Home Visiting Models

Reviewing Evidence of Effectiveness

August 2018

OPRE Report #2018-91

The Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), part of the U.S. Department of Health and Human Services (HHS), in collaboration with the HHS Health Resources and Services Administration, contracted with Mathematica Policy Research to conduct a systematic review of early childhood home visiting research. This review, known as the Home Visiting Evidence of Effectiveness (HomVEE) project, determines which home visiting models have sufficient evidence to meet the HHS criteria for an "evidence-based early childhood home visiting service delivery model."

The HomVEE review only includes models that use home visiting as the primary mode of service delivery and aim to improve outcomes in at least one of eight domains. These domains are (1) maternal health; (2) child health; (3) positive parenting practices; (4) child development and school readiness; (5) reductions in child maltreatment; (6) family economic self-sufficiency; (7) linkages and referrals to community resources and supports; and (8) reductions in juvenile delinquency, family violence, and crime.

The HomVEE website:
http://homvee.acf.hhs.gov/

Weighing the Evidence

For a meticulous and transparent review of the research, the HomVEE team uses a systematic process. The team first conducts a literature search; screens studies; and prioritizes models for review, based on factors such as the number and design of the studies, their sample sizes, and whether the model is already evidence-based. The team then assesses each eligible impact study (that is, those using randomized controlled trials or quasi-experimental designs) for every prioritized model and rates the study quality as high, moderate, or low. The HomVEE team rates the causal studies on their ability to produce unbiased estimates of a model's effects. This rating system helps the team distinguish between more- and less-rigorous studies; the more rigorous the study, the more confidence the review team has that its findings were caused by the model itself, rather than by other factors. All studies with a high or moderate rating are used to determine if the model meets the level of effectiveness specified in the HHS criteria. The team also creates implementation profiles for all models included in the review using information from impact studies with a high or moderate rating, stand-alone implementation studies, and Internet searches. This process is conducted annually.

The HHS criteria specify that to be considered "evidence based," models must have at least (1) one high or moderate quality impact study showing favorable, statistically significant impacts in two or more of the eight outcome domains or (2) two high or moderate quality impact studies, examining separate study samples, that show one or more favorable, statistically significant impacts in the same domain. If a model meets the above criteria based only on findings from randomized controlled trials, then two additional requirements must be met. First, at least one favorable, statistically significant impact must be sustained for at least one year after program enrollment, and, second, at least one favorable, statistically significant impact must be reported in a peer-reviewed journal.[1] Evidence from studies using a single-case design must meet additional requirements to meet the HHS criteria, such as the number of single-case design studies, number of cases in those studies, and authorship (see http://homvee.acf.hhs.gov/Review-Process/4/ DHHS-Criteria/19/6 for more information).

Summarizing the Results

As of the 2018 review, HomVEE has reviewed the available evidence on 46 home visiting models, including impact reviews of 375 studies and implementation reviews of 290 studies.[2] Some studies are included in both reviews because they contain information on both impacts and implementation.

Evidence of effectiveness: Among the 46 models reviewed, 20 met the HHS criteria for an evidence-based early childhood home visiting model (see table).

20 Models Meet HHS Criteria

Model	Favorable Impacts on Primary Outcome Measures	Favorable Impacts on Secondary Outcome Measures	Sustained Impacts?	Replicated?	Review Last Updated
Attachment and Biobehavioral Catch-up (ABC) Intervention	Yes	No	Yes	Yes	April 2017
Child First	Yes	Yes	Yes	No	July 2011
Early Head Start—Home-Based Option (EHS-HBO)	Yes	Yes	Yes	No	July 2016
Early Intervention Program for Adolescent Mothers	Yes	Yes	Yes	No	July 2011
Early Start (New Zealand)	Yes	Yes	Yes	No	July 2014
Family Check-Up®	Yes	Yes	Yes	Yes	June 2017
Family Connects	Yes	Yes	Yes	No	October 2014
Family Spirit®	Yes	Yes	Yes	Yes	May 2016
Health Access Nurturing Development Services	Yes	No	Yes	Yes	July 2015
Healthy Beginnings	Yes	Yes	Yes	No	June 2015
Healthy Families America	Yes	Yes	Yes	Yes	April 2017
Healthy Steps (National Evaluation 1996 protocol) *These results focus on Healthy Steps as implemented in the 1996 evaluation. HHS has determined that home visiting is not the primary service delivery strategy and the model does not meet current requirements for MIECHV program implementation.*	Yes	Yes	Yes	No	July 2011
Home Instruction for Parents of Preschool Youngsters®	Yes	Yes	Yes	Yes	May 2013
Maternal Early Childhood Sustained Home Visiting Program	Yes	Yes	Yes	No	May 2013
Minding the Baby®	Yes	No	Yes	No	November 2014
Nurse Family Partnership®	Yes	Yes	Yes	Yes	May 2016
Oklahoma's Community-Based Family Resource and Support Program *Implementation support is not currently available for the model as reviewed.*	Yes	Yes	Yes	No	October 2012
Parents as Teachers®	Yes	No	Yes	Yes	July 2013
Play and Learning Strategies (Infant)	Yes	No	Yes	No	October 2012
SafeCare Augmented[a]	Yes	Yes	Yes	No	July 2018

Note: The table only shows the results from studies with a high or moderate rating.

[a] Safecare did not meet HHS criteria for an evidence-based model. Only SafeCare Augmented (an adaptation of SafeCare) meets HHS criteria for an evidence-based model. In addition, Planned Activities Training (a SafeCare module) and Cellular Phone Enhanced Planned Activities Training (a SafeCare module with an add-on) showed evidence of effectiveness. See the model page (https://homvee.acf.hhs.gov/Model/1/SafeCare-sup---sup-/18/1) for more details on the module and module with an add-on.

Model impacts: One model, Healthy Families America, had one or more favorable impacts in each of the eight domains.[3] None of the models, however, showed reductions in the domain of juvenile delinquency, family violence, and crime as reported using a primary measure. Most models showed improvement on primary measures of child development and school readiness and positive parenting practices. Healthy Families America had the widest range of favorable impacts, with favorable impacts on primary or secondary measures in all eight outcome areas. Nurse Family Partnership was next, with favorable impacts in seven areas.

Model implementation: HomVEE produces implementation reports regardless of the quality of the studies reviewed. The HomVEE team found that all 20 models that met the HHS criteria have minimum requirements for the frequency of home visits and have pre-service training requirements. Eighteen models have minimum requirements for home visitor supervision. Eighteen models each have a system for monitoring fidelity and have specified content and activities for the home visits.[4]

For more information, see Table 4 in the Executive Summary.

More Information

Visit the HomVEE website (http://homvee.acf.hhs.gov) for detailed information about the review process and results. For more information, please contact the HomVEE team at HomVEE@acf.hhs.gov.

Endnotes

[1] The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides funds to states, territories, and tribal entities for home visiting programs for at-risk pregnant women and families with children from birth to kindergarten entry (that is, up through age five). The criteria about sustained findings and peer-review publication are consistent with the legislation that authorized MIECHV (see Social Security Act, Section 511 [42 U.S.C. 711] (d)(3)(A)(i)(I)).

[2] Studies included in the 2018 review were published or released from January 1979 through December 2017, or were unpublished material received through the HomVEE call for studies that closed in January 2018.

[3] The HomVEE team classified outcome measures as primary if data were collected through direct observation, direct assessment, or administrative records, or if self-reported data were collected using a standardized (normed) instrument. Other self-reported measures were classified as secondary.

[4] The results are based on available information but do not constitute a formal review of whether the models meet the MIECHV eligibility requirements.