



Home Visiting for Military Families: An Overview of Innovative Programs

Introduction

More than 1.6 million children in the United States have at least 1 parent in the military, including at least 600,000 children under age 6,¹ according to estimates from the U.S. Department of Defense (DoD).² While parenting under any circumstances can be challenging, military families often face scenarios that can make it harder to parent effectively.³ Military parents tend to be younger than their civilian counterparts, for example, and many experience stressors such as frequent moves, parental deployment, and reintegration after deployment.⁴

Early childhood home visiting provides a service delivery strategy that can help military families address these challenges. As the federal funding source for home visiting, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) includes military families as a priority population for home visiting services. Several states serve military families with MIECHV or other funds. However, it can be difficult to serve military families because of their locations, heightened concerns about confidentiality and stigma, and the need to provide military-informed care (see sidebar).

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A growing number of innovative programs provide services to military families despite these obstacles.⁵ Some programs serve active duty⁶ families, while others also serve National Guard and Reserve families. This brief summarizes four efforts, which are in varying stages of implementation:

- ✔ New Parent Support Program (NPSP)
- ✔ Strong Families Strong Forces (SFSF)
- ✔ Families OverComing Under Stress for Early Childhood (FOCUS-EC)
- ✔ Pilot program authorized by the Military Family Prevention, Response, and Other Training to End Military Family Abuse and Connect Communities Today Act (Military Family PROTECT Act)

New Parent Support Program

About: NPSP is the overarching program implemented by the four branches of the armed services (U.S. Army, Navy, Air Force, and Marine Corps) to provide support, including intensive home visiting services, to active duty families who are expecting a baby and/or have young children. NPSP is housed within the Family Advocacy Program (FAP), which provides services designed to prevent and treat family maltreatment (domestic abuse and child maltreatment) in military families.

Goals and Purpose: Established in 1995, NPSP aims to prevent child abuse and neglect and domestic abuse by providing voluntary home visiting services and promoting healthy parent-child attachment, parental resilience, knowledge of parenting and child development, and social connections and support. NPSP identifies high-

What Is Military-Informed Care?

Military-informed care accounts for military culture and the unique challenges faced by military families when designing and implementing programs. According to the National Child Traumatic Stress Network, the practice begins with learning military language and asking program participants about their service member status and affiliations. Key concepts include—

- Change is constant.
- Military families are resilient.
- Most military parents were not military children.
- Mental health stigma is often still strong.
- Military peers provide unique support systems for service members.
- Using military language is important.
- Not everyone in uniform has access to the same programs; location, accessibility, and cost matter.
- Military family separations are difficult and complicated.
- Civilian and military providers play a complementary role.

Source: National Child Traumatic Stress Network. (2014). Best practices in military-informed care: Innovative models of care. Retrieved from <https://learn.nctsn.org/course/view.php?id=412>

need families using a screening instrument. Services are provided using a strengths-based, family-centered approach.

Who Is Involved: DoD oversees the FAP, with NPSP administered independently—and somewhat differently—by each service branch.

Notable Details: NPSP has a presence at nearly every military installation⁷ and uses various home visiting models:

- ✔ The Air Force uses a standards-driven program with interventions tailored to an assessment of each family's unique needs and circumstances.
- ✔ The Navy uses the Nurturing Parenting Program.
- ✔ The Army uses Parents as Teachers at some locations.
- ✔ The Marine Corps uses Parents as Teachers.

Civilian registered nurses, parent educators, and/or clinical social workers typically deliver services to expectant parents and parents with young children (birth to 5 years in the Marine Corps; birth to 3 years in other service branches).

NPSP enables service branches to offer programs and models they deem best suited for their families.

Accomplishments: Among 1,752 high-risk families served in fiscal year 2017, 98 percent did not have child maltreatment reports meeting FAP criteria, exceeding the 85 percent target rate.⁸

Implications: NPSP exemplifies an administrative structure that allows different service branches to implement models that fit their culture and needs. The program has reached many military families because it is designed with them in mind and offers services through military facilities. However, some families may not participate in NPSP because of concerns about stigma and privacy.

Upcoming Activities: Pennsylvania State University will analyze all military home visiting programs offered through NPSP in an effort to design a new model specifically for military families.

For More Information: See the [DoD Instruction](#) about the program and the program page on [Military OneSource](#).

Strong Families Strong Forces

About: SFSF provides home-based services to help service members who have served in Iraq or Afghanistan readjust to life at home after deployment. The program recognizes the unique needs and challenges of military parents with young children.

SFSF developers engaged the military community to learn from their experiences.

Goals and Purpose: SFSF aims to mitigate the negative impacts of combat- and separation-related stress on parent-child and family relationships. SFSF employs an evidence-informed approach developed with military community involvement to help families dealing with deployments.

Who Is Involved: Boston University School of Social Work received a 4-year grant from DoD to develop the program.

Notable Details: SFSF focuses on parenting, co-parenting, and parent-child relationships in the context of parental reintegration after deployment (see sidebar). The program was originally developed to serve National Guard and Reserve families with children from birth through 5 years and a parent who has returned from deployment within the previous year. Modules enhance parental awareness and sensitivity to children's needs.

Accomplishments: A recent study evaluated the impact of SFSF on 115 National Guard and Reserve service members with young children.⁹ Participants showed reduced parental stress, reduced mental health distress, and improved parental reflective capacity compared to service member parents who did not participate in the program. Among service members with high levels of posttraumatic stress symptoms, program participants reported greater perceived parental efficacy than nonparticipants.

What Is the Deployment Cycle?

Some military home visiting programs are organized around stages of the deployment cycle, which include—

- Pre-deployment (preparing to deploy)
- Deployment (time away from home on deployment)
- Reintegration (adjusting to life at home)

Some programs (SFSF) work primarily on reintegration, while others (FOCUS-EC) work on issues related to all stages of the cycle and other challenges of military life, such as frequent moves.

Implications: Military-informed programs created with input from the community may be able to better meet the unique needs of military families. Additionally, program staff report that with the right approach and circumstances, military families can be recruited to participate in research.

Upcoming Activities: A new phase of research will evaluate the effectiveness of SFSF compared to another program using a sample of 150 active duty families with children from birth through 5 years.

For More Information: Visit the [Boston University School of Social Work](#) and [National Institutes of Health](#) websites.

Families OverComing Under Stress for Early Childhood

About: FOCUS-EC helps active duty military families with children aged 3–5 cope with the stressors of deployment and reintegration. Initial assessments and services are provided virtually using a secure, web-based platform.

Goals and Purpose: FOCUS-EC addresses gaps in preventive and treatment services for military families at risk for relational and child development challenges associated with military experiences. By understanding the family context, creating a family narrative timeline, and enhancing parent-child interactions, FOCUS-EC promotes improved parenting skills and more cohesive family relationships.

Who Is Involved: FOCUS-EC was developed through a partnership between the University of California Los Angeles and Harvard Medical School. The program now operates across all service branches through the DoD Office of Military Community and Family Policy and in collaboration with providers on military bases.

Notable Details: FOCUS-EC uses a whole-family approach and virtual service delivery model to provide developmental guidance, parent education, and resiliency skills to help families cope with the deployment cycle. Families participate in assessments to evaluate parent psychological health, child behavioral symptoms, and general family functioning. The program integrates research on family resilience, traumatic stress, child development, and a stress continuum model developed by the military. Service providers are master's-level clinicians with training in mental health.

FOCUS-EC uses a virtual service delivery model instead of in-home visits to connect more families with its program grounded in military-informed care.

Accomplishments: Results from a preliminary evaluation of FOCUS-EC with 637 families were positive.¹⁰ Families displayed increases in prosocial behaviors and reductions in child psychological disorder symptoms after participating. Parents also reported improvements in family functioning, and both service members and spouses reported significant declines in depression and anxiety. Moreover, unpublished results from a recently completed evaluation suggest that telehealth delivery of FOCUS-EC compares favorably to delivery of a web-based parenting curriculum.¹¹

Implications: FOCUS-EC delivers high-quality, military-informed services virtually while allowing clinicians to reach more families by cutting down on travel time and costs. Service members may feel more comfortable receiving services in the privacy of their home, and parents may engage more actively with their children during home visits rather than relying on clinicians to do so.

Upcoming Activities: Data analysis of a randomized control trial of FOCUS-EC funded by the National Institute of Child Health and Human Development is currently underway. Los Angeles County will continue to disseminate the model as a promising practice.

For More Information: See the [FOCUS website](#).

Pilot Program Authorized by the Military Family PROTECT Act

About: Concerned with persistent rates of child abuse and neglect in the military, Congress authorized a pilot program for all new military parents through legislation passed in 2018.

Goals and Purpose: The pilot program is designed as a universal “light touch” (less intensive, short-duration services) and a connecting point for military families in need of more intensive services. It aims to reach more families across service branches and to enhance military efforts to prevent abuse and neglect.

Who Is Involved: The program will operate through the Defense Health Agency. Initial services will be offered separately from FAP services to reduce stigma associated with the latter’s focus on domestic abuse.

Notable Details: All women who deliver a baby at a pilot location will be offered a home visit, regardless of risk. Families will be offered up to three visits in the home. Clinically trained home visitors will assess family needs and provide information on a range of topics, such as safe sleep practices, child care, and preparation for deployment. Families will be referred to appropriate services in their communities.

Implications: Delivering a universal program that reaches all new military parents—even briefly—can reduce rates of child abuse and neglect throughout the military. Evaluations of this program could inform efforts to provide more universal home visiting services and initiatives seeking to reach families through military-specific programs.

Once implemented, the pilot program authorized by the Military Family PROTECT Act will establish the first universal, military-specific home visiting program.

Upcoming Activities: DoD is determining how best to run the pilot program to fit legislative requirements.

For More Information: The [Military Family PROTECT Act](#) was included in [Section 578 of the National Defense Authorization Act](#).

Summary

The programs profiled in this brief can inform both the development of military-specific home visiting models and the practices of broader programs seeking to reach military families. Services tailored to the unique needs of military families with young children can help home visiting programs reach more families and improve child health and well-being. Innovative interventions are being developed using research-based methods that actively engage the military community. This includes approaches grounded in an understanding of trauma and drawing on the unique experiences of military life. Leveraging technology can also help programs reach more military families, who tend to be geographically dispersed and increasingly live off military bases.

References and Notes

¹ U.S. Department of Defense, Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy. (2017). 2017 Demographics: Profile of the military community. Washington, DC: Author. Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf>

² According to the U.S. Department of Defense profile of military families cited in note 1, these figures are likely underestimates because the data are extracted from the Defense Enrollment Eligibility Reporting System (DEERS). Estimates thus exclude any dependents who are not registered in that system.

³ DeVoe, E. R., Ross, A. M., & Paris, R. (2012). Build it together and they will come: The case for community-based participatory research with military populations. *Advances in Social Work, 13*(1), 149-165.

⁴ Clever, M., & Segal, D. R. (2013). The demographics of military children and families. *The Future of Children, 23*(2) 13-39.

⁵ In addition to home visiting, a number of other programs provide tailored supports for military families with young children. For example, Sesame Workshop has developed resources and products to support military families and providers who work with them (see <https://www.sesameworkshop.org/what-we-do/military-families>).

⁶ Active duty service members are employed full time by the military. In contrast, National Guard and Reserve service members are called into service as needed. Some home visiting programs specifically serve active duty families, while others are open to all service members.

⁷ A military installation is any base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretary of a Military Department or, in the case of an activity in a foreign country, under the operational control of the Secretary of a Military Department or the Secretary of Defense.

⁸ U. S. Department of Defense. (2017). Report on child abuse and neglect and domestic abuse in the military for fiscal year 2017. Washington, DC: Author. Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/FAP-FY17-DoD-Report.pdf>

⁹ DeVoe, E. R., Paris, R., Emmert-Aronson, B., Ross, A., & Acker, M. (2017). A randomized clinical trial of a post-deployment parenting intervention for service members and their families with very young children. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(S1), 25.

¹⁰ Mogil, C., Hajal, N., Garcia, E., Kiff, C., Paley, B., Milburn, N., & Lester, P. (2015). FOCUS for early childhood: A virtual home visiting program for military families with young children. *Contemporary Family Therapy, 37*(3), 199-208.

¹¹ These preliminary results, reported in personal communication with C. Mogil, lead author of the study cited in note 10, were from a randomized controlled trial that has found improvements in parental posttraumatic stress disorder symptoms, reductions in self-reported parenting stress and parent-child relationship quality, and improvements in observed parenting and parent-child interactions.