



## Which home visiting programs are effective in **reducing child maltreatment?**

Evidence-based home visiting programs that complement the work of child protective services **reduce the potential for future harm, leverage the talent and expertise of professionals trained in infant and child development, and expand the network of partners that can help keep children safe.** High-quality home visiting programs also contribute significantly to effective and safe reduction of the use of out-of-home placement. They help parents access the services they need, such as parenting skills and child development education, supporting them to raise their children successfully in nurturing, caring, and supportive environments.<sup>1</sup>

The table below provides information regarding five home visiting program models that have been found to reduce child maltreatment.<sup>2</sup>



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**SNAPSHOT:** Five home visiting program models have been found to be effective in reducing child maltreatment in one or more outcome studies.<sup>3</sup>

Target Population	Program Duration	Description	Maltreatment Outcomes
<u>CHILD FIRST</u>			
Pregnant women and families with children from birth through age 5 in which: (1) children have emotional, behavioral, or developmental challenges; or (2) the family faces multiple challenges that may lead to negative child outcomes, such as maternal depression, domestic violence, substance abuse, homelessness, or abuse and neglect.	The program typically lasts six to 12 months, depending on a family's needs. During the first month, the clinician and care coordinator conduct joint home visits twice per week for about 1 to 1.5 hours, and then visits occur either separately or jointly, and at least weekly.	Each family is assigned a team consisting of a mental health/developmental clinician, who is responsible for assessment and a therapeutic intervention, and a care coordinator, who is knowledgeable about community services and supports. They provide the following services in the home, or early care and education settings (the first month focuses on family engagement and assessment, followed by intervention): assessment of child and family needs; observation and consultation in early care and education setting; a child and family plan of care; parent-child mental health intervention; and care coordination.	A 2011 outcome study found that Child First led to a decrease in family involvement with Child Protective Services.

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HEALTH ACCESS NURTURING DEVELOPMENT SERVICES (HANDS)			
First-time parents beginning during pregnancy or any time before a child is 3 months old. Eligible families face multiple challenges, including single-parent status, low incomes, substance abuse, and domestic violence.	Frequency of the home visits is determined on the basis of the family's needs.	Services include developmental and social-emotional screenings for children, and domestic violence and perinatal depression screening for parents. Health prevention also is a key focus. Visitors work with families to establish medical homes, or high-quality, comprehensive, coordinated health care, and maintain up-to-date immunizations and well-child checks. In addition, a registered nurse or social worker provides quarterly visits to focus on the signs of premature labor, labor and delivery, home safety, basic care, nutrition, exercise, safe sleeping, effects of smoking and secondhand smoke, stress, babies' cues, injury prevention, child development and temperament, and adjusting to parenting.	A 2014 outcome study of HANDS found a decrease in substantiated reports of child maltreatment for participating families.

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<u>NURSE-FAMILY PARTNERSHIP (NFP)</u>			
<p>First-time, low-income mothers and their children.</p> <p>NFP requires a client to be enrolled in the program early in her pregnancy and to receive a first home visit no later than the end of her 28th week of pregnancy.</p>	<p>Nurses begin 60- to 90-minute visits with pregnant mothers at 16 weeks gestation. Weekly visits occur for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after birth, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is 2 years old.</p>	<p>NFP program is delivered by registered nurses who are perceived as trusted and competent professionals, fostering a powerful bond between nurse and mother. The nurses teach positive health-related behaviors, competent care of children, and personal development for the mother (family planning, educational achievement, and participation in the workforce). The nurse provides new mothers with the confidence and tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mother and child.</p>	<p>Multiple studies have found that NFP led to a decrease in the onset of neglect, as well as: the number of days hospitalized; outpatient visits due to injuries; health care encounters due to injuries; substantiated reports of child abuse and neglect; emergency room visits for accidents and poisonings; injuries or ingestions as reported in physician records.</p>

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<u>PARENTS AS TEACHERS</u>			
Low-income pregnant women and families with children from birth to age 3, most of whom are at or below the federal poverty level or eligible for Part C services under the Individuals with Disabilities Education Act in their state.	Personal visits of approximately 60 minutes are delivered at a minimum of once a month, depending on family needs.	Parent educators use the Parent as Teachers curriculum in culturally sensitive ways to deliver services that emphasize parent-child interaction, development-centered parenting, goal setting, and family well-being. Parent educators focus on the link between child development and parenting on the key developmental topics, such as healthy births, attachment, discipline, health, nutrition, safety, sleep, transitions, and routines. Parent educators work collaboratively with families to identify, set, and achieve goals that lead to positive outcomes.	A 1993 study found that Parents as Teachers led to a decrease in the percentage of children suspected to be abused and neglected.

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SAFE CARE			
Eligible clients include families with children from birth to age 5 with a history of child maltreatment, or families at risk for child maltreatment.	The program is 18 to 22 weeks of training to parents. Trained SafeCare providers conduct 60- to 90-minute weekly or biweekly home visits.	SafeCare is an in-home parenting skills training program teaching child behavior management, planned activities training, home safety training, and child health-care skills training. Each module begins with an observational assessment to determine parents' current skills and areas in need of improvement. A series of training sessions follows (typically four sessions), and home visitors work with parents until they show mastery of module skills. A final observational assessment is used to assess parents' uptake of skills. Parenting skills are taught by: (1) explaining the skills and why they are important; (2) demonstrating how to do each skill; (3) having parents practice the skills; and (4) providing positive and corrective feedback to parents on their use of skills.	A 2011 outcome study found that SafeCare participation led to a decrease in the percentage of participants referred to child welfare post-enrollment.

- 1 Commission to Eliminate Child Abuse and Neglect. (2016). Within our reach: A national strategy to eliminate child abuse and neglect fatalities. Washington, DC: Government Printing Office. Retrieved from: [https://www.acf.hhs.gov/sites/default/files/cb/cecanf\\_final\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf)
- 2 To learn more about the use of home visiting as a strategy to improve child safety, see: [Are home visiting programs effective in reducing child maltreatment?](#) on [Questions from the field](#).
- 3 Adapted from: <https://homvee.acf.hhs.gov/Models.aspx>

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