

HOME VISITATION BEST PRACTICES: A REVIEW OF THE LITERATURE

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Birth and Beyond

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SECTION 1: INTRODUCTION

Home visitation is designed to prevent child abuse and neglect and “promote optimal child development and prevent negative outcomes, including academic underachievement, psychological maladjustment and antisocial behavior” (Ammerman et al, 2006, p. 105). Home visits typically begin during pregnancy and last until the child reaches two to five years of age. Programs target diverse areas of infant nutrition, parenting skills, home safety and maternal health. When compared to other types of prevention programs, home visitation programs include distinct features and seek to create change by providing parents with: (1) social support, (2) case management and links with community resources, and (3) education about child development and parenting (Gomby, 2005).

Home visiting research has expanded tremendously over the past two decades and new studies continue to be produced each year. Current research indicates that there are thousands of publicly and privately funded home visitation programs in the U.S. which provide services to at least half million children (Ammerman, 2006; Daro, 2006). In 2001, approximately 37 states had state-based home visiting systems or programs (Daro, 2006; Johnson, 2001) and program evaluations illustrate that home visitation is a promising prevention strategy for parents and their young children.

A review of the child abuse literature illustrates that there are contrary findings on diverse home visitation programs (Gomby, 2005). However, the most recent meta-analyses and studies conclude that home visitation is effective, despite variations in effect sizes, and can provide a wide range of societal benefits, from a meaningful reduction in childhood maltreatment to enhancing positive parent-child interactions (Ammerman, 2006; Daro, 2006; Drummond, 2006; Geeraert, 2004, Karoly, 2005).

Relevant literature identifies a broad range of home visitation programming. For the purposes of this paper the researcher focused on: (1) the research evaluating home visitation programs, (2) home visitation program best practices, and (3) model program profiles. The following section reviews the effectiveness of home visitation programs.

SECTION 2: HOME VISITING EFFECTIVENESS

The literature review on home visitation is based on a review of over 15 publications from 2000 to the present. As stated earlier, recent research on home visitation draws a variety of conclusions about the effectiveness of home visitation programs (Daro, 2006, Geeraert, 2004, Karoly, 2005). One of the most recent and comprehensive studies on home visitation, produced by RAND, *Early Childhood Interventions: Proven Results, Future Promises* (Karoly, 2005), reviews early childhood intervention research and published evaluations for 20 early childhood programs. This study expands and confirms findings from an earlier study, *Investing in Our Children: What We Know and Don't Know about the Costs and Benefits of Early Childhood Interventions* (Karoly, 1998).

Key findings from RAND (Karoly, 2005) are:

1. Evaluations demonstrate that early childhood interventions programs can improve the lives of participating children and families in both the short and long term;
2. Effective early childhood intervention programs return more to society in benefits than they cost;
3. Programs enable youth to lead more successful lives because such programs help children improve their analytical skills, raise academic achievement in school and develop socially;
4. Evaluations of childhood intervention programs can inform policymakers and practitioners about program outcomes.

In addition to RAND's findings, Daro (2006) summarized key home visitation outcomes:

Table 1- At-A-Glance: Home Visitation Evaluation Findings

<p>New Parents: <i>Short-term outcomes</i></p> <ul style="list-style-type: none"> • Better birth outcomes • Enhanced parent-child interactions • More efficient use of health care services • Enhanced child development and early detection of developmental delays <p><i>Long-term outcomes</i></p> <ul style="list-style-type: none"> • Reduction in the frequency and severity of maltreatment • Reduced welfare dependency • Higher rates of school completion and job retention 	<p>Toddlers: <i>Short-term outcomes</i></p> <ul style="list-style-type: none"> • Early literacy skills • Social competence • Parent involvement in learning <p><i>Long-term outcomes</i></p> <ul style="list-style-type: none"> • Stronger school performance • Fewer behavior problems • Higher rates of high school graduation
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From Daro (2006), p.7

Abt Associates (Layzer, 2001) undertook a meta-analysis of family support literature since 1965 as part of a contract with the federal government. The database used by Abt Associates included literature on all available family support programs. The study therefore focused on a broad review of family support literature which included some information on home visiting programs. In contrast, Sweet and Appelbaum (2004) conducted a similar meta-analysis but their study focused solely on home visiting programs. Both of the studies are compared below.

Sweet and Appelbaum (2004) utilized the database of studies from Abt Associates for their meta-analysis, focusing on home visiting programs. This study examined child outcomes (separated into cognitive, socio-emotional and prevention of child abuse outcomes) and parent and maternal outcomes (separated into parenting behavior, parenting attitudes and enhancement of life course groups). Sweet and Appelbaum (2004) note that their meta-analytic review of home visiting programs does not completely span the field of outcomes available for analysis.

According to their study, “Home visiting does seem to help families with young children, but the extent to which this help is worth the cost of creating and implementing programs has yet to be determined...More precise and detailed conceptualization and measurement of both program intervention implementation and service delivery may allow for a more clear understanding of the utility of home visiting programs” (Sweet and Appelbaum, 2004, p. 1448).

Layzer’s (2001) meta-analysis of family support programs included 900 research reports. The researchers coded 665 studies (representing 260 programs). About half of the programs analyzed were home visiting programs and the analysis addressed both short-term and long-term effects of program outcomes. Some of the findings included:

- Support services for families produce “small positive effects” in children’s cognitive development, social and emotional development as well as in parenting attitude, knowledge, behavior and general family functioning;
- Larger effects are found in programs that focus on children with special needs and those that provide early childhood education directly to children;
- Teen parents benefit from case management and organized parent-child activities (Layzer, 2001).

Interestingly, Sweet and Appelbaum (2004) found no differences between the effectiveness of professional and paraprofessional home visitors, whereas Layzer (2001) found professional staff to be more effective in terms of producing positive outcomes for parents.

In sum, the literature shows that early childhood intervention programs have a statistically significant effect on a range of outcomes, both early in children’s educational careers and later into adolescence and adulthood. However, the size of cognitive and behavioral effects is comparatively modest and may decrease as children grow older. In contrast, the effects of some outcomes like educational placement, grade retention and

a decrease in criminal activity are substantial and can be maintained in the long term as children transition into adulthood (Ammerman, 2006; Cerny, 2001; Daro, 2006; Drummond, 2002; Karoly, 2005; NGA Center for Best Practices, 2002; Sweet and Appelbaum, 2004; Tandon, 2005).

SECTION 3: HOME VISITATION PROGRAM BEST PRACTICES

Recent research has identified “best-practices” for managing effective home visitation programs. The following sections address various components of home visitation programs best practices. These components include: (1) modest expectations, (2) program implementation, (3) the home visit forum and collaboration, (4) staffing, (5) client participation, (6) institutional and societal change and evaluation.

Modest Expectations

Daro (2006) argued that the “dissatisfaction with the level of impacts achieved by home visitation reflects, in part, the high expectations with which the strategy was initially embraced in the early 1990s. Prevention advocates had come to believe they had achieved perfect alignment between what the empirical data indicated would work and what policymakers were willing to support” (p. 13). However, Daro (2006) pointed out that expectations and goals may be too high for social intervention programs to achieve. Modest expectations should be placed on what intervention programs can alter, whereas a greater emphasis should be placed on altering individual parenting behaviors and societal contexts that may contribute to child maltreatment, for example. Thus, critics of home visitation may have been more comfortable with accepting the modest outcomes that some programs achieved. But, if prevention advocates argued that only modest outcomes would be produced by such programs, policymakers may have been less likely to support the programs or offer support, in the form of funding (Daro, 2006).

Implementation of programs

Implementation of home visitation programs can lead to success or failure. A variety of program models exist, with an array of components, and a range of standards for uniformity in practice (Karoly, 2005). The needs of families and children are unique and the quality of home visitation programs will effect outcomes not only for clients, but for programs. Therefore, existing home visitation programs and their national headquarters should launch efforts to improve the implementation and quality of services. Such efforts should include:

- Ongoing assessments of practice concerning, the enrollment, engagement and attrition of families;
- Training requirements and support for staff; and
- Consistent delivery of curricula (Harvard Family Research Project, 2007).

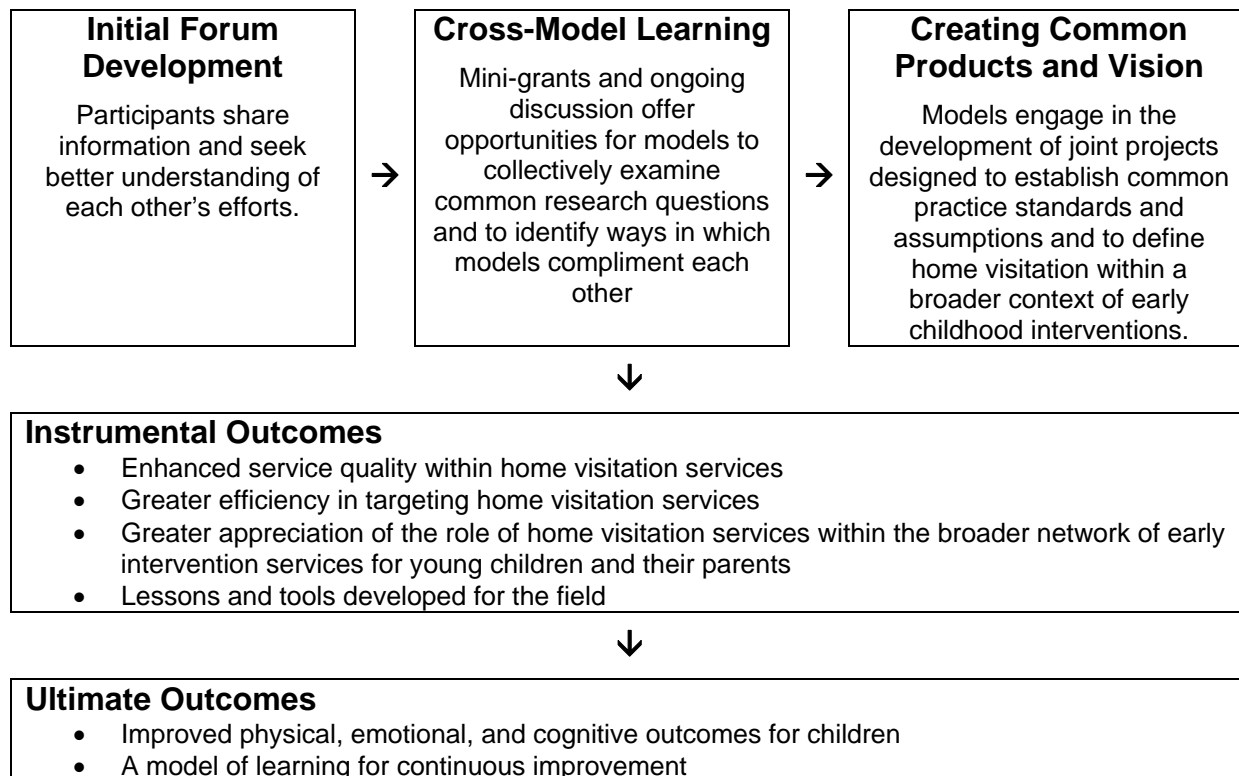
Recently, a few leading home visiting models have brought together researchers and practitioners to formulate practice standards and guidelines.

Home Visit Forum and Collaboration

Programs are being improved continuously. For instance, the Home Visit Forum is a component of the Harvard Family Research Project; the forum provided an “opportunity for members to share descriptive data, identify common definitions used in self-monitoring, and discover common performance issues across their programs” (Harvard Family Research Project, 2007). Since 2000, six programs, the Nurse Family Partnership, Health Families of America, Parents as Teachers, Parent-Child Home Program, HIPPY USA, and Early Head Start, have been part of a collaborative group called the Home Visit Forum.

The forum established a “continuous learning loop” to improve collaboration and partnerships across agencies that would ultimately advance research, policies, practices, training strategies and increase capacity in the home visitation field. Participants in the forum have been working continuously to create areas for “cross-program cooperation,” not only to improve individual programs but to strengthen the home visitation field as a whole (Harvard Family Research Project, 2007).

Figure 1 - Operating Framework of the Home Visit Forum



Since the project's inception the forum has developed a number of shared standards, such as staff training and supervision. In addition, the forum has advocated for program expansion based on best practices standards. For instance, some ways to meet high expectations placed on programs include:

- Linking specific program elements to specific outcomes;
- Hiring staff that are highly trained and knowledgeable;
- Supervision that includes observation of the provider and participant;
- Building organizational capacity;
- Improving the quality of services through program evaluation;
- Integrating home visitation with other programs or providing links to other community resources; and
- Implementing programs consistently (Harvard Family Research Project, 2007).

Program approaches and goals may vary. However, forum participants and the literature review pointed out a number of key factors that can assist programs meet high expectations (Daro, 2005, Harvard Family Research Project, 2007). Local programs may want to consider reviewing research that has been generated by the forum or developing some type of community forum locally to support of these efforts. Research results should be fed into ongoing quality-improvement efforts of existing home visiting programs, perhaps using mechanisms, such as a research network, that bring researchers and practitioners together on an ongoing, collaborative basis (Karoly, 2005).

Home visiting programs cannot solve all societal problems. Therefore, they must build collaborative relationships with other local community programs that target at-risk families. Home visitation programs must collaborate with other programs to provide some type of “wrap-around service,” in conjunction with the intervention. Other important avenues of change in existing programs include combining funding streams, decreasing bureaucratic control and requirements, and providing program independence at the local level. The suggestion mentioned above would not necessarily require the development of a new program model, but an active effort on the part of policy makers, practitioners and community members to resolve challenges that face social, education and health care institutions that support children and families (Daro, 2006; Gomby, 2005; Geeraert, 2004, Karoly, 2005; Sweet and Appelbaum, 2004).

Staffing

Home visitors are relied upon to create relationships with families to communicate program messages. Educational requirements for home visitors vary from program to program and a variety of options exist on the type of educational qualifications required of program staff. Programs face consistent staffing challenges, such as high staff turnover and burnout. Staff educational levels, burnout, and turnover can contribute to the success or failure of home visitation programs. Below are selected best practices, used by model programs to support staff members:

- Home visitation programs should provide training to new staff and current staff members to increase the quality of services delivered to families and to teach them how to contact hard-to-reach families;
- Close supervision of home visitors should be done on a regular basis to assist staff with professional growth and manage job related stress;

- Regular supervision will also ensure that staff members are following the home visitation program model, protocols and procedures (Karoly, 2005).

Client participation

Engaging families in home visitation services is a critical part of the program model. Home visitation is based on regularly scheduled visits to clients homes. Program models vary in terms of type of curricula used, duration of visits, and content. Program outcomes are related to the level of client participation. Recent literature illustrates that keeping a family engaged in home visitation services is one of the greatest challenges programs face. Some of the best practices identified in the literature to keep clients engaged include:

- Home visitation programs need to create schedules that coincide with the schedules of employed families and convince these families that they can actively participate in the program;
- Families that are unemployed maybe easier to engage in home visitation programs but may have a difficult time meeting program goals and may need more direction and assistance;
- Parents are unlikely to stay engaged with a home visitation program, unless they are convinced that services will meet their families needs;
- A decrease in family engagement by program clients may indicate that program modification is necessary (Ammerman, 2006).

Programs such as PAT, HFA, and HIPPI suggest that parents need social support and home visitation programs can meet that need by providing support. Parenting books, magazines and a variety of self-help materials are popular among parents. This suggests that parents are searching for help and support. If families remain engaged with home visitation programs, program support must be supplemented with information and other assistance programs. Thus, program curricula may be a key part of its success in engaging and retaining families (PAT, HFA, HIPPI, 2007).

Institutional and Societal Change

Negative outcomes, such as child abuse and neglect or low academic achievement cannot be addressed effectively by a single program. Therefore, problems must be examined within individual and social contexts. Planning processes within intervention programs must consider participant risk factors in a variety of societal contexts. For instance, program staff should consider the social norms that may influence parents' actions and therefore shape the environment a child grows up in. In addition, it is important to consider changes that must occur in other major institutions that serve at risk families (Daro, 2006; Gomby, 2005; Geeraert, 2004, Karoly, 2005; Sweet and Appelbaum, 2004).

Prevention programs will thrive if paired with modest program expectations and a commitment to systemic change. For instance, Daro (2006) pointed out,

“Although programs can change a parent’s willingness to access health services, health services need to alter their structure and funding procedures to become more accessible. Similarly, the concept of child protection must include interventions that support families before serious abuse or neglect become the normative frameworks shaping parent-child interactions” (p. 13).

Home visitation programs can prepare children for school, but the public school system must be prepared to help children who face academic challenges (Daro, 2006; Gomby, 2005; Geeraert, 2004, Karoly, 2005; Sweet and Appelbaum, 2004). It is difficult to change individuals’ behaviors, particularly when problems like poverty are communitywide. Therefore, it is important for programs to examine not only individual behavioral issues but broader policy solutions to address these issues.

Cultural Considerations

Gomby (2005) argues that culture is related to parenting practices. For instance, parents hold different cultural beliefs about the best way to handle crying, breastfeeding, discipline, early literacy skills, and obedience and autonomy in children. Home visitation programs may not be as effective with some families, if cultural is not consider or advice offered by home visitors does no consistent with familial beliefs of parenting. Gomby (2005) reviewed one study that showed several African American and Latina parents ignored home visitor’s advice and considered it to be “white people stuff,” whereas working class families were more likely to question home visitor’s advice on parenting and reading to infants on a daily basis.

Different parental ideologies tend to be significantly important, if mothers live with extended families or their mothers. Changes in parental behaviors may be difficult because the mother must not only change her behavior but convince her family to change their behavior. Parental behavioral changes can cause problems within family networks, therefore some home visitation programs have reached out to extended family members, like fathers and grandparents. For instance Early Head Start programs use a variety of strategies to engage extended family members, especially fathers (Gomby, 2005).

Gomby (2005) pointed out that the current studies do not clearly illustrate what cultural group benefits the most. For instance, children of Latina mothers who are enrolled in a PAT Salinas Valley project, benefited more than other groups on child development outcomes. Early Head Start released interim study results on African American children and the data strongly suggested that African American children benefited more from the program than while children. HFA’s San Diego program completed a study on second pregnancies and the results showed that white but not African American or Hispanic women were more likely to defer second pregnancies after going through the HFA program.

Evaluation

The literature review revealed the importance of program evaluation because it will provide a clear understanding of the utility of home visiting programs. Incorporating program evaluation into both program intervention and service delivery will require that programs are designed with evaluation in mind. Sweet and Appelbaum (2004) recommended that at the beginning of a program's inception, staff must identify the following: how families will be affected by the program, what population will be affected the most, and more importantly how the effect will be measured, resolved and reported. Sweet and Appelbaum (2004) argued that designing programs with an evaluation component will allow for a thorough evaluation of the field and provide individual programs with methods to improve program practices.

SECTION 4: HOME VISITATION PROGRAM PROFILES

As previously mentioned, a broad range of home visitation programs exist in the United States. The descriptions of the following programs illustrate examples of evidence-based practices that have led to positive outcomes for home visitation programs.

Nurse Family Partnership (NFP)

The NFP is an “evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.” The program provides intensive visitation by nurses during a woman’s pregnancy through the first two years after birth; the program was developed by Dr. David Olds. The Prevention Research Center for Family and Child Health is directed by David. The goal of this center is the examination of long-term impacts of the NFP (NFP, 2007).

The frequency of home visits changes with the stages of pregnancy and as the child grows, and can be adapted to the mother’s needs. The goal is to visit every week to two weeks, depending on the phase of the program. Detailed visit-by-visit program guidelines are organized around challenges mothers and children typically encounter during pregnancy and infancy. Program topics focus on six areas: (1) personal health; (2) environmental health; (3) life-course development; (4) maternal role; (5) family and friends; and (6) health and human services. Visitors assess maternal, child and family functioning. Depending on the results of the assessments and family specific needs and priorities, strength-based interventions are used to assist mothers (NFP, 2007).

A major characteristic of the NFP program is its use of research to determine program effectiveness and to improve services. The NFP has conducted “extensive research on the model over the last three decades. Randomized controlled trials were conducted with three diverse populations beginning in Elmira, New York, 1977; in Memphis, Tennessee, 1987; and Denver, Colorado, 1994. All three trials targeted first-time, low-income mothers.” Longitudinal follow-up studies are continuing, under the direction of Dr. David Olds. The follow-up studies are examining program effects on maternal economic self-sufficiency, substance abuse, and children’s adaptive functioning, including their mental health, criminal behavior, and productive life-course as the children reach adolescence and young adulthood (NFP, 2007).

NFP data is collected by nurse home visitors at local sites and is reported through NFP’s web-based Clinical Information Systems (CIS). NFP managers administer the CIS system and they also provide support for data entry as well as reporting. Data provides NFP sites with information on how to improve current policies and practices, program management and information on whether a site is adhering to the program model (NFP, 2007).

For instance, some of the positive and consistent program effects include: improved prenatal health, decreased childhood injuries, fewer subsequent pregnancies, increased

time between births, increased maternal employment and improved school readiness. NFP continues to conduct follow-up research, specifically examining the long-term outcomes for mothers and children in the three trials (NFP, 2007).

Health Families of America (HFA)

HFA is a network of programs that expanded on the experiences of the Hawaii Healthy Start program. HFA has been implemented in over 300 programs across the country. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of the child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, case management, and other issues (HFA, 2007).

HFA conducts systematic assessments of all families, in their targeted population. Within a targeted HFA community, more than 90 percent of HFA programs reach out to either new parents or first-time parents. Staff members are specially trained to assess each family's needs; during an assessment the staff member will listen to the family's concerns and interests as well as provide the family with appropriate community referrals. High risk families are encouraged to participate in home visiting. Families set specific goals with their home visitor and generally the frequency of visits decreases as families meet their goals (HFA, 2007).

Interestingly, HFA selects home visitors based on their personal characteristics versus formal education. HFA indicated that home visitors must have the skills to keep families engaged in the program and establish trusting relationships. In 2002, HFA reported that 82 percent of home visitors attended or graduated from college, specializing in child development, social work, nursing or education. A majority (87%) of HFA home visitors had prior experience in home visitation programs (HFA, 2007).

HFA has implemented a "credentialing system" that monitors a set of research-based standards to monitor a range of services areas, like staffing and program content. Ongoing quality improvement is monitored by revising standards, periodically, to meet the changing needs of families and programs. Prevent Child Abuse America (PCA) assist local HFA programs with a variety of tasks. For instance, PCA national staff developed standardized data collection tools and systems that are used by over 80 sites. The common data collection system enables staff to monitor program implementation and ensure that programs comply with standards (HFA, 2007).

In 2004, an HFP Implementation Study evaluated the "effect of program, staff, and family characteristics on family retention, intensity of services, and staff turnover across approximately 90 HFA sites" (HFA, 2007). Some of the positive program outcomes include: reducing child maltreatment, enduring healthy child development, encouraging school readiness, promoting family self-sufficiency and demonstrating positive parenting (HFA, 2007).

Parents as Teachers (PAT)

PAT is a home visiting program for parents and children with a main goal of having healthy children ready to learn by the time they go to school. Parent educators visit parents monthly. Typically visits begin during the mother's pregnancy and may continue until the child enters kindergarten. Social services agencies, school districts, hospitals and churches offer PAT programs to their clients. In addition, PAT programs are offered as part of comprehensive service-delivery systems or family resource centers (PAT, 2007).

The Parents as Teachers National Center (PATNC) provides a variety of services to local centers. For instance, PATNC assists centers with training and technical assistance, curriculum and materials development as well as research and evaluation to ensure centers focus on continuous quality improvement. PATNC also advocates for comprehensive public policies that support children and families during the early years of a child's life. For instance, PAT developed the Standards and Self-Assessment Guide in 2004. PAT programs go through a self-assessment process every three years. The self-assessment emphasize continuous quality improvement by examining indicators like service delivery and program management. As a result of evaluation standards PAT has noticed positive program outcomes. Some of the outcomes include: PAT participants were more likely to engage in home literacy, exhibit positive behaviors and there was a decrease in child maltreatment. In addition, PAT children had higher school readiness scores and were less likely to be retained a year between kindergarten and third grade (PAT, 2007).

Finally, PAT hires parent educators locally. Even though programs select personnel, PATNC encourages local programs to hire staff members who have experience in health care, education or social work, relating to children and young families. Certified PATNC trainers train all new parent educators (home visitors) prior to beginning work in the field. In addition, 10 to 20 hours of in-service training is required for staff members to keep their certificate current (PAT, 2007).

Parent-Child Home Program (PCHP)

The PCHP targets children 24 to 30 months old whose parents have a limited education. The "innovative program has emphasized the importance of quality parent-child verbal interaction to promote the cognitive and social-emotional development that children need in order to enter school with the tools they need to become successful students" (PCHP, 2007). The program involves bi-weekly visits by a home visitor and each week the visitor brings a new toy or book to demonstrate ways the parents can engage the child. The program also encourages the parent to read to the child. PCHP ensures that families receive appropriate referrals to other community agencies, if they need services. Home visitors also help parents plan or set educational goals for themselves and their children (PCHP, 2007).

Most paraprofessionals working for the PCHP program are former program participants and families. The paraprofessionals work with families who face numerous challenges, such as poverty, low educational levels, language barriers and other obstacles to educational success. This position is important to many PCHP paraprofessionals because it is often their first job and is significant step for career advancement and educational opportunities.

PCHP provides training and technical assistance to individual sites, training materials for program coordinators, annual conferences as well as assisting sites with evaluation and research projects among other services. PCHP utilizes a PCHP management information system that site coordinators use for data reporting. Home visitors document each session with a family and they report data on the “level of activity and involvement of the parent and child with program materials” (PCHP, 2007). The information reported is reviewed by managers and home visitors and is applied to program practices. PCHP positive outcomes include: enhanced interaction between parents and children; increased use of positive parenting behaviors; improved child behaviors related to social-emotional development; and increased pre-literacy skills (PCHP, 2007).

HIPPY USA (Home Instruction Program for Preschool Youngsters)

HIPPY is designed for families with 3 year olds whose parents have a limited education. This program teaches parents how to teach their children and make their home more conducive to learning. At the bi-weekly visits, parents receive books and toys, and the home visitor instructs parents in the use of the educational materials. The program continues until the child completes kindergarten (HIPPY, 2007).

HIPPY home visitors receive intensive training prior to beginning their job as well as ongoing weekly training. Professional coordinators supervise HIPPY home visitors. Generally, coordinators have formal education in social work or early childhood education. Coordinators recruit parents, hire and train paraprofessional home visitors, organize parent group meetings, and ensure that families are linked to other services in the community. Paraprofessionals and coordinators meet weekly to discuss program activities, share experiences, solve problems and also work on career-development plans for the paraprofessionals (HIPPY, 2007).

HIPPY recently established a “HIPPY program-credentialing procedure” that focuses on improving its quality assurance program. The national office provides a range of service to assist sites with guideline compliance, such as a training of trainers, a mentoring program, and an internship program. To guarantee local program quality, the national office helps local sites develop new and improved training and technical assistance tools as well as revisions to the HIPPY evaluation tool kit. In addition, HIPPY USA conducts ongoing curriculum development to ensure that all materials are developmentally appropriate, culturally relevant, and reflect the growth that occurs in children and parents as they progress through the program (HIPPY, 2007).

The HIPPY research reports show that there is accumulated evidence demonstrating the positive impacts of HIPPY, both on children's school readiness when entering kindergarten and first grade, and on performance in higher grades. The reports also show the program's positive impact on parent involvement and on the communities implementing the HIPPY model (HIPPY, 2007).

Early Head Start (EHS)

EHS is a federally funded program for low-income women who are pregnant or families with a child younger than 24 months old. Families may receive services until the child is three years old. Programs offer home-visit services, center-based services, or a combination (EHS, 2007).

EHS standards focus on three areas: (1) Early Childhood Development and Health Services, (2) Family and Community Partnerships, and (3) Program Design and Management. Since EHS was established in 1994 they have operated under performance standards mentioned above. The standards define the scope of services that programs must offer to children and families. In addition, continuous training and technical assistance is provided to staff and programs involve parents and community members in policy, program design, curriculum and management decisions (EHS, 2007).

SECTION 5: CONCLUSION

Home visitation by itself cannot be viewed as the only solution to prevent child abuse, increasing academic achievement, or improving parent-child relationship, among other issues. (add info on wrap around services) The research generated thus far illustrates the effectiveness of the home visitation model and the increasing capacity to accomplish stated program goals and objectives as well as achieve positive outcomes for parents and children. Continuing to achieve positive outcomes will require a focus on continuous quality improvement, in areas such as staff training, supervision and content development.

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