

# Chapin Hall Issue Brief

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## Embedding Home Visitation Programs within a System of Early Childhood Services

By Deborah Daro

One of several such bills now before Congress, the Early Support for Families Act would expand federal funding for early childhood intervention—specifically, home visitation programs. With its emphasis on evidence-based programs, infrastructure development, and ongoing documentation and evaluation, the pending legislation creates an implementation culture that emphasizes quality and continuous improvement. In other words, states will be challenged not simply to replicate what they know is already successful, but also to determine how to do better.

“Doing better” requires a policy and research agenda that links practice and learning in such a way that today’s practice can become the research base that informs tomorrow’s systems of care, facilitating strengthened outcomes for children and families.

The database of program evaluations is growing continually, both in number and in methodological rigor, as is the confidence in the efficacy of early

home-based interventions with newborns and their parents. The studies that form this database clearly affirm the importance of the first 3 years of life and the effectiveness of early-intervention services in avoiding child maltreatment, influencing a child’s developmental trajectory, and positively influencing the parent-child relationship. Over time, these benefits can translate into substantial societal savings on health care, education, and welfare expenditures.

Although it is clear that positive interventions during this period can put children on the path to safer, healthier, and more productive lives, it is not clear how to create these opportunities for all children or how to ensure that all children enjoy nurturing caregiving and are free from trauma and maltreatment. Over the past 20 years, home visitation has emerged as the flagship program through which many states and communities are reaching out to new parents. It is estimated that between 400,000 and 500,000 young children and their parents receive home visitation services each year.<sup>1</sup>

<sup>1</sup> Gomby, D. (2005). Home Visitation in 2005: Outcomes for Children and Parents. Invest in Kids Working Paper No. 7. Committee for Economic Development: Invest in Kids Working Group. July. Available at [www.ced.org/projects/kids.shtm](http://www.ced.org/projects/kids.shtm).

The presence of bills to advance home visitation in Congress and in state and local legislatures, and the fact that several states and counties are moving forward with comprehensive plans and systematic reforms to improve access to early intervention services and supports for newborns and their parents, signals a propitious convergence of this mature evidence base and the political will to invest more substantially in early intervention. Developing the knowledge base to guide this process is a pressing public policy concern.

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## Key Components of a System of Early Intervention Services

Despite its promise for improving the circumstances and thus the development of newborns, home visitation must not be seen as the single solution for preventing child maltreatment or for promoting healthy family dynamics. Home visitation is, however, a key component of an effective *system of care*. Components of a nascent system of early intervention services include the following:

- **Early access to basic health and reproductive care**, particularly for young women. Although high-quality prenatal care is certainly an important predictor of healthy births, routine primary health care can assist women in avoiding certain conditions that can complicate pregnancy (e.g., obesity, diabetes, hypertension, etc.) as well as improve access to reproductive education.
- **A broad risk assessment** completed during pregnancy or birth designed to highlight the presence of various challenges for families and, in some cases, document available support or protective factors.
- **A system of home visitation** services for families that need additional assistance. There is wide variation among home visitation models available to families within a given area; variation also exists

in the range of families offered ongoing services.

A responsive system is one that can offer families the models—and aspects of models—that best meet their needs.

- **Linkages to childcare and early education programs** to maximize their potential to support healthy child development are essential for improving child safety, school readiness, educational success, and social-emotional well-being.

Understanding each of these components as elements within a system of care is key to the ultimate success of early intervention services. Children develop along a continuum, and each component addresses only one point along that trajectory. Taken together, early intervention services share a common set of objectives focused on promoting children’s healthy development and positive parent-child relationships as well as preventing harm. When problems do develop, they do not stay neatly in one “silo,” and a continuum of services is necessary in order to deploy the one that will provide the type of help that is needed when it is needed.

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## Opportunity and Challenge Converge

The bills under current consideration by Congress offer both opportunity and challenge for states and localities that seek to extend early intervention and home visitation programs to more children and families. The Early Support for Families Act, for example, offers a stable funding stream for investment in high-quality home visitation programs. With that opportunity, however, there is also a challenge; programs must draw upon and continue to develop the evidence base that informs design and implementation of home visitation services. The bill specifies that eligible programs should “adhere to clear evidence-based models of home

## What is the best evidence?

Well-designed evaluations are necessary in order to improve the quality of existing home visitation programs, to replicate successful programs, and to develop new ones. What kinds of evaluations offer the strongest evidence guiding public investments?

Randomized trials, in which participants are randomly assigned either to a group receiving the particular intervention (in this case, home visitation services) or to a group that does not receive the intervention, are generally considered to offer the strongest scientific evidence for the efficacy of an intervention. In reality, some core features of a randomized trial—a clearly delineated intervention, consistent implementation, and a specific target population—limit their generalizability.

Although it is important for new home-visitations programs to build on evidence-based models, establishing standards for evidence-based models and evidence-based criteria to guide future efforts is far from straightforward.

### Why?

**Circumstances differ.** Home visitation, while promising, does not produce consistent impacts in all cases. States should consider a model's full research portfolio and all facets of the database, not just randomized clinical trials. Although such trials provide useful information—they are excellent for assessing impacts—they are limited in their ability to provide guidance for implementation, such as how a model could be integrated with other services. Also, knowing that a program can be implemented under ideal, controlled circumstances is not the same as knowing it will achieve comparable effects when broadly implemented with more challenged populations or in more poorly resourced communities.

**Times and circumstances change.** Social service programs, like medical interventions or technology, can become obsolete. Just so, evidence may become irrelevant over time. Evidence from previous implementations may be limited by the nature of the test populations or by changes in intervention theories; evidence from newer implementations may be limited by program applications that are not sufficiently defined or rigorous. This is why ongoing documentation and evaluation are so essential for determining an intervention's continued viability in light of the inevitable changes that occur within the social fabric and the public policy arena.

It is unlikely that any program model will have the range of research necessary to guarantee its future efficacy or effectiveness. Even robust empirical evidence indicates only that a program *has* worked. It cannot assure that it *will continue* to work in the face of changes in the demographic and socioeconomic status of its target communities or residents, changes in the social safety net, or changes in the presenting problems most prominent among its population. Methods to assess and judge the viability of a program's empirical evidence can guide the planning process and contribute to more effective public policy. It cannot, however, guarantee success nor eliminate the need for ongoing quality assessment and difficult policy choices.

Program planners and policymakers are well advised to examine the full research portfolio for any individual program and to consider the various types of evidence of efficacy that are available. At the same time, they should be critical of all evidence, recognizing that *all* research designs have limited predictive power.

visitation” and offers priority funding to program models with the strongest evidence of effectiveness in such areas as reducing abuse and neglect, and improving child health and development.

Over the past 15 years, researchers have examined the effects of home visitation programs on children, their parents, and their development. In addition, researchers have assessed various aspects and characteristics of programs, such as their cost, intensity, staff characteristics and training, and

content. These attributes can be used to as sources of “evidence of effectiveness.”

The following criteria represent attributes of successful programs:

- A well-articulated theory of change that links specific aspects of a program's content, duration, dosage, or service delivery method to specific outcomes.
- A program model that shows positive outcomes as a consequence of program participation, along with evidence that these improvements are greater than

the changes observed among similar individuals not receiving assistance.

- Evidence that the program model has impacts on specific domains, and that identifies characteristics of those participants found most and least receptive to the intervention or practice reform.
- Empirical evidence that examines the impacts of the program model or practice innovation on a range of implementation challenges such as staff retention, participant enrollment and retention rates, collaboration with other service providers, and securing diverse and stable funding.
- An established method for those interested in replication to track the characteristics of the target population, to select and successfully manage high-quality staff, to sustain sufficient organizational capacity, to foster successful linkages to relevant service partners, and to document current outcomes.

Evidence has to be carefully scrutinized. Replication of even a very successful evidence-based model may not serve a particular population, situation, or time. Thus, decision makers should look at evidence that highlights key features that seem to be common across various models and to select those options most compatible with local populations and community contexts.

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## Invest in Home Visitation as Part of an Infrastructure and Improvement Initiative

Investing in evidence-based programs is an important first step in becoming better stewards of the public's resources. Equally important, however, is a corresponding commitment on the part of policymakers to support the development of a high-quality, sustainable continuum of early interventions. Simply funding and implementing a home visitation program is insufficient.

Effectively reaching and supporting all newborns and their parents requires a much larger and more diversified toolkit. Some bills, for instance, would require states to show how a proposed home visitation component would fit in with existing community efforts and to promote coordination and collaboration with other child and family services, health services, and income supports.

The key service components discussed above rely on systems of **workforce development** (e.g., initial and ongoing training for direct service providers and their supervisors); **administrative data** collection and management (e.g., documenting the results of universal assessments, participant characteristics, engagement rates, and service outcomes); and **multi-sectoral partnerships** that engage a broad spectrum of agency managers in collective planning and problem solving.

Simply replicating programs without providing better contextual guidance as to where they should be located, who they should serve, and how families can be efficiently linked to their resources may result in a poorly specified, inefficient system. Those most in need may continue to be underserved and agencies targeting this population may continue to allocate their resources in an inefficient manner.

Advancing the idea of an equitable and efficient early intervention system will require deliberate planning, consistent implementation, and a commitment to using information to inform continuous improvement.

Perhaps the biggest challenge for state policymakers is to use the pending home visitation legislation not just to deliver a service, but to build on the evidence base and enhance learning, thus paving the way for future improvement. This is why some consider requirements for detailed annual reports and provisions for

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independent evaluations as particularly important. The ultimate success of this legislation will hinge on the willingness of state leaders to continue to support data collection and careful planning and on the willingness of program advocates to carefully monitor their implementation process and to modify their efforts in light of emerging findings with respect to impacts.

Legislation such as that now being considered by Congress provides states not only with the opportunity to extend high-quality programs to more children and families but also to invest in continuous program development and improvement. With better quality control of implementations and better evaluation methods, evidence supporting the value of home visitation has grown and provided a better, more nuanced base for future programs to build on.

Home visitation is not the single solution for preventing child abuse, improving a child’s

developmental trajectory, or establishing a strong and nurturing parent-child relationship. However, it is increasingly understood that home visitation is an important component of a *system* of early intervention services. Empirical evidence generated so far supports its efficacy and its growing capacity to achieve its stated objectives with an increasing proportion of new parents.

Maintaining this upward trend will require continued vigilance. Home visitation programs try to build on the best evidence available at the time. In turn, these program implementations can enhance learning by generating an information-rich evidence base of their own. By investing in programs that build on the best evidence for success and by mandating and supporting ongoing documentation and evaluation, we also invest in the promise of early childhood interventions for improving the lives of children and families.

# ChapinHall at the University of Chicago

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

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## Related Publications

Daro, D. (2009). *Perspectives on Early Childhood Home Visitation Programs*. Chicago: Chapin Hall at the University of Chicago

Wasserman, M. (2006). *Implementation of Home Visitation Programs: Stories from the States*. Chicago: Chapin Hall at the University of Chicago

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