and the central role played by them for the intervention's success. The reflection study aims to contribute to programs and public policy that adopt house calls, not only in the social work domain, such as the Programa Criança Feliz, but also non-governmental and health sector initiatives, improving the house calls already consolidated in primary health care (PHC).

AVALIAÇÃO DA VISITA DOMICILIAR EM PROGRAMAS NA PRIMEIRA INFÂNCIA: CONTRIBUIÇÕES PARA A REALIDADE BRASILEIRA

RESUMO

Introdução: este estudo consiste numa reflexão sobre a avaliação da visita domiciliar em programas na primeira infância. **Objetivo:** discutir as dimensões envolvidas em um modelo de avaliação para a realidade brasileira, além da percepção dos autores a respeito do tema. **Método:** essa reflexão foi estruturada nos seguintes tópicos: dimensões envolvidas na avaliação da visita domiciliar e o processo avaliativo nos programas brasileiros. Considerando a centralidade e relevância da visita domiciliar nos programas brasileiros com foco na Primeira Infância e a tendência de consolidação dessa tecnologia como forma de intervenção adequada a programas dessa natureza, propõe-se organizar quatro dimensões para a avaliação das visitas domiciliares: dosagem, conteúdo, relacionamento e responsividade do participante. **Resultado:** avaliar a tecnologia de intervenção dos programas voltados para a primeira infância, no caso a visita domiciliar, permite investigar os processos que ocorrem durante a entrega das visitas domiciliares e abrir a "caixa preta" da intervenção, sendo possível elucidar problemas operacionais e propor recomendações para corrigi-las. **Conclusão:** o modelo proposto possibilita aos supervisores e tomadores de decisão acompanhar de forma sistemática e ajustar as dimensões que impactam nos resultados dos programas de visita domiciliar voltados para a Primeira Infância.

Palavras-chave: Visita domiciliar. Modelos Teóricos. Desenvolvimento infantil. Saúde da Criança.

EVALUACIÓN DE LA VISITA DOMICILIARIA EN PROGRAMAS DE PRIMERA INFANCIA: CONTRIBUCIONES A LA REALIDAD BRASILEÑA

RESUMEN

Introducción: este estudio consiste en una reflexión sobre la evaluación de la visita domiciliar en programas en la primera infancia. **Objetivo:** discutir las dimensiones involucradas en un modelo de evaluación para la realidad brasileña, además de la percepción de los autores acerca del tema. **Método:** esta reflexión fue estructurada en los siguientes tópicos: dimensiones involucradas en la evaluación de la visita domiciliar y el proceso evaluativo en los programas

brasileños. Considerando la centralidad y relevancia de la visita domiciliaria en los programas brasileños con foco en la Primera Infancia y la tendencia de consolidación de esta tecnología como forma de intervención adecuada a programas de esa naturaleza, se propone organizar cuatro dimensiones para la evaluación de las visitas domiciliarias: dosificación, contenido, relación y respuesta del participante. **Resultado:** evaluar la tecnología de intervención de los programas dirigidos a la primera infancia, en el caso la visita domiciliaria, permite investigar los procesos que ocurren durante la entrega de las visitas domiciliarias y abrir la "caja negra" de la intervención, siendo posible aclarar problemas operativos y proponer recomendaciones para corregir los. **Conclusión:** el modelo propuesto posibilita a los supervisores y tomadores de decisiones acompañar de forma sistemática y ajustar las dimensiones que impactan en los resultados de los programas de visita domiciliaria dirigidos para la Primera Infancia.

Palabras clave: Visita domiciliaria. Modelos Teóricos. Desarrollo infantil. Salud del Niño.

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