

Cross Model Collaboration: Implementing Multiple Home Visiting Models

Background

Collaboration across home visiting models happens at every level: through national partnerships such as the National Alliance of Home Visiting Models (Alliance), through state-level efforts to implement and manage multiple models, and, most critically, through local, agency-level coordination where families experience services firsthand. This case study focuses on that local perspective, highlighting how communities are operationalizing multi-model collaboration to better meet the diverse needs of families. The examples that follow illustrate real-world strategies such as coordinated intake, cross-model referral pathways, shared data systems, co-location, and integrated service delivery—showing what becomes possible when home visiting models work together rather than in isolation.

Across the Parents as Teachers network, 39% of Parents as Teachers affiliates implement additional evidence-based home visiting models.¹ These models include Child First, Early Head Start, Head Start, Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership, and/or SafeCare. 47% of Parents as Teachers affiliates indicated using other programs, such as family literacy, early intervention, center-based programs, or other types of programs.¹ Several SafeCare partner agencies also implement other evidence-based home visiting models, such as Healthy Families America, HIPPY, Nurse-Family Partnership, and other local home visiting models. In many ways, including through the National Alliance of Home Visiting Models, home visiting models collaborate to support families, communities, and the home visiting field.

This case study will highlight ways that Parents as Teachers affiliates have used multiple home visiting models to better support families in their communities. It is not comprehensive of all the ways in which affiliate programs implement multiple home visiting models but reflects some of the data and stories we have gathered from the field.

Parents as Teachers

Parents as Teachers is an evidence-based home visiting model offering services for families from prenatal through kindergarten to support childhood development and promote positive parenting practices and overall family well-being. Parents as Teachers achieves seven model goals demonstrated by decades of evidence:

- Increase parent knowledge of early childhood development and improve positive parenting practices



- Provide early detection of developmental delays and connection to service
- Improve parent, child, and family health and well-being
- Prevent child abuse and neglect
- Increase children’s school readiness and success
- Improve family economic well-being
- Strengthen community capacity and connectedness

The Parents as Teachers model is supported by more than 40 years of independent research. A global network of affiliates and trained parent educators deliver the model through four components: Personal Visits, Group Connections, Resource Connections, and Child and Caregiver Screening.

SafeCare

SafeCare is a brief, evidence-based home visiting program for caregivers of children under the age of 5. SafeCare focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child unintentional injury, and keeping children as healthy as possible.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

HIPPY is an internationally recognized, evidence-based home-visiting model serving families with children ages 2–5. Grounded in decades of research and ongoing evaluation, HIPPY strengthens parent-child interactions, promotes early literacy and school readiness, and builds parents’ confidence and skills as their child’s first teacher.

The model uses a developmentally appropriate curriculum of activity packets and storybooks that support children’s cognitive, social, emotional, and physical development. Parents practice activities through role play with trained home visitors—often parents from the same community—who are supervised by professionally trained coordinators. Regular group experiences reinforce learning, build social connections, and support sustained engagement.

Originally developed as a research initiative at Hebrew University of Jerusalem, HIPPY has been implemented for more than five decades across multiple countries. A broad international evidence base demonstrates that children enter school better prepared, parents are more engaged in their children’s learning, and home visitors build skills that support ongoing career development.

National Alliance of Home Visiting Models

The National Alliance of Home Visiting Models (Alliance) is dedicated to supporting cross model collaboration and implementation.² The ten Alliance members include:

- Attachment and Biobehavioral Catch-up
- Head Start
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Healthy Families America
- Family Connects International
- ParentChild+
- SafeCare
- Nurse-Family Partnership
- Child First
- Parents as Teachers

The Alliance is united by their mission of promoting home visiting and supporting families, parents, and children.² Members of the Alliance work together to solve cross-model challenges and advance research, implementation, and advocacy within the home visiting field.²

Cross Model Implementation Across Parents as Teachers

Parents as Teachers affiliates offer a range of other evidence-based home visiting models. 15% of affiliates offer Early Head Start, 14% offer Head Start, 8% offer Healthy Families America, and 7% offer Nurse-Family Partnership.¹ To see the number of Parents as Teachers affiliates utilizing these models, please see Figure 1.¹

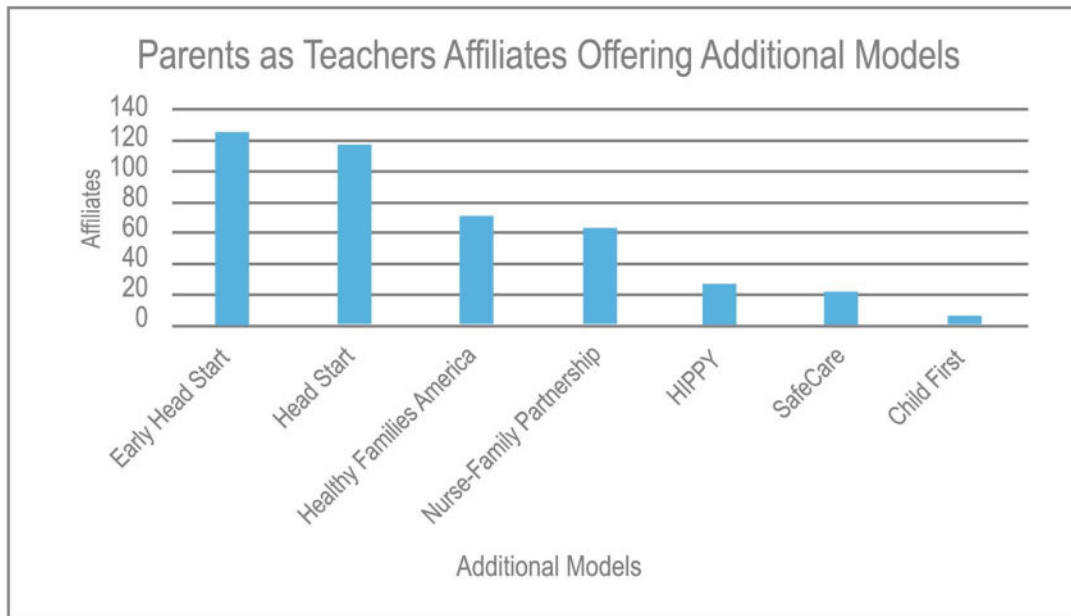


Figure 1: Count of PAT affiliates offering other models.¹

Value of Cross Model Implementation

Offering multiple home visiting models provides many benefits for programs, staff, and families.

Parents as Teachers affiliates choose to offer multiple models as part of their programs for many reasons. According to survey respondents, 32% of affiliates chose to implement multiple models to **better respond to community needs**. 29% of affiliates did so as a strategic way to expand service offerings. 25% of affiliates wanted to serve different populations or age groups. 9% started implementing multiple models to meet funder requirements. It is worth noting that respondents were able to select multiple responses to this question.

Offering multiple home visiting models is one way for programs **to serve families throughout a child's life**. For instance, Dee Hill, Home Visiting Director at Prevent Child Abuse Utah, shared that families may participate in different home visiting models as their child ages. From prenatal to age 2, a family might start with the Nurse-Family Partnership model. Then, they can graduate into the Parents as Teachers program, which is offered until kindergarten. After that, families may continue with STEP (Systematic Training for Effective Parenting) until age 9. Implementing multiple models allows for home visiting services to take place throughout a child's early life and into their later elementary years.

The **role of home visitors** in programs that implement multiple models can vary. Home visitors might be trained to implement multiple models or specialize in one specific model. The majority of affiliates surveyed (68%) have separate staff for each model. 2% of affiliates have the same staff deliver multiple models. 28% use a mixed approach, with some staff trained in multiple models and some staff trained only in one. These results can also be seen in Figure 2.

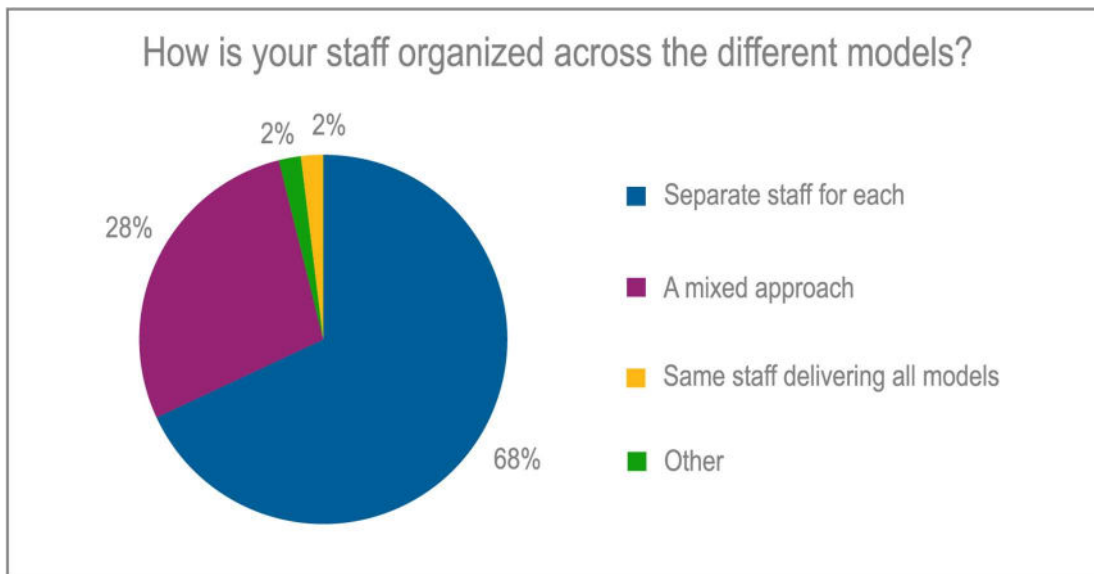


Figure 2. Percentage of survey respondents by staff organization style.

In Texas, the Easter Seals Rio Grande Valley’s Parents as Teachers Program Coordinator, Christine Califa, shared that their home visitors are each trained in one model. In doing so, home visitors can build strong relationships with the team members, supervisors, and families who use this model. Additionally, their supervisors specialize in one home visiting model so they can offer expertise and support to home visitors about that model’s implementation and fidelity requirements.

Jen Burkhard, Director of Community Services at Florence Crittenton Family Services in Montana, explained that their home visitors are also trained in one model. Burkhard shared that collaboration among home visitors across models, particularly during group supervision or staff meetings, has been a helpful way to learn from one another.

At Prevent Child Abuse Utah, staff are trained in multiple models, including Parents as Teachers, SafeCare, and STEP. As Hill described, this cross-training gives staff more tools to use when working with families. Hill recommends that programs who are interested in cross-training staff understand the associated training costs and create a flexible plan for training.

Offering multiple models can help **support families**. 78% of affiliates found that implementing multiple models has greatly or significantly improved their ability to serve families. These results can also be seen in Figure 3.

Califa explained that offering multiple programs gives their organization the opportunity to meet the needs of many families in their community. Because of their wide range of services, they have support options or referrals for any family with children under the age of 5.

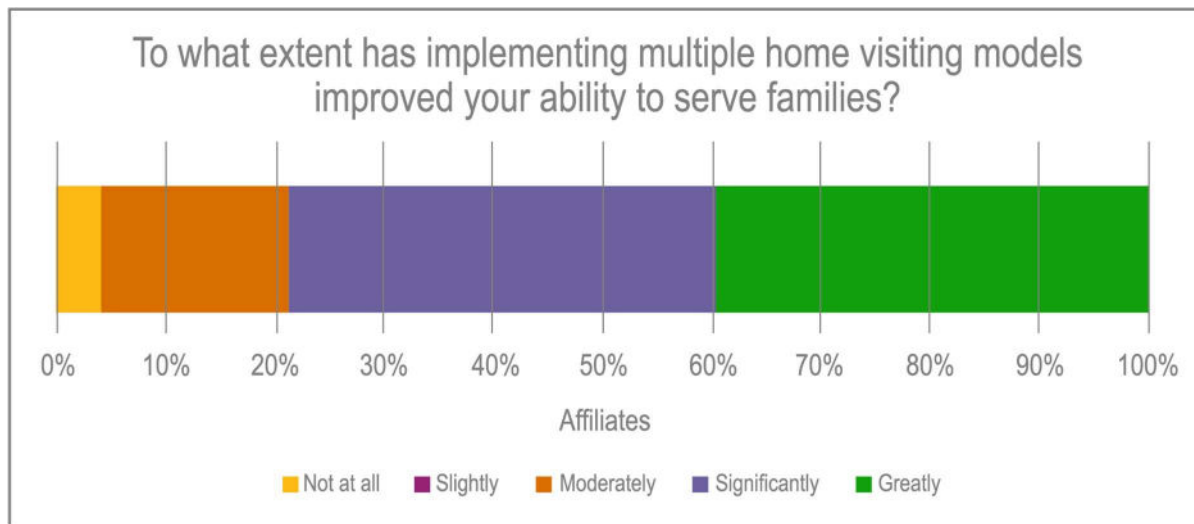


Figure 3. Percentage of survey respondents by reported impact of multiple home visiting models on their ability to serve families.

For many programs, the **family's needs and preferences** are at the center of decisions around which model to use. According to survey respondents, some of the most common factors taken into consideration include family choice (23%), staff judgment (19%), geographic location or service availability (14%), assessment tools (13%), and language or cultural considerations (11%). Survey respondents could also select multiple responses to this question.

Linda Ledesma, Director of the Lindsay Healthy Start Family Resource Center in California, shared that factors like the family's goals, the child's age, and program availability are all considerations for which model to implement. Offering multiple programs can also keep families engaged while they are on the wait list for a certain program. For example, if parent educators trained in Parents as Teachers have no availability, a family might start with SafeCare in the meantime. For families who are unsure about or unfamiliar with home visiting, this approach gives them the opportunity to experience home visiting and the benefits through a shorter curriculum, like SafeCare. This method can encourage families to then continue with longer home visiting models, like Parents as Teachers.

Burkhard explained that their program uses multiple factors to determine which model might be the best fit for a family. These considerations include family risk factors and referral sources. For example, if families are referred from a WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) program, they are directed to Nurse-Family Partnership. Families who are referred from a pediatrician might be a better fit for SafeCare so they can learn about their child's health and safety.

These examples highlight how implementing multiple models can support family engagement and family needs, both in the short- and long-term. Understanding a family's unique needs and circumstances helps these programs find the best path for each family and promote their optimal outcomes.

Overcoming Challenges Related to Cross Model Implementation

When implementing multiple models, there may also be some challenges. According to survey respondents, the most common challenges with implementing multiple models are increased

administrative workload (33%), confusion among families (28%), service overlap (14%), and resource limitations (14%). Survey respondents could select one of five choices (overlap in services, confusion among families, increased administrative workload, staff role confusion, or resource limitations) or write their own challenge.

One component of the administrative workload is **data systems**. Managing multiple data reporting and tracking systems can be complicated. 54% of affiliates have a unique data system for each model. 37% of affiliates use multiple data systems for each model, and 7% use a central system with data from all models.

In Hawai'i, Meja Kaniho, Program Director at Keiki O Ka 'Aina, shared their suggestions for balancing data reporting. One recommendation from Kaniho was to find ways to align reporting across models. Kaniho suggests understanding the requirements for each of the models and any other reporting partners, like the Department of Health. Then, they recommend choosing a data system that aligns with the most complex standard while meeting all the other requirements. Training all staff on reporting tasks has also been helpful to ease reporting-related challenges.

Some affiliates shared challenges related to **staffing**. Affiliates reported issues with retention (30%), workload management (20%), and recruitment issues (18%). These results can also be seen in Figure 4. Survey respondents could select one of three choices (retention, workload management, or issues with recruitment) or write their own challenge.

Figure 4. Count of survey respondents who reported each staffing challenge.

Programs across the country have taken steps to support and retain their staff. Kaniho emphasized their program's focus on promoting staff internally, offering professional development and training opportunities, and encouraging continuous education. These strategies have helped retain their program's staff.



In addition, Tammy House, Coordinator of the Parents as Teachers program at Goodwill Gulf Coast in Alabama, shared that their team is home-based and works in the office only twice a month. This schedule **gives staff members flexibility** which promotes the retention of home visitors and allows them to adapt to families' schedules who might need home visits outside of traditional office hours.

For programs who are considering offering multiple models, the interviewed affiliates shared their advice. Burkhard recommended that before starting a new home visiting model, **programs must understand all its components and fidelity requirements**. Califa and Ledesma both suggested considering staffing and, if needed, hiring additional staff to oversee each model and ensure all requirements are met. These lessons can help programs implement multiple models while maintaining fidelity and encouraging optimal outcomes for families and their communities.

Conclusion

Each home visiting model has unique strengths, and when combined, they create a more responsive, flexible, and family-centered system of support. This case study illustrates that collaboration can, and does, happen at the national, state, and especially local levels, where families experience the greatest benefit. Across Parents as Teachers affiliates, offering multiple home visiting models has helped programs better align services with family needs, expand access across developmental stages, and create a stronger continuum of care.

Findings from interviews and surveys reveal three primary ways communities are implementing cross-model collaboration. Some rely on partnerships across agencies, using referral pathways to connect families with the model that best fits their goals. Other agencies house multiple models within a single agency and design intentional warm handoffs, staffing structures, and decision processes to match families with the right level and type of support. A smaller but notable group is innovating with cross-training staff across models to build flexibility, maximize workforce capacity, and enhance continuity of care – though this strategy remains less common due to the training and fidelity considerations.

Together, these approaches highlight the diverse, yet complementary strategies communities use to make multi-model implementation successful. Despite challenges such as administrative complexity and workforce capacity, the affiliates surveyed overwhelmingly reported that offering multiple models strengthened their ability to meet families' needs. As communities continue to innovate, cross-model collaboration represents a promising pathway for building systems that are more inclusive, sustainable, and responsive to the realities families face.



Methodology

This case study was informed by a survey and series of interviews and focus groups occurring in July 2025. Parents as Teachers National Center used the annual Affiliate Performance Report (APR) to identify affiliates that implement additional models and to select a few for interviews and focus groups. Only affiliates who indicated using HIPPY or SafeCare in addition to Parents as Teachers were contacted for interviews and focus groups. Interviews or focus groups were conducted with six affiliates in six states: Texas, Utah, Montana, Alabama, California, and Hawaii.

Additionally, a voluntary survey was sent to all affiliates who reported in the 2023-2024 APR that they offered additional early childhood programs (Child First, Early Head Start, Head Start, Family Literacy, Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPOY), Family Literacy, Nurse-Family Partnership (NFP), SafeCare, early intervention, center-based early childhood program/preschool, or other models). This survey was open for two weeks in July 2025 of which 49 affiliates completed the survey before it was closed for data analysis.

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1. Parents as Teachers. (2025). *2024-2025 Parents as Teachers affiliate performance report summary*.
2. National Alliance of Home Visiting Models. (n.d.). *Home*. Retrieved November 19, 2025, from <https://www.nationalalliancehvmmodels.org/>