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# Expanding Home Visiting Research

New Measures of Success



As part of its commitment to advance quality home visiting across the country, the Pew Home Visiting Campaign, with generous support from the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County, sponsored independent research to build the evidence needed to inform policymakers' decisions and to advance effective practice in home visiting programs.

This brief highlights key findings from that work and identifies opportunities for program improvements in states and for further study.

Voluntary, evidence-based home visiting programs match parents with trained providers who share information and offer support during pregnancy and throughout a child’s earliest years. Well-designed programs have been shown to improve the lives and prospects of children and families and to yield positive returns on taxpayer investments.

As effective as home visiting can be, the growing body of research indicates that not all programs are equally effective. Nor can home visiting solve all the complex challenges facing at-risk families. With new research, we have learned the importance of program quality and target population—and the interactions between

them—in determining ultimate outcomes for children and families. The critical question has become not just “What works?” but “What works for whom under what circumstances?”

These Pew-commissioned studies begin to answer this key question, provide new mechanisms by which states can evaluate the effectiveness and appropriateness of their home visiting investments, and identify needed improvements.

### KEY FINDINGS:

- Being truly evidence-based is an ongoing process that goes beyond model selection to include continual data monitoring, analysis, feedback, experimentation, and testing to



improve quality and maximize outcomes for children and families.

- Programs need to maintain a strong focus on relevant content areas (such as parenting skills and children’s cognitive development) to achieve positive outcomes for children and families.
- The Home Visiting Program Quality Rating Tool provides, for the first time, an opportunity to assess and compare service quality across home visiting models.

#### RESEARCHERS ALSO FOUND:

- In addition to other benefits, high-quality home visiting can significantly improve first-graders’ school readiness and reduce the rate at which they repeat first grade.
- When adequate community infrastructure is in place, low-cost universal-access approaches to home visiting can provide short-term positive returns on investment by triaging families into the appropriate level of services.
- At-risk mothers who already have children can benefit from home visiting as much as first-time mothers can.

## MORE EVIDENCE THAT HOME VISITING YIELDS LASTING BENEFITS

Research indicates that home visiting can improve children’s lives by increasing their chances for early school success and eventual high school graduation, which in turn enhances their employment and earnings potential. For example, in 2009, a high school graduate’s average annual income was 40 percent higher than that of a typical dropout.<sup>1</sup>

Unfortunately, from their first day of school, too many at-risk children are on a path toward academic failure due to inadequate school readiness skills. These “soft skills,” including the ability to follow instructions, work or play cooperatively, and complete work on time, are prerequisites for the ability to develop the cognitive and academic skills that lead to future success.

Using longitudinal follow-up data from a randomized controlled study, Kristen Kirkland and Susan Mitchell-Herzfeld of the New York State Office of Children and Family Services found that the Healthy Families New York (HFNY) home visiting program significantly improved children’s educational outcomes over a seven-year period. The program provides home visits to a poor, diverse population of young, mostly first-time mothers and their children, who are at risk for child abuse or neglect. The New York program starts

before the babies are 3 months old and lasts until the child enters kindergarten or Head Start.

Even though many families in the study did not receive all the services, the program still cut the rate of retention in first grade by half—from 7.10 percent to 3.54 percent—and nearly doubled the percentage of first-graders demonstrating certain school-readiness skills compared with their peers in the control group—7.74 percent of control-group children versus 13.15 percent of home visiting participants.

## ADDRESSING THE QUESTION “FOR WHOM” HOME VISITING WORKS

Many home visiting programs serve at-risk, first-time mothers primarily or exclusively in the belief that these women can benefit most. Some in the field have questioned this assumption and asked whether these mothers should be the primary targets for services. Two of the Pew-commissioned studies suggest that voluntary home visiting remains highly effective, even when serving a population that includes most or all families.

## DURHAM CONNECTS: POSITIVE RETURN ON INVESTMENT FOR A UNIVERSAL PROGRAM

Kenneth Dodge and Ben Goodman of Duke University conducted a randomized,

controlled study of the impact of Durham Connects—a universally available, voluntary, nurse home-visiting program for families with newborns in Durham County, NC. Durham Connects is designed to have low costs—currently \$700 per family. By contrast, some well-known home visiting models can cost as much as \$13,000 per family. The program also seeks to reduce attrition, a common problem in home visiting, where typically 40 to 50 percent of targeted families drop out before completing the program.

Durham Connects begins with a staff visit to the family of every newborn, while the baby is still in the hospital, to schedule a nurse home visit. That initial home visit takes place when the baby is approximately 3 weeks old and is followed by one or two additional visits as needed. In addition to teaching health and well-being, the nurse assesses the family’s health and other risk factors and refers family members to appropriate community services. Prior to implementing Durham Connects, participating local organizations devoted considerable effort to coordinating resources available to families in the area to ensure that referrals could link participants to responsive, quality services.

For an 18-month period, every family in the county with an even-birthdate baby received Durham Connects services, while every odd-birthdate baby received services as usual. Durham Connects resulted in



statistically significant improvements, such as reduced emergency medical visits, fewer hospital overnight stays, better home environments for the children, and more positive parenting behaviors. Although the effect sizes were generally in the low to moderate range, the reduction in infant emergency medical care for participating families by the time infants were 6 months old was large enough to create a benefit of \$1.59 per dollar spent on the program. In fact, Dodge and Goodman report that based upon the reduction in emergency medical costs alone, Durham Connects provides a positive return on investment by the time an infant is 3 months old.<sup>2</sup> The researchers plan to follow participating families until the child is 6½ years old to assess any additional benefits that may accrue over time.

These findings suggest that offering voluntary home visiting to all families regardless of risk status can, when the necessary community infrastructure is in place, effectively improve child and family outcomes and save taxpayers money.

### HEALTHY FAMILIES VIRGINIA: NOT JUST FOR FIRST-TIME MOTHERS

In a 1999 randomized controlled evaluation of Healthy Start in Hampton, VA, Joseph Galano and Lee Huntington found that multiparous mothers—those with at least one child prior to enrollment—and their children benefited from the program as much as first-time mothers did on measures of infant health, parent-child interaction, and the home environment.<sup>3</sup>

Galano and Huntington's current Pew-commissioned work builds on this earlier study by comparing program outcomes for first-time and multiparous mothers participating in Virginia's statewide Healthy Families program from July 1999 through June 2010. Participation levels, outcomes on measures of the home environment, and child immunizations were generally similar for multiparous mothers to those for first-time mothers, after controlling for their higher levels of risk. Galano and Huntington's findings suggest that the field's presumption in favor of serving only first-time mothers should be reexamined.

## THE IMPORTANCE OF FOCUSED PROGRAM CONTENT

As we learn more about home visiting, another emerging question is, "What program characteristics predict better outcomes for children and families?" James Bell Associates (JBA) screened 5,127 articles on home visiting and identified 55 studies of sufficient quality to conduct a meta-analysis of this question.

JBA found that across all measured outcomes, families receiving home visiting consistently did better than families that did not. While the overall effect size is relatively small, it is statistically significant and indicates that

home visiting has positive impacts, even among programs that varied widely in approaches and quality.

### **In particular, JBA found positive effects on:**

- Parenting attitudes and values
- Parenting behavior and skill acquisition.
- Parent life outcomes.
- Child cognitive and language development.
- Child physical health, illness, and injury.
- Child social competence.

For each of these outcomes, the study identified the most important and predictive program characteristics:

## WHAT IS META-ANALYSIS?

Meta-analysis uses quantitative methods to statistically combine results from multiple studies to arrive at a single result that is considered more robust than the findings of any single study.

**For better parenting behavior and skills—content on:**

- Providing a stimulating home environment.
- Parental mental health and avoidance of substance abuse.

**For better child cognitive and language outcomes—content and guided practice regarding:**

- Developmental norms and expectations.
- Responsiveness, sensitivity to cues, and nurturing.
- Promoting the child’s cognitive development.

In short, these results suggest that for programs to achieve results, they must focus their content and efforts on topics that are closely related to the desired outcome. Given the limited time home visitors have with parents as well as the high attrition rates, programs may have to be more selective regarding target outcomes, and focus their efforts appropriately.

## THE IMPORTANCE OF MEASUREMENT

The meta-analysis findings, linking specific program content with results, highlight the importance of objectively monitoring and measuring the services that programs deliver and their quality.

To do this effectively, the home visiting field needs both “outcome measures,” to determine whether programs make a difference in the lives of children and their families, and “process quality measures” to assess the quality of home visiting services. The field can systematically engage in quality improvement only by monitoring both measures and by analyzing which characteristics are associated with better outcomes for children and families.

Until now, the absence of standardized measures of service quality that could be used across home visiting models and the limited data for standardized outcome measures have hindered effective program monitoring.

Jon Korfmacher and his colleagues developed the Home Visiting Program Quality Rating Tool to fill this gap. The tool is the first to measure program quality across home visiting models, thereby creating a tangible benefit for states, most of which use multiple models. Another benefit is the tool’s contribution to a shared vocabulary, common definitions, and ways of measuring program practice. As Korfmacher *et al.* stated, the new rating tool will serve as a “roadmap to improvement.”<sup>4</sup> It is available now to practitioners willing to work with Korfmacher and his colleagues to further refine and validate the tool.

## PUTTING IT ALL TOGETHER: WHAT IT MEANS TO BE EVIDENCE-BASED

The Pew Charitable Trusts, the Doris Duke Charitable Foundation, and the Children’s Services Council of Palm Beach County are pleased that our financial support allowed these researchers—as well as the authors of seven other studies available online at [pewstates.org/home-visiting-research](http://pewstates.org/home-visiting-research)—to advance the field of home visiting. This body of work illustrates important aspects of truly evidence-based policies and programs.

Choosing models with a strong existing research base, or choosing promising models and evaluating them rigorously, are important first steps in achieving the best possible results for children and families. Even models that have proved effective in one environment, or with a specific population, may not work when applied in new contexts with different families.

**That is why it is important to continue to:**

- Monitor and analyze outcome and process quality measures, and the relationship between them.
- Evaluate whether proven programs remain effective when transplanted to new environments.
- Learn more about “What works for whom under what circumstances?”
- Develop and test modifications and expansions of our current home visiting models.

The studies reported here contribute to this effort. The Pew Home Visiting Campaign is proud to be part of this work and will continue to promote evidence-based approaches to home visiting at both the state and federal levels.



# Endnotes

1 Alliance for Excellent Education. (2011, November).

“The High Cost of High School Dropouts: What the Nation Pays for Inadequate Schools.” Retrieved December 20, 2012: <http://www.all4ed.org/files/HighCost.pdf>.

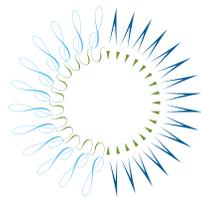
2 Kenneth Dodge and Ben Goodman. (2012).

“Durham Connects Impact Evaluation Final Report [to] Pew Center on the States.” [http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2013/Durham\\_Connects\\_report.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Durham_Connects_report.pdf).

3 Joseph Galano and Lee Huntington. (1999). “Year VI evaluation of the Hampton, Virginia Healthy Families Partnership: 1992-98.” Prepared by the Center for Public Policy Research, the Thomas Jefferson Program in Public Policy, the College of William and Mary, Williamsburg, VA.

4 John Korfmacher et al. (2012). “Assessing Home Visiting Program Quality Final Report to Pew Center on the States.” [http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2013/Home\\_Visiting\\_Program\\_Quality\\_Rating\\_Tool\\_report.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Home_Visiting_Program_Quality_Rating_Tool_report.pdf).





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