Early Childhood Home Visiting Models

Reviewing Evidence of Effectiveness

The Home Visiting Evidence of Effectiveness (HomVEE) review determines which home visiting models have enough evidence to meet the U.S. Department of Health and Human Services (HHS) criteria for an "evidence-based early childhood home visiting service delivery model." This brief gives an overview of HomVEE and summarizes key findings from the review as of November 2024.

> Of the 72 home visiting models that were reviewed, 27 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 their primary way to deliver services and that work 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.[i]

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

Weighing the evidence

The HomVEE team uses a systematic process to ensure a thorough and transparent review of the research. This process is conducted annually. First, the team does a broad search for literature on home visiting models serving pregnant people or families with children whose ages range from birth to kindergarten entry (through age 5).[ii] The team then screens the research for relevance to the review and determines which home visiting models to review that year. HomVEE reviews models on two tracks, and selects the models for each track in different ways. This two-track approach for identifying which models to review each year reflects HomVEE's emphasis on identifying new early childhood home visiting models that meet HHS criteria while continuing to update reports on models that already meet HHS criteria. HomVEE uses a systematic prioritization process to select **models that are not yet evidence based (Track 1)**. For these models, HomVEE calculates a prioritization score that accounts for both model and manuscript characteristics.[iii] HomVEE reviews **models it has previously reviewed and found to be evidence based (Track 2)** on a predetermined

The mission of the Home Visiting Evidence of Effectiveness (HomVEE) review is to conduct a thorough and transparent review of early childhood home visiting models. HomVEE provides an assessment of the evidence of effectiveness for early childhood home visiting models that serve families with pregnant people and children from birth to kindergarten entry (that is, up through age 5).

HomVEE assesses the quality of the research evidence; not all evidence is based on equally well-designed research. Systematic reviews, such as HomVEE, methodically select a pool of research to review, identify well-designed research within that pool, and then extract and summarize the findings from that research. HomVEE's work helps policymakers and program administrators understand which models are effective. It is important to note that HomVEE does not directly evaluate home visiting models. Instead, it reviews and reports on the findings of existing research that does evaluate them. The HomVEE review was launched in 2009, and is sponsored by the Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) within the U.S. Department of Health and Human Services (HHS).

schedule. The purpose of these reviews is to ensure that model reports remain current. HomVEE does not reassess the evidence rating of Track 2 models.

The team then assesses each eligible finding from impact research (that is, those using randomized controlled trials or certain quasi-experimental designs) for every model selected for review, and rates the quality of the research as high, moderate, low, or indeterminate.[iv] The rating depends on the ability of the study reported in the manuscript to produce unbiased estimates of a model's effects. This rating system helps the team distinguish between more and less rigorous research; the more rigor, the more confidence the review team has that findings were caused by the model itself, and not by other factors.[v,vi]

HomVEE uses manuscripts with a finding that receives a rating of high or moderate to determine whether the model meets HHS criteria for evidence-based models (see Box 1).[vii] The team also creates implementation profiles for all models with well-designed research included in the review. The profiles are based on information from impact research rated high or moderate, input from model developers, and Internet searches.

> The more rigorous the design, the more likely it is that a study's impacts were caused by the program model itself rather than by other factors. HomVEE uses the term "well-designed research" to refer to those studies that meet HomVEE's published standards for moderate- or high-quality research.

Box 1. HHS Criteria for Evidence-Based Models

To meet HHS criteria for an "evidence-based early childhood home visiting service delivery model," models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains.

- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples find one or more favorable, statistically significant impacts in the same domain.

In both cases, the impacts must either (1) be found in the full sample or (2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, following the MIECHV-authorizing statute, if the model meets the above criteria based on findings from randomized controlled trial(s) only, then two additional requirements apply. First, one or more favorable, statistically significant impacts must be sustained for at least one year after program enrollment. Second, one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.[1]

[1] These criteria are consistent with the MIECHV statutory requirements: Section 511 (d)(3)(A)(i)(I).

Summarizing the Results

As of November 2024, HomVEE has reviewed the available evidence on 72 home visiting models, including reviews of 543 manuscripts about impact research.[viii]

Evidence of effectiveness. Of the 72 home visiting models that were reviewed, 27 meet the HHS criteria for an evidence-based early childhood home visiting service delivery model (Table 1).

Table 1. Twenty-seven models meeting HHS criteria

Model	Review last updated
Attachment and Biobehavioral Catch-Up (ABC) Infant	2020
Child First	2024
Early Head Start Home-Based Option (EHS-HBO)	2024
Early Intervention Program for Adolescent Mothers	2011
Early Start (New Zealand)	2023
Family Check-Up® For Children	2021
Family Connects	2023
Family Spirit®	2022
Health Access Nurturing Development Services (HANDS) Program	2024
Healthy Beginnings	2024
Healthy Families America (HFA)®	2024
Healthy Steps (National Evaluation 1996 Protocol)[a,b]	2011
Home Instruction for Parents of Preschool Youngsters (HIPPY)®	2023
Intervention Nurses Start Infants Growing on Healthy Trajectories (INSIGHT)	2022
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	2023
Maternal Infant Health Outreach Worker (MIHOW)®	2022
Maternal Infant Health Program (MIHP)	2024
Minding the Baby® Home Visiting (MTB-HV)[b]	2014
Nurse-Family Partnership (NFP)®	2024
Oklahoma's Community-Based Family Resource and Support (CBFRS) Program[b]	2012
Parents as Teachers (PAT)®	2019
Play and Learning Strategies (PALS) Infant	2019
Preparing for Life—Home Visiting	2023
Promoting First Relationships® – Home Visiting Intervention Model	2021
SafeCare® Augmented	2018
Video-Feedback Intervention to promote Positive Parenting – Sensitive Discipline (VIPP-SD)	2023
Video-Feedback Intervention to promote Positive Parenting (VIPP)	2023

[a] 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 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program implementation.
[b] This model does not meet current requirements for MIECHV Program implementation.

HomVEE reviewed 45 other home visiting models that did not meet HHS criteria (Table 2). Twenty-two of these models had high- or moderate-quality research, but 18 of them did not meet HHS criteria for replicating favorable findings, and the remaining four did not meet HHS criteria for sustained impacts or publication in a peer-reviewed journal for research using randomized controlled trials. There was no high- or moderate-quality research on the remaining 23 models based on HomVEE standards.

Table 2. Forty-five models that do not meet HHS criteria

Model	Review last updated
Arizona Health Start Program	2022
Attachment and Biobehavioral Catch-Up (ABC) Toddler	2020
Breastfeeding: Heritage and Pride™ (BHP)	2024
Child Parent Enrichment Project (CPEP)	2012
Childhood Asthma Prevention Study (CAPS)	2012
Computer-Assisted Motivational Intervention (CAMI)	2012
Computer-Assisted Motivational Intervention (CAMI) Plus	2012
Early Head Start Infant Mental Health Home-Based Services (EHS- IMH-HB)	2016
Early Steps to School Success™ – Home Visiting	2019
Even Start-Home Visiting (Birth to Age 5)	2011
Family Connections (Birth to Age 5)	2011
First Born® Program	2023
Following Baby Back Home (FBBH)	2022
Guelph Family Health Study (GFHS)	2024
HealthConnect One's® Community-Based Doula Program	2015
Healthy Start-Home Visiting[a]	2018
Home-Start	2023
HOMEBUILDERS (Birth to Age 5)®	2011
Michigan Model of Infant Mental Health–Home Visiting (Michigan IMH-HV)	2024
MOM Program	2013
Mothers' Advocates in the Community (MOSAIC)	2013
New Forest Parenting Programme (NFPP)	2022
North Carolina Baby Love Maternal Outreach Workers Program	2012
Nurses for Newborns®	2015
Nurturing Parenting Programs (Birth to Age 5)	2011
Parent-Child Assistance Program (P-CAP)	2016
ParentChild+® Family Home Visiting Model	2024
Parents as Teachers (PAT)® Adaptation: Baby Family and Child Education (Baby FACE)	2019
Parents as Teachers (PAT)® Adaptation: Parents as First Teachers (PAFT-New Zealand)	2019
Philani Outreach Programme	2014
Play and Learning Strategies (PALS) Toddler/Preschooler	2019
Play and Learning Strategies (PALS) Infant + Toddler/Preschooler	2019
Pride in Parenting (PIP)	2013
Promoting First Relationships® – Home Visiting Promotion Model	2021
Promoting Parental Skills and Enhancing Attachment in Early Childhood (CAPEDP) Trial	2019
Resource Mothers Program	2011
Resources, Education, and Care in the Home (REACH)	2011
REST Routine	2012
SafeCare®	2018
SafeCare adaptation: Australian Adaptation of the UCLA Parent-Child Health and Wellness Project	2018
Seattle-King County Healthy Homes Project	2012
Triple P-Positive Parenting Program® – Standard Stepping Stones	2019
Triple P-Positive Parenting Program® – Variants suitable for home visiting	2019
Video-Feedback Intervention to promote Positive Parenting adapted to Autism (VIPP-AUTI)	2023
Video-Feedback Intervention to promote Positive Parenting (VIPP), British Autism Study of Infant Siblings (iBASIS-VIPP)	2023

[a] HHS has determined that Healthy Start is not eligible for review by HomVEE because it is a federal grant program and not a home visiting model. Information on Healthy Start has been removed from the website as of 2018.

For a summary of the evidence on models reviewed by HomVEE, please visit the website at https://homvee.acf.hhs.gov//model-search?field_miechv_eligible=1&meets-hhs=1.

More Information

The HomVEE website (https://homvee.acf.hhs.gov/) has detailed information about the review process and the review results, including the following:

- A searchable list of reviewed models

- Reports on the evidence of effectiveness across models for each outcome domain

- A searchable reference list that gives the disposition of each manuscript that was considered for all reviewed models

- The HomVEE Version 2.2 Handbook, which contains details about the review process and a glossary of terms

- Responses to frequently asked questions

For more information, please contact the HomVEE team at HomVEE@acf.hhs.gov.

Endnotes

[i] These domains were selected to align with the outcomes specified in the statute authorizing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Social Security Act, Section 511 (d)(1)(A) [42 U.S.C. 711 (d)(1)(A)]).

[ii] MIECHV provides funds to states, jurisdictions, and tribal entities for home visiting programs for at-risk pregnant people and families with children whose ages range from birth to kindergarten entry. For the purposes of HomVEE, an early childhood home visiting model is an intervention in which trained home visitors meet with expectant parents or families with young children to deliver a specified set of services through a specified set of interactions. These programs are voluntary interventions that are either designed or adapted and tested for delivery in the home. During the visits, home visitors aim to build strong, positive relationships with families to improve child and family outcomes. Services may be delivered on a schedule that is defined or can be tailored to meet family needs. A model has a set of fidelity standards that describe how the model is to be implemented. Models reviewed by HomVEE must serve pregnant people or families with children from birth to kindergarten entry (that is, through age 5), and the primary service delivery strategy must be home visiting. In addition, the model must have research that examines its effects in at least one of eight outcome domains: child development and school readiness; child health; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; reductions in child maltreatment; and reductions in juvenile delinquency, family violence, and crime.

[iii] For more information about HomVEE's prioritization process, see https://homvee.acf.hhs.gov/publications/methods-standards.

[iv] HomVEE began applying the rating of indeterminate to manuscripts in 2023. This rating identifies manuscripts for which HomVEE reviewers lacked sufficient information on features of the study design required to receive a rating of moderate or high. Before 2023, these manuscripts would have received a low rating.

[v] For more information about producing manuscript ratings, see https://homvee.acf.hhs.gov/publications/methods-standards.

[vi] HomVEE's review process and standards have evolved over time. Unless otherwise indicated, research is reviewed using the standards in place at the time of the review. For more information and copies of the current and former standards, see https://homvee.acf.hhs.gov/publications/methods-standards.

[vii] The HHS criteria are also available at https://homvee.acf.hhs.gov/about-us/hhs-criteria.

[viii] Manuscripts in the review included literature published through September 2023. HomVEE also considered submissions to the call for research, including unpublished manuscripts, if the manuscripts were published or prepared by September 2023.