

Paraprofessional home visitors deliver better quality services than volunteer-driven models: Results from a longitudinal study in South Africa

Home visiting is a popular component of programs for HIV-affected children in sub-Saharan Africa. Many programs are staffed by volunteers whose training and compensation is minimal, raising questions about whether investing in paraprofessional workforce development might yield measurable gains in beneficiaries' well-being.

Intervention

- The National Association of Child Care Workers, Heartbeat, Tswelopele, and Children in Distress Network implement programs offering home visiting to HIV-affected children and their families in South Africa.
- Services provided during home visits vary between programs and within each program. Services may include educational support, nutrition assistance, psychosocial care, HIV counselling & testing referrals, help accessing social grants, medical referrals and more.

Study design

- Longitudinal survey examining home visiting, health and well-being over a two-year period among 1487 children ages 10-17 and 918 of their primary caregivers registered at program sites in KwaZulu Natal province.
- Programs were categorized as either paraprofessional or volunteer-driven, based on the level of compensation and intensity of training and organizational support available to home visitors.
- Children and caregivers enrolled in paraprofessional programs were compared to those in volunteer-driven programs on measures related to the quality and intensity of home visiting and services provided.

Findings

- Few beneficiaries in volunteer-driven programs reported receiving home visits, and visits tended to be short and infrequent. Families served by paraprofessionals reported longer, more frequent home visits.
- Home visitors from paraprofessional programs interacted more with the children they visited, communicated on a greater number of topics, and provided more tangible support for things like obtaining identify documents and applying for social grants.
- Gaps in both home visiting coverage and services received persisted among the families registered for paraprofessional model programs. For instance, only 58% of caregivers enrolled in paraprofessional staffed programs continued to receive visits into the second year.

Policy and program recommendations

- Programs for HIV-affected children and families should aim to engage trained and compensated home visitors, and investment in developing this workforce is warranted.
- Greater attention should also be paid to establishing standards for home visiting practice and supporting and ensuring fidelity to the model. New or expanded monitoring systems and incentives may be required.

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