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Overview of Home Visitation Programs

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The Larry King Center (LKC), part of the Council for Children's Rights, is committed to meeting the long-term needs of children in the Charlotte-Mecklenburg community by providing four key strategic services: community engagement, community planning, public policy advocacy and research and evaluation.

The Larry King Center created this document to provide a high-level overview of current resources and information on home visitation programs. Current available data were compiled and synthesized on home visitation programs available in the Charlotte-Mecklenburg community, as well as those identified as evidence-based by the recent Home Visiting Evidence of Effectiveness (HomVEE) report¹. Results from this report drove national funding decisions that in turn, affected nationwide service provision as well as local programming decisions.

The Larry King Center does not endorse any specific program, registry, or web site listed in this document. Rather, it was created to serve as a resource for service providers, researchers, funders and other community stakeholders that have an interest in this area of programming. In order to present the most up-to-date information, it will be regularly updated.

This document compares and summarizes:

1. Components of each home visitation program
2. The various registries that review home-visitation programs and their respective ratings
3. Summaries of each registry and their inclusion criteria

¹ In November 2010, The U.S. Department of Health and Human Services released a report that summarized results from the Home Visiting Evidence of Effectiveness (HomVEE) literature review conducted by Mathematica Policy Research. The report provided an assessment of the effectiveness of home visitation programs that target families of pregnant women and children aged 0 to 5.



This section provides a comparison of the components of each home visitation program outlined in this report including: target population, program goals, theories that guide each program, the frequency and duration of home visits with families, if a manual is provided for implementation, what year the program was established, the required age for the child to enroll, if there is specific required information provided at home visits, and the reported outcomes the programs achieve. Information was gathered from publicly-available sources including official program websites as well as various registry websites.



	Nurse Family Partnership*	Parents as Teachers*	Healthy Families America*	Healthy Families Indiana	Healthy Families New York	Early Head Start	HIPPY	Family Check Up
Target Population	Low income, first time mothers	Not specified	Parents facing multiple challenges (substance abuse, domestic violence, etc.)	Not specified	New/expectant mothers at risk of abusing their children	Below federal poverty line; documented disability	At risk or low literacy families	At risk families
Program Goals	Improve pregnancy outcomes; Improve child health and development; Improve family's economic self-sufficiency	Increase parent knowledge of early childhood development; Improve parenting practices; Provide early detection of developmental delays and health issues; Prevent child abuse and neglect; Increase children's school readiness and school success	Reach out to parents to offer resources and support; Cultivate the growth of nurturing, responsive, parent-child relationships; Promote healthy childhood growth and development; Build the foundations for strong family functioning	Prevent negative childhood outcomes; Increase parenting skills and behaviors; Increase healthy pregnancy practices; Increase ongoing health care practices; Increase mental health indicators; Increase social support; Improve family functioning	Promote positive parent-child bonding and relationships; Prevent child abuse and neglect; Promote optimal child health and development; Enhance parental self-sufficiency	Promote healthy prenatal outcomes for pregnant women; Enhance the development of very young children; Promote healthy family functioning	Not specified	Not specified
Guiding Theory	Self-efficacy, Human ecology and Attachment theory	Human ecology, Family systems, Developmental Parenting, Attribution, Empowerment and Self-efficacy theory	Attachment theory, Ecological perspective, and constructivist views of child maltreatment	Attachment theory, Ecological perspective, and constructivist views of child maltreatment	Attachment theory, Ecological perspective, and constructivist views of child maltreatment	Not specified	Not specified	EcoFit; ecological approaches

	Nurse Family Partnership*	Parents as Teachers*	Healthy Families America*	Healthy Families Indiana	Healthy Families New York	Early Head Start	HIPPY	Family Check Up
Frequency/Duration of Visits	Weekly visits initially; then bi-weekly until birth; Weekly again after birth; Reduces to monthly until the child's 2 nd birthday	Determined by local programs; Can enroll prenatally until child's 3 rd birthday	Not specified	Not specified	Biweekly until birth; weekly after; gradually reduces until child turns 5, enters kindergarten, or Head Start	Weekly 90 minute visits; 2 monthly group meetings	Alternating weekly home/group visits; up to 2 hours for 2 or 3 years depending on age of child	3 home visits followed by other targeted interventions
Educational Requirements	BSN	Bachelor's recommended; Associate's acceptable; GED required in NC	Not specified	Not specified	Post-secondary education not required	Experience in child development required	Bachelor's degree	Master's preferred; Bachelor's or Associate's accepted
Program Manual	Yes	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified	Not specified
Year Established	1977	1989 in NC	1992	1994	1995	1995	1984 in US	Not specified
Specific Content for Home Visits	Yes	Yes	Not specified	Not specified	Curricula approved by HFA	No	Yes	Not specified
Age of Child at Enrollment	By the end of 28 th week of pregnancy	None specified	Prenatally through 3 months old	Prenatally through 3 months old	Prenatally through 3 months old	Serves children 0-3	Serves children ages 3-5	Serves children ages 2-17
Reported Outcomes	Improved prenatal health; Fewer childhood injuries; Fewer subsequent pregnancies; Increased intervals between births; Increased maternal employment; Improved school readiness	Not specified	Reduced child maltreatment; Increased utilization of prenatal care; Decreased pre-term, low weight babies; Improved parent-child interaction & school readiness; Decreased dependency on social services; Increased access to primary care medical services; Increased immunization rates	Not specified	Not specified	Not specified	Increased school readiness upon entering kindergarten and first grade; Increased performance in higher grades; Increased parental involvement in child's education	Not specified



This section provides brief descriptions of the evidence-based registries selected for this document. Areas of focus, overall goals, and program inclusion criteria vary greatly depending upon the registry. Many home visitation programs are not rated by particular registries because they do not fit the area of focus, have not been nominated, lack the appropriate research, etc. There are numerous registries available for public use; these were chosen based on their reputation, methodology, and program ratings.



EBP Registry	Area of Focus	Summary	Inclusion Qualifications
<p>1. HomVEE http://homvee.acf.hhs.gov/HomVEE_Executive_Summary.pdf</p>	<p>Home visiting programs</p>	<p>Federal initiative by the US DHHS to conduct a review of the home visiting literature and provide an assessment of the effectiveness of the available programs. Review was conducted by Mathematica Policy Research group and included representatives from several federal agencies. Studies were included that used a randomized, controlled trials, quasi-experimental, or implementation design; examined 8 eligible outcome domains. They ranked eligible models and prioritized 11 program models for review. Among the 11 reviewed, 7 were identified as meeting the federal government’s definition of evidence-based.</p>	<p>Trained reviewers assessed the research design of each study and assigned ratings of high, moderate, or low. They did not include studies that received a low rating. High ratings consist of samples with low attrition, random assignment, and “single case and regression discontinuity designs” that met the What Works Clearinghouse (WWC) standards. Moderate rating was given to studies that had random assignment but have high attrition, or other study design flaws. Must have “matched comparison group designs that establish baseline equivalence on selected measures”, based on the WWC standards. To meet the standards for evidence-based, programs must have either: one high- or moderate-quality study that finds favorable impacts in at least two outcome domains; or at least two high- or moderate-quality impact studies that find one or more favorable impacts in the same domain. Outcomes included child health, maternal health, positive parenting practices, reduction in child maltreatment, etc.</p>
<p>2. Strengthening America’s Families http://www.strengtheningfamilies.org</p>	<p>Juvenile delinquency prevention</p>	<p>Collaboration of OJJDP and the University of Utah. The Family Strengthening Project identified 34 programs after a nationwide nomination and selection process. The chosen programs addressed a wide range of youth and family problems. Program developers submitted a 10-page program description, along with supplemental materials such as relevant research. This included program history, theoretical assumptions, expected outcomes, staffing requirements, evaluation methodology, etc. Five committees convened to determine program rating based on several factors. Each program was rated independently based on the criteria listed. Although ratings took place in 1997 and 1999, this matrix includes ratings from the more recent effort.</p>	<p>Exemplary I</p> <ul style="list-style-type: none"> • Experimental design with randomized sample and replication by an independent investigator • Outcome data from the numerous research studies show clear evidence of program effectiveness <p>Exemplary II</p> <ul style="list-style-type: none"> • Experimental design with randomized sample • Outcome data from studies show evidence of program effectiveness <p>Model</p> <ul style="list-style-type: none"> • Experimental or quasi-experimental design with few/no replications • Outcome data indicate program effectiveness; data are not as strong in demonstrating program effectiveness <p>Promising</p> <ul style="list-style-type: none"> • Limited research and/or employs non-experimental designs • Data appear promising but requires confirmation using scientific techniques • Theoretical base and/or some other aspect of the program is sound

EBP Registry	Area of Focus	Summary	Inclusion Qualifications
<p>3. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide (http://www.ojjdp.gov/mpg/)</p>	<p>Youth programs</p>	<p>OJJDP maintains a Model Program Guide of over 200 programs designed for the prevention and intervention of areas such as mental health, substance abuse, and education. Their website states that ratings are based on four dimensions of effectiveness: conceptual framework of program, program fidelity, evaluation design, and empirical evidence demonstrating prevention/reduction of problem behavior; reduction of risk factors; or increase in protective factors. Reviewers rate and score program evaluation studies to determine the appropriate category.</p>	<p>Exemplary</p> <ul style="list-style-type: none"> • Demonstrate robust empirical findings • Reputable conceptual framework • Experimental design <p>Effective</p> <ul style="list-style-type: none"> • Adequate empirical findings • Sound conceptual framework • Quasi-experimental design <p>Promising</p> <ul style="list-style-type: none"> • Promising (perhaps inconsistent) empirical findings • Reasonable conceptual framework • Limited evaluation design (single group pre- post-test) that requires causal confirmation
<p>4. Coalition for Evidence-Based Policy http://evidencebasedprograms.org/word press)</p>	<p>Wide range</p>	<p>Nonprofit, nonpartisan group that utilizes an advisory board of national experts to identify interventions. Goal is to inform Congress, Executive Branch agencies, and other agencies of best practice interventions. Used an internally-developed checklist to assess if randomized controlled trials produced valid evidence. Coalition conducted literature searches and contacted topic experts to determine which programs met criteria.</p>	<p>Top Tier</p> <ul style="list-style-type: none"> • Interventions shown in well-conducted randomized controlled trials, preferably conducted in typical community settings, to produce sizeable, sustained benefits to participants and/or society <p>Near Top Tier</p> <ul style="list-style-type: none"> • Interventions shown to meet all elements of the Top Tier standard in a single site, and only need one additional step to qualify as Top Tier – a replication trial establishing that the sizeable, sustained effects found in that site generalize to other sites <p>Promising</p> <ul style="list-style-type: none"> • Been found to be promising by staff, but either have not met Top Tier standards or have not yet been reviewed

EBP Registry	Area of Focus	Summary	Inclusion Qualifications
5. National Registry of Evidence-VBased Programs and Practices (N-REPP) (http://nrepp.samhsa.gov/ViewAll.aspx)	Mental illness/ substance abuse	Operated by Substance Abuse Mental Health Services Alliance (SAMHSA); goal is to provide public with interventions that have been scientifically tested. Submissions are voluntarily made by program developers and N-REPP chooses to evaluate those that meet minimum requirements. Reviewers examine quality of research and readiness for dissemination.	Reviewers rate quality of research conducted on a 0-4 scale for the following areas: <ul style="list-style-type: none"> • Reliability of measures • Validity of measures • Intervention fidelity • Missing data and attrition • Potential confounding variables • Appropriateness of analysis
6. Surgeon General's Report (2001) (http://www.surgeongeneral.gov/library/youthviolence/toc.html)	Youth violence and crime prevention	An extensive literature review generated this 2001 report compiled by Dr. David Satcher along with staff from CDC, NIH, and SAMHSA in reaction to school violence at Columbine High School in 1999. Much of the information was drawn from 7 studies published in the 90s, along with data collected from datasets from various agencies. Programs were then rated based on criteria listed.	Model <ul style="list-style-type: none"> • Experimental or quasi-experimental design • Significant deterrent effects on: <ul style="list-style-type: none"> ○ Violence or serious delinquency (Level 1) ○ Any risk factor for violence with a large effect (.30 or greater) (Level 2) • Replication with demonstrated effects • Sustainability of effects Promising: <ul style="list-style-type: none"> • Experimental or quasi-experimental design • Significant deterrent effects on: <ul style="list-style-type: none"> ○ Violence or serious delinquency (Level 1) ○ Any risk factor for violence with effect size of .10 or greater (Level 2) • Either replication or sustainability of effects
7. Blueprints for Violence Prevention (http://www.colorado.edu/cspv/blueprints/)	Violence, drug, and crime prevention	A project of the Center for the Study and Prevention of Violence at the University of Colorado. Programs are reviewed by staff and an advisory board. To date more than 900 programs have been assessed. Claim to have the most rigorous tests of effectiveness. Criteria given most weight include evidence of deterrent effect with strong research design, sustained effects and multiple site replications.	Model: <ul style="list-style-type: none"> • Experimental or quasi-experimental design • Evidence of deterrent effect on one outcome • Sustained effects for one year post-treatment • Replication at more than one site Promising: <ul style="list-style-type: none"> • Experimental or quasi-experimental design • Evidence of deterrent effect on one outcome

EBP Registry	Area of Focus	Summary	Inclusion Qualifications
<p>8. California Evidence-Based Clearinghouse (CEBC) http://www.cebc4cw.org</p>	<p>Child welfare</p>	<p>The California Department of Social Services selected the Chadwick Center for Children and Families and the Child and Adolescent Services Research Center (CASRC) to form CEBC. A state advisory committee comprised of child welfare leaders and a national scientific panel of five members rate each program. They identify an individual with expertise in selected topic areas (such as home visiting) and choose relevant programs that have strong empirical research and are marketed and used in California. They identify a representative from each program and request general information about the program. All relevant literature is identified and a team of at least three raters review the research. The programs are rated based on the listed criteria.</p>	<p>Well-Supported:</p> <ul style="list-style-type: none"> • No evidence suggesting program causes harm on recipients compared to its likely benefits • Program has a book, manual, etc. describing specific program components and method for administering • At least two rigorous randomized controlled trials (RCTs) settings demonstrate the practice to be superior to comparisons. RCTs have been reported in published, peer-reviewed literature • Sustained effects for one year post-treatment • Use of valid, reliable outcome measures administered consistently and accurately • If multiple outcome studies have been conducted, the overall weight of the evidence supports the benefit of the practice <p>Supported:</p> <ul style="list-style-type: none"> • No evidence suggesting program causes harm on recipients compared to its likely benefits • Program has a book, manual, etc. describing specific program components and method for administering • At least one rigorous randomized controlled trial (RCTs) demonstrates the practice to be superior to comparisons. RCTs have been reported in published, peer-reviewed literature. • Sustained effects for 6 months post-treatment • Use of valid, reliable outcome measures administered consistently and accurately • If multiple outcome studies have been conducted, the overall weight of the evidence supports the benefit of the practice <p>Promising</p> <ul style="list-style-type: none"> • No evidence suggesting program causes harm on recipients compared to its likely benefits • Program has a book, manual, etc. describing specific program components and method for administering • At least one study utilizing some form of control has shown the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice. The study has been reported in published, peer-reviewed literature • If multiple outcome studies have been conducted, the overall weight of evidence supports the benefit of the practice • CEBC also identified three more categories: Evidence Fails to Demonstrate Effect, Concerning Practice and Not Able to Be Rated. These were not included in this chart.

EBP Registry	Area of Focus	Summary	Inclusion Qualifications
<p>9. Promising Practices Network (PPN) http://www.promisingpractices.net/programs.asp</p>	<p>Positive outcomes for children</p>	<p>Operated by the RAND Corporation, a nonpartisan think tank, PPN is comprised of individuals and agencies nationwide such as The Colorado Foundation for Families and Children, The Family and Community Trust, Georgia Family Connection Partnership and The Foundation Consortium for California's Children & Youth. No formal applications are required for program consideration. They do not require programs to have been replicated, or that program evaluations have been in peer-reviewed journals. Programs are rated based on listed criteria.</p>	<p>Proven:</p> <ul style="list-style-type: none"> • Program must directly impact PPN identified indicators • At least one outcome is changed by at least 20% or 0.25 standard deviations • At least one outcome with a substantial effect size is statistically significant at the 5% level • Study design uses an experimental or quasi-experimental design • Sample size of evaluation exceeds 30 in treatment and comparison groups • Program evaluation is publicly available <p>Promising:</p> <ul style="list-style-type: none"> • Program impacts an intermediary outcome for which there is evidence that it is associated with one of the PPN indicators • Outcome change is significant at the 10% level • Change in outcome is more than 1% • Study has a comparison group, but it may exhibit some weaknesses • Sample size of evaluation exceeds 10 in both the treatment and comparison groups • Program evaluation is publicly available <p>Not Listed on the Site:</p> <ul style="list-style-type: none"> • Does not meet qualifications for promising category
<p>10. Find Youth Info http://www.findyouthinfo.org/ProgramSearch.aspx</p>	<p>Youth violence, drug abuse, and crime</p>	<p>Created by Interagency Working Group on Youth Programs (IWGYP), a group of 12 individuals from youth-serving federal agencies. The registry is one part of their mission to promote positive outcomes for youth. The registry features programs developed to prevent or reduce delinquency or other problems among youth. Programs are added via nominations and are then subject to a review process. Evaluation studies are reviewed to determine the degree to which program is based on a sound conceptual framework; was implemented as designed; degree to which research design established causal relationships between treatment and outcomes; and how well the evaluation findings support the program.</p>	<p>Level 1:</p> <ul style="list-style-type: none"> • Programs implemented with a high degree of fidelity • Programs demonstrate robust empirical findings • Use of a reputable conceptual framework • Use of an evaluation design of the highest quality (experimental) <p>Level 2:</p> <ul style="list-style-type: none"> • Programs implemented with sufficient fidelity • Programs demonstrate adequate empirical findings • Programs used a sound conceptual framework • Evaluation design of high quality (quasi-experimental) <p>Level 3:</p> <ul style="list-style-type: none"> • Programs implemented with minimal fidelity • Programs demonstrate promising, perhaps inconsistent empirical findings • Use of a reasonable conceptual framework • Use of a limited evaluation design (single group pre-test) that requires causal confirmation using more appropriate experimental techniques

The following table presents each registry's ratings of the home visiting programs. Rating labels differ among each registry; therefore, the number of criteria met out of the total number of criteria is listed in parentheses for each rating. Not every program was rated by each registry; this is denoted with NR in the table.

	Nurse Family Partnership *	Parents as Teachers*	Healthy Families America*	Healthy Families Indiana	Healthy Families NY	Early Head Start	HIPPY	Healthy Steps	Family Check Up
1. HomVEE	Identified	Identified	Identified	NR	NR	Identified	Identified	Identified	Identified
2. Strengthening America's Families	Exemplary II (3 of 4)	Model (2 of 4)	Model (2 of 4)	NR	NR	NR	Model (2 of 4)	NR	NR
3. OJJDP Model Programs Guide	Exemplary (3 of 3)	Promising (1 of 3)	Effective (2 of 3)	NR	NR	NR	NR	NR	NR
4. Coalition for Evidence-Based Policy	Top Tier (3 of 3)	NR	NR	NR	NR	NR	NR	NR	NR
5. NREPP-SAMHSA	Ratings range from 3.2 - 3.5	Accepted for Review	NR	NR	NR	NR	NR	NR	NR

*Programs available in Mecklenburg County

	Nurse Family Partnership *	Parents as Teachers*	Healthy Families America*	Healthy Families Indiana	Healthy Families NY	Early Head Start	HIPPY	Healthy Steps	Family Check-Up
6. Surgeon General's Report 2001	Model 1 (2 of 2)	NR	NR	NR	NR	NR	NR	NR	NR
7. Blueprints for Violence Prevention	Model (2 of 2)	NR	NR	NR	NR	NR	NR	NR	NR
8. California Evidence-Based Clearinghouse	Well-Supported (5 of 5)	Promising (3 of 5)	Well-Supported (5 of 5)	NR	NR	Promising (3 of 5)	Supported (4 of 5)		NR
9. Promising Practices Network	Proven (2 of 2)	Promising (1 of 2)	NR	NR	Proven (2 of 2)	Proven (2 of 2)	NR	Promising (1 of 2)	NR
10. Find Youth Info	Level 1 (3 of 3)	Level 3 (1 of 3)	Level 2 (2 of 3)	NR	NR	NR	NR	NR	NR

*Programs available in Mecklenburg County