

Evidence-Based Home Visiting Programs

Title	Author(s)	Year	Publication Source	Sample Size (N)	Sample Composition	Data Source	Independent Variable(s)	Dependent Variable(s)	Summary of Findings	Limitations to Causal Inference	Exclusion Criteria
Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review	Casillas, K., Fauchier, A., Derkash, B., Garrido, E.	2016	<i>Child Abuse and Neglect</i>	156 studies of 9 evidence-based home visiting programs	Evidence-based home visiting programs shown to be effective by at least 2 independent research teams and focused primarily on children under age 5: Early Head Start (EHS), Healthy Families America (HFA), Healthy Start, Healthy Steps, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse Family Partnership (NFP), Parents as Teachers (PAT), Play and Learning Strategies (PALS), SafeCare.	The Department of Health and Human Services Home Visiting Evidence of Effectiveness; The California Evidence-Based Clearinghouse for Child Welfare; Promising Practices Network on Children, Families and Communities; Coalition for Evidence-Based Policy; and prior meta-analyses on home visiting programs; PsycInfo, MEDLINE, and Google Scholar.	<ul style="list-style-type: none"> • Participation in home visiting • Implementation factors • Study characteristics 	Program outcomes: <ul style="list-style-type: none"> • Parenting • Maltreatment • Birth outcomes • Child behavior • Child health • Child cognition • Child social development 	<ul style="list-style-type: none"> • Targeted programs (to families with one or more risk factors) had a larger effect compared to universal programs • Positive parenting had larger effect sizes than parent functioning, child health, and child social functioning • Reflective supervision and fidelity monitoring were key implementation factors for these outcomes • Child cognitive functioning had larger effect sizes than parent functioning and child health 		
Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children	Sweet, M., Appelbaum, M.	2004	<i>Child Development</i>	60 home visiting program reports	Home visiting programs conducted and reported after 1965; programs targeting children with special needs were excluded. Restricted to programs in the US	The authors searched in databases including MEDLINE, ERIC, PsycInfo, Psychological Abstracts, and Social Work Research and Abstracts to find relevant literature.	<ul style="list-style-type: none"> • Participation in home visiting • Program characteristics 	Child outcomes: <ul style="list-style-type: none"> • Cognitive • Socioemotional • Child abuse Parent outcomes: <ul style="list-style-type: none"> • Parenting behavior • Parenting attitudes • Enhancement of life course (education, employment/wages, public assistance) 	<ul style="list-style-type: none"> • Parent education and child development were the mostly frequently reported primary goals, most targeted families with some type of risk, most began and ended sometime between birth and 3 years; • Important program characteristics (no one characteristic consistently affected effect sizes across outcome groups): As the number of home visits and number of hours of home visits increased, the benefit to treatment (for child cognitive development) increased; for parenting behavior outcomes, effect sizes were larger for universally enrolled than when families were targeted in some way, but this was reversed for potential (but not actual) child abuse and child cognitive outcomes (effect sizes were higher for targeted than universal) 	Not limited to RCTs and QEDs; also included many pre-post designs Unable to explain variability in effect sizes for certain outcome groups Each program had a lot of "internal noise"	
Home visiting evidence of effectiveness review: Executive summary (HomVEE)	Sama-Miller, E., Akers, L., Mrz-Esposito, A., Coughlin, R., Zukiewicz, M.	2019	Office of Planning, Research, and Evaluation, Administration for Children and Families, US Dept. of Health and Human Services	50 home visiting program models (417 impact studies)	Impact studies with either a randomized controlled trial (RCT) or quasi-experimental design (QED). Studies reaching back to 1979 were included.	Database search; call for studies.	<ul style="list-style-type: none"> • Participation in home visiting 	<ul style="list-style-type: none"> • Positive parenting practices (observational measures of parent-child interactions or home environment) • Parent self-reports of parenting attitudes and practices 	<ul style="list-style-type: none"> • 21 home visiting models meet the Dept. of Health and Human Services criteria for being evidence-based: most models have numerous favorable impacts on outcomes; all but one of the models have favorable impacts at least one year after enrollment; for most models, favorable impacts were shown in only one sample (replication is not common), results are not limited to subgroups, and "few" unfavorable effects were reported (10/21); most models had favorable impacts on primary measures of child development and school readiness and positive parenting practices. 		

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Components associated with home visiting program outcomes: A meta-analysis	Filene, J., Kaminski, J., Valle, L., Cachat, P	2013	<i>Pediatrics</i>	51 studies	Programs that used home visiting as a primary delivery strategy for pregnant women and families with children from birth through age 3 years in the US The authors excluded programs targeted at families with existing identified problems (e.g., child maltreatment).	Database search including: PsycINFO, MEDLINE.	• Home visiting program components	<ul style="list-style-type: none"> • Maternal life course • Birth outcomes • Parent behaviors and skills • Child cognitive outcomes • Child physical health • Child maltreatment 	<ul style="list-style-type: none"> • Positive overall effect size of home visiting • Average effect size was positive and significant for maternal life course, child cognitive outcomes, and parent behaviors and skills; average effect sizes were not significant for birth outcomes, child physical health, and child maltreatment • No consistent pattern of effective components emerged across all outcome domains, but effect sizes for the parent behaviors and skills were significantly larger for programs that taught parents developmental norms and appropriate expectations, discipline and behavior management, responsive and sensitive parenting practices, and programs that addressed parental substance use 		
Does home visiting improve parenting and the quality of the home environment? A systematic review and meta analysis	Kendrick, D., Elkan, R., Hewitt, R., Dewey, M., Blair, M., Robinson, J., Williams, D., Brummell, K.	2000	<i>Archives of Disease in Childhood</i>	12 studies	RCTs and QEDs with a control group evaluating home visiting programs that included at least one postnatal home visit.	Database search including MEDLINE, Cochrane Library, Embase, Cinahl.	• Participation in home visiting	<ul style="list-style-type: none"> • Parenting • Quality of the home environment - • Emotional/verbal responsivity of mother • Avoidance of restriction/punishment • Organization of the environment • Provision of appropriate play materials • Maternal involvement with child • Opportunities for variety in daily routine 	<ul style="list-style-type: none"> • Meta-analysis using Fisher's method produced "highly significant" (p. 446) result indicating home visiting is effective in improving the quality of the home environment as measured by the HOME score • Findings were robust when limiting analyses to RCTs only or to high quality studies only • Systematic review found: 21/27 studies found significant treatment effects for parenting, but 6/27 (22%) found no significant positive results 	Did not look at implementation factors; missing data meant no effect sizes could be analyzed	Included many international studies from UK, Canada, Jamaica, Ireland, Bermuda
A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior	Nievar, M., Van Egeren, L., Pollard, S.	2010	<i>Infant Mental Health Journal</i>	29 studies	RCTs and QEDs with comparison studies of home visiting programs that included information on moderators of interest and examined programs targeted at at-risk families (living in high-risk neighborhoods, low income, teen parent). Studies published after 1980.	Database search including ERIC, Social Work Abstracts, PsycINFO.	<ul style="list-style-type: none"> • Participation in home visiting Five moderators: • Country of program • Frequency of visits • Training of home visitors • Date of study • Number of participants 	Improvements in maternal behavior, including: <ul style="list-style-type: none"> • Maternal responsiveness • HOME scale • Maternal interactive behavior • Cognitive stimulation • CARE index • NCAST social-emotional scale 	<ul style="list-style-type: none"> • Effects were diverse, several studies showed no significant effect, but on average, programs were somewhat successful -- weighted mean effect size was significant and positive for home visiting on maternal parenting behavior; programs with more frequent visits were likely to show more improvement in maternal behavior (at least two times/month); training of home visitors did not explain a significant amount of variance; • Studies in the US had a mean effect size that was slightly smaller than studies outside of the US 		

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Review of research on home visiting for pregnant women and parents of young children	Olds, D., Kitzman, H.	1993	<i>Future of Children</i>	31 studies	RCTs of programs focused on preventing preterm birth or low birthweight; improving the outcomes of infants born preterm or low birthweight, or serving low-income families or families at risk for child maltreatment.	Database search including MEDLINE and Psychological Abstracts.	• Participation in home visiting	<ul style="list-style-type: none"> • Parenting behavior • Home environment • Child development/behavior • Rates of preterm birth • Rates of low birthweight • Health care utilization 	<ul style="list-style-type: none"> • None of the studies found that home visiting reduced overall rates of preterm delivery or low birthweight (significant results emerged for subgroups in one study - reduced preterm rate among women who smoked and reduced low birthweight among young adolescents); • Four studies of home visiting designed for parents of preterm or low birthweight babies supported children's cognitive development as measured by the Bayley or Cattel IQ and three of four also enhanced maternal caregiving (observed via the HOME, or parent-child interaction); mixed findings on parental caregiving and children's cognitive development from studies of programs targeting at-risk children more broadly, but some evidence to suggest that families with particular need or higher-than-average risk may benefit more; none of the six trials that sought to use home visiting to prevent child abuse/neglect demonstrated overall decreases in maltreatment using state CPS records 	No meta-analysis; author evaluated own studies	
A review of prenatal home visiting effectiveness for improving birth outcomes	Issel, L.M., Forrestal, S., Slaughter, J., Wiencrot, A., Handler, A.	2011	<i>Journal of Obstetric, Gynecologic, & Neonatal Nursing</i>	28 studies	Studies of prenatal home visiting that reported on at least one of the three outcomes of interest.	Database search including MEDLINE, Cumulative Index to Nursing and Allied Health Literature, PsycINFO, Social Work Abstracts.	• Participation in prenatal home visiting programs	<ul style="list-style-type: none"> • Prenatal care utilization • Preterm birth • Low birthweight infants 	<ul style="list-style-type: none"> • Significant differences between home visiting and non-home visiting groups who received adequate prenatal care (one study found significant decrease in prenatal care among African American women); • Most studies in the review did not find improvements in neonatal outcomes 	Systematic review and vote count method; no overall meta-analysis of effect sizes	
Impacts on family outcomes of evidence-based early childhood home visiting: Results from the mother and infant home visiting evaluation	Michalopoulos, C., Faucetta, K., Hill, C., Portilla, X., Burrell, L., Lee, H., Duggan, A., Knox, V.	2019	OPRE Report 2019-09. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services	12 states, 88 local programs, 4,229 families	MIHOPE: pregnant women or families with children less than 6 months of age, recruited from local programs funded through the MIECHV program.	Federal MIECHV data.	• Participation in EHS, HFA, NFP, or PAT	<ul style="list-style-type: none"> • Maternal health • Family economic self-sufficiency • Parenting skills (quality of home environment and parental supportiveness) • Child health and development 	<ul style="list-style-type: none"> • MIHOPE found positive effects on some family outcomes (4 of 12 confirmatory outcomes—parenting skills (improved quality of the home environment), child maltreatment (reduced psychological aggression toward child), child health (fewer emergency department visits), and child development (fewer child behavior problems)) • Estimated effects were similar for programs where families received more home visiting services and those where they received fewer, and effects were not generally larger among families who received more home visiting services than among families who received fewer 		
The effects of home visiting on prenatal health, birth outcomes, and health care use in the first year of life: Final implementation and impact findings from the Mother and Infant Home Visiting Program Evaluation-Strong Start	Lee, H., Shea Crowne, S., Estarzi, M., Kranker, K., Michalopoulos, C., Warren, A., Miljanovich, T., Filene, J., Duggan, A., Knox, V.	2019	OPRE Report 2019-08. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services	17 states, 66 local programs, 2,900 families	Pregnant women in the first 32 weeks of their pregnancies (on average, 17 weeks), recruited from local programs that served primarily Medicaid beneficiaries; women were young (mean age was 22) and had low levels of education, and most were not residing with child's biological father at study entry.	Federal MIECHV data.	• Participation in HFA or NFP	<ul style="list-style-type: none"> • Low birthweight • Preterm • NICU admit • Mom smoked cigarettes in 3rd trimester • Breastfeeding at hospital discharge • Infant went to ER in first year • Infant admitted to hospital in first year • Medicaid well-child visits 	<ul style="list-style-type: none"> • No effect on birth outcomes (low birthweight, preterm) or prenatal health behaviors; • Women who exhibited risks for compromised birth outcomes (being younger or a smoker) received the same number of visits and participated for similar lengths of time as women who did not demonstrate those risks; • There were not significantly larger impacts in local programs where families received more home visits or were more likely to receive referrals for community services 		Did not examine parenting outcomes (only birth outcomes and parent health)

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Home visiting and outcomes of preterm infants: A systematic review	Goyal, N., Teeters, A., Ammerman, R.	2013	<i>Pediatrics</i>	38 publications representing 17 studies evaluating home visiting	RCT or QED studies of home visiting initiated in pregnancy or early infancy with a focus on studies including preterm or low birthweight infants.	Database searches including MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Cochrane Database, PsycINFO, Embase.	• Participation in home visiting beginning in pregnancy or early infancy	5 domains of outcomes • Infant development • Morbidity and health care utilization • Abuse and neglect • Parent-infant interaction • Growth and nutrition	<ul style="list-style-type: none"> Most of the 13 studies assessing infant development observed a significant difference (3 observed no difference). Meta-analysis of 9 studies using the Bayley Scales of Infant Development demonstrated significant overall effect; 13 of 14 studies assessing parent-infant interaction demonstrated positive intervention effect. Meta-analysis of 6 studies using HOME showed statistically significant overall effect. Limited number of studies to support whether home visiting among this population reduces hospitalization or morbidity 		Review of home visiting programs specifically for families with low birthweight or preterm infants - outside scope of this review
Effectiveness of home visiting programs on child outcomes: A systematic review	Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N.	2013	<i>BioMed Central Public Health</i>	21 studies	RCTs of home visiting programs delivered by paraprofessionals (credentials do not include clinical training).	Database searches including MEDLINE, Embase, Cochrane, Cinahl Plus from 1990-2012, as well as reference lists from studies identified.	• Participation in paraprofessional home visiting programs	Developmental and health outcomes of disadvantaged children: • Child abuse and neglect • Developmental outcomes • Health	<ul style="list-style-type: none"> Overall inconsistent findings for child abuse and neglect, developmental outcomes (psychomotor and cognitive; child behavior; and language), and health (physical growth, hospitalizations/illnesses/injuries, and immunizations). Studies reporting no significant benefits are more prevalent than studies reporting significant benefits. Some evidence to suggest program effectiveness is greatest when exposed to higher dose of the intervention over longer period of time (though many studies do not indicate duration of home visit or model fidelity), mothers enroll prenatally, paraprofessionals are adequately trained, and program's focus is on particular issue rather than trying to remedy multiple problems. 		Limited to interventions by paraprofessionals, and did not focus on parenting skills/behaviors
Enrollment strategies in early home visitation to prevent physical child abuse and neglect and the "universal versus targeted" debate: A meta-analysis of population-based and screening-based programs	Guterman, N.	1999	<i>Child Abuse & Neglect</i>	19 studies	Controlled studies of home visiting programs that intervened before any physical abuse or neglect had been identified or reported and specifically included child abuse and neglect as an outcome.	Database searches including: MEDLINE, Psychological Abstracts, Social Work Research and Abstracts, Sociological Abstracts, ERIC, Uncover, and CAnet of the National Clearinghouse on Child Abuse and Neglect.	<ul style="list-style-type: none"> No active screening - enroll all families Population or demographically-based eligibility factors (teens, low socioeconomic status, first-time parents) Actively screen via checklists for presence or absence of individual-level risk (presence of substance abuse, mental illness) Psychosocial inventory screens that identify families with high risk "profiles" 	<ul style="list-style-type: none"> Child abuse and neglect (child protective services reports) Closely-related proxy measures of parenting indicating possible presence of abuse or neglect (discipline, inappropriate developmental expectations, etc.) 	<ul style="list-style-type: none"> 12 of 19 studies employed population-based enrollment and 7 employed screening-based. Better effect sizes for population-based enrollment strategies over screening-based ones in early home visiting programs seeking to prevent child abuse and neglect. 		Outside scope of parenting skills review - focused primarily on child abuse/neglect screening.

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Group-based parent training programs for improving parental psychosocial health	Barlow, J., Smailagic, N., Huband, N., Roloff, V., Bennett, C.	2014	Campbell Systematic Reviews	48 studies	RCTs that compared a group-based parenting program (3 types: behavioral, cognitive-behavioral, and multi-modal) with a control condition and used at least one standardized measure of parental psychosocial health.	Database searches including CENTRAL, MEDLINE, Embase, BIOSIS, Cinahl, PsycINFO, ERIC, Sociological Abstracts, Social Science Citation Index, metaRegister of Controlled Trials, NSPCC Library, ASSIA.	• Group-based parenting programs	Parental psychosocial wellbeing, including: • Anxiety • Depression • Stress • Anger • Aggression • Guilt • Confidence	<ul style="list-style-type: none"> Statistically significant short-term improvements in depression, anxiety, stress, anger, guilt, and satisfaction with partner relationship. Only stress and confidence were statistically significant at 6-month follow-up, and none were significant at one year. There was a significant short-term improvement in paternal stress (for fathers), but information on fathers was limited (4/48 studies). Programs were not targeted to parents with very young children. 		Programs not targeted to parents in prenatal-to-3 period
Group-based parent-training programs for improving emotional and behavioral adjustment in 0-3 year old children	Barlow, J., Parsons, J.	2005	Cochrane Database Systematic Reviews	5 studies	RCTs that compared a group-based parenting program (irrespective of theoretical basis for program) with a waitlist-control condition, involved parents of 0-3 year old children, and included at least one standardized measure of infant/child emotional and behavioral adjustment. All studies focused on improving the emotional and behavioral adjustment of toddlers.	Database searches including MEDLINE, EMBASE, CINAHL, PsychLIT, Sociofile, Social Science Citation Index, ASSIA, the Cochrane Library including SPECTR, CENTRAL, National Research Register (NRR) and ERIC.	• Group-based parenting programs	<ul style="list-style-type: none"> Emotional and behavioral adjustment of children less than 3 years of age 	<ul style="list-style-type: none"> Individual study findings: 1) no evidence of effectiveness for reducing parent-reported behavior problems, but significant difference for observations and teacher-reported behavior problems; 2) no evidence of effectiveness for reducing multiple mother-reported or father-reported measures of behavior; 3) 8-week behavioral parenting program: significant difference favoring intervention for two measures of parent-reported behavior; 4) 10-week cognitive-behavioral parenting program : no significant differences in parent-reported or teacher-reported measures of behavior problems; 5) 10-hour cognitive behavioral parenting program: significant difference in parent-reported behavior problems. Mixed evidence as to whether any significant effects are maintained over time. META-ANALYSIS FINDINGS: non-significant difference in parent-reported behavior problems; significant difference favoring the intervention group; follow-up data for both intervention and control demonstrated a non-significant difference. 	Small sample size	UK-based study
Postnatal parental education for optimizing infant general health and parent-infant relationships	Bryanton, J., Beck, C.T., Montelpare, W.	2013	Cochrane Systematic Reviews	15 studies	RCTs of structured postnatal education provided to individual parents or groups of parents within first two months post-birth related to health or care of an infant or parent-infant relationships; interventions vary in regard to objective, content, timing, and teaching-learning method employed; - 5 interventions were on infant sleep enhancement, 12 on infant behavior, 3 on general post-birth health, 3 on infant care, 4 on infant safety.	Database searches including CENTRAL, MEDLINE, Embase, and handsearches of 30 journals and the proceedings of major conferences.	<ul style="list-style-type: none"> Structured postnatal education provided to individual parents or groups of parents 	<ul style="list-style-type: none"> Infant general health or care; parent-infant relationships (infant sleep, crying, and maternal knowledge of infant behaviors were the only outcomes that could be analyzed) 	<ul style="list-style-type: none"> With the exception of some evidence that education on sleep enhancement produces an increase in night-time minutes of infant sleep, and that education on infant behavior increases maternal knowledge of infant behavior, the benefits of educational programs to participants and their newborn infants remain unclear. 	Vast majority of included studies were of uncertain quality and many had substantial attrition; only 13 outcomes were measured similarly enough by more than one study to be combined in meta-analyses; only 4/13 studies met criteria of heterogeneity to provide reliable overall estimate of effect.	

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Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood	Bakermans-Kranenburg, M., van Ijzendoorn, M., Juffer, F.	2003	<i>Psychological Bulletin</i>	70 studies	Intervention studies (including home-based, video, and clinic/group-based, etc.) aimed at enhancing positive parental behaviors (responsiveness, sensitivity, involvement) using observational measures that started before children's age of 54 months.	Database searches including PsycLIT, MEDLINE, and references of collected articles and books.	• Participation in early attachment-based intervention	• Parental sensitivity • Infant attachment security	<ul style="list-style-type: none"> • Overall, a meta-analysis of a core set of 51 RCT studies found that interventions were significantly and moderately effective in enhancing maternal sensitivity; short (five sessions) and targeted (sensitivity only, not sensitivity, representation, and support) that started later (after the baby was 6 months relative to prenatal or within first 6 months) were the most effective. • A meta-analysis of a core set of 23 RCT studies aimed at attachment security produced a combined effect size that was small but significant. Again, short interventions focusing on sensitivity were most effective for attachment. • Interventions involving fathers appear to be significantly more effective than interventions focusing on mothers only (based on analysis of 3 studies with 81 participants). 		Not focused on 0-3 period; included many non-US studies.
Father-inclusive perinatal parent education programs: A systematic review	Lee, J., Knauer, H., Lee, S., MacEachern, M., Garfield, C.	2018	<i>Pediatrics</i>	21 studies	Experimental, QED, or non-experimental (including qualitative) studies evaluating perinatal parent education programs that included or targeted fathers.	Database searches including PubMed, the Cumulative Index to Nursing and Allied Health Literature, Embase, MEDLINE, Cochrane CENTRAL Register of Controlled Trials, and PsycINFO.	• Father participation in parent education programs	<ul style="list-style-type: none"> • Father-infant interaction • Father involvement • Fathers' parenting knowledge • Fathers' attitude and parenting self-efficacy • Fathers' co-parenting relationship with mother 	<ul style="list-style-type: none"> • Most studies were implemented in the hospital and outcomes were self-reported; some interventions were delivered at the group level, couple level, or individual level. • Limited evidence that early father-inclusive parent education programs may improve outcomes related to father involvement, co-parenting, partner relationship quality, father's mental health, and fathers' supportive behaviors, but a general lack of strong evidence for program effects on father-infant interaction, fathers' parenting knowledge, and fathers' attitudes and parenting self-efficacy. • The general state of the research is weak and has high risk of bias, and thus authors were unable to draw firm conclusions about the effectiveness of early father-inclusive parent education programs. 	Study sample sizes were small (N ranged between 14 and 173 participants); of the 21 studies, only 4 were categorized as low risk of bias; included some qualitative studies	
Interventions with fathers of young children: Systematic literature review	Magill-Evans, J., Harrison, M., Rempel, G., Slater, L.	2006	<i>Journal of Advanced Nursing</i>	14 studies	Interventions with fathers of children 5 years old or younger, use of a control group or a pre-test and post-test design.	Database searches including Medline, CINAHL, and PsycINFO.	• Father participation in interventions	<ul style="list-style-type: none"> • Fathers' behavior • Fathers' perceptions or knowledge 	<ul style="list-style-type: none"> • Most (9/12) interventions targeted fathers of newborns or infants, and study samples were predominantly middle class families recruited from community or health social services; • Findings were limited to the 10 articles that were rated medium or strong: some evidence to suggest that interventions that involve active participation with or observation of the child enhance father-child interactions and that intervention is more likely to be effective if father has multiple exposures to the intervention. 	Included many pre-post designs	

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Practitioner review: Engaging fathers - recommendations for a game change in parenting interventions based on a systematic review of the global evidence	Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., Leckman, J.	2014	<i>Journal of Child Psychology and Psychiatry</i>	113 studies of 92 programs (52 US studies included)	Studies relevant to engaging fathers in interventions and on program design and implementation.	Database searches including Medline, PsycInfo, SSCI, and the Cochrane Library.	• Fathers' involvement in parenting interventions	<ul style="list-style-type: none"> Improvements to program design Implementation Evaluation or parenting programs to effectively engage with fathers and assess related impacts 	<ul style="list-style-type: none"> Lack of synthesis and coherence in the global evidence base (current literature on father engagement is fragmented across education, gender, social work, and health-related fields with patchy synthesis) 7 major issues that work to marginalize fathers from program outset: cultural, institutional, professional, operational, content, resources, and policy biases Key programmatic and logistical issues can work to systematically disengage fathers from parenting interventions Insufficient attention is given to reporting father participation and impact in parenting interventions that include men as parents or co-parents Design and delivery change in parenting interventions is needed to overcome gender biases and generate robust outcomes evidence (few interventions disaggregate "father" or "couple" evaluation effects) 	Systematic review; not meta-analysis	
Systematic review of community- and home-based interventions to support parenting and reduce risk of child maltreatment among families with substance-exposed newborns	West, A., Dauber, A., Gagliardi, L., Correll, L., Lilli, A., Daniels, J.	2020	<i>Child Maltreatment</i>	12 studies	Studies enrolling mothers with children ages 0-12 months who had a positive toxicology screen at birth, or mothers who used illicit substances at baseline. Studies had to be RCT, QED, or pre-post design. Interventions delivered in a home or community-based setting reporting quantitative outcomes on parenting, risk of child maltreatment, or child maltreatment.	Database searches including PubMed/MEDLINE, PsycINFO, Excerpta Medica Database, Cumulative Index to Nursing and Allied Health Literature, Web of Science, and ProQuest Digital Dissertations.	• Home or community-based programs for families with substance-exposed infants	Parenting outcomes: <ul style="list-style-type: none"> Corporal punishment Parenting stress Responsivity Parenting knowledge, etc. The Child Abuse Potential Inventory Parenting Stress Index Home Observation Measurement of the Environment (HOME) Inventory Nursing Child Assessment Satellite Training. 	<ul style="list-style-type: none"> Of the 6 experimental studies, positive significant effects were found in 3 studies: One study found a positive effect on maternal emotional responsivity but not on parenting stress, child abuse potential, or other HOME inventory scales. A second study found a small effect on parenting stress. A third study found small effects on caregiving behavior. 	Small sample size, found high or moderate risk of bias in 3 studies of the 7 with positive findings.	