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HOME VISITING PROGRAMS GET HEARTWARMING RESULTS:

How to Lift Families Up Where They Live

“I build relationships with families,” said Claudia Williamson, a home visitor with the Maine Families Parents as Teachers program. “And building trust is the best way to support parents in helping their children succeed.”¹

Public support for home visiting crosses the political aisle. Federally funded programs for early childhood education and other services received good news in March 2018, when a bipartisan vote in Congress authorized a \$2.37 billion increase for the Child Care Development Block Grant, nearly doubling its funding and expanding services to over 230,000 more children. Part of an omnibus funding bill to avert a government shutdown, it also included a five-year reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, with annual funding at \$400 million.²

This white paper examines home visiting, a vital, yet little known, educational and social service. It explores how home visitors help address challenges facing parents of children from birth to age 5 and how this, in turn, helps the children. It also assesses the benefits of home visiting, its various models and the training home visitors need to fulfill their mission of changing lives.

HOME VISITING: A BRIEF HISTORY

Children and adults have always received care in their homes from others—

whether professionals or family members. During the Reform and Progressive Eras of late 19th- and early 20th-century America, nurses, social workers and volunteers came to the homes of immigrants and the urban poor to help them survive in grim environments, teach parents the fundamentals of childrearing and child health and direct them to medical care or other services. The advent of Nurse Family Partnerships in 1977 marked the arrival of the earliest model of modern home visiting. It led to similar initiatives, including the founding of the MIECHV program by the Obama administration under the Patient Protection and Affordable Care Act of 2009.³

MIECHV is administered by the Maternal and Child Health Bureau of the Health Resources and Services Administration and the Administration for Children and Families in the U.S. Department of Health and Human Services. It dramatically expanded home visiting and provided both funding and national guidance for a number of proven home visiting models. Between 2012 and 2016, the population of children and parents served by MIECHV grantees increased from about 34,000 to 160,000 per year. Thanks to bipartisan support, the program, received \$1.5 billion in federal funding during its first five years, about \$345 million annually in succeeding years and then \$400 million in yearly funding under the March 2018 reauthorization.⁴

In addition, local home visiting programs receive support from other federal programs like Medicaid and Temporary Assistance to Needy Families. State and local governments, along with nonprofit organizations, also assist with financing.⁵

The Council for Professional Recognition (Council) has issued a CDA® credential for

home visiting since 1985, and it launched an updated process in 2016. The foundations of the credential, the Home Visitor CDA Competency Standards and Assessment System, were developed to define, evaluate and recognize the skills needed to offer skilled support to parents of young children. The Council has awarded over 5,000 of these credentials and certified CDA Professional Development Specialists™ (PD Specialists) to assess home visitors' competencies in the field.⁶

HOME VISITING: WHAT IS IT, AND WHY IS IT SO IMPORTANT?

The reauthorization of the home visitor program was particularly good news for hundreds of thousands of parents and their young children. An apt way of describing home visiting is to say that it “helps good people be great parents.”⁷ Not every parent has all of the knowledge or resources they need, so home visiting programs—along with early childhood education—play a key role in helping young children get a good start in life.

The MIECHV program improves outcomes for children and families through the implementation of evidence-based home visiting programs. Locally administered home visiting programs match parents and their children with trained professionals who make regular visits to families to provide support and services, such as parenting and health care education, child abuse prevention,

early intervention, educational services and connections with other social-service programs.

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Home visiting is important given the nation's high incidence of child poverty, single parents, domestic violence, and parental drug abuse and mental-health problems. As Chrystal Gray, a mother who benefited from home

visiting, gratefully recalled, “I didn't know much about raising a child, especially while trying to fight an addiction.” She said her home visitor “stepped in to assist us when we needed it the most.”⁸ And Gisela Hurtado, who heads the home-visiting program at United Planning Organization (UPO) in Washington, DC, observed that “home visiting is a great option for poor families who keep their children at home, but still get the benefit of a professional.”

Home visitors focus on the unique needs of each family in the context of their communities and cultures. Unlike many social-service providers, home visitors need to actively cultivate and maintain a comfortable environment and a friendly, cooperative relationship with the many families they serve throughout the United States. And the data points to the magnitude of home visiting programs as well as the impact they make on our country.

In 2018, more than 23,000 home visitors and their supervisors delivered evidence-based services nationwide. They served more than 286,000 families by providing more than 3.2 million home visits. An additional 30,850 families received home visiting services through nine emerging models that provided more than 455,000 home visits

that year. Evidence-based home visiting was implemented in all 50 states, the District of Columbia, five territories and 25 tribal communities.

In addition to these programs, MIECHV helped fund services for more than 77,000 families in states, territories and tribal communities. But wherever they live, the people that home visitors serve tend to share certain characteristics. The targeted populations of home visitors include:

- Families below the federal poverty level
- Families in isolated areas
- Families whose native language is not English
- Pregnant women age 20 and under

More specifically, about three-fourths of parents served were below the poverty line, nearly two-thirds had only a high school diploma or less, and almost one-quarter reported child abuse in 2017.⁹ So home visitors need to be responsive to a variety of challenging issues.

Home visitors are also sensitive to the specific needs of different ethnic and cultural groups, including immigrants to U.S. shores. About 20 percent of the families served in 2015 were African American and 26 percent were Latino. Home visiting is especially beneficial in the Latino community because many Latino families feel more comfortable having someone come to their homes than they do putting an infant or toddler in center-based child care, as Ms. Hurtado explained.¹⁰

Similarly, home visitors in the tribal program take steps to put American Indian and Alaska Native families at ease. Using culturally appropriate curricula, home visitors address maternal and child health, child

development, early learning, family support and prevention of child abuse and neglect on reservations and in other settings in the Southwest, Plains states, Alaska, California and North Carolina.¹¹

Although teen pregnancy has declined in the United States, there are still many young women like Rosa Valentin of Lancaster, Pennsylvania. She became pregnant at 14 and had no idea of how to be a mom or what to do with her life. So, her doctor referred her to a home-visiting program, and it was a blessing as Ms. Valentin testified to Congress in 2017: “My home visitor has been there for me emotionally, sometimes just as a listening ear for venting, or to provide suggestions on dealing with stressful situations so that I could get back to being the mom I needed and wanted to be.” The home visitor also raised the subject of her educational goals, she recalled, which “encouraged me to think about the type of parent that I wanted to be.”¹²

Despite the word “maternal” in the federal program title, many states and organizations have worked in recent years to include fathers. Although fathers sometimes are hindered from participating in child care due to jobs and mothers’ “gatekeeping,” the Urban Institute explains, “they report improving their parenting skills, learning to manage their anger and communicate better with partners, and gaining access to employment and referrals to community services” as a result of several programs.

These include the Fatherhood Toolkit, created by the Parents as Teachers home-visiting model. Florida has worked with the National Fatherhood Initiative to help home visitors engage dads by conducting a Father Friendly Check-Up. Texas, which has the nation’s largest home-visiting program, has

developed curricula specifically for fathers, and a recent evaluation found that father involvement in home visiting increases families’ participation in the program.¹³

“Everyone had the mindset that these programs are for women, but Texas has focused on dads as well as moms,” said Cynthia Osborne, a University of Texas public policy professor who led the state’s evaluation of the program. “If you want dads to participate, ask them. We found that dads really valued these programs. As Texas focuses on family strengthening, we are ensuring that fathers are emotionally and financially committed to their children.”

HOME VISITORS: THE PROFESSIONAL ROLE

How do home visitors serve parents and their children?

“Some moms need help establishing a routine with their babies, including consistency with vaccinations and doctors’ appointments,” Erika Arzate, a home visitor in Chicago, said. “Others need to know where to get diapers, apply for a medical card for insurance or how to find a food pantry.”¹⁴

Home visitors establish close, trusting relationships with parents. “A big piece is fostering great parent/child relationships,” said Sandra Schultz, also with the Healthy Families home-visiting program in Chicago.¹⁵ The goals of home visiting are to teach good parenting practices, ensure child and maternal development and health, foster school readiness and reduce child abuse and neglect by providing regular guidance and support.

Home visitors generally come to families’ homes once a week to help parents learn how to keep their children healthy and safe and provide the building blocks of early learning so children are prepared to enter kindergarten. They work hand in hand with parents, coaching them, role-playing behaviors for them, and providing information on good parenting and community resources to help them find jobs, health care, housing and other social services. Home visitors also help parents set goals and encourage pregnant moms to take care of themselves by eating nutritious food and not smoking or using drugs.¹⁶

Home visitors tend to maintain caseloads of about 10 to 15 families at any given time. They typically make one 90-minute visit with each family every week and conduct several monthly “socialization” group activities for parents and children.¹⁷ After an informal conversation about a family’s prior week, home visitors move into the educational component of their visit. Assessments of families’ needs—in terms of housing, jobs, domestic violence, education and English-language skills—usually take place several times a year.

Home visitors also serve families in ways that earn them a special place in parents’ hearts. Having a home visitor “gave me a lot of confidence,” said Aliah Arneson, a single mom from Kenosha, Wisconsin. “I did not have my mom as a person who could do that for me.” Her home visitor, as she explained, became that person.¹⁸

Years ago, the Home Instruction for Parents of Preschool Youngsters (HIPPI) program helped Leroy Butler to cope with a heartbreaking childhood. “My mom was only 15 when I was born,” he recalled. “My father was convicted of murder shortly

afterward. I grew up in a housing project in Sarasota, Florida. The odds were really against me succeeding. Even now at 28 years old, one thing I remember from my childhood is HIPPIY. My mom has told me through the years how the HIPPIY home visitor would coach her. Then my mom would do the math and reading lessons with me¹⁹—and the home visitor’s guidance made a lasting impact. As a successful adult, Mr. Butler gave back by serving on HIPPIY’s board.

Home visitors deserve all the kudos they get because their intense jobs can induce stress. They typically make about three visits per day to homes plagued by poverty, job insecurity, domestic violence and drug abuse. To lift the burden a bit, programs like UPO offer counseling and stress-reduction training for their home visitors. And there are some concrete compensations for the difficult work home visitors do. They make a little more money than other early childhood educators and often receive the benefits all educators deserve.²⁰

MULTIPLE MODELS OF HOME VISITING

Although the goal is the same—better parenting to improve child outcomes—there are about 13 “evidence-based early childhood home visiting service delivery” models recognized by the Department of Health and Human Services.²¹

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Models like Early Head Start (EHS) Home Visiting have not only helped to develop good parenting abilities but also improved families’ economic self-sufficiency. A component of the EHS program—part of Head Start, launched by President Lyndon Johnson in 1965—this model includes both home- and center-based services.²²

The EHS Home Base program in San Luis Obispo, California, “provides services to

families in their own homes, helping parents improve their parenting skills and assisting them in the use of the home as the child’s primary learning environment,” said Debra Welch, the regional director of a community action partnership that oversees the program. It’s home visitors “work with parents to recognize their skills and strengths in order to provide learning opportunities that enhance their child’s growth and development.”

HIPPIY, which serves more than 16,000 families in 19 states, uses role-playing and curricula to teach parents how to excel at being their children’s first teachers. Started in Israel in 1969, HIPPIY now has home visitors based at 116 U.S. sites, and research has found that 85 percent of HIPPIY kindergartners are ready for school.²³

Home visitors in Nurse Family Partnership programs have also produced good results. They use nursing practice and motivational interactions to improve first-time mothers’ health during pregnancy, how they care for their children and their own personal growth. Employment rates for mothers who participate have gone up sharply and one-third who hadn’t graduated from high school attained a diploma when their children were infants.²⁴

The Partnership program is one of many successful home visiting programs. Healthy Families America home visitors focus on reducing child maltreatment and maternal depression, as well as supporting healthy child development. The Parents as Teachers model informs parents about child development and gives them support through one-on-one visits and group meetings. Additional home visiting models include Healthy Beginnings, Health Access Nurturing Development Services (HANDS) and Healthy Families America.²⁵

EVIDENCE OF SUCCESS

Home visiting has improved several short- and long-term child and family outcomes, the research shows. Children who receive home visits are healthier, higher achieving, and equipped with better social and emotional skills. Their mothers also have better prenatal and mental health, according to a 2017 study led by James J. Heckman, a Nobel Prize-winning economist at the University of Chicago. And since boys tend to be more vulnerable than girls, the positive effects of home visiting are especially strong and long-lasting for boys.

Other positive outcomes include better child and maternal health; reduced child abuse, neglect, and injuries; better family economic well-being and self-sufficiency; higher educational attainment for parents; improved school readiness; reduced domestic violence and crime; and increased knowledge of community resources. The investment in home visiting programs also pays off since studies have shown a cost-benefit ratio of between 3 to 1 and nearly 6 to 1.²⁶

PROFESSIONAL PREPARATION TO BECOME A HOME VISITOR AND THE HOME VISITOR CHILD DEVELOPMENT ASSOCIATE® CREDENTIAL

Education and training for home visitors vary considerably, although all programs tend to require knowledge of topics such as maternal and child health, child development, family service, social work, and how to develop interpersonal skills to work with diverse families. The Administration for Children and Families (ACF) has a substantial list of “skills indicators.” Some programs require their staff to be nurses or social workers. Early Head Start requires at least a home visitor CDA® credential or equivalent coursework as part of an associate or a bachelor’s degree. The end goal is for home visitors to get the combination of competencies and supervised hands-on training that comes from earning a Home Visitor CDA.

Candidates for the Council’s credential must first complete 120 hours of formal ECE training, covering the growth and development of young children with no fewer than 10 training hours in each of the eight CDA subject areas, including promoting health and safety in the home, enhancing parents’ skills to advance children’s physical and intellectual development and understanding principles of child development and learning. They must also complete 480 hours of supervised work in a home visitor program, be assessed by a PD Specialist with extensive background in home visitation and create a CDA home visitor professional portfolio.²⁷

Thorough as this training is, succeeding as a professional home visitor requires more than initial preparation. Consequently, quality home visiting programs demand continued professional development. The legislation establishing MIECHV requires “ongoing training” for home visitors. For example, UPO provides time off for its staff to obtain at least 30 hours of training each year and a day per quarter. Virginia offers web- and classroom-based modules on subjects like intimate partner violence, adult mental health and community collaboration.²⁸

BOOSTING HOME VISITING FOR THE FUTURE

Home visitors have helped many children like Mr. Butler overcome challenges in early childhood and imbued parents like Ms. Arneson with the self-esteem they need. Given the challenges of addressing poverty, poor health, and violence in the families they serve, home visitors play a significant, if largely unsung, role in improving child and parent well-being and in leveling the playing field for many U.S. families.

Despite the successes of home visiting programs and the reauthorization of MIECHV, needs far surpass the current capacity of home visiting programs. The National Home Visiting Resource Center estimates that as many as four million families with infants, toddlers and preschool-age children, as well as young pregnant women, could benefit from home visiting. This demand speaks to the need for many more home visitors who are qualified and credentialed.²⁹

Beyond increased funding, including higher pay for home visitors, the United States must set basic nationwide standards for training and competencies for the many program models and local home visiting initiatives. Like professionals in all fields, home visitors require specialized training and experience to perform their vital job of caring for families and changing the course of their lives.

“I am a better mom today because of this program,” Ms. Valentin said as she looked back on the home visiting services she received. “I don’t know what it must be like to be a teen mom without this support, and I know there are so many more new moms just like me who are in need of it.”³⁰

Strong evidence shows that vulnerable parents and their children derive tremendous value from the structured visits of trained professionals to their homes. Quality home visits help parents provide meaningful experiences for their children and give them safer, more secure surroundings. Heartwarming feedback from families that have received home visiting services shows that home visiting gets results. Home visiting lifts families up where they live.

For information on how to apply for a CDA Home Visitor credential, see <http://www.cdacouncil.org/credentials/apply-for-cda/home-visitor>.

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