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Using Data to Measure Home Visiting Performance

The Home Visiting Data for Performance Initiative of The Pew Charitable Trusts' home visiting campaign was designed to support states in collecting, analyzing, and using data to improve practice and to provide a way for states to document the impact of public investments in home visiting in a clear, consistent, and compelling manner.

To support this effort, the initiative developed a set of indicators (see below) that are intended to be applicable in every state for performance monitoring and accountability. It also identified key strategies for enhancing the quality and usefulness of states' home visiting data—including collecting it in its most basic, raw format; at the participant level; and at multiple intervals—and for comparing participant outcomes with those of similar families not receiving services. By increasing the rigor of their performance measurement and the utility of their data, states can strengthen the evidence base for the field while improving outcomes for children and families.

The central goals of home visiting programs are enhancing parents' capacity to head a house and effectively raise children, supporting child development, and keeping children safe. The data initiative is contributing to the national discussion by refocusing the field on these core activities. Although no consensus has been reached on definitions and approaches to measuring parental capacity and child development, the initiative is dedicated to advancing the thinking around how to assess these core components.

Although the designs and eligibility criteria vary, most home visiting programs' primary objectives are to:

- Cultivate parents' ability to form strong, positive attachments with their children and to keep them safe.
- Promote children's healthy physical, cognitive, and social-emotional development by monitoring their progress, guiding parents in recognizing their children's and their own needs, and accessing appropriate services.
- Improve maternal and child health.

Stakeholders, including policymakers, state agencies, family advocates, model designers, and program staff, want to understand the measurable impact of home visiting and be confident that services are offered in a consistent and high-quality manner.

Pew staff members assisted select states in implementing their home visiting accountability legislation and in doing so gained a deeper understanding of states' capacity for collecting and analyzing data. They then brought together researchers, program administrators, advocates, and agency staff members to advise on the indicators and measurement strategies.

Investment in evidence-based programs has proved to be a responsible use of public funds and a strong first step toward achieving positive outcomes for children and families. However, for various reasons, simply using evidence-based programs is not a guarantee that desired results will be realized for all communities and populations. One important reason is program implementation. Whether evidence-based or developed by a state or locality, a model or program can deliver very different results, depending on the characteristics of the communities being served and the needs and cultural differences of the participants.

Because of these variables, the field needs a way to measure outcomes across each state's portfolio of programs. Although the data initiative does not evaluate or compare the impacts of individual home visiting programs or models, the process can help states choose the right model to meet participant and community needs.

Indicators

The selected indicators include two kinds of measures:

- **Outcome measures** assess the well-being of participating mothers and children in such areas as breastfeeding of infants, smoking cessation, and educational attainment.
- **Process measures** indicate the extent to which program participants make use of key services, such as postpartum or well-child visits, or receive appropriate screening and service referrals.

In addition, the data initiative identifies a limited number of descriptive factors identifying participant characteristics and service experiences on which programs need to collect information in order to detail whom they serve and how.

Proposed process and outcome indicators

Child health, development, and safety

- Child development screening and referral.
- Child development gains (under development).
- Child maltreatment.
- Well-child visits.
- Maternal smoking or tobacco use.

Maternal health and achievement

- Maternal depression screening and referral.
- Postpartum visits.
- Intervals between births.
- Maternal educational achievement.

Parental skills and capacity

- Breastfeeding.
- Parental capacity (under development).

Proposed descriptive factors

- Model or program type.
- Child characteristics.
- Maternal characteristics.
- Participant service characteristics.
- Program data.

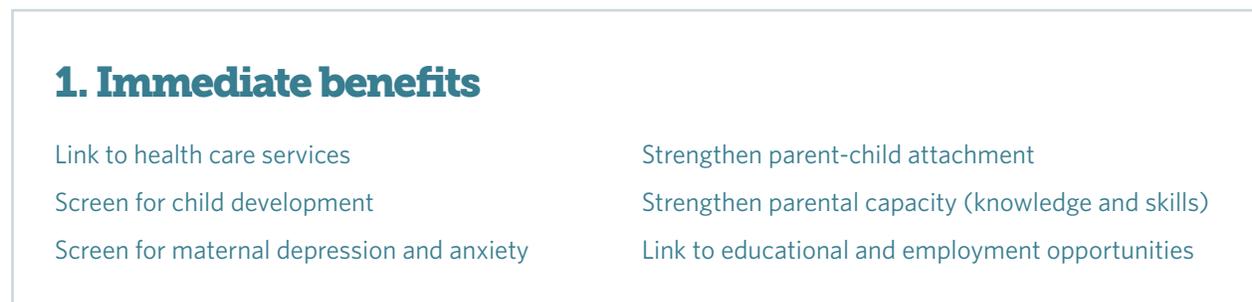
States with a concentration of home visiting programs designed to focus on birth outcomes should consider adding the following perinatal indicators:

- Low birth weight.
- Preterm births.

Figure 1

How Home Visiting Gains Lead to Long-Term Benefits

Ensuring the long-term developmental well-being, safety, and early school success of children is an important public policy and social objective. To reach these goals, many small steps are needed to improve how parents care for their children and themselves and access high-quality health and social services. Home visiting is proved to be an excellent spark for initiating such change and for placing young families on the right track. This diagram highlights some of the benefits that home visiting programs realize early in the service process and how one gain can lead to another.



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2. Intermediate steps

Appropriate, quality health care services

- Well-child visits and immunizations
- Women's health care

Enrollment and progress in appropriate therapeutic services

- Maternal and child mental health services
- Child developmental, early intervention services

Observed and/or measured improvements in parental capacity

- Parental knowledge
- Parental skills (discipline, appropriate interactions with children)

Observed and/or measured improvements in five key areas (domains) of child development:

- Cognitive and executive functioning
- Social and emotional
- Language and literacy
- Physical and motor
- Self-help and adaptive

Observed and/or measured reductions in home risks

- Maternal tobacco use
- Injury prevention measures in home

Improved maternal education

Improved household income



3. Long-term outcomes

Healthy child development

Absence of abuse and neglect

School readiness

Parental economic self-sufficiency

Strengthened family function

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For further information, please visit:

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