DEVELOPING STUDENT KNOWLEDGE AND SKILLS FOR HOME-BASED SOCIAL WORK PRACTICE

Susan F. Allen
University of South Florida, St. Petersburg

Elizabeth M. Tracy
Case Western Reserve University

Providing social work services for clients in their homes is often a distinguishing feature of social work practice. The home environment affects the intervention process at each stage of contact with a family. Home-based practice requires specific skills to deal with clients' presenting concerns as well as safety, boundary, confidentiality, and ethical challenges. This article offers practical tips for integrating content regarding home-based social work into courses throughout the curriculum to better prepare social work students for home-based practice. It discusses how home-based content in both master's and baccalaureate courses supports current Educational Policy and Accreditation Standards requirements.

HOME VISITING HAS A LONG legacy in social work (Beder, 1998; Hancock & Pelton, 1989). Social workers in many practice settings work with clients in their homes as part of a continuing social work trend of serving families in their community context. Home-based social work practice settings are many. They include early childhood intervention programs; school social work; placement prevention and family reunification programs in child welfare; community mental health services to children, adults, and their families; programs for court-involved youth; community support programs for older adults; adult protective services; and hospice care. Social work students may have field placements and early career social workers may find work in such settings, but without specialized training, these students and social workers may not be prepared for the special challenges of home-based work. This article provides background on home-based social work practice and focuses on teaching content, practice skills, and values related to home-based practice across the social work curriculum at both the baccalaureate and master's levels. The extended case example can be used with students to highlight multiple issues involved in serving clients in their homes.
Background

Home visiting is a mode of service delivery across social work practice settings based on the advantages of providing services to clients in their “natural environments.” A number of scholars and practitioners present similar rationales for delivering home-based services across a variety of client populations and social work fields of practice (Gomby, Culross, & Behrman, 1999; Lindblad-Goldberg, Dore, & Stern, 1998; Wasik & Bryant, 2001). These rationales include ensuring continuity of care, accessing difficult-to-reach clients, minimizing barriers to care, facilitating generalization of new skills to the natural environment, and minimizing the power imbalance by meeting clients on their own turf. It is felt that home visitors receive a view of families’ ecological contexts in their homes and communities that can be crucial for individualizing services to family needs. For example, as Beder (1998) and Weiss (1993) describe, meeting on the family’s home turf emphasizes the importance of the family’s role in the service provider–family relationship and helps to foster trust.

Home-based practice fulfills diverse purposes. Home visits contribute variously as a component of the overall services to the client, ranging from a one-time visit in the context of services delivered in other settings to home visits as the primary method of service delivery. Primary purposes for home visits may be process, resource, or risk focused (Allen & Tracy, 2004) and may change over the course of the social worker–client relationship. Process-focused home visits are engagement oriented, with the goal of fostering initial connections between the social work practice setting (such as a school, medical clinic, or social service agency) and clients in their home environments. The aim of resource-focused home visits is to assess clients’ strengths and needs and link these to agency and community resources. Risk-focused home visits aim to foster cooperation within the family and reduce risk to family members. These visits are necessary when clients are referred due to community or agency concerns as the result of reports of, for example, child or adult abuse or of family members grieving a loved one in hospice care.

Services can be delivered in the form of a carefully scripted curriculum (e.g., Baker, Piotrkowski, & Brooks-Gunn, 1999) or with guidance from a curriculum or treatment manual that allows some individualization of services (e.g., Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Kitzman, Yoos, Cole, Korfmacher, & Hanks, 1997). Alternatively, services can be entirely individualized to the client’s needs (e.g., St. Pierre & Layzer, 1999).

Preparing Students for Home-Based Practice

Content relevant to home visiting can be taught across all sequence areas required by the Educational Policy and Accreditation Standards (EPAS) for baccalaureate- and master’s-level social work education (Council on Social Work Education, 2001). Table 1 summarizes specific content relevant to course sequence areas. Adequately preparing students for home-based practice can involve targeted course content and enhanced instructor sensitivity to the issues of home-based prac-
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practice throughout the curriculum. Instructional methods for integrating home-based content to develop student knowledge, skills, and values include providing relevant reading materials; engaging in class presentations, discussions, and debates about home-based practice; engaging in experiential exercises related to home as a practice setting; and using home-based case examples and role plays.

Although services delivered in the home use the same basic social work practice skills as services delivered in other settings, the home context may help to inform interventions. Some practice skills, such as engagement, observation, and resourcefulness, may be more crucial in home than in office settings. Meeting clients in their homes rather than in a more controlled environment, such as at a

TABLE 1. Home-Based Content by Social Work Sequence Areas

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<thead>
<tr>
<th>Course Sequence</th>
<th>Home-Based Content</th>
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<tbody>
<tr>
<td>HBSE</td>
<td>Theories that provide the context for home visiting: ecological perspective, family systems theory, and help-giving theory</td>
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<tr>
<td>Social Work Policy and Services</td>
<td>The role of home-based services in social work history Policies that support or discourage home-based programs serving clients throughout the life span</td>
</tr>
<tr>
<td>Practice</td>
<td>Home-based practice as a strategy to reach populations at risk and those with the greatest needs Interview and observational skills for home visits during the engagement, assessment, goal-setting, implementation, evaluation, and termination stages of social work intervention Skills for family-centered practice Assessment techniques specifically applied to the home setting Clinical skills for dealing with challenging client issues such as domestic violence, substance abuse, and mental illness</td>
</tr>
<tr>
<td>Research</td>
<td>Evidence base for home-based practice Research designs used in effectiveness studies on home-based programs Application of research techniques, such as single-system design and goal attainment scaling, to evaluate home-based practice</td>
</tr>
<tr>
<td>Field</td>
<td>Ethical dilemmas presented by home visiting Techniques to promote safety Use of supervision Boundary and confidentiality issues</td>
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</tbody>
</table>
school or in a medical or mental health center office, can lead to situations that are particularly challenging for the beginning social worker and present ethical dilemmas. The following sections describe key content for the social work classroom in terms of developing knowledge, skills, and values for home-based practice.

Developing Knowledge

History of home visiting. The history of the tradition of home visiting in social work is content well suited to social work policy courses. As Table 2 shows, the use of home visits parallels major changes in social work practice and policy. A student assignment in a social policy class could involve an analysis of whether specific social policies encourage or discourage home-based services.

In the late 1800s, when home visiting was organized as a volunteer service by charity aid organizations, it was termed “friendly visiting” (Richmond, 1899/1969). In the first half of the 20th century, home visiting expanded into social work practice in the schools and hospitals, as well as in child welfare and social services. An early issue of the journal Social Work, published by the National Association of Social Workers, contains a description of a comprehensive home-service approach with multiproblem families, the St. Paul Family-Centered Project (Birt, 1956). However, as Beder (1998) and Hancock and Pelton (1989) point out, over time, work with clients in their own homes became a neglected area in practice and professional training. Home visiting tended to fall into disregard as social workers attained professional status, and it was often relegated to paraprofessionals. Home visiting by social workers was increasingly limited to specific practice settings, such as school social work and child welfare (Hancock & Pelton, 1989). Even now, home visiting is sometimes viewed as only the purview of bachelor-level social workers and not worthy of the level of professionalism of master’s-prepared social workers. Furthermore, before the separation of financial and social assistance in the 1970s, home visits were criticized for invading clients’ privacy (Hancock & Pelton, 1989). For some clients, the image of the home visitor still persists as one who “takes away your children,” “spies on you,” or “puts you in a nursing home.” It’s no wonder that workers and clients alike have mixed feelings about home-based services.

Subsequent to the 1980s, family preservation legislation in child welfare and the formation of a national resource center and organization devoted to home-based services (Nelson & Landsman, 1992), home visiting returned to favor, with a current emphasis on community-based care. Lightburn and Schamess (2002) view home-based practices as an antidote to past practices that were unsuccessful as a result of “fragmentation, inaccessibility, unresponsiveness to cultural differences, and isolation from integral family and community systems that support development” (p. 820). Now home-based services are delivered in many social work practice settings in conjunction with community-based services as an opportunity to define and work with client problems in conceptually different ways—work in homes, neighborhoods, and other natural settings that holds tremendous
promise for creative practice. Home-based services are important for the future direction of social work as part of the trend for community-based practice that emphasizes the development of partnerships between social workers and clients. This is supported by current government policies. For example, the President’s New Freedom Commission on Mental Health (2003) set forth the need for community-based services with the goal of making mental health care consumer and family driven. In addition, the Individuals with Disabilities Improvement Education Act of 2004 (PL 108-446) continued the mandate established in the 1980s by PL 99-457 for home-based, family-directed services for

TABLE 2. Highlights in the History of Home Visiting in Social Work

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<th>Year</th>
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<tr>
<td>1890s</td>
<td>Friendly visiting of charitable organization societies; <em>Friendly Visiting Among the Poor</em>, by Mary Richmond, published in 1899</td>
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<td>1900s</td>
<td>Emergence of home-visiting teachers and school liaisons; home-visiting program begun by Massachusetts General Hospital</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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<tr>
<td>1970s</td>
<td>Separation of social services 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 (PL 103-66)—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>
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<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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families with young children who are disabled or at risk of negative developmental outcomes.

Theoretical bases of home visiting. The theoretical foundations of home visiting are consistent with content typically covered in human behavior and the social environment (HBSE) courses. As students learn about theories in HBSE courses, they can assess whether a theory informs social work practice in the home setting or solely in office settings.

The ecological perspective emphasizes the influence of the social environment on human development (Bronfenbrenner, 1979). The impact on the environment can occur on multiple levels. Clients are seen in the context of their home, neighborhood, and community environment. This perspective can serve “as an organizing framework for home visiting by helping programs recognize influences and resources beyond the immediate family” (Wasik & Bryant, 2001, p. 30). The ecological theory supports interventions through home visiting that help families adapt to their environment, as well as interventions that help to change the environment to fit family needs (Kemp, Whittaker, & Tracy, 1997).

Family systems theory supports the importance of family relationships and providing services within the family context (Collins, Jordan, & Coleman, 2007). Home-based practice involves interacting with and providing services to family members who live together, as well as possibly providing contact with extended family members who do not live in the home but have close interactional ties with those who do. The home is the key environment for observing and intervening in family interactional patterns. Wasik and Bryant (2001) describe how knowledge of family systems theory can affect the approach to working with families:

Knowledge of family systems theory can prompt programs to recognize important family relationships beyond that of mother–child. Involving fathers, grandparents, boyfriends, and older and younger siblings can often be essential to success by helping families jointly identify desired outcomes, discuss ways of reaching these outcomes, and make commitments to work together. (p. 33)

Help-giving theory holds that “effective help requires that recipients be seen by themselves and others as active, responsible agents” (Brickman et al., 1983, p. 31) confident in their ability to succeed. It de-emphasizes help seekers’ responsibility for causing their difficulties and views problems as a product of their ecological context. Professional–family partnerships are developed that promote clients’ strengths and competencies and enhance clients’ ability to function independently in their ecological contexts (Dunst & Trivette, 1994; McWilliam & Scott, 2001).

Effective practices emphasize help-seekers’ responsibility for assessing problems and directing interventions (Dunst & Trivette, 1994). Within the last decade, help-giving practices that empower families to direct interventions to meet their own needs have been variously termed family centered (Dunst, 2000; Turnbull, Turbiville, & Turnbull, 2000), family directed (Individuals with Disabilities Education Improvement Act of 2004),
and family driven (Osher & Osher, 2002). Although these partnership models of intervention are not limited to home visiting, such models have been embraced as best practices by home-based programs across practice settings, including child welfare (Walton, Sandau-Beckler, & Mannes, 2001), child mental health (Friesen & Poertner, 1995; Lindblad-Goldberg et al., 1998), and early childhood home visiting (Dunst, 2000; Turnbull et al., 2000).

Research on home visiting. The complexities of variables involved in research on home-based programs present opportunities for students to analyze the presence or lack of empirical evidence as well as discrepancies within empirical evidence established for home-visiting programs and services. A student assignment could be to analyze the research designs used in studies of home visiting, their strengths and limitations, the outcome measures selected, and the intended target audience.

Students can choose a target population in social work and search for empirical studies of home visiting related to that population. The evidence base for home visiting includes research in early childhood programs (e.g., Duggan et al., 2004; Mahoney & Filer, 1996; St. Pierre & Layzer, 1999), child welfare (e.g., Corcoran, 2000; Guterman & Taylor, 2005), child mental health (e.g., Evans et al., 2003), programs for court-involved youth (e.g., Henggeler et al., 1998; Henggeler, Melton, & Smith, 1992), and community support programs for older adults (e.g., Elkan et al., 2001).

As evidenced by a review by Farran (2000), there has been extensive research on home-visiting programs for families with young children with disabilities or at risk for negative developmental outcomes. Some research on programs that serve families of young children with disabilities suggests that more services are provided through home-based delivery than child care center-based delivery and that approaches to services are more likely to be family centered (Judge, 1997; Mahoney & Filer, 1996; Mahoney, O'Sullivan, & Dennebaum, 1990). The six studies in Farran's review used diverse research designs to examine the effectiveness of home-based intervention programs for children under the age of 5 with various types of diagnosed disabilities. Gains on developmental tests for children in the programs varied and seemed dependent on an array of factors including types of treatment, level of impairment, and demographic characteristics of the parents. At least one meta-analytic study of home-visiting programs has been conducted (Sweet & Appelbaum, 2004). This study reviewed 60 home-visiting programs with respect to cognitive and social-emotional outcomes for the children and changes in attitudes, behavior, and educational achievement for the parents. Sweet and Appelbaum concluded that "home visiting does seem to help families with young children, but the extent to which this help is worth the cost of creating and implementing programs has yet to be determined" (p. 1448).

Home visits have also been studied as an important component of evidence-based practice to prevent incarceration and reduce the number of arrests through multisystemic therapy with court-involved youth and their families (e.g., Henggeler et al., 1992, 1998). Even when a high level of evidence is available from multiple randomized, controlled trials
across sites and populations in the case of multisystemic therapy, systematic reviews do not necessarily yield consensus about effectiveness (Littell, Popa, & Forsythe, 2005). Thus, students need to understand that even in cases in which some evidence base has been established, further research is needed to refine our understanding of the characteristics of home-based programs that improve effectiveness for specific targeted populations (Farran, 2000; Gomby et al., 1999; Guterman & Taylor, 2005).

Developing Skills

Home-based practice can involve practice strategies that may be particularly daunting for the social work student and beginning practitioner. Social workers who meet with clients in their homes may be confronted with challenging client behaviors and situations without the benefit of immediate access to supervision and established safety protocols typical of office-based settings. Students and beginning social workers who do home visits can benefit from special instruction in observational skills, client issues, techniques to enhance safety and deal with boundary and confidentiality challenges, and the appropriate use of supervision.

Observational skills. Observational skills are essential throughout the process of home-based work with clients. A social worker’s observations of the client’s home environment can be crucial in assessing client strengths and limitations. Table 3 outlines areas of the neighborhood and home environment that can be assessed through observation during home visits. From engagement through follow-up stages of social work interventions, observations of the home environment can help advance the work with the client. Pictures can be used in class to enhance students’ awareness of differences between the office and home setting and to develop observational skills. For example, instructors can show students pictures of a family and a social worker in an office and at the family’s home (Brown, n.d.) and ask questions such as the following:

- Does the family appear to be comfortable?
- Who is in control of this session? Why do you think so?
- What type of assessment is feasible?
- Can this family be empowered?

This exercise leads to discussion about the strengths and challenges for clients as well as the social worker in home versus office set-

<table>
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<th>TABLE 3. Focal Areas for a Home-Based Assessment</th>
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<tr>
<td>Neighborhood Environment</td>
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<tr>
<td>Strengths of location</td>
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<tr>
<td>Challenges in terms of safety</td>
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<tr>
<td>Resources for informal and formal supports</td>
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<tr>
<td>Presence and role of extended family</td>
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</table>
tings. Instructors can also use pictures of the home setting to sensitize students to signs of family strengths demonstrated through the environment. When shown a picture of a home that could be visited by a child welfare or school social worker (Wells, 1985), students may first see the dirty dishes and overflowing garbage can but then observe that a child doing homework and a baby safely ensconced in a playpen are also portrayed.

Client issues. For students who make home visits, an enhanced ability to connect with hard-to-reach clients should be seen as a strength. These clients may be less motivated than those who regularly attend office sessions. In addition, clients served by home visit outreach are often those who have particularly limited resources, such as financial and transportation (LeCroy & Whitaker, 2005; St. Pierre & Layzer, 1999). Home-based practitioners need to have finely-honed clinical skills. LeCroy and Whitaker conducted focus groups with home visitors who described the families whom they visited as frequently having mental health challenges—particularly mental illness and depression—and substance abuse issues. Duggan and colleagues' (2004) analysis of outcomes for families involved in Hawaii Healthy Start revealed that addressing partner violence, substance abuse, and parental depression was of key importance in home-based work. Students who do home-based practice need to enroll in courses that will enhance their clinical knowledge and ability to use supervision in order to deal effectively with these challenging client issues. Role-play practice with standardized client cases could be a course component to promote students' competence in dealing with challenging client situations. In presenting role plays for practice and field classes, distinctions can be made between sessions in the office and those in the client's home. Role plays can be used creatively to introduce common situations encountered in home-based practice, such as the television blaring or a neighbor dropping in, as well as more challenging situations, such as the presence of weapons or open containers of alcohol.

Safety. Safety is foremost in students' minds and is a realistic concern. Many home-based programs work with clients in neighborhoods or homes where the potential for violence is high. Safety strategies can be taught in several categories (Burry, 2002): preparation and mind-set, practical tips for the visit itself, clinical de-escalating interventions, and debriefing and evaluation of visits (see Table 4).

Ensuring that one has the appropriate mind-set as well as the confidence to deal with challenging situations is the first crucial step in preparing for home visits. Research indicates that professionals with negative emotions, such as expectations of violence, toward home visiting make fewer home visits than those with more positive attitudes (Sharp, Ispa, Thornburg, & Lane, 2003). Home-based workers can engage in self-talk (e.g., “This is a first visit—all I really have to do is listen”) on their way to a client’s home as a means of reducing stress and remaining in control of their emotions.

Many helping professionals face dangerous situations as part of their job. Yet, a survey of school social workers found that only 5% had received education and training about violence during their university education
A majority (89%) of the respondents felt that social workers should receive safety training during graduate school. Safety training courses can provide skills and increase student confidence for home-based practice; oftentimes, these courses can be provided by police or safety officers.

**TABLE 4. Safety Tips for Home Visiting**

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<th>Section</th>
<th>Tips</th>
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<tbody>
<tr>
<td><strong>Preparation and mind-set</strong></td>
<td>Gather information before the visit about the potential for violence. Make others aware of your home-visit plans (time, place). Consider a neutral place to meet. Work in pairs. Be sure to have a cell phone, directions, and enough gas; leave valuables locked in your car or office. Talk to yourself to keep calm. Take personal safety training.</td>
</tr>
<tr>
<td><strong>During the visit: practical tips</strong></td>
<td>Park close to home, not blocked from departure. Have the client lead the way to and from the home. Sit in a position to maintain a clear exit; note the location of the door. Follow your gut reaction; leave if alcohol or weapons are present. Be aware of escalating anger. Negotiate a safety contract with the client.</td>
</tr>
<tr>
<td><strong>During the visit: de-escalating strategies</strong></td>
<td>Explain the purpose of the visit; remain calm. Review engagement skills. Use active listening. Do not argue. Take time out and make plans to reconvene in a neutral place. Never touch clients who are about to fight. Be aware of your own and your client's body language; use nonthreatening gestures and stance. Know when to call the supervisor.</td>
</tr>
<tr>
<td><strong>Following the visit</strong></td>
<td>Debrief with the supervisor and problem solve in preparation for future home visits.</td>
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*Note: Adapted from Burry, 2002.*
Students need to learn to gather information about the potential for violence from the referral source and family members in preparation for a first home visit with a family. Research indicates that a cue commonly used by clinical practitioners to assess clients' potential for violence is clients' history of prior violent behavior (Odeh, Zeiss, & Huss, 2006). Students can utilize a number of precautions, such as notifying the supervisor and other agency personnel about when and where the visit will occur; taking a cell phone; pairing with another agency staff person when making the visit; and considering a more neutral and public place to meet than the home, such as a fast-food restaurant. Students need practical advice about how to dress in a professional manner that will not draw undue attention to them in the varied neighborhoods that they will be visiting. Planning is required to have sufficient gas, keep valuables out of sight in the car, and have clear directions to the home.

During the visit itself, social workers should keep safety considerations in mind throughout the process. This involves where they park, how they enter the home, and where they sit during the visit. Students and less experienced social workers may be hesitant to trust their gut reactions to escalating danger and the need to leave a situation. Prior discussion in classes and with a supervisor about cues to watch for and knowing when it is appropriate to leave can be invaluable. In addition, students can be taught steps for negotiating safety contracts with clients to minimize the potential for danger.

Interactions during home visits rely on basic engagement and interview skills. However, the progression of the interview in this environment is less predictable and less in the social worker's control than in an office. Therefore, verbal and nonverbal clinical de-escalating techniques may be especially valuable (Burry, 2002). Students and beginning practitioners need to learn skills for remaining calm, refraining from arguing in heated situations, and calming angry clients.

After initial and particularly difficult home visits, a student or beginning practitioner needs to discuss his or her experiences with a more experienced practitioner, such as a supervisor, or in a field practicum class. Support for strategies that were successful and the opportunity to evaluate challenges faced during the visit are crucial as the social worker develops skills for and gains confidence in home-based practice.

**Boundaries.** Setting professional boundaries can be particularly challenging in home-based practice. Meeting clients on their own turf to minimize power imbalances means that social workers have less control over events that unfold during visits. How to set boundaries can be a topic for discussion in the field seminar or it can be integrated into role plays in practice classes. Home visits necessitate significant flexibility on the social worker's part. Professional objectivity may be more difficult to maintain in situations encountered in a client's home than in those that take place in an office. It is especially important that beginning social workers have a clear understanding of their professional role with the family and are able to articulate what they can and cannot provide in terms of professional and agency services. Social work students often need help balancing their eagerness to
meet client needs and their desire to be "liked" by the family with their beginning understanding of their professional role and the need for progress to be made over the course of home visiting. For example, a student of one of the authors (E. Tracy) commented that because she liked the family so much and they in turn were so nice to her, she found it hard to realize that no progress was being made toward the family's goals.

Confidentiality. Maintaining appropriate confidentiality is related to the boundary issues just discussed. Social work students need to be aware of possible breeches of confidentiality that can occur when the client's extended family members, neighbors, and friends are present during home visits or when visits take place in community settings such as a park or fast-food restaurant. Checklists and preparatory discussions may help beginning social workers to develop organizational skills and anticipate the need for forms, such as informed consents, and to gather family information prior to home visits. Social workers need to be diligent about completing releases of information and following agency policies on which, if any, portion of records and files may be carried out of the office for visits.

Supervision. A theme in the preceding sections about safety, boundaries, and confidentiality is the appropriate use of supervision. Students and beginning practitioners may benefit from specific guidance about what topics to be raised with a supervisor are appropriate, how to structure case consultation, and what emergency situations warrant supervisor contact. Some home-based programs identify the types of situations that warrant immediate notification of the supervisor, such as when progress is not occurring, the family "fires" the worker, or safety becomes a concern. Schools of social work need to ensure that their students who do home visits receive adequate supervision. In addition to conducting regularly scheduled supervision sessions, supervisors need to be available via phone, in case there is an emergency situation.

Developing Values

Discussions in the preceding sections reveal a number of the ethical dilemmas that may be present in home-based practice. Students need ample opportunity to consider the dilemmas that they may encounter. Discussions about these dilemmas can help to prepare students and increase their confidence in home-based practice. Ethical dilemmas can be presented with case examples, such as those given next, for discussion regarding the National Association of Social Workers (NASW) Code of Ethics (NASW, 1999):

- **Risk assessment versus surveillance**—Family members express concern that the social worker comes to their home more as a spy for governmental agencies than to provide help and support. The family is suspicious and uncomfortable with the social worker visiting their home.
- **Accessibility versus intrusiveness**—Family members view the home visit as an unhelpful intrusion. They do not view the agency coming to them as improving access to services but, rather, feel that services are being forced on them.
- **Connecting with hard-to-reach populations versus right to refuse services**—A client
wants to refuse services but finds it hard to do when the social worker is standing at his or her door.

- **Helpfulness versus promoting dependency**—The client does not understand professional boundaries. The client makes requests of the social worker, such as for transportation, that the social worker would not fulfill in an office and that are clearly beyond the boundaries of the social worker’s role and function. The social worker, seeing the needs so clearly in the home situation, has difficulty deciding which helpful behaviors are appropriate and intended to facilitate the family’s goals and which ones overstep the social work role.

- **Confidentiality versus inclusion of informal support persons**—The social worker tries to connect with members of the client’s informal support network who stop by the home. The social worker chats with these people about the family’s situation and why the family is receiving services in the home. However, the social worker’s effort to obtain information and to mobilize informal help from these individuals does not conform with social work standards of informed consent and respect for the client’s confidentiality.

- **Cultural traditions versus unacceptable behavior**—The social worker is not culturally sensitive and alert in order to distinguish between cultural traditions and inappropriate behaviors that threaten the safety and well-being of family members. This may occur in areas of parenting and child-rearing styles (e.g., timing of toilet training, reliance on extended-family caregivers, children being left with older siblings) or in adult children’s relationships with their parents (e.g., filial duty and expectations of respect for parents).

### Extended Case Example

The following extended case example (derived from the clinical experience of one of the authors, S. Allen) can be used in class to illustrate home-based practice techniques and prompt discussion of the special challenges and ethical issues in home-based work:

A Caucasian teen parent, Sheryl, and her infant daughter, Hope, were involved in a home-visiting program for families of infants and toddlers. The family was eligible because its low income and the mother’s age and history in foster care put the infant at risk for abuse and neglect. Home visits were the primary vehicle for service delivery in this agency. The purpose of the visits was to reduce the risk to the child by connecting the family with informal and formal support resources, promoting the mother’s employability by supporting training and education, enhancing the mother’s relationship with her daughter, and adding to the mother’s knowledge of child development and parenting skills.

### Engagement

The community and home environment provides many tools that can help to establish the initial connection with the client and his or her family. Social workers use their observation skills to study the environment for assets that can be acknowledged. The social worker’s
awareness of the home environment can lead to a quicker understanding of the client’s situation than the primarily verbal information provided during an office visit. Contact is more easily established with all those who live in the home, not limited to just those who would come to the office.

Home visits took place in Sheryl’s mother’s house, where Sheryl and Hope were living. Discussion initially focused on the affection and appropriate parenting skills that the social worker observed Sheryl displaying as she played with Hope on the floor and fed her. The social worker, surveying the cramped quarters in the home, could empathize with Sheryl’s frustrations with the limitations of her living situation. Sheryl’s mother came home from work during the initial visit and joined in the conversation. The social worker’s comments on tropical paintings on the living room walls led to a discussion of Sheryl and her mother’s dreams of moving to a location with a warmer climate than where they currently lived and of Sheryl’s mother’s artistic talents.

**Assessment**

Social work practice in the home allows a holistic assessment of the client’s environmental strengths and challenges (see Table 3 for a summary of focal areas for a home-based assessment). Evaluation through careful observation of areas in the natural environment can augment the assessments more typically done in an office setting. Social workers may use assessment tools to help structure the interview and observation process. These tools can be selected for their ability to evaluate the resources and challenges as reflected in the home and neighborhood environment (e.g., Caldwell & Bradley, 1984).
Goal Planning and Implementation

Goals are developed in the environmental context that provides the resources for implementing the social work interventions. Family members who are crucial to setting goals and implementing interventions are more likely to be present in the home than at office sessions.

Initially, Sheryl was most interested in attaining her GED. She also wanted to develop a plan to move out of her mother’s house. Developing goals with Sheryl and her mother revealed Sheryl’s mother’s ambivalence about having Sheryl and her daughter, Hope, in her home and limitations for them moving out on their own. Goals were set for Sheryl to attend GED classes and sit for the GED exam and for Sheryl and Hope to move in with Sheryl’s father. The social worker made weekly home visits with Sheryl and Hope to monitor Sheryl’s parenting and Hope’s development and to support Sheryl’s efforts to attain her goals.

Evaluation and Termination

The home setting also holds advantages for the evaluation and termination phases of social work practice. Home-based sessions allow evaluation and reinforcement of changes in the family’s environmental context. The social worker’s ability to observe the home environment and comment on changes noted may supplement the client’s verbal reports of progress. Family members crucial for the earlier phases of treatment can also be present as goals are evaluated and sessions are terminated.

Sheryl’s progress toward her goals was evaluated during each home visit using goal attainment scaling. Initially Sheryl weighted passing the GED as her most important goal. The expected outcome was to attend GED classes once a week, with the most favorable outcome to attend twice a week. The first couple of weeks Sheryl met the expected outcome. This was followed by several weeks when there was an unfavorable outcome of not attending any GED classes. The social worker noted and discussed heightened tension between Sheryl and her mother. Her mother had lost her job as a waitress and broken up with her boyfriend, both of which had added financial pressure. Sheryl admitted to the social worker that her priorities had shifted. Now her goal of moving in with her father had taken precedence over efforts to pass the GED. Sheryl set weekly objectives to establish contact with her father and work out plans for the move. Although efforts to find a way to include her father in sessions with the social worker were not successful, Sheryl did make steps as planned to negotiate the move to her father’s home. Sessions were terminated after Sheryl and Hope moved to their new home, not only because Sheryl’s primary goal had been attained.
but also because her father was not as open to the social worker coming into his home as Sheryl’s mother had been. A follow-up phone call established that Sheryl and Hope were adjusting well to their new living arrangement.

Conclusion

Current trends indicate that the future of social work practice will stress methods of working with clients who are facing complex challenges in living at any point during the life span. In many cases, available social work positions will involve engaging in community-based practice and providing services in clients’ homes. Instructors’ attention in all EPAS curricular areas to the importance of developing student knowledge, skills, and values for home-based practice may help social workers to be more competitive in their job search, more prepared to fill these jobs, and more able to meet the challenges of future social work practice. Research is needed to extend our knowledge of the requisite social work skills necessary for effective home-based practice to contribute to the empirical base for the home-visit tradition in social work.

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**Susan F. Allen** is assistant professor, University of South Florida, St. Petersburg, School of Social Work. **Elizabeth M. Tracy** is professor, Case Western Reserve University, Mandel School of Applied Social Sciences.

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Address correspondence to Susan F. Allen, College of Arts and Sciences, University of South Florida, 140 7th Avenue, South St. Petersburg, FL 33701; e-mail: sfallen@stpt.usf.edu.