HOME VISITING
EVIDENCE OF
EFFECTIVENESS

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Early childhood home visiting models: Reviewing evidence of effectiveness

The Home Visiting Evidence of Effectiveness (HomVEE) review determines which home visiting models have sufficient 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 2026.

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]

Of the 69 home visiting models that were reviewed, 27 meet the HHS criteria for an evidence-based early childhood home visiting service delivery model.

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

Weighing the evidence

The HomVEE team uses a systematic process to ensure a thorough and transparent review of the research on an annual basis. HomVEE reviews models on two tracks. Track 1 models are not yet evidence based, and Track 2 models are those that HomVEE has already found to be evidence based. 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 information on models that already meet HHS criteria.

HomVEE uses a systematic prioritization process to select models that are not yet evidence based for review (Track 1). First, the team does a broad search for studies on home visiting models serving pregnant women or families with children whose ages range from birth to kindergarten entry (through age 5 years).[ii] The team then screens the research for relevance to the review and determines which home visiting models to review that year. For these models, HomVEE prioritizes them based on both model and study characteristics.[iii]

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 women and children from birth to kindergarten entry (that is, up through age 5 years).

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).

The team then assesses each eligible finding from impact research (that is, research 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 the model, and not other factors, produced the findings reported in the study.[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. Each profile describes how the model is delivered, what is needed to implement it, and what types of supports are available to those implementing it.

The more rigorous the design, the more likely it is that a study's impacts were caused by the home visiting 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.

HomVEE updates information on models it has previously reviewed and found to be evidence based (Track 2) on a predetermined schedule. The purpose of these updates is to ensure that information HomVEE provides about these models remains current. HomVEE identifies new research and assesses eligible findings from new impact research using the process described above but does not reassess the evidence rating of Track 2 models.

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, 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.*

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

Summarizing the results

As of November 2026, HomVEE has reviewed the available evidence on 69 home visiting models, including reviews of 573 manuscripts about impact research.[viii]

Evidence of effectiveness. Of the 69 home visiting models that were reviewed, 27 meet the HHS criteria for an evidence-based early childhood home visiting service delivery model (Table 1). Forty-two other home visiting models do not yet meet HHS criteria. The HomVEE website provides information about all 69 models.

Table 1. Twenty-seven models meeting HHS criteria[ix]

Model	Review last updated
Attachment and Biobehavioral Catch-Up—Infant (ABC-Infant)	2025
Child First	2024
Early Head Start—Home-Based Option (EHS-HBO)	2024
Early Intervention Program for Adolescent Mothers[a]	2011
Early Start (New Zealand)[a]	2023
Family Check-Up® For Children	2026
Family Connects[a]	2023
Family Spirit®	2026
Health Access Nurturing Development Services (HANDS) Program	2024
Healthy Beginnings[a]	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)[a]	2026
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	2023
Maternal Infant Health Outreach Worker (MIHOW)®	2026
Maternal Infant Health Program (MIHP)[a]	2024
Minding the Baby® Home Visiting (MTB-HV)[a]	2014
Nurse-Family Partnership (NFP)®	2024
Oklahoma's Community-Based Family Resource and Support (CBFRS) Program[a]	2012
Parents as Teachers (PAT)®	2025
Play and Learning Strategies (PALS)	2025
Preparing for Life—Home Visiting	2023
Promoting First Relationships®	2026
SafeCare®[c]	2025
Video-Feedback Intervention to promote Positive Parenting (VIPP)	2023
Video-Feedback Intervention to promote Positive Parenting—Sensitive Discipline (VIPP-SD)	2023

[a] This model does not meet current requirements for MIECHV Program implementation.

[b] 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.

[c] SafeCare satisfies the HHS criteria by relying on findings from SafeCare Augmented, an enhanced model of SafeCare. Prior to updated guidelines for model adaptations, adopted in 2025, SafeCare and SafeCare Augmented were reviewed as two separate home visiting models.

More information

The HomVEE website (https://homvee.acf.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 2.3 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 women 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 women or families with children from birth to kindergarten entry (that is, through age 5 years), 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 HomVEE's prioritization brief.

[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 HomVEE's manuscript ratings, see the latest version of HomVEE's 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 the *Methods and Standards* section of HomVEE's resources page.

[vii] The HHS criteria are also available on HomVEE's HHS Criteria page.

[viii] Manuscripts in the review included literature published through September 2025.

[ix] Starting in 2025, following the updated guidelines for model adaptations, HomVEE began to recognize several home visiting models as single models that were previously reported as separate model versions. These include SafeCare Augmented, now an enhanced model of SafeCare rather than a separate model; PALS Infant and PALS Toddler/Preschooler, now individual curricula within the PALS model; PALS Infant + Toddler/Preschooler, now an enhanced model of PALS; Baby Family and Child Education (Baby FACE), now a tailored version of Parents as Teachers (PAT); and Promoting First Relationships®—Home Visiting Promotion Model, now an enhanced model of Promoting First Relationships® that allows programs to tailor home visitor education and experience requirements. These enhanced models and tailored versions of models are no longer listed separately in Table 1, and they do not count towards the total number of home visiting models that HomVEE has reviewed. In addition, 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 this brief and HomVEE's website as of 2025.

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