Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home-visiting programme for parents with a child between the ages of three and five living in disadvantaged communities.

HIPPY helps parents prepare their child for school by improving the home-literacy environment, increasing the quality of parent-child verbal interaction and teaching parents specific skills for scaffolding their child’s learning. HIPPY is delivered by para-professionals trained and supervised in the HIPPY model.

The programme consists of 30 sessions that take place over two years (a three-year curriculum is also available), spanning the transition from preschool to primary school. During each 30 to 60-minute visit, parents learn how to use the books and activity packets with their children through role play exercises. Parents also attend group meetings with other parents. During these meetings, a HIPPY paraprofessional introduces the weekly activity packet and parents share questions and concerns with each other and the HIPPY para-professional. Parents are expected to practise HIPPY activities with their child for at least 15 minutes a day.
EIF Programme Assessment

Home Instruction for Parents of Preschool Youngsters has preliminary evidence of improving a child outcome, but we cannot be confident that the programme caused the improvement.

What does the evidence rating mean?

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme’s best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

A rating of 3 indicates that a programme has a medium cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £500–£999.
Child outcomes

According to the best available evidence for this programme’s impact, it can achieve the following positive outcomes for children:

**Enhancing school achievement & employment**

- Improved cognitive skills - based on study 1
- Improved classroom adaption - based on study 1
- Improved school readiness - based on study 1
- Improved achievement - based on study 1
- Improved maths achievement - based on study 2
- Improved expressive language skills - based on study 3

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the ‘About the evidence’ section for more detail.
Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Home visiting

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective

Where has it been implemented?

Argentina, Australia, Austria, Canada, Germany, Israel, Liberia, New Zealand, United States
UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.
About the programme

What happens during delivery?

How is it delivered?

HIPPY has two components – one which is delivered to individual families by home visitors, and another which is delivered to groups of approximately 20 families (though this will vary). Each component has 15 sessions – with individual component sessions lasting 1.5 hours, and group component sessions lasting between two and three hours.

The home visiting component is delivered by one home visitor para-professional; the supplementary group component is delivered by one programme coordinator.

What happens during the intervention?

• The core component of the intervention consists of bimonthly visits by a home visitor to individual families.

• The practitioner uses role play with the parents to demonstrate how to create a more effective home learning environment. The practitioner uses the books and activity packets to teach techniques to teach children more effectively.

• The parent then implements the techniques with the child at home using the same materials.

• Home visiting is supplemented by group meetings held every other week led by the programme coordinator. At these meetings, parents are introduced to next weeks’ activities and have an opportunity to raise particular concerns and issues. Various other activities also take place in response to the particular needs of the parents.

What are the implementation requirements?

Who can deliver it?

• The home visiting component is delivered by one home visitor para-professional with QCF-2 qualifications the group component is delivered by one programme coordinator with QCF-6 qualifications.
What are the training requirements?

- The practitioners have one week of pre-service training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that the programme is supervised by one host-agency supervisor providing skills and case-management supervision with QCF-6 level qualifications and one week of pre-service training.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online material
- Face-to-face training
- Supervision
- Accreditation or certification process
- Fidelity monitoring

Is there a licensing requirement?

Yes, there is a licence required to run this programme.
How does it work? (Theory of Change)

How does it work?

- HIPPY is based on the assumption that parental engagement and active participation in learning is important for children’s early social, emotional and cognitive development.
- Parents experiencing economic and social disadvantage may have more difficulty supporting their children’s early learning at home and at school.
- HIPPY teaches parents a variety of strategies for supporting their children’s early learning.
- In the short term parents are better able to support their children’s early learning.
- In the long term, children will demonstrate greater school readiness and higher achievement in primary school.

Intended outcomes

Enhancing school achievement & employment

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About the evidence

HIPPY’s most rigorous evidence comes from two RCTs and one QED, all of which were conducted in the USA.

Study 1

Citation: Baker et al (1999) | Design: RCT (New York sample) and QED (Arkansas sample)

Country: United States

Sample: 247 families (New York) and 226 families (Arkansas)

Child outcomes:
- Improved cognitive skills
- Improved classroom adaption
- Improved school readiness
- Improved achievement

Other outcomes:
None measured


Available at https://www.ncbi.nlm.nih.gov/pubmed/10414013

Study 2

Citation: Nievar et al (2011) | Design: QED

Country: United States

Sample: 108 families in urban southwestern USA
Child outcomes:
Improved maths achievement

Other outcomes:
Improved parental involvement and efficacy
Improved home environment


Available at http://www.sciencedirect.com/science/article/pii/S0885200611000044

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### Study 3

**Citation:** Necoechea, 2007 | **Design:** RCT

**Country:** United States | **Study rating:** 2

**Sample:** 51 families, with children between 3 and 4 years old. All families in the sample were low SES and recruited from a neighbourhood with 35% child poverty rate and high school dropout rate.

**Timing:** Post-test (15 weeks)

**Child outcomes:**
Improved expressive language skills

**Other outcomes:**
None measured


Available at https://search.proquest.com/openview/0cc2dd8ee3e74980de32d676d7cbb5a8/1?pq-origsite=gscholar&cbl=18750&diss=y
Study design and sample
The third study is an RCT.

This study involved random assignment of children to a HIPPY treatment group and a no-treatment control group.

The study included 51 families, with children between 3 and 4 years old, where families were living in the lowest income community in inner-city San Diego. Most parents were immigrated from Mexico, and children’s primary language was mainly Spanish. The neighbourhood where families were recruited had a 35% child poverty rate, with 25% of students failing to graduate from high school. Researchers went from door to door to reach these families who are classified as “hard to reach”.

Measures
Children’s receptive language skills were measured using the Peabody Picture Vocabulary Test-Revised (expert observation of behaviour). Children’s expressive language skills were measured using the Expressive One-Word Picture Vocabulary Test-Revised (expert observation of behaviour). School readiness was measured using the Developing Skills Checklist (expert observation of behaviour).

Parent involvement in the home was measured using the Parent-Home Survey (parent report). The level of parental participation in the HIPPY programme was measured using the Parent Participation Questionnaire (parent report).

Findings
This study identified statistically significant positive impact on one child outcome. This included improved expressive language skills.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequivalent groups, hence why a higher rating is not achieved.

Other studies
The following studies were identified for this programme but did not count towards the programme’s overall evidence rating. A programme receives the same rating as its most robust study or studies.


The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF’s assessment of the strength of evidence for a programme’s effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF’s work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme’s effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook
EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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