ORANGA TAMARIKI
Ministry for Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

New Zealand Government

Success factors for a home visiting programme

Case studies on programmes supporting Indigenous people

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

Email: research@ot.govt.nz

Authors: Dr Iain Matheson

Published: June 2022

ISBN: 978-1-99-115508-5

If you need this material in a different version, please email us at research@ot.govt.nz and we will provide it for you.

Citation guidance:

This report can be referenced as Matheson, I. (2022). *Success factors for a home visiting programme: Case studies on programmes supporting Indigenous people*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

Copyright:

Disclaimer:

Oranga Tamariki has made every effort to ensure the information in this report is reliable, but does not guarantee its accuracy and does not accept liability for any errors.

Contents

Introduction

As a companion report to the evidence brief on success factors for a home visiting programme, this document provides case studies on three different ways of developing and delivering home visiting programmes to Indigenous children and families, comprising the following:

1. **Family Spirit:** A US home visiting programme developed by Indigenous people for Indigenous people
2. **The Nurse-Family Partnership Australia:** A mainstream US home visiting programme with major adaptations designed specifically for Aboriginal and Torres Strait Islander people in Australia
3. **Parents as Teachers Tribal Maternal Home Visiting:** A mainstream US home visiting programme applied (and in particular their curriculum) in a range of different ways by and with Indigenous people.

For each of the three case studies, the following are addressed:

- Programme type
- How developed
- Who for
- Goals
- Key features
- Where
- Who delivers
- Evidence to support the programme.

Family Spirit

How was Family Spirit developed?

The Family Spirit programme has been developed by and for Native Americans. In 1995 it began as the *Share Our Strengths* programme at the Johns Hopkins Center for American Indian Health. *Share Our Strengths* was developed in partnership with the Navajo, White Mountain Apache, and San Carlos Apache tribal communities to support the tribes' mothers and young children. In 1998, the developers began offering a fatherhood programme in tandem with Share Our Strengths. These two programmes merged to become the Family Strengthening programme. The curriculum was then expanded to address families' needs prenatally until their child's third birthday. Family Spirit, as it is implemented today, began in 2006.

Who is Family Spirit for?

Pregnant women preferably at or before the 28th week of pregnancy, and families with children younger than three years of age. While also used with, and adapted for, some other populations with high maternal and child behavioural health disparities, the programme was specifically designed to be implemented with American Indian families.

What are the goals of Family Spirit?

The stated goals are as follows:

For mothers:

- Increase parenting knowledge and skills
- Decrease psychosocial risks that could interfere with positive child-rearing (drug and alcohol use; depression; low education and employment; domestic violence problems)
- Increase likelihood of taking child to recommended well-child visits and health care
- Increase familiarity with and use of community services that address specific needs
- Increase life skills and behavioural outcomes across the lifespan.

For children:

- Increase likelihood of optimal physical, cognitive and social/emotional development from birth to three years[1]
- Increase early school success
- Increase life skills and behavioural outcomes across the lifespan.

Who delivers Family Spirit?

Affiliate organisations secure their own funding and pay initial and ongoing contracting fees to the developers. Home visitors (called Health Educators) are trained in-person or online over six to seven days and are individually certified to be able to deliver the programme; supervisors require additional training. Home visitors are usually paraprofessionals and so are not required to have professional qualifications – the model recommends at least a high school diploma or equivalent, plus two or more years of related work experience.

What are the features of Family Spirit?

- Designed as a sequential one-on-one home visiting structure; it can be either delivered as a standalone service or incorporated into an existing one.
- Home visits take place weekly until the child is three months old, fortnightly until the child is six months old, monthly until the child is 22 months old, and then every other month until the child is three years old.
- Relationship with an empathic, trained, certified and culturally matched home visitor who comes from the served community.
- Culturally informed *Curriculum Box*[2] with 67 lessons over six modules[3] addressing prenatal care, infant care, tracking the child's development, toddler care, family life skills and healthy living; the model differentiates between *lesson visits* which must be curriculum-based, and *social support visits.*

---

[1] *Plans are underway to extend the programme to include parenting pre-school children aged 3-5 years. Other current developments include: promoting mothers' mental health, particularly in the aftermath of COVID, integration of Indigenous doulas with Family Spirit to reduce maternal morbidity and mortality risks; and promoting early childhood language development, including Indigenous language learning.*

[2] *Each curriculum box includes an Implementation Guide, lesson modules, Health Educator Lesson Plans, a Reference Manual, and a sample Participant Workbook for the participating families.*

[3] ***(1) Prenatal Care** includes information to help an expectant mother prepare for the child's birth; **(2) Infant Care** includes information to help families adapt to life with a new baby, take care of themselves, learn basic infant care skills, and how to respond to their baby's various wants or needs; **(3) Your Growing Child** includes information to help families track their child's overall development from seven months until the child's third birthday. They will also learn how to prepare their child for pre-school through various activities and play; **(4) Toddler Care** includes information to help families build confidence in their parenting skills through daily routines and monitoring. They will also learn basic skills to help their child form healthy habits to last a lifetime; **(5) My Family and Me** includes information to help families develop life skills that will positively influence themselves, their child, and their relatives and friends; and **(6) Healthy Living** includes information to help families address and cope with difficult situations. The lessons cover goal-setting, substance abuse prevention, family planning, and prevention of sexually transmitted infections (STIs).*

- Caseload of 20-25 families; programme recommends 6-10 Health Educators per Supervisor.
- Use of gift cards and certificates.[4]
- Beyond the training and some limited reporting, there is scope for some agreed flexibility.
- Organisational readiness self-assessment process for prospective affiliates.

Where does Family Spirit operate?

Family Spirit operates in 130+ tribal communities across 20 US states. The programme has also been adapted for use with some other groups, for example Latino and African American communities in Chicago.

Is there evidence to support Family Spirit?

Family Spirit has been evaluated by the Johns Hopkins University Center for American Indian Health, in partnership with participating tribal communities, in a series of randomised controlled trials. Family Spirit is currently recognised as having met (for Federal funding purposes) the Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE) criteria for an evidence-based early childhood home visiting service delivery model. In 2019 the model was also assessed by the *California Evidence-based Clearinghouse for Child Welfare* as meeting their scientific rating of *promising research evidence.*[5]

Further information

Family Spirit Home Visiting Program webpage: caih.jhu.edu/programs/family-spirit

Home Visiting Evidence of Effectiveness (HomVEE) Family Spirit webpages: homvee.acf.hhs.gov/implementation/Family%20Spirit%C2%AE/Model%20Overview

National Home Visiting Resource Center Family Spirit model profile webpage: www.nhvrc.org/wp-content/uploads/YB18-Family-Spirit-Profile.pdf

[4] *New baby certificate, breastfeeding certificate, achievement certificate and certificate of completion.*

[5] *The CEBC uses a 6 point scientific rating scale: 1 Well-supported by research evidence; Supported by research evidence; 3 Promising research evidence; 4 Evidence fails to demonstrate effect; 5 Concerning practice; and NR Not able to be rated on the CEBC scientific rating scale. The criteria used for Promising Research Evidence is: "At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has done one of the following: (1) established the program's benefit over the control on the outcomes specified in the criteria for that particular topic area, (2) found it to be comparable on outcomes specified in the criteria for the topic area to a program rated 3 or higher on this rating scale in the same topic area, OR (3) Found it to be superior on outcomes specified for that particular topic area to an appropriate comparison program". In order to be rated programmes must: have a book or manual to describe how to administer the programme, meet requirements for inclusion in a CEBC topic area, have had outcomes published in a peer-reviewed journal, and have outcome measures that are reliable/valid, and administered accurately and consistently (California Evidence-based Clearinghouse on Child Welfare, 2019-b).*

California Evidence-based Clearinghouse for Child Welfare Family Spirit webpages: www.cebc4cw.org/program/family-spirit/

Barlow et al. (2015) research study: www.jhsph.edu/research/affiliated-programs/family-spirit/_docs/proven-results/publications/3_-_Barlow_Mullany_et_al._2013.pdf

Rosenstock et al. (2020) research study: jamanetwork.com/journals/jamapediatrics/fullarticle/2772822

Ingalls et al. (2021) research study: pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-020-00753-4

Australian Nurse-Family Partnership Program

How was the Australian Nurse-Family Partnership Program developed?

In 2006, the Australian Federal Government took the decision to fund an evidence-based programme that would support mothers and babies in Aboriginal and Torres Strait Islander communities. They chose the University of Colorado's Nurse-Family Partnership programme which has a history going back to the 1980s.

In adapting Nurse-Family Partnership for use in Australia in 2008, the aims were to both meet the requirements of the Australian health care system, and to be more culturally suitable and appropriate for use with Aboriginal and Torres Strait Islander families. Over this time, primary health care service organisations, with experience in providing Indigenous maternal and child services, were selected to test and implement the new programme. Working in partnership with the Nurse-Family Partnership in the US, and to differentiate it from the original, the adapted programme was named the *Australian Nurse-Family Partnership Program.*

Who is the Australian Nurse-Family Partnership Program for?

Any first-time mother, irrespective of age, who is pregnant with an Aboriginal or Torres Strait Islander baby, and until the child is two years of age, are accepted in the programme. Where possible, the programme also tries to include fathers, partners and family members.

What are the goals of the Australian Nurse-Family Partnership Program?

The stated goals are as follows:

1. Improve outcomes in pregnancy by working alongside and supporting women to address their health needs and engage in effective preventative health practices.
2. Improve child health and development by working with parents to support them to be the best parents possible.

3. Improve parental life course by working with and supporting parents to develop a vision for their own future, family planning, continued education and employment.

Who delivers Australian Nurse-Family Partnership Program?

Managed by the Department of Health, the programme is delivered by 12 partner organisations who are contracted by the Federal Government. Most of these delivery partners are Aboriginal Community Controlled Health Organisations (ACCHO) which also provide comprehensive primary health care services, and are each governed by a locally elected Indigenous Board of Directors.

With their experience in health services research in midwifery, culturally responsive models of care, and Indigenous health, the programme's national support service (workforce development and professional support activities) is provided by the recently established (2019) Molly Wardaguga Research Centre, within the College of Nursing and Midwifery at Charles Darwin University.

In terms of the workforce, as well as employing all of the Nurse Home Visitors, delivery partner organisations also employ Aboriginal and/or Torres Strait Islander Family Partnership Workers. As well as acting as cultural brokers and providing advice, their particular input aims to ensure the provision of culturally appropriate services and the establishment of trusting relationships.

What are the key features of Australian Nurse-Family Partnership Program?

The programme offers a similarly intensive home visiting structure and content as the US programme, but with some adaptations in addition to those above:

- While the primary focus is home visiting, there is also a weekly 'drop in' or community day where mothers, babies and families can socialise, engage in cultural activities, meet elders and access other programme staff.
- The programme has five client-centred principles (focus on mother's strengths; focus on solutions; only a small change is necessary; the client is the expert; and follow her heart's desire) which are used to support women's self-identified priorities.
- Working beyond the scope of conventional maternal and infant health services, home visiting teams work in a holistic way, helping women with housing, finance, family safety, social and emotional wellbeing, health and legal assistance.
- Nurse-Family Visitors are either registered nurses or midwives.
- Salaries in some hard-to-recruit areas (e.g. Alice Springs), are as high as A$107,971 - A$115,966 (p.a.), on a two year maximum term contract, with a total effective package A$131,782 - A$140,698 (p.a.) (Australian Nurse-Family Partnership Program, 2021).

— A comprehensive and structured training programme for new workers is delivered over their first year.

Where does Australian Nurse-Family Partnership Program operate?

The Australian Nurse-Family Partnership Program operates in Queensland (Cairns, Brisbane North, Brisbane South), New South Wales (Dubbo, Blacktown, Kempsey), ACT (Canberra), Victoria (Shepparton), South Australia (Adelaide), and the Northern Territory (Alice Springs, Katherine, Darwin, and including four remote communities, Maningrida, Gunbalanya, Wadeye and Wurrumiyanga with the hub in Darwin).

Is there evidence to support Australian Nurse-Family Partnership Program?

The Nurse-Family Partnership model has been the subject of five major randomised controlled trials. While the study on a UK adaptation of the model did not find that it was effective, the three early US studies undertaken by the developers were positive, as was a recent Dutch study.

However, while there have been other research studies on, or in relation to, the Australian Nurse-Family (for example, Ernst & Young, 2012; Messi et al., 2021; Nguyen et al. 2018), only one (Segal et al., 2018) has been identified that addresses programme outcomes. The results of this relatively small administrative data-based retrospective and prospective cohort study (quasi-experimental design) in one central Australian community, suggests that a modified Nurse Family Partnership delivered by an Indigenous community-controlled organisation, may have reduced child protection system involvement in a highly vulnerable Indigenous population, and especially in younger or first-time mothers.

The US Nurse-Family Partnership model is currently recognised as having met (for Federal funding purposes) the Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE) criteria for an evidence-based early childhood home visiting service delivery model. The model has also been assessed by the *California Evidence-based Clearinghouse for Child Welfare* as meeting their scientific rating of *well-supported research evidence.*[6]

[6] *The CEBC uses a 6 point scientific rating scale: 1 Well-supported by research evidence; Supported by research evidence; 3 Promising research evidence; 4 Evidence fails to demonstrate effect; 5 Concerning practice; and NR Not able to be rated on the CEBC scientific rating scale. The criteria used for Well-supported by Research Evidence are: "At least 2 rigorous randomized controlled trials (RCTs) with nonoverlapping analytic samples that were carried out in the usual care or practice settings have found the program to be superior to an appropriate comparison program on outcomes specified in the criteria for that particular topic area. In at least one of these RCTs, the program has shown to have a sustained effect of at least one year beyond the end of treatment, when compared to a control group". In order to be rated programmes must: have a book or manual to describe how to administer the programme, meet requirements for inclusion in a CEBC topic area; have had outcomes published in a peer-reviewed journal; and have outcome measures that are reliable/valid, and administered accurately and consistently (California Evidence-based Clearinghouse on Child Welfare, 2019-b).*

Further information

Australian Nurse-Family Partnership Program website: www.anfpp.com.au

Ernst & Young (2012) formative evaluation: irp-cdn.multiscreensite.com/f8d653a0/files/uploaded/ANFPP%20Stage%201%20Formative%20Evaluation%20Final%20Report%20Mar%202013.pdf

California Evidence-based Clearing House for Child Welfare Nurse-Family Partnership webpages: www.cebc4cw.org/program/nurse-family-partnership/

Home Visiting Evidence of Effectiveness (HomVEE) Nurse-Family Partnership webpages: homvee.acf.hhs.gov/implementation/Nurse-Family%20Partnership%20%28NFP%29®/Implementation%20experiences#Lessonslearned-d

Massi et al (2021) research study: equityhealthj.biomedcentral.com/articles/10.1186/s12939-021-01519-x#citeas

Molly Wardaguga Research Centre Australian Nurse-Family Partnership Program webpage: www.cdu.edu.au/nursing-midwifery/news/cdu-wins-tender-support-anfpp

Segal at al., (2018) research study: journals.plos.org/plosone/article?id=10.1371/journal.pone.0208764

Zarnowiecki et al. (2018) research study: doi.org/10.1016/j.midw.2018.06.019

Parents as Teachers Tribal Maternal Home Visiting

How was Parents as Teachers Tribal Maternal Home Visiting developed?

There is limited evidence in the US on the effectiveness of home visiting in tribal communities. The US Department of Health and Human Services Office of Child Care's (n.d.) *Tribal Home Visiting Program* is designed to:

- develop and strengthen tribal capacity to support and promote the health and wellbeing of American Indian and Alaska Native (AIAN) families
- expand the evidence base around home visiting in tribal communities, and
- support and strengthen cooperation and linkages between programs that service AIAN children and their families.

Under the *Tribal Home Visiting Program,* tribal grantees may adopt home visiting models that are either evidence-based or considered a promising approach. Several have selected Parents as Teachers, although other examples include Family Spirit, Nurse-Family Partnership, Parent Child Assistance Program, and SafeCare Augmented. However, changes are made to varying degrees in the application of the programme in how it is delivered to AIAN families. For the purposes of this case study, the Fairbanks Native Association is used as an example.

Who is Parents as Teachers Tribal Maternal Home Visiting for?

This varies by provider. For example in Alaska, the Fairbanks Native Association applies the following criteria:

- Pre-natal Alaskan Native/American Indian children up to the age of five
- Teen parents regardless of ethnicity
- Foster parents of Alaskan Native/American Indian children, and
- Parents who have adopted Alaskan Native/American Indian children.

What are the goals of Parents as Teachers Tribal Maternal Home Visiting?

For the Fairbanks Native Association, these are to support the development of healthy, happy, successful Alaskan Native/American Indian children and families.

Who delivers Parents as Teachers Tribal Maternal Home Visiting?

Native organisations: the Fairbanks Native Association is an Alaskan Native civil rights organisation and social programme provider.

What are the features of Parents as Teachers Tribal Maternal Home Visiting?

The mainstream Parents as Teacher model consists of four components: (1) one-on-one home visits, (2) group meetings, (3) developmental screenings for children, and (4) a resource network for families. Home visiting services can range in intensity, from weekly to monthly, as well as in duration, and the information delivered is subject to negotiation with parents.

In applying Parents as Teachers to Indigenous contexts, there will be some variation across tribal communities with common features being:

- Each Parents as Teachers tribal affiliate works with their tribal elders and leaders when starting-up and implementing a program.
- Use of the Parents as Teachers curriculum.
- The Parents as Teachers model programme is often enhanced with:
  - the use of Native language
  - incorporating traditional arts crafts, and storytelling, and
  - connecting families to tribal events.

The Fairbanks Native Association states that it provides 90-minute home visits either weekly or monthly.

Where does Parents as Teachers Tribal Maternal Home Visiting operate?

There are over 100 tribal affiliates operating across the US.

Who delivers Parents as Teachers Tribal Maternal Home Visiting?

Programmes are operated by a range of Native organisations who use Native community-based paraprofessionals.

Is there evidence to support the programme?

As stated previously, there is limited research evidence on the effectiveness of home visiting in US tribal communities. However, the mainstream Parents as Teachers programme is currently recognised as having met (for Federal funding purposes) the Department of Health and Human Services' Home Visiting Evidence of Effectiveness (HomVEE) criteria for an evidence-based early childhood home visiting service delivery model. The mainstream model has also been assessed by the *California Evidence-based Clearinghouse for Child Welfare* as meeting their scientific rating of *promising research evidence.*[7]

Further information

California Evidence-based Clearing House for Child Welfare Parents as Teachers webpages: www.cebc4cw.org/program/parents-as-teachers/

Fairbanks Native Association tribal home visiting webpage: www.fairbanksnative.org/our-services/tribal-home-visiting-thv/

Home Visiting Evidence of Effectiveness (HomVEE) Parents as Teachers webpages: homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20%28PAT%29®/Model%20overview#Adaptationsandenhancement-d

Parents as Teachers website: parentsasteachers.org/

Parents as Teachers tribal maternal home visiting program webpage: parentsasteachers.org/tribal-home-visiting-and-face

[7] *The CEBC uses a 6 point scientific rating scale: 1 Well-supported by research evidence; Supported by research evidence; 3 Promising research evidence; 4 Evidence fails to demonstrate effect; 5 Concerning practice; and NR Not able to be rated on the CEBC scientific rating scale. The criteria used for Promising Research Evidence is: "At least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) has done one of the following: (1) established the program's benefit over the control on the outcomes specified in the criteria for that particular topic area, (2) found it to be comparable on outcomes specified in the criteria for the topic area to a program rated 3 or higher on this rating scale in the same topic area, OR (3) Found it to be superior on outcomes specified for that particular topic area to an appropriate comparison program". In order to be rated programmes must: have a book or manual to describe how to administer the programme, meet requirements for inclusion in a CEBC topic area, have had outcomes published in a peer-reviewed journal, and have outcome measures that are reliable/valid, and administered accurately and consistently (California Evidence-based Clearinghouse on Child Welfare, 2019-b).*

Summary of programme features

Table 1: Programme comparisons with addition of Family Start

	Family Spirit	Australia Nurse-Family Partnership Program	Parent as Teachers Tribal Maternal Home visits	Family Start (for comparison)
Programme type	Model specifically designed by and for Indigenous people	Mainstream model adapted for use with Indigenous people and the Australian context	Mainstream model applied with high level of flexibility with Indigenous people	Mainstream model which is increasingly focused on Indigenous people
Stated programme goals	Increase mother's parenting knowledge & skills, attendance at health checks, use of community services, and life skills & behavioural outcomes; Decrease mother's psychosocial risks; Increase child's optimal development, early school success, and life skills & behavioral outcomes	To improve pregnancy outcomes, child health, and parental life course	Fairbanks Native Association example: Support the development of healthy, happy, successful Alaskan Native/American Indian children and families.	To support vulnerable children and reduce maltreatment. To promote health and education outcomes (including uptake of Well Child Tamariki Ora health services, immunisation and health/oral health screening and early childhood education participation from 18 months of age).
Target population	American Indian pregnant mothers and families with children under 3 years of age	Any first-time mother, irrespective of age, who is pregnant with an Aboriginal or Torres Strait Islander baby	Varies by provider	Pregnant mother or those with a child under 12 (or 24) months who meet vulnerability-based referral criteria
Programme length	From pregnancy to 3 years of age	From pregnancy to 2 years of age	Varies by provider	Potentially up to 5 years

Programme reach	20 US states including 130+ tribal communities	16 locations across 6 states & territories	100 Tribal Affiliates	43 provider sites across the country
Provider organisations	Native organisations	Mostly Aboriginal Community Controlled Health Organisations	Native organisations	Community, Māori and iwi organisations
Government managed	No	Yes	No	Yes
Staffing	Para-professionals	Professionals alongside paraprofessionals	Paraprofessionals	Professionals
Delivery	Curriculum taught during home visits, but can also be used in clinic and group settings	Home visits and additional optional weekly 'drop in' or community days	Face-to-face Group meetings Resource network	Home visits only
Meets HomVEE evidential criteria	Yes	Mainstream NFP model only	Mainstream PAT model only	No
Meets CEBC evidential criteria	Yes (Promising)	Mainstream NFP model only (Well supported)	Mainstream NFP model only (Promising)	N/A

1. Programmes do not necessarily need to be developed or managed by government. None of these programmes were originally developed by government and only the Australian Nurse-Family Partnership Program is managed by a government department. Family Spirit was specifically developed by and for Indigenous People.
2. Indigenous academics and researchers have a critical role to play in relation to both Family Spirit and the Australian Nurse-Family Partnership Program, through the John Hopkins University Center for American Indian Health and the Charles Darwin University Molly Wardaguaga Research Centre respectively. Also mindful of the recent announcement about the establishment of the Centre for the Child within Te Whare Wānanga o Awanuiarangi and the appointment of an inaugural endowed chair (Davis, 2021) is an opportunity here in Aotearoa New Zealand to involve Indigenous academics and researchers to hone home visiting programmes to better suit Indigenous communities.
3. Beyond indigeneity, neither Family Spirit nor the Australian Nurse-Family Partnership Model specifically target families at risk. In an Aotearoa New Zealand context that would place these programmes as much under the auspices of Whānau Ora as Oranga Tamariki.

4. Family Spirit, the Australian Nurse-Family Partnership and Parents as Teachers Tribal Maternal Home Visiting all incorporate Indigenous teachings.

Reference list/Bibliography

Australian Nurse-Family Partnership Program (n.d.). *Brief program description*. irp-cdn.multiscreensite.com/f8d653a0/files/uploaded/ANFPP%20Brief%20Program%20Description.pdf

Australian Nurse-Family Partnership Program (2021). Job vacancies. Retrieved on 1 December 2021 www.anfpp.com.au/careers

Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., Billy, T., Coho-Mescal, V., Lorenzo S., & Walkup, J. (2013). Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: A randomized controlled trial. *American Journal of Psychiatry, 170*(1), 83–93. pubmed.ncbi.nlm.nih.gov/23409290/

Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N., Cowboy, B., Fields, P., Hastings, R., Pan, W., Reid, R., Santosham, S., & Walkup, J. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers: A randomized trial. *Archives of Pediatrics & Adolescent Medicine, 160*, 1101–1107.

California Evidence-based Clearing House for Child Welfare. (2019-a). Parents as Teachers [webpage]. www.cebc4cw.org/program/parents-as-teachers/

California Evidence-based Clearing House for Child Welfare. (2019-b). *Overview of the CEBC scientific rating scale*. www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf

California Evidence-based Clearing House for Child Welfare. (2020). Family Spirit [webpage]. www.cebc4cw.org/program/family-spirit/

California Evidence-based Clearing House for Child Welfare. (2021). Nurse-Family Partnership [webpage]. www.cebc4cw.org/program/nurse-family-partnership/

Centre for American Indian Health. (n.d.). Home Spirit home visiting program [webpage]. caih.jhu.edu/programs/family-spirit

Davis, K. (2021, 19 November). *New Centre for the Child to be established in Tā Wira Gardiner's name* [Press release]. www.beehive.govt.nz/release/new-centre-child-be-established-t%C4%81-wira-gardiner%E2%80%99s-name

Ernst & Young. (2012). Stage 1 evaluation of the Australian Nurse Family Partnership Program final report. https://irp-cdn.multiscreensite.com/f8d653a0/files/uploaded/ANFPP%20Stage%201%20Formative%20Evaluation%20Final%20Report%20Mar%202013.pdf

Fairbanks Native Association. (n.d.). Tribal home visiting [webpage]. www.fairbanksnative.org/our-services/tribal-home-visiting-thv/

Gaynair, G. & Friedman, M. (2018). *Tribal home visiting: Cultural traditions offer protective force*. Urban Institute. www.urban.org/features/tribal-home-visiting-cultural-traditions-offer-protective-force

Haroz E., Ingalls, A., Kee, C., Goklish, N., Neault, N., Begay, M., & Barlow, A. (2019). Informing precision home visiting: Identifying meaningful subgroups of families who benefit most from Family Spirit. *Prevention Science, 20*(8), 1244–1254. doi:10.1007/s11121-019-01039-9

Haroz, E., Ingalls, A., Wadlin, J., Kee, C., Begay, M., Neault, N., & Barlow, A. (2020). Utilizing broad-based partnerships to design a precision approach to implementing evidence-based home visiting. *Community Psychology, 48*(4),1100–1113. doi:10.1002/jcop.22281

Home Visiting Evidence of Effectiveness. (2019). *Implementing Nurse-Family Partnership (NFP).* homvee.acf.hhs.gov/implementation/Nurse-Family%20Partnership%20(NFP)%C2%AE/Model%20Overview

Home Visiting Evidence of Effectiveness. (2020). *Designing and conducting home visiting evaluations in tribal communities: Takeaways from the HomVEE review of research with tribal populations.* homvee.acf.hhs.gov/sites/default/files/2020-12/Target_Audience_Brief_Evaluators_Final.pdf

Home Visiting Evidence of Effectiveness. (2020). *Developing, tailoring, and implementing early childhood home visiting models in tribal communities: Takeaways from the HomVEE review of research with tribal populations* (updated) (OPRE Report #2020-162) homvee.acf.hhs.gov/sites/default/files/2020-12/Target_Audience_Brief_Program_Administrators_Final.pdf

Home Visiting Evidence of Effectiveness. (2020). *Assessing the research on Early Childhood home visiting models implemented with tribal populations part 1: Evidence of Effectiveness* (updated) (OPRE Report #2020-164). homvee.acf.hhs.gov/sites/default/files/2021-02/TRIBAL_REPORT_2020_Part_1508qcr.pdf

Home Visiting Evidence of Effectiveness. (2020). *Assessing the research on Early Childhood home visiting models implemented with tribal populations part 2: Lessons learned about implementation and evaluation* (updated) (OPRE Report #2020-165). homvee.acf.hhs.gov/sites/default/files/2020-12/TRIBAL_REPORT_2020_Part_2.pdf

Home Visiting Evidence of Effectiveness. (2020). *Implementing Family Spirit.* homvee.acf.hhs.gov/implementation/Family%20Spirit®/Model%20Overview

Home Visiting Evidence of Effectiveness. (2020). *Implementing Parents as Teachers (PAT).* homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20%28PAT%29®/Model%20overview#Adaptationsandenhancement-d

Home Visiting Evidence of Effectiveness. (n.d.). *Tribal home visiting* [webpage]. homvee.acf.hhs.gov/tribal

Ingalls, A., Barlow, A., Kushman, E., Leonard, A., Martin, L., West, A., Neault, & Haroz, E. (2021). Precision Family Spirit: A pilot randomized implementation trial of a precision home visiting approach with families in Michigan—trial rationale and study protocol. *Pilot Feasibility Studies 7*(8). doi.org/10.1186/s40814-020-00753-4

Johns Hopkins Center for American Indian Health. (2020). *Recommendations for completing a virtual home visit.* www.jhsph.edu/research/affiliated-programs/family-spirit/Recommendations%20for%20Completing%20a%20Virtual%20Home%20Visit.pdf

Johns Hopkins Center for American Indian Health. (2020). *Family Spirit training and implementation readiness tool.* www.jhsph.edu/research/affiliated-programs/family-spirit/becoming-an-fs-affiliate/readiness-tool/

Kempe, L., Grace, R., Comino, E., Pulver, L., McMahon, C., Harris, E., Harris, M., George, A., & Mack, H. (2018). The effectiveness of a sustained nurse home visiting intervention for Aboriginal infants compared with non-Aboriginal infants and with Aboriginal infants receiving usual child health care: A quasi-experimental trial – the Bulundidi Gudaga study. *BMC Health Services Research 18*, 599. doi.org/10.1186/s12913-018-3394-1

Massi, L., Hickey, S., & Maidment, S., Roe, Y., Kildea, S., Nelson, C. & Cruske, S. (2021). Improving interagency service integration of the Australian Nurse Family Partnership Program for First Nations women and babies: A qualitative study. *International Journal for Equity in Health*, *20*(212). doi.org/10.1186/s12939-021-01519-x

Molly Wardaguga Research Centre. (n.d.). *The Australian Nurse-Family Partnership Program*. www.anfpp.com.au/

National [United States] Home Visiting Resource Center. (n.d.). Model profiles – Family Spirit [webpage]. nhvrc.org/model_profile/family-spirit/

Nguyen, H., Zarnowiecki, D., Segal, L., Gent, D., Silver, B., & Boffa, J. (2018). Feasibility of implementing infant home visiting in a Central Australian Aboriginal community. *Prevention science: The official journal of the Society for Prevention Research*, *19*(7), 966–976. doi.org/10.1007/s11121-018-0930-5

Parents as Teachers. (n.d.). Parents as Teachers tribal maternal home visiting program [webpage]. parentsasteachers.org/tribal-home-visiting-and-face

Segal, L., Nguyen, H., Gent, D., Hampton, C., & Boffa, J. (2018). Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia. *PLoS One, 13*(12). doi.org/10.1371/journal.pone.0208764.

Tribal Evaluation Institute. (n.d.). About the Tribal Home Visiting Program [webpage]. www.tribaleval.org/about-the-tribal-home-visiting-program/

US Department of Health and Human Services Office of Child Care. (n.d.) About tribal home visiting [webpage]. www.acf.hhs.gov/occ/about-tribal-home-visiting

Walkup, J., Barlow, A, Mullany, B., Pan, W., Goklish, N., Hasting, R., Cowboy, B., Fields, P., Varipatis-Baker, E., Speakman, K., Ginsburg, H., & Reid, R. (2009). Randomized controlled trial of a paraprofessional-delivered in-home intervention for young reservation-based American Indian mothers. *Journal of the American Academy of Child & Adolescent Psychiatry, 48(*6), 591–601.

Whitesell, N., Lyon, K., Abrahamson-Richards, T. (2018). The multi-site implementation evaluation of tribal home visiting [Presentation slides]. Tribal Maternal & Child Health Symposium, November 26, 2018, Albuquerque, New Mexico. www.aastec.net/wp-content/uploads/2018/12/NRWhitesell_Multi-Site-Implementation-Evaluation-of-Tribal-Home-Visiting-MUSE_11-26-2018.pdf

Zarnowiecki, D., Nguyen, H., Hampton, C., Boffa, J., & Segal, L. (2018). The Australian Nurse Family Partnership Program for Aboriginal mothers and babies: Describing client complexity and implications for program delivery. *Midwifery, 65*, 72–81. doi.org/10.1016/j.midw.2018.06.019