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

Federally funded programs for early childhood education and other services received surprisingly good news in March, when the Congress authorized a $2.37 billion increase for the Child Care Development Block Grant, nearly doubling its funding and expanding services to more than 230,000 additional 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 the vital, yet little known, educational and social service known as home visiting. It will explore how home visitors help address challenges facing parents of children from birth to age 3, and how this, in turn, helps these children. The paper will assess the importance and benefits of home visiting, its various models, and training/preparation to serve as a home visitor, including those who are awarded the Child Development Associate® (CDA) home visitor credential.

HOME VISITING: A BRIEF HISTORY

Children and adults have always received care in their homes from others—be it from family or professionals. 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 harsh environments and to support parents with the fundamentals of childrearing and child health and direct them to medical care or other services. After the advent of Nurse Family Partnerships, the earliest model of modern home-visiting initiatives, in 1977, the MIECHV program was established during the Obama administration under the Patient Protection and Affordable Care Act (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-level guidance for a number of different proven models of home visiting. Between 2012 and 2016, the number of children and parents served by MIECHV grantees increased from about 34,000 to 160,000 per year. The program, which has had bipartisan support, received $1.5 billion in federal funding during its first five years, about $345 million annually in succeeding years, and will receive $400 million in yearly funding under the March 2018 reauthorization.  

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

The Council for Professional Development (Council) has awarded a CDA® credential for home visiting since 1985 with an updated process launched in 2016. At the core of this credential, the Home Visitor CDA Competency Standards and Assessment System were developed to define, evaluate and recognize the skills needed to offer competent support to parents of young children. The Council has awarded more than 4,700 of these credentials. The Council also certifies Professional Development Specialists (PDS) to assess home visitors’ competencies.

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

The reauthorization of the home visitor program is particularly good news for hundreds of thousands of parents and their young children. A good way of describing home visiting is to say that it “helps good people be great parents.” Because not every parent has all of the knowledge or resources they need, home visiting programs—along with early childhood education—can play a major role in helping 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 healthcare education, child abuse prevention, early intervention, educational services, and connection with other social-service programs.

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 a home visitor, said: “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.”

Gisela Hurtado, who heads the home-visiting program at the United Planning Organization (UPO) in Washington, DC, said 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 and cooperative relationship with the families they serve throughout the United States.

About 14,500 home visitors, mostly women, work with more than 3,000 local agencies. They served 270,000 families and more than half a million children in 2015 in all 50 states, five territories, and 25 tribal communities. More than half were in programs with MIECHV grants. The targeted populations for home visitors are:

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

About three-fourths of parents served were below the poverty level, nearly two-thirds had a high school diploma or less, and almost one-quarter reported child abuse in 2017.9

Home visitors are also sensitive to specific cultural needs, including those of immigrants. 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 families feel more comfortable with someone coming to their homes than putting an infant or toddler in center-based child care, Ms. Hurtado said.10

The tribal program supports the development of healthy and happy American Indian and Alaska Native families. Using culturally appropriate curricula, home visitors on reservations and in rural and urban settings in the Southwest, Plains states, and Alaska, California, and North Carolina address maternal and child health, child development, early learning, family support, and preventing child abuse and neglect.11
Although teen pregnancy has declined in the United States, there are still many young women like Rosa Valentin, in Lancaster, Pennsylvania, who became pregnant at 14 and had no idea of how to be a mom or what to do with her life. Her doctor referred her to a home-visiting program, and, as Ms. Valentin said in testimony before Congress in May 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 can get back to being the mom I needed and wanted to be.” Adding that she was also helped with her educational goals, which “encouraged me to think about the type of parent that I wanted to be.”

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 due to jobs and mothers’ “gatekeeping,” according to the Urban Institute, “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.” The Parents as Teachers home-visiting model has created a Fatherhood Toolkit. Florida has worked with the National Fatherhood Initiative to engage fathers and initiate Father Friendly Check-Ups by home visitors. 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 increased families’ participation in the program.

“Everyone had the mindset that these programs are for women, but Texas has focused on dads as well as moms,” said Cynthia Osborne, University of Texas public-policy professor who led the state’s program evaluation. “If you want dads to participate, ask them. We found that dads really valued these programs. Texas focuses on family strengthening and 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 baby, including consistency with vaccinations and doctor’s 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.”

Home visitors establish close, trusting relationships with parents. A “big piece is fostering great parent/child relationships . . . working with families, promoting positive relationships between parent and child,” said Sandra Schultz, also with the Healthy Families home-visiting program in Chicago.

The idea behind home visiting is to teach good parenting practices, ensure child and maternal health, development, and school readiness, and reduce child abuse and neglect. Home visitors come to
families’ homes generally once a week to help parents learn how to keep their children healthy and safe and provide the building blocks of early learning so that 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 for themselves and help pregnant mothers learn to take care of themselves, with good nutrition and not smoking or using drugs.16

They tend to maintain caseloads of about 10 to 15 families at any given time. Home visitors 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 the 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—are usually done several times per year.

Having a home visitor “gave me a lot of confidence,” Aliah Arneson, a single mother in Kenosha, Wisconsin, told The New York Times. “I did not have my mom as a person who could do that for me.” Her home visitor became that person, she added.18

Leroy Butler, became successful despite a highly troubled childhood thanks to a long-ago home visitor, is now a board member of the Home Instruction for Parents of Preschool Youngsters (HIPPY) home-visiting program. He remembered: "My mom was only 15 when I was born. 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 HIPPY. My mom has told me through the years how the HIPPY home visitor would coach her. Then my mom would do the math and reading lessons with me.”19

Home visiting can be intense and stressful, as these professionals typically make about three visits per day to homes where parents face multiple challenges, including poverty, job insecurity, domestic violence, and drug abuse. Programs like the United Planning Organization offer counseling and stress-reduction training for their home visitors. Unlike others who work in extremely low-paid early childhood education roles, home visitors tend to make modestly more money—about $30-40,000 per year, plus health and pension benefits.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
Models like Early Head Start (EHS)-Home Visiting have been found not only to develop good parenting abilities but also to improve 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 home, 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. Its 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.”

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

Home visitors in Nurse Family Partnership programs use nursing practice and motivational interactions to improve first-time mothers’ health during pregnancy, how they care for their child, and their own personal growth. Employment rates for mothers who participate have been found to go up sharply and one-third who hadn’t graduated from high school attained a diploma when their child was an infant.24

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 teaches parents about child development and gives parenting 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 been demonstrated to improve several short- and long-term child and family outcomes. Children who receive home visits are healthier, higher achieving, and have better social and emotional skills, and mothers 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.

Given that boys tend to be more vulnerable than girls, the positive effects of home visiting are especially strong and long-lasting for boys.

Other beneficial outcomes include better child and maternal health; reduced child abuse, neglect, and injuries; better family economic well-being and self-sufficiency; better educational attainment for parents; improved school readiness; reduced domestic violence and crime; and increased knowledge of community resources. 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. 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 considers a bachelor’s degree a “desired requirement.” States like Massachusetts offer short-term training in 18 topic areas. The Council for Professional Recognition’s (Council) Home Visitor CDA credential is nationally recognized and requires learning specific competencies and supervised hands-on training.27

The process of attaining a home visitor CDA credential involves completing 120 formal hours of education, 480 hours of supervised work in a home visitor program, professional input, and parental and community feedback. The updated home visitor assessment and credentialing system introduced in 2016, requires candidates to be assessed by a Professional Development Specialist (PDS) and to create a CDA home visitor professional portfolio.28

The education component focuses on eight subject areas: 1) promoting health and safety in the home environment, 2) enhancing parents’ skills to advance children’s physical and intellectual development, 3) promoting parents’ use of positive ways to support children’s social and emotional development, 4) understanding family systems and development, 5) managing an effective home visitor program operation, 6) maintaining a commitment to professionalism, 7) Working across the child welfare continuum, and 8) understanding principles of child development and learning. Six competency standards, largely corresponding to these subject areas, and 13 functional areas are used to evaluate a candidate’s performance with parents and children during the CDA assessment process.29

Succeeding as a professional home visitor requires more than initial preparation. Consequently, quality home visiting programs require continual professional development. The legislation creating MIECHV requires “ongoing training” for home visitors. For example, UPO requires and 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.30

Boosting Home Visiting for the Future

Home visitors have helped many children like Mr. Butler overcome extreme challenges in early childhood, as well as parents like Ms. Arneson. 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 family well-being and in trying to level the playing field for all U.S. children and parents.
Yet, despite the successes of home visiting programs and the recent reauthorization of MIECHV, the needs remain much greater than 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 speaks to the need for many more credentialed home visitors.\(^3\)

Beyond increased funding, including higher pay for home visitors, it is essential for the United States to have nationwide basic standards for training and competencies for the many program models and the multitude of local home visiting initiatives. Caring for families is important, but professionals in any field require specialized training and experience to do their jobs well. Although college degrees and other types of professional development can deepen home visitors' knowledge of early child development and family dynamics, the CDA continues to be the nation’s premier credential for early educators which includes home visitors. It is the only portable, transferable, valid, competency-based, and multilingual national credential which adds consistency to the home visitor’s knowledge-base, training and skill levels.\(^3\)

“I am a better mom today because of this program,” Ms. Valentin said. “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.”\(^3\)

The value and importance of structured visits by trained professionals to high-risk and vulnerable parents and their children are well documented. Providing quality home visits help parents provide a safer and more supportive environment.

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

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7  Texas Home Visiting, “Is Home Visiting for Me?” http://www.texashomevisiting.org/is-home-visiting-for-me/at-each-visit/.  


15 Marrazzo, “Healthy Families/Wings Program Brings Support Home for Young Parents.”

16 Texas Home Visiting, “Is Home Visiting for Me?”

17 HHS, ACF, “Early Head Start-Home Visiting.”


