Increasing Support for Home Visiting Innovation is Critical for Young Children and Their Families

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Evidence-based home visiting is a critical service that effectively improves child and family well-being.[1,2] Yet, while millions of pregnant people and families with young children could benefit from evidence-based home visiting services, the majority of those families remain unserved because of resource limitations.[3] Home visiting is a voluntary federally- and state-funded service in families' homes that provides expectant parents or parents of young children with support to promote parental and child well-being.[3] The COVID-19 pandemic required the home visiting field to pivot from in-person to virtual service delivery to meet the needs of families.[4-6] Even when in-person visits were restricted, home visitors were able to reach families and implement programs through virtual connections, maintain relationships, and improve family outcomes.[7-10] The COVID-19 pandemic underscored the importance of high-quality home visiting to meet family needs, and highlighted the necessity of greater flexibility and increased funding through the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Allowing versatility, including virtual service delivery as an option (in addition to in-person services) for MIECHV-funded programs, will expand opportunities to reach parents and children with tailored, high-quality services.[11]

Home Visiting Promotes Positive Outcomes for Children and Families

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.[12,13] Trained experts (such as nurses, para-professionals, or community residents) provide services in families' homes targeting a range of family needs; providing case management; and promoting healthy nutrition, sensitive and responsive parenting, and child and parent physical and mental health.[5] Although each program is distinct in its impact and some serve specific populations, taken together, MIECHV-funded home visiting services improve the quality of the home environment and increase confidence and competency in parenting skills.[14] Programs also improve children's school readiness skills and positively impact both child and maternal health indicators (e.g., increased number of child preventive care visits, fewer child emergency room visits, and reduced child maltreatment).[15,16] Moreover, MIECHV-funded home visiting services have a return on investment of $1.80 to $5.70 for every dollar spent.[4]

Home Visiting Programs Effectively Pivoted to Virtual Service Delivery During the Pandemic

As the COVID-19 pandemic impacted families across the U.S., employment, child care, and family supports were widely disrupted. In turn, parent stress, caregiving challenges, and risk for child maltreatment increased.[17] The need for home visiting services was great, yet social distancing practices impeded traditional service delivery. Federal and state legislatures increased flexibility in service reimbursement and evaluation requirements to support the shift to virtual services.[11,18] In response, home visiting programs rapidly pivoted, developing strategies to maintain access to high-quality services through virtual modalities in order to support families in need.[4,19] Strategies included helping families gain internet access and providing technology tutorials to families.[20,21] Even prior to the pandemic, virtual services were viewed as a promising method for increasing family access, engagement, and participation in family and home visiting programs.[22,23]

Evaluations during the pandemic demonstrated that virtual home visiting programs could be effective and began to identify best practices for maintaining relationships and services through virtual modalities.[24-26]

- Throughout the transition to virtual delivery, programs maintained a high rate of service provision. Several programs found service provision indicators (e.g., maintenance of services, home visitor caseloads, family program completion rates) were close to or the same as pre-pandemic levels.[27-29]

- In one national program, home visitors aim to improve parenting by providing in-the-moment feedback about parenting behaviors known to support child development. Researchers found that home visitors were able to maintain high quality and frequent parenting feedback through virtual modalities.[10]

- Virtual home visiting also improved parental well-being, with families reporting declines in feelings of isolation, reduced personal and family stress, and improved access to medical care compared with families not enrolled in home visiting.[7,8]

- One study found that in just 10 weeks of virtual home visiting, parents became more responsive to their children's play behaviors, an improvement similar to that found from in-person services.[9]

- Families and providers largely support retaining flexibility for virtual services as an option.[5] A recent survey found that 68% of home visiting providers and 67% of parents agreed that virtual home visiting services should continue to be an option after the pandemic.[30]

Home Visiting Programs Continue to Face Challenges to Address the Diverse Needs of Families

Not all families are best served by the same home visiting program or modality.[31] Although virtual visits have been found to be effective, they are not an effective modality for every family.[32] Additionally, home visitors face their own challenges that can impact service provision.

- 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.[5,7]

- Many families, including one in six families living in poverty, do not have reliable technology and internet access.[23,33,34] In one home visiting program, providers reported that 21% of the families they serve do not have adequate data plans for virtual service delivery.[6]

- Personal challenges among home visiting providers during the pandemic (e.g., loss of child care, family or personal illness, low wages) also influenced service delivery.[6,28,35] In a recent study, one quarter of the home visiting workforce reported symptoms of depression.[28]

Expand MIECHV Program Resources and Flexibilities to Help Providers Tailor Home Visiting Services to Individual Families

Home visiting is a critical service, and one that successfully pivoted to virtual programming during the pandemic, improving accessibility for some, albeit reducing access for others.[6,20,24] 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.[20]

Other flexible innovations are also essential. Leading scientists in the field of early intervention support a *precision approach* to home visiting—that is, a focus on what works best for whom based on family needs, constraints, and program features and methods.[31,36,37] Such a precision approach— for example, matching specific program components with individual family needs—could lead to more efficient and effective programs for families and children.[31,37]

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, child care or transportation support, workforce expansion efforts) to increase millions of families' access to and engagement with home visiting programs.[20,38]

- Continued program evaluation expands evidence on newer virtual and precision approaches to best target home visiting service provision and effective implementation.[20,31,37]

- 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. [28,35]

> Full references are available at
> www.srcd.org/child-evidence-briefs