

Home Visiting: Strengthening Families by Promoting Parenting Success

Policy Brief No. 23

Childhood success begins with parenting at its best. Home visiting is an early childhood intervention that can enhance parenting and promote the growth and development of young children. In high-quality programs, home visiting increases the odds that children from at-risk families will enter kindergarten ready to learn.

Overview

The first months and years of life “sets either a sturdy or fragile stage for what follows,” because from “birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds,” according to a joint National Research Council and Institute of Medicine panel (NRC/IOM).¹ In this context, parents and caregivers are the best resource children have in early life. By talking to their infants, reading to babies and young children every day, and encouraging their safe exploration of the world, parent/caregivers can give children a strong start.²

Home visiting programs aim to equip parent/caregivers with the tools and know-how to put these principles of early child development into action so they become their child’s best resource and advocate. The desired outcome is children who enter kindergarten ready to succeed in school, a critical marker for how prepared they will be for college, work, and life.^{1,3}

In the past 30 years, home visiting has emerged as a core strategy for enhancing the skills of parent/caregivers and linking higher risk families to other resources in the community. Research and program delivery experience have demonstrated that home visiting programs can improve a focused set of outcomes, including positive changes in parenting practices, gains in child development, reductions in the potential for child abuse, and improvements in a mother’s life course. Because no single program in isolation can overcome the multiple challenges facing higher risk families, to be effective, home visiting programs must have strong connections to a full system of family-strengthening supports, including other child and youth services, in the community.⁴

Another feature of effective home visiting programs is the pairing of home visiting services with center-based early childhood education; these dual-generation approaches achieve better outcomes than interventions targeting only parent/caregivers

or only children.⁴ Home visiting programs must also focus on consistently delivering services with the highest quality. This requires a high frequency and intensity of visits, quality staff training and supervision, and close monitoring of consistency between program design and implementation.^{4,5}

Effective home visiting program models exist, and these appear to provide taxpayers with a decent return on investment when quality services are provided to higher risk families. Scaling up these programs entails starting new and upgrading existing community programs by increasing the uptake of evidence-based practices to achieve consistent service quality. This will require efforts by policy makers at all levels, funding agencies, service providers, and other stakeholders to assure that conditions exist for home visiting programs to achieve real results for families and children.

This brief focuses on early childhood home visiting as a place-based family strengthening strategy that supports parent/caregivers as a key influence on the lives of young children. “Place-based family strengthening” means that “children do better when their families are strong, and families do better when they live in communities that help them succeed,” according to the Annie E. Casey Foundation.⁶

What Is Home Visiting?

Home visiting is an early childhood intervention that supports parent/caregivers in their role of raising children by bringing services to them in the home. Home visiting programs can serve families with children of any age, but this brief focuses on home visiting for families with young children. Often early childhood home-visiting services begin during pregnancy and may continue until children reach school age.

Definitions for Key Terms Used in this Policy Brief

Family – A supportive group of people who are committed to each other and which may include, though is not limited to, nuclear, extended, foster care, adoptive, and step or blended families. (Family Strengthening Policy Center⁷)

Higher Risk Families – Families that encounter more numerous and disruptive challenges that interfere with family stability, parenting practices, and child wellbeing. Families can also be vulnerable when parent/caregivers have less exposure to information, insufficient family supports, or lack positive role models. (Family Strengthening Policy Center⁸)

Home Visiting – A structured program that strengthens families by 1) expanding parent/caregiver’s knowledge and skills to nurture child development; 2) promoting growth and healthy development of young children; and 3) connecting families to resources in the community. In this policy brief, the focus is on home visiting programs for families with children ages five and younger.

Paraprofessionals – Home visitors who do not have a bachelor’s or advanced degree in an area related to the responsibilities of a home visitor. Paraprofessionals typically have a high school education and come from the community served by the home visiting agency and receive extensive training.

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Whether by design or end result, most early childhood home-visiting programs focus on families who are “at risk.” These typically include families with young first-time mothers, with low birthweight infants, with parent/caregivers who have limited English language skills, and with low incomes. Families with these characteristics are considered at risk because their children may start kindergarten without the development and skills to succeed (see What Challenges Does Home Visiting Address? section, page 5). Other early childhood home-visiting programs have a strong focus on averting potential child abuse or neglect instead of improving school readiness.

Aside from the common practice of providing services directly in the family home, program models abound (and so, too, do outcomes).^{4,5} Some program variation reflects differences in populations served and program goals. For example, some home visiting programs have professionals, typically public health nurses or social workers, deliver services, and other programs train parent/caregivers to go out into their own communities as paraprofessional home visitors. Home visiting also varies by the content of the home visit, frequency of visits, duration of services, and connections to other community resources for families. Agencies that sponsor home visiting services may come from the public health, education, human services, child welfare, or other sector.

Although tremendous variation exists, more than 4,600 program sites follow one of the six national home visiting models⁴ that Figure 1 summarizes. Each of these has at least early evaluations indicating the program can have a positive effect on parenting, parent/caregivers, child development, or other indicators. These six home visiting models pursue a mix of parent/caregiver- and child-centered outcomes. Typical *parent*-centered program goals include:

Parent/Caregiver – A biological or “adoptive” parent of a child, foster parent, person acting in the place of parent (such as a grandparent or stepparent with whom the child lives), or any caregiver who has primary responsibility for the care and support of a child. (Family Strengthening Policy Center⁷) In non-traditional families, the primary caregiver may not be a biological parent, but could be an older sibling, another relative, a teacher, neighbor, or even an agency and its staff.

- Improving rates of healthy pregnancy and delivery.
- Enhancing parenting skills.
- Preventing child abuse and neglect.
- Improving parent/caregivers’ knowledge of child development.

Child-centered program goals often include:

- Enhancing cognitive and emotional development.
- Improving health.
- Increasing school readiness.
- Assuring timely identification of and delivery of services for developmental delays.

FIGURE 1. National Models of Home Visiting Programs

Program	Program Goals	Population Served	Staff
Early Head Start	<ul style="list-style-type: none"> • Healthy prenatal outcomes • Enhanced child health and development • Healthy family functioning 	Low-income pregnant women with infants and toddlers; EHS programs can base services in homes, at a center, or in both settings	Home visitors need not have any specialized training or background
Healthy Families America	<ul style="list-style-type: none"> • Promote positive parenting • Enhance child health and development • Prevent child abuse and neglect 	Families of all socio-economic backgrounds who are experiencing stressful life situations	Most staff have some level of higher education in education, social work, etc.
The Home Instruction Program for Preschool Youngsters (HIPPY)	<ul style="list-style-type: none"> • Empower parents as primary educators of their children • Foster parent involvement in school and community life • Maximize children’s chances for successful early school experiences 	Families, many have low incomes, but there are no restricted income guidelines	Paraprofessionals, many are former parents in the program
The Nurse-Family Partnership	<ul style="list-style-type: none"> • Improve pregnancy outcomes • Improve child health and development • Improve families’ economic self sufficiency 	Low-income, first-time mothers	Public health nurses
The Parent-Child Home Program	<ul style="list-style-type: none"> • Develop children’s language and literacy for academic success • Empower parents by enhancing parenting skills 	Low-income families	Paraprofessionals, many are former parents in the program
Parents as Teachers	<ul style="list-style-type: none"> • Empower parents to give their child the best possible start • Give children a solid foundation for school success • Prevent child abuse • Increase parent’s feelings of efficacy and self confidence • Develop home-school-community partnerships on behalf of the child 	Parents of all income levels	Most have professional education in education, social work, etc.

Source: Weiss, H., Klein, L., (2006). *Changing the Conversation about Home Visiting: Scaling Up with Quality*. Harvard Family Research Project.

Often, home visiting services begin with the home visiting agency recruiting participants directly from the community or receiving a referral from a hospital or social service agency. Though programs have goals for children, home visitors work primarily through parent/caregivers to:

- Build the parent/caregiver’s capacity to support the child’s development.
- Strengthen the relationship between the child and parent/caregivers.

On a monthly or weekly schedule, visitors come to homes to listen to parent/caregivers’ concerns, identify parent/caregivers’ strengths, observe how the child and parent/caregiver interact, model alternative parenting strategies, help parent/caregivers learn about typical child development, and promote bonding between parent/caregiver and child. The relationship between home visitor and parent/caregiver builds over time as the visitor becomes a resource to the parent/caregiver and as the parent/caregiver becomes a stronger resource for the child.

Home Visiting as a Place-Based Family-Strengthening Strategy

“Family strengthening” deliberately seeks to strengthen families and communities because they are instrumental to child development and wellbeing. One component of strong families is parenting.

Besides encouraging positive parenting, home visitors often promote parenting success by attending to parent/caregivers as adults in their own right. As workers, learners, and citizens, parent/caregivers have needs separate from their children. They also can face challenges in meeting their families’ basic needs. Informal counseling, problem solving, and referrals to outside educational opportunities

recognize that parent/caregivers can best support children when they themselves are healthy and thriving.⁸ By providing these types of services, home visiting builds parent/caregivers’ capacity—from skills to resiliency—to enhance children’s health and school readiness. For example, home visitors may refer parent/caregivers to job training programs, General Educational Development (GED) programs, public aid offices, or other services that can address the parent/caregiver’s needs.

“Family centered” is a core family strengthening principle that entails 1) tailoring services to help the individual in the context of family and community; and 2) intentionally addressing the needs of the family as a whole or collective unit. Home visiting programs are a family-strengthening strategy when they gear interventions to the parent/caregiver’s context, based on their culture, family dynamics, work, neighborhood, and other immediate factors affecting the family.

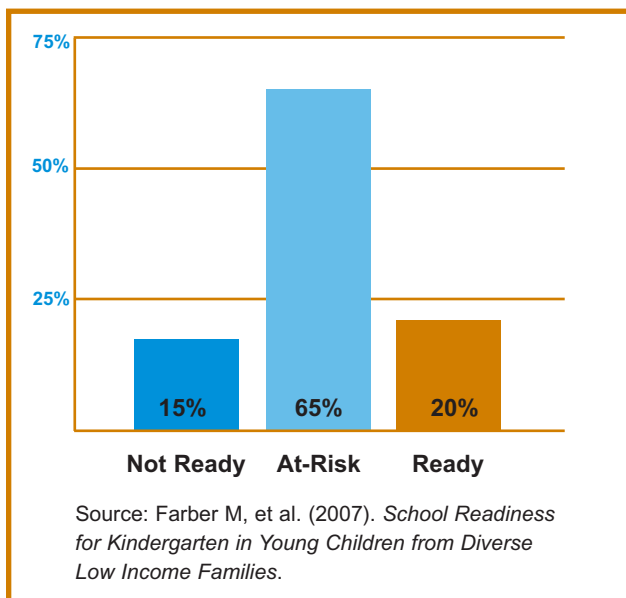
Home visiting also represents a place-based approach to family strengthening because visitors meet with parent/caregivers in their homes or other locations chosen by clients. By being in the family home rather than a social service agency office, visitors can observe parent/caregiver interactions with children in a normal setting, better assess a family’s needs and strengths, and provide guidance tailored to their situation. Additionally, visits in the home overcome transportation and child care barriers that often plague social service delivery.

What Challenges Does Home Visiting Address?

Children entering kindergarten with delayed development and skills are by far more likely to repeat grades, get tracked into lower-tier classes, and drop out of high school.⁹ According to Child Trends, lower income children are more likely to start kindergarten

with fewer of the physical, cognitive, and emotional assets that provide a foundation for academic learning.³ As shown in Figure 2, a Catholic University small study assessed 113 children qualifying for Early Head Start. Researchers found that about 20 percent were ready for kindergarten, 15 percent were not ready, and the remaining majority (approximately 65 percent), were at-risk and in need of supportive services.¹⁰ National data indicate readiness shortfalls are prevalent among for children whose parent do not speak English and children with disabilities.³

FIGURE 2: Kindergarten Readiness Among Children Qualifying for Early Head Start



Entering kindergarten with fewer developmental assets has a far-reaching impact because without intervention, the lifetime challenges associated with low academic achievement multiply. Low educational attainment is associated with lower earnings, sporadic employment, and future poverty.¹¹ Risk of criminal behavior and incarceration also increase. Studies estimate that high school dropouts cost society \$388,000 due to greater participation in social service programs and loss of government revenue from taxes.¹¹

Many of the challenges low-income families face—troubled pregnancies, low preparation for kindergarten, low-wage and unstable employment, parental stress, and housing instability—are addressed directly or peripherally by home visiting, especially through referrals to other community services. Home visiting untangles the web of family support services and makes this more accessible to low-income families.

Evidence for Home Visiting Programs

Evaluations of home visiting programs indicate varying levels of effectiveness across program models, program sites, and even families within the same site.^{4,5,12}

The national home visiting models in Figure 1 have, at a minimum, some data from (quasi-)experimental studies that show modest improvements in a focused set of parenting, child development and wellbeing, or other outcomes. For example:

- The Nurse-Family Partnership program, one type of home visiting service employing public health nurses as home visitors, has demonstrated benefits for the mother’s life course, including educational advancement, lengthened timing between pregnancies, and lowered levels of child maltreatment and abuse.¹³ In a nine-year follow-up study, children born to women with low psychological resources in the nurse-visited group had better grades and test scores than those in the control group.¹⁴
- A study of a Parent-Child Home Program (PCHP) site indicated that low-income children whose parents received home visiting services were more likely to graduate high school than similar children not receiving services. Graduation rates for PCHP children was comparable to the national average for middle-income groups.¹⁵

- A study of a Healthy Families America program found that parents in the program engaged in fewer abuse acts than control parents, delivered significantly fewer low birthweight babies, were more likely to have health insurance for their children, had a greater knowledge of child development, and were less likely to report symptoms of depression.¹⁶

Home visiting models are diverse in their program goals, populations served, and service mix – as well as the scope and quality of evaluation, so it is difficult to compare or contrast their relative effectiveness.

On the aggregate, evaluations of national home visiting models indicate that parent/caregivers and children benefit in small but statistically significant ways.^{4,17} For example, the Harvard Family Research Project’s recent meta-analysis of home visiting programs indicated that children receiving home visits gained a few points on an intelligence scale.⁴ The gains for children were statistically significant, yet modest¹⁸ in size. Home visiting demonstrates similar levels of benefits across indicators for children’s cognitive and socio-emotional development, parent/caregivers’ caretaking practices, and parental stress indicators.⁴ Researchers have identified a set of practices (see Improving Home Visiting Services on page 9) that appear to differentiate successful home visiting models from programs that produce disappointing results.

Outside of the established program models, the Center on the Developing Child at Harvard University’s evidence review concluded that “evaluations also have shown that many [home visiting] programs, particularly if they are designed or implemented poorly, have generated few to no beneficial effects.”^{5,19,20} There are several possible explanations for why some home visiting programs succeed and others achieve very little.

- Because little data exists about outcomes produced from the national models outside their original settings, the extent to which replication sites can achieve similar outcomes is not understood.^{4,20}
- Inconsistency in positive outcomes across replication sites for national models may be related to: problems with organizational capacity in implementing the model with fidelity²¹ or a poor match between the model with local needs and resources.
- Organic home visiting programs (i.e., homegrown) may lack important quality features to consistently produce good outcomes.²² (To learn about the features of high-quality programs, read the Improving Home Visiting Services section, page 9).
- Both national model and organic home visiting programs are just one of the many supports needed by higher risk families to assure child and youth success. It is unlikely that a single intervention can improve child and family outcomes unless the community at large has both quality support systems and thriving and nurturing communities for at-risk families with children.²³

Notably, the national organizations promoting the six models are trying to address this problem through ongoing evaluations and developing quality improvement systems within their networks. For organic programs, no national capacity-building center exists, so technical resources are scattered, and no systemic outreach occurs to build the field.

Cost Analyses of Home Visiting Programs

Investments in early childhood interventions, including home visiting, can support parent/caregivers in preparing children for entrance into school and lower the risks associated with growing up in poverty. Several home visiting programs appear to produce considerable savings to society due to their positive effect on development in the early years of life and the lifelong opportunity to reap the benefits of early interventions.

The Nurse-Family Partnership program has demonstrated net savings of \$17,180 per family served. The cost of the program, estimated at \$9,118 per family served, is higher than other home visiting programs due to the expense of employing professionals as home visitors.²⁴ The benefits, which amount to \$26,298 per family served, accrue from:

- Decreased use of child welfare system.
- Increased income for parent/caregivers.
- Increased tax revenue from parent/caregivers' income.
- Decreased involvement in the justice system for parent/caregivers and children.²⁴

The benefits to families and government systems were tracked from birth to 15 years of age.²⁴

Home Instruction Program for Preschool Youngsters (HIPPY) has demonstrated a net savings of \$1,476 per family served.²⁴ The cost per family, at \$1,837, is lower than Nurse-Family Partnership because HIPPY employs paraprofessionals who work on a lower pay scale than professionals. The benefits to recipients derive from:

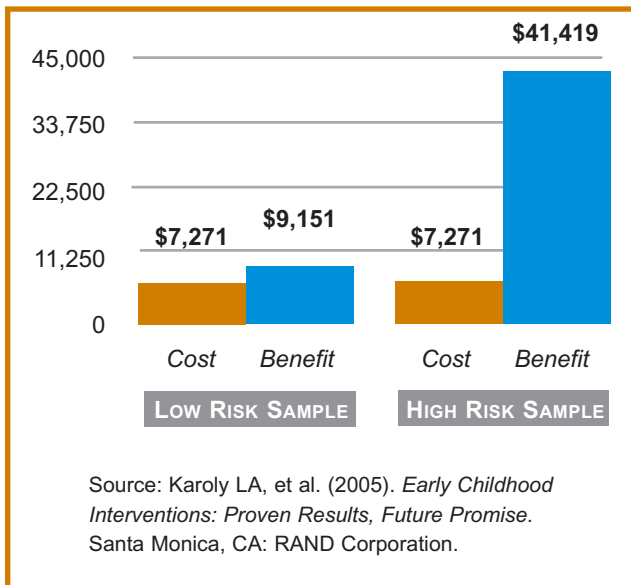
- Increased earnings among children served (projected).
- Increased tax revenue from children's earnings (projected).²⁴

Program benefits for children and parent/caregivers and resulting net savings to society was last calculated when the children were six years old.²⁴

Across early childhood interventions, studies with longer follow-up periods tend to show larger net savings because more time allows for a greater number of benefits (high school completion, college completion, etc.) to be monetized.²⁴ Due to the nine-year follow-up gap between children served by Nurse-Family Partnerships and HIPPY, the net savings results are not strictly comparable.

Home visiting seems to carry more benefits for high-risk families than for low-risk ones.^{24,25} Figure 3 displays the cost and benefits in the Nurse-Family Partnership program based on family risk factors. High-risk groups include families who are low-income, young first-time mothers, and families with non-English speaking parent/caregivers. Families from the low-risk sample (mostly higher income groups) avoided welfare dependence, substance abuse, and criminal behavior without home visiting services at greater rates than the high-risk sample. As a result, low-risk groups demonstrated fewer benefits and less savings to society from home visiting services seeking to assist in these areas. This cost analysis was last performed when the children served reached 15 years of age.²⁵

FIGURE 3: Cost Analysis for Nurse-Family Partnership: Low Risk vs. High Risk Sample



Cost analyses are useful tools to assess the effectiveness of home visiting programs. It is important to note, however, cost analyses do not capture a full picture of the many benefits that can accrue from home visiting. Home visiting is, in part, an investment in the future workforce. Improving children’s cognitive development and school readiness lowers the risks of grade retention and dropping out, setting the stage for better workforce participation and higher educational attainment. Most program evaluations have not tracked children long enough to measure these and other possible outcomes that present as “sleeper effects,” which emerge later in life. The design of cost analyses does not capture other outcomes, including younger siblings benefiting from more effective parenting, social capital built through home visitors living and working in the same neighborhood, and the macroeconomic benefits of a better educated workforce. Due to these limits in the horizon and design of cost analyses, benefit numbers reported in this brief are likely conservative estimates.²⁴

Improving Home Visiting Services

To maximize return-on-investment for home visiting, communities must design and implement programs that apply practices identified through research to be features of the promising home visiting models. While continued research is necessary to firmly establish best practices, home visiting appears to be most effective when these distinguishing features are present.

- Programs are of the highest quality.
- Home visiting services are coordinated with other parent/caregiver and child supports in a dual-generation approach.
- The intervention is tailored to the target population, using evidence-based models and practices as much as possible.

The next subsections explore each of these features.

“High-Quality” Programs

A “high-quality” home visiting program has three essential elements. First, the program maintains a high level of engagement (i.e., intensity of visits and duration of service) with the family.^{5,26,27} Many home visiting programs demonstrating few benefits for families served have a low frequency of visitation, less than five times in a year. These programs also tend to have high attrition rates among both staff and families. Preliminary research indicates that families must be visited once a week for three to six months to yield benefits, and regular visits for two years are optimal.²⁸

Second, home visiting programs need to develop a clear set of program goals and then match curricula and other program elements—including quality assurance, policies, and procedures—to the goals. The highest quality home visiting programs engage in rigorous quality assurance and staff supervision to

ensure consistency between program design and implementation. These agencies use quality assurance data to monitor performance and modify programs when indicated (for example, if data reveal a high attrition rate with participants, program managers can alter program elements with input from service providers and former and current clients).^{4,27} Home visiting programs that have monitored and acted on quality measures have improved program performance.²²

Third, home visiting programs must use appropriate visitors to serve families and achieve desired goals and outcomes.^{22,27} Some programs that begin during the prenatal period, such as the Nurse-Family Partnership, require visitors to have the technical knowledge of a public health nurse. Other programs, such as HIPPI, rely on the cultural competence of paraprofessionals from the community to establish a strong rapport with parent/caregivers, guided by a formal curriculum during each visit.²⁹ Alternative staffing arrangements can also be valuable. For example, paraprofessional home visitors working in consultation with specialized staff can bring a full range of support to families participating in home visiting programs.²⁸ The key is to assure that visitors have the right knowledge and skills to meet the needs of the families they serve.¹ Skilled professionals may be best able to help parent/caregivers resolve multiple, complex problems.²²

Service Coordination and a Dual-Generation Approach

Research indicates that programs that achieve the best results are those that pair home visits with center-based early childhood education and also family support services in a dual-generation approach that strengthens both parent/caregivers and children.^{5,12,20,27} A recent study of Early Head Start compared the effectiveness of only home visits, only

early childhood education, or a combination of the two. Benefits were small for parent/caregivers and children receiving each service in isolation; however, when both received services, significant improvements occurred in school readiness for children and parent/caregivers' support for their children's cognitive and social development.⁴

“Service coordination” goes beyond center-based early childhood education programs. Home visitors knowledgeable of local housing assistance, employment programs, GED programs, domestic violence shelters, and other services enhance low-income families' safety net by improving access to the full range of local services. By engaging with families in-home for an extended period of time, home visitors can comprehensively assess family needs and actively link them to appropriate community resources.^{27,30}

Targeted Interventions

A key element of effective home visiting programs is tailoring interventions to the target population, using evidence-based models and practices as much as possible. Although all families experience stress and people of diverse backgrounds can benefit from home visiting, research suggests that home visiting generates the greatest benefits when programs focus on serving higher risk families with intensive services. Over time, the benefits of higher rates of high school completion, reductions in juvenile justice involvement, and decreased reliance on public aid can exceed the considerable costs of providing intensive and high-quality services to higher risk families.²⁵ Home visiting programs that apply evidence-based strategies are most likely to produce a positive impact on the target populations.

The national program models in Figure 1 provide technical resources and assistance to help

community groups adopt their program. Because these models have at least some data demonstrating their effectiveness, local agencies can consider adopting one that fits with community needs and resources instead of creating a new, untested approach from scratch.

Home Visiting Supports Parents in Central Brooklyn

<http://www.sco.org/>

<http://www.parent-child.org/>

With more than 150 program sites nationwide, the Parent-Child Home Program (PCHP) seeks to foster a language-rich environment in homes to promote school readiness and enhance parent-child bonding. In 2003, SCO Family of Services in New York City added a PCHP site to its programs for family, youth, and children in order to provide additional support to parents living in central Brooklyn. In 2006-2007, the PCHP site in central Brooklyn served 100 families by:

- Conducting twice-weekly home visits.
- Supplying books and educational toys and modeling their use to promote language and literacy.
- Organizing the Baby & Me™ playgroup for children and their parents.
- Connecting families to other community resources and family supports, including libraries, public aid screening offices, and mental health services as needed.

Children typically participate from ages two to four and are then connected with universal pre-K programs or Head Start upon completion of the program. As each year passes, central Brooklyn PCHP staff are seeing more families requesting services, having been referred by previous years' participants.

Challenges in Going from the Margins to the Mainstream

Home visiting programs have great potential to strengthen low-income families with young children. However, moving home visiting from the margins to the mainstream requires addressing several challenges. **The foremost challenge is “scaling up with quality,”** according to the Harvard Family Research Project.⁴

In response to the great potential of home visiting and the need for improvement in existing programs, the national home visiting models have invested in infrastructure to improve the quality of home visiting programs. For example, these national offices are providing local home visiting agencies with staff training, credentialing, program support, and technical assistance. Many require regular reporting on family outcomes to assess program effectiveness and identify areas for improvement. They also can assist with localized coordination among early childhood services.⁴ Continued research into best practices for home visiting programs must leverage these investments.

In addition to know-how, “scaling up with quality” takes considerable financial resources.³⁰ The NRC/IOM panel noted that “[early childhood] interventions that work are rarely simple, inexpensive, or easy to implement.”¹ Local agencies may want to follow the research to increase the frequency of home visits and enhance referral systems with other social service agencies, but may be unable to secure funding for additional organizational capacity. Maintaining contact with mobile families, tracking evidence-based program goals, and supervising service delivery require staff time and levels of funding that often are not currently available to home visiting agencies.

A second challenge is maintaining sufficiently high-quality programs that produce consistent and significant gains in the lives of families and children. While research points to some promising practices, there is no single standard to define a successful home visiting program. Lack of standardization in research design and inconsistencies among and within home visiting models impedes identification of effective program features.¹⁷

A third critical barrier to scaling up with quality is integrating home visiting into a full system of family-strengthening and early childhood supports at the community level. Community investment in children, youth, and families diverge, so some programs may have only a limited menu of local services to connect clients to. In other communities, the problem might be a rich set of resources for families, but no intermediary that is bringing together hundreds of local agencies to develop strong referral systems or coordinate services. The latter is critical as considerable fragmentation exists in early childhood policies and programs.¹

Recommendations

Moving forward, governments at all levels, researchers, funders, employers, and family service agencies all have a part in promoting effective home visiting models and delivering needed services into the homes of higher risk families.

Recommendations for the Federal Government

- Enact the bipartisan Education Begins at Home Act (S. 667 and H.R. 2343). The bills would authorize the first federal funds solely dedicated for home visiting and for research to further the knowledge base on home visiting.
- Support the expansion of home visiting through Head Start and Early Head Start by increasing appropriations that allow for broader outreach and service delivery.
- Allocate appropriations for the Federal Youth Development Council to its full authorized level. The council would assess the needs of youth, improve coordination among federal agencies serving youth, and create a technical assistance system to support state-funded youth coordinating councils. The council could include home visiting programs for teenage parent/caregivers in its review and serve as a model for the creation of a similar council focused on early childhood.

Recommendations for State and Local Governments

The research community has made progress beginning to identify which home visiting practices achieve impacts for children and families. As the literature evolves, state and local governments must:

- Support the dissemination of evidence-based practices to home visiting programs through outreach, training, and technical assistance.
- Augment funding for home visiting programs that are improving services based on research findings.
- Target funding for home visiting to agencies using models with demonstrated effectiveness and that serve higher risk families.
- Hold home visiting programs accountable for parent/caregiver and child outcomes, based on research-driven expectations.

States and localities can use their oversight responsibility to strengthen coordination among the many services affecting children, youth, parent/caregivers, and families. In particular, policy leadership is necessary to reduce fragmentation in programs serving children and their families. A key step, according to the NRC/IOM panel, is creating explicit and effective linkages among programs and service agencies.¹

Recommendations for the Research Community

The research community has a vital role in shaping the future of home visiting. Research helps establish best practices, advises policy makers in decision-making, quantifies costs and benefits, and enables social service agencies to assess program effectiveness. Previous research on home visiting has contributed in all of these areas, yet a more focused research agenda is needed. In the future, the research agenda on home visiting should include:

- Developing consistent program evaluation standards to measure the effectiveness of home visiting programs and gauge impact on children and families.¹³
- Expanding cost analysis measures, where possible, to take account of sleeper effects among participating children and of indirect benefits for younger siblings, paraprofessional home visitors, social capital built in neighborhoods served, macroeconomic gains from a more educated workforce, and other benefits not currently assessed.
- Conducting research to understand the therapeutic factors that make some home visiting programs successful in improving child and parent/caregiver outcomes.³¹
- Discovering which home visiting models, curricula, and staff combinations are appropriate for specific outcomes,
- Assisting home visiting programs in translating research findings on best practices into their program design.

Recommendations for Community-Based Organizations

Clients of public aid offices, employment training agencies, and family support centers overlap considerably with participants in home visiting programs. Strong referral links among these agencies can extend the reach of programs and help bring needed services to higher risk families. Social service agencies also stand to benefit from the addition of well-designed—and implemented—home visiting services into their current operations.

Education and family-serving agencies with home visiting services must:

- Work towards implementing the promising practices outlined in the Improving Home Visiting Services section (page 9).
- Collaborate with other home visiting programs to share solutions to common challenges such as attrition, funding limitations, and documentation of demonstrable results.
- Partner with families to design, modify, and assess home visiting programs in their communities.

The Cooperative Extension System has field faculty and resources that can be leveraged to build organizational capacity. For example, county extension faculty can conduct in-service training for professionals, paraprofessionals, and volunteers.³⁰

Recommendations for Other Community Sectors

- Employers can encourage participation in home visiting programs by providing workers with information or referrals to home visiting programs, enabling parent/caregivers to receive paid leave or modify their schedules in order to participate in home visiting, and offering financial support to effective home visiting programs in the community.

- Grant makers can provide technical and financial resources for scaling up home visiting with quality. Funding evaluations for existing programs and sponsoring innovative new programs would advance this priority.
- Intermediaries can strengthen coordination among the many services affecting children, youth, parent/caregivers, and families. A particular need is bringing together providers of services to adults with those that serve children and youth, since categorical funding streams can impede the delivery of family-centered services. Referral networks, 2-1-1 systems, and support for cross-training are just a few options.

Conclusion

Home visiting gives parent/caregivers the skills and know-how to nurture their children's potential. From child maltreatment reductions to school readiness, high-quality home visiting programs can yield a lifetime of benefits for parent/caregivers and children. When paired with early childhood education programs, the effects become more powerful.

Further refining of home visiting programs is needed so participation has the greatest benefit for families. Fortunately, research indicates the direction of progress—high quality, coordination with a dual-generation approach, and targeted design. With these improvements, home visiting will serve more effectively as a core family-strengthening strategy that helps parent/caregivers to give their young children a sturdy foundation for lifelong achievement.

Resources

Cooperative State Research, Education, and Extension Service, USDA (CSREES)

www.csrees.usda.gov

CYFERnet (Children, Youth and Families Education and Research Network)

www.CYFERnet.org

The Cooperative State Research, Education, and Extension Service (CSREES) is an agency within the US Department of Agriculture. The agency works closely with an extensive network of state, regional, and county extension offices in every state and territory. This Cooperative Extension System is one of the principal providers of parent education programs in the US.

Administered by CSREES, CYFERnet brings together the best information resources on children, youth, and families from the nation's land-grant universities and their partners. Visitors can find program, evaluation, and technology resources to inform community-based programs for at-risk children and families. Two relevant resources are the National Extension Parenting Educators' Framework and the National Extension Parent Education Model of Critical Parenting Practices.

Early Head Start

www2.acf.dhhs.gov/programs/hsb/index.html

Early Head Start National Resource Center

www.ehsnrc.org/index.htm

In the Administration for Children and Families, the Office of Head Start administers both Head Start and Early Head Start. Its Web site offers resources for program design and management as well as directories.

The Early Head Start National Resource Center supports high-quality services to Early Head Start and Migrant Head Start agencies as well as expectant parents and families with infants and toddlers.

Healthy Families America

www.healthyfamiliesamerica.org

Healthy Families America is a national program model designed to help expectant and new parents get their children off to a healthy start. Families participate voluntarily in the program and receive home visiting and referrals from trained staff. To access the 12 critical elements of effective home visiting services and research rationale, go to http://www.healthyfamiliesamerica.org/downloads/critical_elements_rationale.pdf.

Home Instruction Program for Preschool Youngsters (HIPPY)

www.hippyusa.org

HIPPY is a parent involvement and school readiness program that helps parents prepare their three, four, and five year old children for success in school and beyond.

Home Visiting Coalition

www.homevisitingcoalition.org

The coalition is advocating for enactment and funding of the bipartisan Education Begins at Home Act (S. 667 and H.R. 2343), by educating policymakers and the public about the benefits of home visiting.

National Human Services Assembly Family Strengthening Policy Center

www.nassembly.org/fspc

The National Human Services Assembly's Family Strengthening Policy Center identifies practice-based approaches to strengthening families raising children in low-income communities and also explores policy implications. The Center's policy briefs cover the three core areas essential to strengthening families: family economic success, family support systems, and thriving and nurturing communities.

Nurse-Family Partnership

www.nursefamilypartnership.org

Nurse-Family Partnership is an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The Nurse-Family Partnership National Service Office, located in Denver, Colorado is a nonprofit organization that assists communities in implementing and sustaining this program.

Parent-Child Home Program

www.parent-child.org

The Parent-Child Home Program is a research-based—and validated—early childhood literacy and school readiness program. The program successfully strengthens families and prepares children for academic success through intensive home visiting.

Parents as Teachers

www.parentsasteachers.org

Parents as Teachers is the overarching program philosophy of providing parents with child development knowledge and parenting support. The organizational vehicle for delivering that knowledge and support is Parents as Teachers National Center.

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This series of policy briefs produced by the Family Strengthening Policy Center (FSPC) seeks to describe a new way of thinking about how to strengthen families raising children in low-income communities and how this approach can and should influence policy. The premise of “family strengthening” in this context, and as championed by the Annie E. Casey Foundation, is that children do well when cared for by supportive families, which, in turn, do better when they live in vital and supportive communities. The series describes ways in which enhancing connections within families and between families and the institutions that affect them result in better outcomes for children and their families.

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The Center benefits from the guidance and involvement of the Family Strengthening Peer Network, which provides opportunities for its members to share knowledge on family strengthening strategies, learn what other organizations are doing, and find synergies and potential areas of collaboration.

This brief reflects the findings and views of the Family Strengthening Policy Center, which is solely responsible for its content. For more information or to access other family strengthening policy briefs, visit www.nassembly.org/fspc.

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