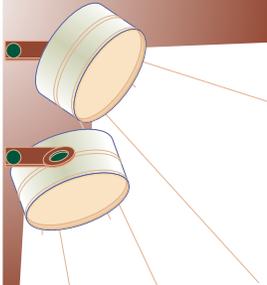


# Research Review

NATIONAL ALLIANCE of CHILDREN'S TRUST & PREVENTION FUNDS

Volume 1, Issue 2 ~ May 2011



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## SPOTLIGHT ON HOME VISITING: Research and Practice – Part 1 of 2

Home visiting has been a popular approach to child abuse and neglect prevention for decades. It has received much more attention lately, fueled by research results showing how effective home visiting programs can be and culminating in the recent designation of significant new federal funds for home visiting approaches in the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) created as part of the Patient Protection and Affordable Care Act.

As states move to increase their home visiting efforts, we review the research base and evidence of effectiveness of home visiting, and highlight home visiting activities in two states. This is the first of two “Spotlight” fact sheets on home visiting; the second installment will be included in the July 2011 *Research Review*.

### RESEARCH BASE AND EVIDENCE OF EFFECTIVENESS

Evidence for the effectiveness of certain models of home visitation has been well-established. However, only a small number of home visiting programs have been evaluated rigorously enough to prove their effectiveness and even fewer have been proven to be effective at preventing child abuse and neglect. In this first part of our review of the evidence for home visiting, we focus on program models that have been proven effective and research about the use of evidence-based home visiting programs across the country. The second part in this series will focus on research and evidence related to home visiting more generally.

Home Visiting Evidence of Effectiveness (HomVEE), a thorough review of the home visiting research conducted by Mathematica Policy Research from 2009 to 2010, identified seven models that had shown positive effects in rigorous studies, meeting the criteria to be considered “evidence-based” for the purposes of MIECHV.<sup>1</sup> The approved programs include home-based Early Head Start (EHS), Family Check Up (FCU), Healthy Families America (HFA), Healthy Steps, Home Instruction for Parents of Preschool Youngsters (HIPPI), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). These programs were deemed effective based on evidence of effects within at least one of eight outcome domains reflecting the range of fields that use home visiting as a service delivery model, from physical and mental health to school readiness and parenting behaviors. Child maltreatment prevention is just one of those eight outcome domains and was not measured in most of the studies reviewed; of the seven approved programs, only NFP and HFA have solid evidence for effectiveness in maltreatment prevention. States are required to

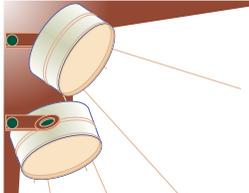
spend 75% of MIECHV funds on any of the seven listed programs, and may choose to spend up to 25% implementing and evaluating promising programs that do not meet the criteria to be considered “evidence-based.”

Another recent research project related to home visiting was the PEW Center on the States’ Home Visiting Inventory (available [here](#)). The Inventory reports data on state-level spending on home visiting in 2009-2010, with particular interest in the extent to which states were implementing evidence-based national models. PEW reported a total of \$1.36 billion dollars invested in home visiting by 46 states and the District of Columbia. Roughly \$500 million of those funds were dedicated strictly to home visiting programs, with another \$800 million in broad-based funding streams that funded a variety of programs including home visiting. PEW also reported that 34 states invested \$277 million in national home visiting models including NFP, HFA, PAT, and Parent-Child Home Program. This figure may not include funds from broad-based funding streams used to implement an evidence-based home visiting program through a family resource center, for example.

The federal “Supporting Evidence-Based Home Visiting” initiative is funding efforts at 17 sites around the country to develop the infrastructure needed for widespread adoption of evidence-based programs. Using slightly different criteria than the HomVEE study, the Administration for Children and Families identified five home visiting models to be used under these funds: HFA, NFP, PAT, Positive Parenting Program (Triple P) and SafeCare. This five-year program began in 2008. Reports from their cross-site evaluations can be found [here](#); a longer report on early findings and recommendations from the initiative in Illinois can be found [here](#).

These national efforts to promote and document the use of evidence-based home visiting models are dependent on the ongoing work to evaluate the effectiveness of specific models. Even well-established models continue to evaluate their effectiveness in a variety of settings and with different populations, in an attempt to better understand what programs and approaches will work best for a given family or community. For example, HFA continues to be studied in its different permutations in states. A recent study found that Healthy Families New York effectively promoted the use of positive parenting strategies; among a subset of particularly at-risk mothers, the program also reduced the use of harsh parenting.<sup>2</sup> Data from an evaluation of Healthy Families Florida were used to explore ways to draw more accurate conclusions from quasi-experimental studies – and the techniques used strengthened the already-positive results of that program evaluation.<sup>3</sup> A forthcoming randomized trial of Healthy Families Arizona found it to be effective on several measures.<sup>4</sup>

At the same time, new home visiting programs continue to be developed, existing programs continue to be adapted to meet the needs of particular audiences, and many programs are evaluated for effectiveness every year. For example, a study of a program for young reservation-based American Indian mothers, called Family Spirit, found that it had positive effects on maternal and child outcomes.<sup>5</sup> A qualitative study recently explored the need for cultural adaptations to the SafeCare program,<sup>6</sup> while a randomized controlled trial found that an augmented version of SafeCare had good success recruiting and retaining high-risk, rural families, and had short-term positive effects on a number of parenting behaviors and domestic



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violence reports, but not CPS reports.<sup>7</sup> These types of findings are critical for the further enhancement and understanding of home visiting models.

Along with the growing knowledge base around home visiting and push for more use of evidence-based programs, there is concern among many in the field that effective, but unevaluated, locally developed programs may be lost by the wayside. Part 2 of this “Spotlight on Home Visiting” will focus on efforts to identify characteristics of effective programs and improve quality in home visiting regardless of model used.

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**STATE SPOTLIGHT:  
SCALING UP EVIDENCE-BASED HOME VISITING IN OKLAHOMA**

Oklahoma is one of three states where the Children’s Trust Fund is the lead agency for the new federal MIECHV program. (The others are South Carolina and Pennsylvania.) The Children’s Trust Fund, located within the State Department of Health, was already funding implementation of Nurse Family Partnership (NFP), called Children First and implemented in every county in the state; a non-accredited Healthy Families America (HFA) spin-off called Start Right implemented in 40 of Oklahoma’s 47 counties; and SafeCare, which was developed in Oklahoma and is being implemented and evaluated at a few sites in the state. In addition, the state Department of Education has implemented Parents as Teachers (PAT) for several years.

As required for the MIECHV funding, the state conducted a needs assessment to identify the highest-risk counties in the state. They were surprised at the outcome. The inclusion of crime and domestic violence rates put two unexpected counties, Kay and Garfield, at the top of the list. Participants in community meetings in the two targeted counties expressed that they were happy with the services currently being provided, but wanted more families to be served. The federal funds – about \$800,000 for direct services out of an overall grant of \$2 million – will therefore be used to scale up the existing evidence-based programs operating in those counties to serve a greater number of families. At the state level, funds will also be used to develop a central intake system and a data collection system for home visiting programs, coordinate the efforts, and hold focus groups for service providers, home visitors, and the general public in each of the targeted counties.

Some changes have to be made to meet the federal requirements. Start Right, the HFA-based program, will become accredited as an HFA program, which will put new limits on the families they can enroll. HFA programs may only enroll families with infants up to age 3 months, while the Start Right program had been enrolling families with infants up to 12 months of age. In Kay County, the PAT program will shift its focus to serve otherwise eligible families who do not meet the age requirement for HFA; this will require new training for PAT staff to serve families with more risk factors than the population they had been working with in that county. Along with NFP, HFA and PAT are accustomed to coordinating their efforts to be sure they are not recruiting or serving the same families. In Garfield County, NFP and PAT are both in place and will continue coordinating their efforts to serve high-risk families.

Annette Jacobi, Chief of Family Support & Prevention Services in the Department of Health, said that expanding on existing services was the most efficient way for Oklahoma to use the new funds. While they would have liked to use the funds to implement a promising practice – such as expanding SafeCare in the state – the 25% funding limit on promising practices would not have provided enough funds to implement it on a very large scale.

See the second part of this “Spotlight on Home Visiting” in July 2011 for a look at home visiting initiatives in Arkansas.

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The National Alliance of Children's Trust and Prevention Funds assists state children's trust and prevention funds and promotes and supports a system of services, laws, practices and attitudes that strengthen families' capacity to provide their children with safe, healthy and nurturing childhoods. The *Research Review* is written by Cailin o'Connor for the National Alliance of Children's Trust and Prevention Funds.