

Home Visiting: Recent Program Evaluations



ANALYSIS

As many as 550,000 children are enrolled today in home visiting programs that serve pregnant women and families with young children. These programs have many goals, including the promotion of good parenting skills, the prevention of child abuse and neglect, the promotion of healthy child development and school readiness, and, sometimes, the improvement of mothers' lives (for example, deferral of subsequent pregnancies, and promotion of maternal education or employment). Despite their varied goals, these programs share a focus on the importance of children's early years, a belief that parents play a pivotal role in shaping children's lives, and a sense that one of the best ways to reach families with young children is by bringing services to them, rather than expecting those families to seek assistance in the community.

This journal issue summarizes the results of some recent evaluations of six key home visiting models:

- ◆ **Hawaii's Healthy Start**, which serves families identified through screening at birth as highly stressed and/or at risk for child abuse;
- ◆ **Healthy Families America (HFA)**, a child abuse prevention program that evolved from Hawaii's Healthy Start and which is now the subject of a pioneering, multisite research network;
- ◆ **The Nurse Home Visitation Program (NHVP)**, a university-based demonstration program developed in Elmira, New York, studied again in Memphis, Tennessee, and Denver, Colorado, and now being replicated nationally;
- ◆ **Parents as Teachers (PAT)**, a program that promotes the development of children from birth to age three that began in Missouri and now operates at more than 2,000 sites across the country;

- ◆ **The Home Instruction Program for Preschool Youngsters (HIPPY)**, which seeks to prepare 3- to 5-year-olds for kindergarten and first grade; and
- ◆ **The Comprehensive Child Development Program (CCDP)**, a five-year federal demonstration program that worked with poor families in 24 sites to promote children's development, parents' ability to parent, and family self-sufficiency.

Results

- ◆ Results varied widely across program models, across program sites implementing the same models, and across families at a single program site.
- ◆ Several home visiting models produced some benefits in parenting or in the prevention of child abuse and neglect on at least some measures. No model produced large or consistent benefits in child development or in the rates of health-related behaviors such as acquiring immunizations or well-baby check-ups. Only two program models included in this journal issue explicitly sought to alter maternal life course, and, of those, one produced significant effects at more than one site when assessed with rigorous studies.
- ◆ In most cases, research has not identified the key elements that would predict which families will benefit from a home visiting model or which program sites will succeed.
- ◆ Most programs struggled both to implement services as intended by their program models and to engage families. Families received about half the number of visits intended, and between 20% and 67% of enrolled families left the evaluated programs before services were scheduled to end. Staff skills, training, and turnover and the extent to which curricula are delivered to families as intended by the program model may all affect program outcomes.

Conclusions

- ◆ The wide variability in results indicates that benefits cannot be generalized from one home visiting program model to another.
- ◆ The results indicate how difficult it is to change human behavior, but they do not change the importance of continuing supports for families with young children. The popularity of parenting books, maga-

zines, and videos suggests that parents are hungry for information and support, and new research suggests that children's earliest years must not be ignored.

- ◆ The results suggest that change is necessary to improve the home visiting services that presently are in place and to adapt existing home visiting models, if hoped-for benefits are to be achieved by home visiting programs on a widespread or consistent basis.

RECOMMENDATIONS

RECOMMENDATION 1

Policymakers and practitioners should maintain modest expectations for home visiting services. No single service strategy can serve the needs of all families, and therefore home visiting programs are best funded as one of the range of services offered to families with young children. Other important service strategies for families with young children may include more child-focused approaches (such as high-quality child care), parent-focused services that are delivered in another way (for example, parenting classes delivered in the community or on the job site), or other policy alternatives designed to increase the beneficial connections between parents and children.

RECOMMENDATION 2

Existing home visiting programs and their national headquarters should launch efforts to improve implementation and quality of services. These efforts should include ongoing assessments of practices concerning enrollment, engagement, and attrition of families; training requirements and support for staff; and delivery of curricula. National headquarters for key home visiting models should bring together researchers, practitioners, and parents to formulate practice standards and guidelines for their own models, and a dialogue should begin to create learning and quality improvement efforts for the field as a whole.

RECOMMENDATION 3

In support of these quality enhancement efforts, research should be crafted to help programs improve quality and implementation. Such research might explore which families are most likely to engage and to benefit most from a program model's services; which aspects of any particular model are necessary for its replicability; and the model's optimal levels of intensity and duration of services. Research results should be used to inform program quality improvement efforts, perhaps using mechanisms such as research networks that bring researchers and practitioners together on an ongoing, collaborative basis.

ARTICLE SUMMARIES

Understanding Evaluations of Home Visitation Programs

Deanna S. Gomby, Ph.D.

No single evaluation can answer all the questions of interest about a program, nor is any single evaluation perfect, which means that readers must weigh carefully the intended purpose of the evaluation and the evaluation's strengths and weaknesses before deciding what conclusions can credibly be drawn from its results. This article discusses (1) the role of evaluation both for program improvement and to determine program effects; (2) the choices required to craft a strong and methodologically rigorous evaluation; and (3) factors such as attrition and generalizability that policymakers and practitioners should consider when interpreting the results of home visiting evaluations. The evaluations that appear within this journal issue are used as examples in the article. Those evaluations have both strengths and weaknesses, but are among some of the better evaluations in the home visiting field.

Prenatal and Infancy Home Visitation by Nurses: Recent Findings

David L. Olds, Ph.D., Charles R. Henderson, Jr., Harriet J. Kitzman, R.N., John J. Eckenrode, Ph.D., Robert E. Cole, Ph.D., and Robert C. Tatelbaum, M.D.

This article describes a 20-year program of research on the Nurse Home Visitation Program, a model in which nurses visit mothers beginning during pregnancy and continuing through the child's second birthday to improve pregnancy outcomes, to promote children's health and development, and to strengthen families' economic self-sufficiency. The results of two randomized trials (one in Elmira, New York, and the second in Memphis, Tennessee) are summarized, and an ongoing trial in Denver, Colorado, is briefly described.

Results of the Elmira and Memphis trials indicate the following: The program benefits the neediest families (low-income, unmarried women), but provides little benefit for the broader population. Among low-income, unmarried women, the program helps reduce rates of childhood injuries and ingestions that may reflect child abuse and neglect, and helps mothers to defer subsequent pregnancies and move into the workforce. Long-term follow-up of families in Elmira indicates that nurse-visited mothers were less likely to abuse or neglect their children, or to have rapid successive pregnancies. Having fewer children enabled women to find work, become economically self-sufficient, and eventually avoid substance abuse and criminal behavior. By the time their children were age 15, the children had fewer arrests and convictions, smoked and drank less, and had fewer sexual partners. The program produced few effects on birth outcomes or on children's short-term development, except for children born to women who smoked cigarettes when they registered during pregnancy.

The positive effects of the program on child abuse and injuries to children were most pronounced among mothers who, at registration, had the lowest psychological resources (defined as high levels of poor mental-health symptoms, limited intellectual functioning, and little belief in their ability to control their own lives). Effects in Elmira were of greater magnitude and covered a broader range of outcomes than in Memphis.

The article concludes that the use of nurses as home visitors is key to program success; that services should be offered to the neediest families, rather than to all families; that programs should adopt clinically tested methods; and that services must be implemented with fidelity to the model tested if program benefits are to be reproduced in other communities.

Evaluation of Hawaii's Healthy Start Program

Anne K. Duggan, Sc.D., Elizabeth C. McFarlane, M.P.H., Amy M. Windham, M.P.H., Charles A. Rohde, Ph.D., David S. Salkever, Ph.D., Loretta Fuddy, A.C.S.W., M.P.H., Leon A. Rosenberg, Ph.D., Sharon B. Buchbinder, R.N., Ph.D., Calvin C.J. Sia, M.D.

Hawaii's Healthy Start Program (HSP) is designed to prevent child abuse and neglect and promote child health and development in newborns of families who are at-risk for poor child outcomes. The program operates statewide in Hawaii and has inspired adaptations, including Healthy Families America. This article describes evaluation findings at the end of two, of a planned three years, of family program participation and follow-up.

After two years of services, mothers in HSP reported better linkage with pediatric medical care, improved parenting efficacy, decreased parenting stress, more use of nonviolent discipline, and decreased injury due to partner violence in the home, as compared with a control group. No overall benefits emerged on child development; the child's home learning environ-

ment; parent-child interaction; well-child health care; pediatric health care use for illness or injury; child maltreatment (according to maternal report and child protective services reports); or maternal life skills, mental health, social support, or substance use. However, results varied across implementing agencies, such that families served by some agencies did experience benefits in parent-child interaction, child development, and maternal confidence in adult relationships, and decreases in reported partner violence.

Significant differences in program implementation across the three administering agencies had implications for family participation and involvement levels and, possibly, for outcomes achieved. These differences have sparked efforts in Hawaii to use evaluation data for ongoing program improvement.

The authors conclude that home visiting programs and evaluations should monitor program implementation and employ comparison groups.

The Parents as Teachers Program: Results from Two Demonstrations

Mary M. Wagner, Ph.D., and Serena L. Clayton, Ph.D.

Parents as Teachers (PAT) is a parent education program designed to begin prenatally or at birth and to continue through the child's third birthday. Home visitors help parents to strengthen their parenting skills and knowledge of child development and to prepare young children for school. This article describes the PAT program and reports the results of evaluations of two randomized trials of PAT: (1) the Northern California PAT Demonstration, which served primarily Latino parents in the Salinas Valley of California's Monterey county; and (2) the Teen PAT Demonstration, which served adolescent parents in four counties in Southern California.

In analyses comparing experimental and control groups as a whole, the two evaluations revealed small and inconsistent positive effects on parent knowledge, attitudes and behavior, and no gains on children's health or development. However, subgroup analyses in the Northern California program indicated that children in primarily Spanish-speaking Latino families benefited more than either non-Latino or English-speaking Latino families, with significant gains in cognitive, communication, social, and self-help development. Subgroup analyses in the Teen PAT Demonstration indicated that the families that received both PAT services as well as comprehensive case management services designed to help mothers improve their lives benefited most. Subgroup analyses in the Northern California study suggest that children in families that received more intensive services benefited more than children whose families received less intensive services. Results from that study suggest that 10 home visits produce about a one-month developmental advantage for participating children.

The Home Instruction Program for Preschool Youngsters (HIPPY)

Amy J.L. Baker, Ph.D., Chaya S. Piotrkowski, Ph.D., and Jeanne Brooks-Gunn, Ph.D.

The Home Instruction Program for Preschool Youngsters (HIPPY) is a two-year early education intervention program that provides home visits and parent group meetings to help parents with limited formal education prepare their four- and five-year-olds for school. This article presents the findings of a series of interconnected research studies concerning HIPPY program sites in New York, Arkansas, and Michigan.

Results varied across the New York and Arkansas sites and across participating groups of children, or cohorts, who enrolled in the first and second years of the programs' operations. For Cohort I, children who had been enrolled in HIPPY scored higher than children in the control/comparison groups on measures of cognitive skills (New York), classroom adaptation (New York and Arkansas), and standardized reading (New York), and they were more likely to be promoted to first grade (Arkansas). For Cohort II, comparison group children outperformed HIPPY children on school readiness and standardized achievement at posttest (Arkansas). Analyses to account for the differing results between cohorts were inconclusive.

Qualitative analyses revealed four patterns of attrition from HIPPY: (1) early attrition within the first month after enrollment, (2) attrition between the program's first and second years, (3) attrition due to changes in the life circumstances of participating families, and (4) attrition due to turnover among the home visitors. Families were more likely to participate in home visits than in group meetings, but different family characteristics were associated with participation for each aspect of the program.

Using Home Visits for Multiple Purposes: The Comprehensive Child Development Program

Robert G. St.Pierre, Ph.D., and Jean I. Layzer, Ed.M.

The Comprehensive Child Development Program (CCDP) employed case management and home visiting to assure a range

of education, health, and social services to low-income children and their parents. Designed to meet the complex needs of disadvantaged families, CCDP was predicted by its planners to generate positive short- and long-term effects across a variety of child and parent well-being indicators.

The evaluation of 21 project sites and 4,410 families followed over five years found no statistically significant impact of CCDP on program families when compared with control families in any of the assessed domains: early childhood education, child and family health, parenting education, family economic self-sufficiency, or maternal life course. The authors conclude that the results of this evaluation do not support home visiting as an effective means of social services delivery and parenting education for low-income families.

Healthy Families America: Using Research to Enhance Practice

Deborah A. Daro, Ph.D., and Kathryn A. Harding, M.A.

The Healthy Families America (HFA) initiative seeks to expand the availability of high-quality, intensive home visitation services, and to create communitywide commitment for these and other services that promote a supportive atmosphere for all new parents. This article describes HFA's theoretical framework, its history, and its current status, and highlights the preliminary findings of the HFA Research Network, a partnership among researchers who are evaluating HFA programs around the country. Results of the research partnership suggest that HFA programs may have the most success at improving parent-child interaction, with more limited or mixed success in the areas of health care status and utilization, the prevention of child abuse and neglect, and improved maternal life course outcomes. HFA programs so far have not demonstrated significant improvements in children's development or maternal social support.

Outcomes and attrition rates vary across subgroups of families in these studies, but the authors report that there are no consistent patterns to identify who is most likely to stay enrolled or to benefit. The authors recommend continued research and that researchers and practitioners move beyond a focus on individualized interventions and instead work to create a communitywide and national context in which supports for all new parents is the norm.

Appendices A–D

The national headquarters of the NHVP, PAT, HIPPY, and HFA programs help establish new program sites, train home visitors, hone curricula, maintain program quality, and conduct research. Four appendices provide detailed descriptions of these programs and the activities of their national headquarters. Descriptions of additional evaluation studies and their results are included for the PAT and HIPPY programs.

Appendix E

This multipart table details in a uniform format the results that are reported in the major articles in this journal issue. Results include those derived from the studies reported on in those articles as well as additional findings not included in the articles.

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