Home Visiting

Home visiting pairs families with in-home family support workers that help them support their child’s healthy development and navigate the barriers to meeting their goals.

Home Visiting

Home visiting is a time-tested, effective strategy for supporting expectant parents and families with children in the critical years of brain development--ages 0 to 5. In these voluntary programs, trained home visitors and participants regularly meet at the most comfortable and accessible place for families: their home. Families who cannot or prefer not to meet at home can meet with their home visitor in another setting that is comfortable for the family. These often multi-year programs enable home visitors to develop trusting relationships with families over time. As a result, home visitors can support families of young children with their long-term goals and unique circumstances, and make personalized referrals to other resources that caretakers and children need.

Home visiting programs address maternal, family, and child outcomes through education, counseling, social and emotional support, and referrals. Although each program focuses on slightly different needs, common areas of emphasis for home visiting programs are:

- Maternal mental and physical health during and after pregnancy
- Child development
- School readiness
- Child health
- Family safety
- Family economic security
- Connections to other resources and services families need

Why it matters

Research shows that children whose families participate in home visiting programs often are healthier, have safer home environments, and go further in school. Parents and guardians who enroll in home visiting often see positive impacts themselves, such as improved education and employment, and better maternal health and mental health.

Who it helps

Home visiting eligibility varies by program, but, generally, programs serve expectant parents and families across the District with young children up to the age of 5. Some programs may reserve spaces in their program for families with particular experiences, such as families experiencing homelessness, fathers, parents with intellectual disabilities, families with a history of trauma, or families with low incomes.
DC currently offers 16 home visiting programs that reach nearly 1,350 children and families. Through the Birth-to-Three Law, the District will expand the availability and quality of DC home visiting programs. The majority of funding will be dedicated to adding more home visiting slots (up to 815) to existing federal Early Head Start programs for children in immigrant families and children in families experiencing homelessness. The remaining home visiting funding may be used to create or expand home visiting programs or to support improvements to home visiting programs and infrastructure more generally. Examples of such improvements include increased wages for home visitors, District-wide training for home visitors, and capacity building at organizations providing home visiting.

To date, Birth-to-Three for All DC has enabled DC Health to develop two home visiting programs (funded in FY 2019) with the capacity to support 100 children and their families: one that supports families in which a parent has an intellectual disability and one that supports families experiencing challenges such as low income, history of substance use, history of involvement with child welfare services, history of parental trauma, exposure to violence, and others. As of FY 2021, DC Health is launching a pilot home visiting program for first-time mothers, which was added to the Birth-to-Three law as part of an amendment in FY 2020.

What’s next

As of FY21, the District currently spends $860,000 each year on three Birth-to-Three for All DC home visiting programs. To fully fund the home visiting programs in Birth-to-Three for All DC, the District will need to allocate up to an additional $12.3 million per year to support home visiting programs.

In FY 2022, the Under 3 DC Coalition is calling on DC lawmakers to maintain all home visiting funding, including $860,000 in Birth-to-Three for All DC funds. Home visiting programs have been a lifeline for families throughout the COVID-19 pandemic and continued funds would allow these programs to continue to play an important role as a trusted and valued resource for families.

As the District’s economy recovers, it will be important to fully fund the Birth-to-Three home visiting provisions so that all families who want it can benefit from high-quality, accessible, and responsive home visiting programs. A recent DC Health home visiting needs assessment finds that DC has an inadequate supply of home visiting programs and that other supports for home visiting are needed, many of which could be supported by Birth-to-Three funds.

4 Ibid