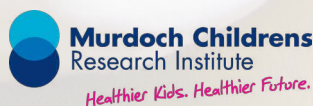




An Australian, multi-state, sustained nurse home visiting, randomised controlled trial to promote family wellbeing and child development



A research collaboration between the Australian Research Alliance for Children and Youth (ARACY), the Centre for Community Child Health (CCCH), and the Centre for Health Equity Training Research and Evaluation (CHETRE).





## What is right@home?

right@home is a randomised controlled trial (RCT)<sup>1</sup> investigating whether an Australian model of sustained nurse home visiting (SNHV) can make a difference to child development and family wellbeing. right@home offers long-term, relationship-based home visiting by highly qualified child and family health nurses from the antenatal period until their child turns two.

## Why is right@home so important?

In Australia today, more than one in five children is considered developmentally vulnerable at the time they enter kindergarten (AEDC, 2016). This means they are falling behind their peers in at least one of five categories of physical health, behaviour, emotions, language and communication. Research suggests that when children start school on the back foot, they usually don't catch up – they fall further behind.

Only a small number of programs in Australia are designed to specifically meet the learning and development needs of young children before they enter school. A shortage of evaluation evidence means that we do not know if these are effective in shifting outcomes for children.

right@home will help fill this gap by providing a robust evidence on how SNHV can improve children's readiness for school, by helping to shape their home, parenting and learning environments.

<sup>1</sup> Randomised Controlled Trials, or RCTs, randomly allocate participants so they are offered a treatment or intervention ("intervention group") or not ("control group"). When the sample is randomly selected and large enough to properly represent the population from which it is drawn, randomisation ensures that the trial groups are as similar as possible at the start of the study, so the only measurable difference between groups should be the effect of the intervention.

## The right@home model

right@home is delivered by highly trained child and family health nurses and is embedded in the universal system. It is based on the Maternal Early Childhood Sustained Home-visiting (MECSH) program – a structured program of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. right@home also includes additional modules based on the best evidence to help parents care for and respond to their children, and to create a supportive home learning environment. All right@home teams include a social worker who offers additional support to the nurses and families.

### Scope of the project

The right@home trial is underway at seven sites in Australian sites until the end of 2016 and will measure outcomes for more than 700 families. Primary outcomes up to child age two will be published in 2017. Follow up research with families will continue until children turn five.

### Research phases

Phase 1	Phase 2
<p>In Phase 1, we want to know if the SNHV model makes it easier for parents to learn about things like feeding, parenting and managing their baby's sleep.</p> <p>When children turn two years old, the study will evaluate the impact of the sustained nurse home visiting program on:</p> <ol style="list-style-type: none"><li>1. parent care;</li><li>2. parent attunement and responsivity; and</li><li>3. supportive home environment.</li></ol>	<p>In Phase 2, we want to know if there are long-lasting effects of right@home on children's early learning and development at the time they start school.</p> <p>From age three onwards we are able to conduct research on child language and development measures. This is a rare opportunity to follow the impacts of right@home until school entry, as well as to gather important demographic, observational and behavioural data on an engaged and responsive cohort of research participants.</p>



## Collaborative approach

right@home is a collaborative partnership that draws on the strengths of three significant organisations – ARACY, CCCH and TReSI. Each of these partners contributes specific expertise to ensure the trial is conducted with world-class efficiency and effectiveness.

**ARACY** acts as project managers, overseeing funding, governance and reporting. With ARACY's leadership and relationship brokering, each organisation in the collaboration is supported to excel in their role.

**CCCH** leads the research evaluation of right@home. They design and administer follow up assessments, coordinate data analysis, and plan the project publications.

**TReSI** leads implementation support for the intervention. They provide supervisory advice and support to right@home nurses, monitoring and reporting on program fidelity, and oversight of a community of practice of all clinicians delivering MECSH-based programs worldwide.

In this way, each organisation drives their area of the project with a high degree of rigour and independence. This unique collaboration ensures a rigorous and robust evaluation of right@home.

## Funders

Phase 1 of right@home is financed by a combination of monetary and 'in-kind' support from the following institutions and departments:

- Victorian Department of Education and Early Childhood Development
- Tasmanian Department of Health and Human Services

- The Ian Potter Foundation
- Sabemo Trust
- Sidney Myer Fund
- Vincent Fairfax Family Fund.

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