Home Visiting

A summary of the scientific literature on home visiting.



How This Impacts Children's Development

Evidence-based home visiting is a crucial service that effectively improves child and family well-being. Trained experts provide case management services, promote healthy nutrition, inform sensitive and

responsive parenting, and support child and parent physical and mental health.

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Talking Points from the SRCD Briefs

- Home visiting programs are funded through both federal and state policies that regulate the use of evidence-based program models as well as implementation and evaluation procedures to address the educational and health needs of hard-to-reach children.
- In the United States, home visiting programs include the Parent-Child Home Program, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters, as well as Healthy Start, Healthy Families America, Nurse-Family Partnership, and Early Head Start.
- The COVID-19 pandemic highlighted the critical role of high-quality home visiting services in meeting family needs, emphasizing the need for greater flexibility and increased funding for the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which improves parenting skills, enhances home environments, and offers a return on investment of $1.80 to $5.70 for every dollar spent
- During the COVID-19 transition to virtual delivery, programs maintained high service provision, with 68% of providers and 67% of parents supporting virtual home visiting as a continued post-pandemic option. Additionally, a study found that just 10 weeks of virtual home visiting led to improvements in parents' responsiveness to their children's play behaviors, like the results of in-person services.
- Home visitors may be less likely to reach families of color, low-income families, or families with several risk factors through virtual visits compared to pre-pandemic in-person programs.

Policy Considerations in the Briefs

1. Screening family preference and technology availability and supporting both in-person and virtual service delivery options could potentially increase accessibility, especially for marginalized, under-resourced populations.

2. Increasing funding for MIECHV programs, especially increased support for targeting higher risk communities, would help ensure that:
    - Resources are allocated to facilitate appropriate services (e.g., technology and technology tutorials, childcare or transportation support, workforce expansion efforts) to increase millions of families' access to and engagement with home visiting programs.
    - Continued program evaluation expands evidence on newer virtual and precision approaches to best target home visiting service provision and effective implementation.
    - Resources better support home visiting providers' mental health and well-being and provide opportunities for acquisition of new professional skills to help retain this valuable workforce.
3. Invest in programs that conduct rigorous evaluations using diverse methods to assess effectiveness and demonstrate improved quality.

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