



Research Snapshot

Australia's own nurse home visiting program enables children and families to thrive

Supporting children's early development and learning helps build their brains and bodies, creating health and wellbeing now and into the future. Unfortunately, not all children and families receive the support they need for positive child health and development. What's more, the effects of adversity on children are evident by the time they start school and are enduring.

Tackling early adversity

Nurse home visiting (NHV) is an evidenced-based model of care for addressing the effects of early adversity and promoting parent and child health and development.

By providing targeted and intensive child and family services at home, NHV removes common barriers to accessing high quality health and social care. However, not all NHV programs are beneficial. Programs vary according to when they begin, how long they are offered for, the types of practitioners involved, the practitioner training, and the evidence behind the program. These qualities matter and determine a program's effectiveness in addressing the impacts of early adversity.

right@home has been designed to optimise the key qualities of an effective NHV program for Australian families: this distinguishes it from other NHV programs currently delivered in Australia.



What is right@home?

"right@home" is a nurse home visiting program designed to meet the needs of Australian women experiencing psychosocial and socioeconomic adversities. Offered from pregnancy until children turn 2 years old, the program provides parents with easy access to health and social support during this extremely important time.

What are the benefits?

- a program designed for delivery within Australia's existing healthcare platforms.
- immediate benefits to parents and children by age 2 years.
- benefits for women continue for several years.
- is liked by families.
- has been rigorously evaluated via Australia's largest trial of nurse home visiting.
- new benefits for children emerge when children start school across home and school domains.



Program goals

right@home supports parents to build their confidence and skills in caring for their child, respond sensitively to their child’s needs, and provide a nurturing home environment. These factors are important for children’s brain development and their ongoing learning and behaviour.



- ✓ focuses on prevention and early intervention
- ✓ responds to the needs of women experiencing common psychosocial and socioeconomic challenges during pregnancy
- ✓ provides continuous, responsive health and social support from pregnancy until children turn 2 years old
- ✓ is well-liked and attended by families
- ✓ is the only nurse home visiting program designed for universal healthcare systems with evaluation of long-term impacts
- ✓ is designed for delivery within Australia’s existing child and family health services



The benefits of right@home

1. The right@home program offers immediate benefits

When children turn two and the program ended, it benefited women in terms of:

- caring for their child, such as providing regular bedtimes and a safe home
- responding to their child with warmer and less hostile interactions
- providing a positive home learning environment, such as being involved with their child and offering variety in the child’s experiences.

“I found that they made me feel a lot more confident. As time went on I realised, you know, and as [baby] developed that I was doing a really good job and that even if I didn't feel like I'd bonded with him, he'd bonded with me and, you know, I, I was doing good... I could tell what he needed and doing everything that he needed even if I didn't realise it.”



Benefits were evident for families regardless of whether the child was their first or a sibling, and whether women were experiencing differences in types of adversity, emotional wellbeing, or self-efficacy.

2. Benefits for women are sustained for several years

Women who received right@home reported ongoing benefits in:

- mental health and wellbeing, and improved self-confidence throughout the pre-school years
- the way they cared for their child including routines and parenting warmth
- being less likely to experience emotional abuse from a partner.

“I’ve managed in the last two years to gain my bachelor’s degree in accounting because my confidence levels were raised, and I’m also going on to do early childhood education.”

3. There are benefits for children at 6 years of age

Parents and teachers said that children who received right@home had:

- better mental health, behaviour and social skills when beginning school
- better executive functioning including planning, regulation and reading simple sentences.

4. Families like the program and use the visits

On average, families had 23 of the 25 visits offered by their nurse. Three-quarters of families also had at least one visit with a social care practitioner, who provided case management as needed. Compared with women who received the usual Child and Family Health Services, those who received the nurse home visits were much more satisfied and reported feeling more capable to care for themselves and their children.

“With the right@home program I had prenatal introduction to both ...the social worker and the maternal child health nurse, so the relationship therefore built from before birth and I felt comfortable having them in the home... it helped me build my confidence... for the first time in a long time I’m a confident mother.”

5. right@home has been rigorously evaluated

None of the previous trials to investigate the benefits of NHV beyond preschool were designed for populations with universal healthcare. The effectiveness of right@home has been demonstrated via Australia’s largest and longest randomised trial of NHV. Lifetime cost-benefit modelling of NHV in the United States shows that benefits accrue to participants and taxpayers over a child’s lifetime. The economic evaluation of right@home supports a similar pattern of high upfront costs increasingly balanced by ongoing benefits over time.

6. right@home can be delivered within existing healthcare platforms

The right@home program is designed to be delivered within an existing Child and Family Health Services platform, through increased and tailored visits by Child and Family Health Nurses who have received training and ongoing support from the implementation team in the right@home program. Face-to-face training is usually either 2 days (16 hrs) for Core Maternal Early Childhood Sustained Home-visiting (MESCH) Foundation training or 5 days (30 hours) for Integrated MECSH and Family Partnership training. Also available are the 6 MECSH online training modules and Deep dive training, usually up to 4 hours.



Building the evidence

Developing right@home

Developed in partnership with the Victoria and Tasmanian state governments and philanthropy, right@home was custom built to meet the needs of Australian families. Informed by a series of literature reviews, the program incorporated the features of existing programs and processes which have demonstrated evidence of benefits.

The resulting program was structured using the MECOSH framework and training, augmented by five evidence-based strategies for content (infant/child sleep, safety, nutrition, regulation, bonding/relationship) and two for delivery (video feedback and motivational interviewing). right@home also incorporates the standard checks offered in Australia's universal Child and Family Health Services.

Implementation involves adapting the program to best meet the needs of the community. The program offers 25 home visits (60-90 minutes long) plus one or more visits with a social care practitioner as needed. Beginning in pregnancy and offering continuity of care (with the same specially trained nurse throughout), right@home is unlike standard outreach programs offered via current Child and Family Health services. Having support that starts in pregnancy is critical for families with the most acute social risks, including homelessness, family violence, and substance use - all risks that can be supported if recognised early.

An Australian first

The benefits of right@home have been evaluated in Australia's longest and largest randomised controlled trial of NHV. The program was embedded into Australia's universal Child and Family Health Services in seven geographical regions across Victoria and Tasmania. To recruit participants, in 2013-14, over 5,500 pregnant women completed a survey about their health and social circumstances while attending antenatal appointments at 10 public maternity hospitals across the two states.

Around 25% of women who reported two or more experiences of health or social adversity were invited to take part in the trial. Consenting women completed a detailed interview with a researcher in their home. In total, 722 women enrolled, with 363 randomly allocated to the intervention group (to receive the right@home program), and 359 to the control group (to receive their usual, local Child and Family Health Service).

Participating families took part in twice-yearly interviews (one in home and one by phone) until their children turned 5 and a half. When children turned 6 years old and started school, parents completed another phone interview and children's teachers were also surveyed about children's learning and development. The majority of families gave permission for the study to link with their children's NAPLAN (National Assessment Program - Literacy and Numeracy) when completed in Grade 3 (2022-24). This will show whether the right@home program affects children's academic skills into middle childhood.

Internationally recognised

right@home is internationally recognised as effective by the Home Visiting Evidence of Effectiveness (HomVEE) platform. HomVEE is run by the United States Department of Health and Human Services. It conducts a thorough and transparent review of home visiting program models to ensure they effectively meet family needs. In the US, programs that are deemed effective are eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funds, which supports states, territories, and tribal entities to develop and implement effective home visiting programs.



What next?

When designed and delivered well, NHV can offer important, long-term protective benefits for families experiencing adversity. Despite NHV being common in Australia, almost no programs are evaluated, and most are being implemented without evidence or likely benefit. In contrast, right@home has been designed to be embedded within Australia's universal Child and Family Health Services and delivered across a variety of geographical regions. It has demonstrated both immediate and sustained benefits for children and women. Almost no other public health programs delivered during the first 1000 days have evidence of such a broad range of gains across the foundational skills necessary for school success. When so few programs make a difference to childhood inequities, we should be maximising the reach and impact of those that do.

About right@home

right@home is a research collaboration between the Australian Research Alliance for Children and Youth (ARACY); the Translational Research and Social Innovation (TReSI) Group at Western Sydney University; and the Centre for Community Child Health (CCCH), which is a department of The Royal Children's Hospital and a research group of Murdoch Children's Research Institute. The right@home randomised controlled trial was funded by the state governments of Victoria and Tasmania, the Ian Potter Foundation, Sabemo Trust, Sidney Myer fund, the Vincent Fairfax Family Foundation, and the National Health and Medical Research Council (NHMRC, 1079148). To read the published right@home papers and study findings, please visit: www.rch.org.au/ccch/research-projects/right-at-home/.





Key references

Program protocol and development

- Goldfeld, S., Price, A., Bryson, H., et al. (2017). 'right@ home': a randomised controlled trial of sustained nurse home visiting from pregnancy to child age 2 years, versus usual care, to improve parent care, parent responsibility and the home learning environment at 2 years. *BMJ Open*, 10.1136/bmjopen-2016-013307
- Kemp, L., Bruce, T., Elcombe, et al. (2019). Quality of delivery of "right@ home": Implementation evaluation of an Australian sustained nurse home visiting intervention to improve parenting and the home learning environment. *PLoS One*, 10.1371/journal.pone.0215371.
- Goldfeld, S., Price, A., & Kemp, L. (2018). Designing, testing, and implementing a sustainable nurse home visiting program: right@ home. *Annals of the New York Academy of Sciences*, 10.1111/nyas.13688

Benefits at 2, 3, 4-5 and 6 years

- Goldfeld, S., Price, A., Smith, C., et al. (2019). Nurse home visiting for families experiencing adversity: a randomized trial. *Pediatrics*, 10.1542/peds.2018-1206
- Goldfeld, S., Bryson, H., Mensah, F., et al. (2021). Nurse home visiting and maternal mental health: 3-year follow-up of a randomized trial. *Pediatrics*, 10.1542/peds.2020-025361
- Goldfeld, S., Bryson, H., Mensah, F., et al. (2022). Nurse home visiting to improve child and maternal outcomes: 5-year follow-up of an Australian randomised controlled trial. *PLoS ONE*, 10.1371/journal.pone.0277773
- Price, A., Bryson, H., Mensah, F., et al. (2023) Embedding nurse home visiting in universal healthcare: 6-year follow-up of a randomized trial. *Archives of Disease in Childhood*, 10.1136/archdischild-2023-325662

Costs and benefits of nurse home visiting

- Nurse Family Partnership. *Public Health & Prevention: Home- or Family-based - Benefit-cost estimates*, 2017.
- Mudiyansele, S. B., Price, A. M., Mensah, F. K., et al. (2021). Economic evaluation of an Australian nurse home visiting programme: a randomised trial at 3 years. *BMJ Open*, 10.1136/bmjopen-2021-052156
- Michalopoulos, C., Faucetta, K., Warren, A., & Mitchell, R. (2017). Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). OPRE Report 2017-73. US Department of Health and Human Services.

right@home

right@home is a research collaboration between the Australian Research Alliance for Children and Youth (ARACY), the Translational Research and Social Innovation (TReSI) Group at Western Sydney University and the Centre for Community Child Health (CCCH) at the Murdoch Children's Research Institute. This work was supported by the state governments of Victoria and Tasmania, the Ian Potter Foundation, Sabemo Trust, Sidney Myer fund, the Vincent Fairfax Family Foundation, and the National Health and Medical Research Council (NHMRC, 1079148).

For further information

Visit: www.rch.org.au/ccch/research-projects/right-at-home/

Contact: Prof Sharon Goldfeld or Dr Anna Price

Centre for Community Child Health

The Royal Children's Hospital Melbourne
50 Flemington Road, Parkville
Victoria 3052 Australia

www.rch.org.au/ccch

We acknowledge the Traditional Owners of the land on which we work and pay our respect to Elders past, present and emerging.