Home Visiting Programs for Children who are Deaf or Hard of Hearing: A Systematic Review

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Abstract

The purpose of this systematic review is to delve deeper into the existing evidence for home visiting models developed and implemented as intervention programs for children who are deaf or hard of hearing and their parents. This systematic review was undertaken as part of a LEND traineeship. We expected to identify gaps in knowledge of strategies critical to listening and language development; learn more about opportunities to engage families of children who are deaf or hard of hearing in timely decision making and early intervention; define pathways for services through existing home visiting models; and develop alternate pathways for families of children who are deaf or hard of hearing to get a “jump start” on the development of early listening and language skills. Findings will be used to educate LEND team members about current evidence for home visiting programs specific for deaf and hard of hearing children.

Background

Home visiting is a lot like it sounds - a network of programs in which families voluntary sign up to participate. Home Visiting programs offer a variety of family-focused, culturally relevant services that are primarily home-based. Quality home visits gives parents the insights and tools they need to raise healthier, happier children. These programs have been proven to reduce problems child health issues, 1-3.

In 2011, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) received funding from the Federal Government which allowed for growth and development of the home visiting programs. The Arkansas Home Visiting Network (AHVN) was funded and currently has eight home visiting programs. These models were established over the past 20 years. For more information about the Arkansas Home Visiting Network, visit http://www.arhomevisiting.org.


Results

Figure 1 (shown below) shows the number of articles identified and the process used to eliminate duplicate and/or irrelevant articles. After the database search was completed, a website search was conducted along with a review of existing literature-reviews and meta-analyses; this yielded no additional results.

Conclusions

Although home visiting is widely recognized as a cost effective method of providing early intervention services for parents of children who are deaf or hard of hearing; much of the data is anecdotal or of insufficient quality to include in this review. Few studies met the rigorous research methodology standards representing the effectiveness of ‘named’ home intervention models recognized by MIECHV. Rigorous empirical evidence is limited at best, and represents an opportunity for the development of a ‘named’ home intervention model with new or existing curricula coupled with a systematic approach to collection of outcome data for the purpose of generating evidence to support and/or inform best practices.

References


