



Home Visiting Works.

Voluntary home visiting programs help parents and others raising children with the supports necessary to improve maternal and child health, develop school readiness, promote economic self-sufficiency, reduce abuse and neglect, and address substance use disorders. During home visits, nurses and other professionals visit with women, families, and children—some as early as pregnancy to promote positive birth outcomes—to provide parent education and support, ultimately promoting child health, well-being, learning and development.

In 2021, six evidence-based home visiting models were operating in Pennsylvania using public (state and/or federal) and private funds to support their programs. Each model has distinct characteristics and meets families' unique experiences in different ways.

Early Head Start—Nurtures healthy attachments for low-income families parenting infants and toddlers, and for pregnant women and their families, through intensive comprehensive child development and family support services. *Research shows this model has the strongest outcomes in developing school readiness and promoting economic self-sufficiency.*

Family Check-Up[®]—Supports strategies to better engage parents and parent-centered intervention for reducing problem behaviors in children from toddlers through adolescence. *Research shows this model has the strongest outcomes in addressing substance use disorders and improving child mental health.*

Healthy Families America—Strengthens families by promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect. *Research shows this model has the strongest outcomes in reducing child abuse and neglect and improving maternal and child health.*

Nurse-Family Partnership—Pairs first-time, low-income pregnant women with nurses to improve pregnancy/birth outcomes, child health and development, and family economic self-sufficiency. *Research shows this model has the strongest outcomes in improving maternal and child health and promoting economic self-sufficiency.*

Parents as Teachers—Builds the capacity of parents to understand and support optimal healthy child development, develop effective parenting practices that strengthen the family foundation, and promotes school readiness. *Research shows this model has the strongest outcomes in developing school readiness and reducing child abuse and neglect.*

SafeCare Augmented[®]—Uses motivational interviewing and other training to focus on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child injury, and keeping children as healthy as possible. *Research shows this model has the strongest outcomes in reducing child abuse and neglect and improving child health.*

Voluntary Home Visiting Programs



IMPROVE MATERNAL AND CHILD HEALTH



DEVELOP SCHOOL READINESS



PROMOTE ECONOMIC SELF-SUFFICIENCY



REDUCE ABUSE AND NEGLECT



ADDRESS SUBSTANCE USE DISORDERS

About Childhood Begins at Home

Childhood Begins at Home is a statewide campaign to help policymakers and the public understand the value of evidence-based home visiting and support public investments in the programs. Since 2017 when the campaign began, we have won funding increases more than doubling the state investments. This has helped serve many more Pennsylvania families, yet it represents only a fraction of those who could benefit the most.

Pennsylvania

CHILDREN AND FAMILIES IN EVERY COUNTY RECEIVE VOLUNTARY, EVIDENCE-BASED HOME VISITING SERVICES

877,769

CHILDREN UNDER 6 YEARS OF AGE

329,650

(40% of all under 6)

LOW-INCOME CHILDREN UNDER 6 YEARS OF AGE

17,066

CHILDREN SERVED BY PUBLICLY FUNDED, EVIDENCE-BASED HOME VISITING PROGRAMS

2%

OF ALL CHILDREN UNDER 6

5%

OF LOW-INCOME CHILDREN UNDER 6

In 2022, a family of four falls in the “low-income” category if its annual income is below \$55,500 (200% Federal Poverty Level)

Note: Low-income child counts do not reflect the full impact of the COVID-19 pandemic and resulting economic downturn due to the delay in 2020 5-year American Community Survey (ACS) data.

Race and Ethnicity of Low-Income Children Under Age 6 and Families Served through Evidence-Based Home Visiting Statewide

Race/Ethnicity	Percent of Low Income Children Under 6	Race/Ethnicity	Percent of Low Income Children Under 6
Asian (Non-Hispanic)	2%	White (Non-Hispanic)	3%
Black (Non-Hispanic)	3%	Two or more races/ethnicities	5%
Hispanic or Latino	4%		

Note: Due to small population size, percent served could not be calculated for Non-Hispanic American Indian or Alaskan Native children, Non-Hispanic Native Hawaiian or Other Pacific Islander children and children identifying as another race or ethnicity.

Source: PPC’s analysis of Office of Child Development and Early Learning data from March 2022. Data does not include direct federally-funded, home-based Early Head Start.

STRONG FAMILIES, STRONG KIDS

As part of the 2022-23 final state budget, the campaign is urging policymakers to provide an additional 3,800 pregnant women, young children, and their families with evidence-based home visiting services by increasing the Community-Based Family Center line item by \$15 million. Childhood Begins at Home also encourages an increase in the Nurse-Family Partnership line item of \$1.2 million to serve 200 more families in the commonwealth.

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www.childhoodbeginsathome.org