



Early Head Start Home Visiting and Support for Pregnant Women

For over 25 years, Early Head Start has provided critical health and early education services to pregnant women and children from birth to age three. Early Head Start extends the Head Start commitment to supporting young children from disadvantaged backgrounds and their families through evidence-based, high-quality early care and education to the earliest years of life, when brain development is most rapid and expecting parents need the most support.

Early Head Start includes two distinct program models that are primarily provided in the home: the Early Head Start Home-Based Option (also known as “Early Head Start home visiting”) and Pregnant Women services.

58,734

Home Visiting Slots

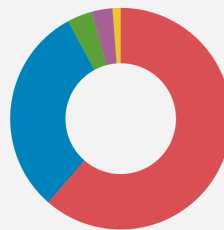
11,767

Pregnant Women Served

In 2020-2021 Early Head Start home visiting provided an **estimated 2.7 million home visits and 1.3 million group socialization events** to build peer and community connections.

Early Head Start Program Types

Early Head Start provides multiple options to meet the needs of families.



- 61.3% Center-based
- 30.7% Home-based
- 3.8% Family Child Care
- 3% Pregnant Women
- 1.2% Locally Designed

- **Center-based programs** offer classroom-based care and education for at least 6 hours a day in community settings and schools
- **Home-based services** bring staff to families to support child development through weekly 90-minute home visits and bi-monthly group social activities
- **Family child care programs** provide the Early Head Start model in private home daycare or a family-like setting
- **Pregnant women services** offer information, education, and support directly to women during pregnancy and after giving birth
- **Hybrid-option programs** tailor services specifically to local needs

Home Visiting in Early Head Start

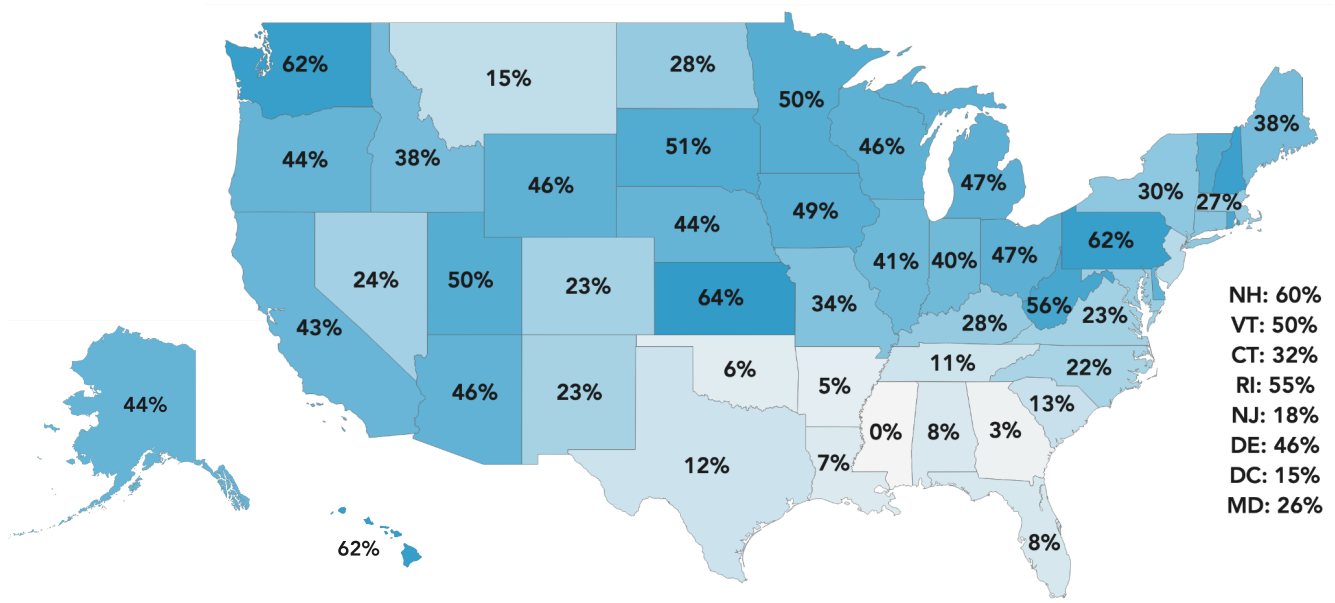
Early Head Start home visiting provides services in the home and community to vulnerable children and families, fostering healthy child development, strong parent-child relationships, and supporting the role of parents as their children's first and primary teachers.

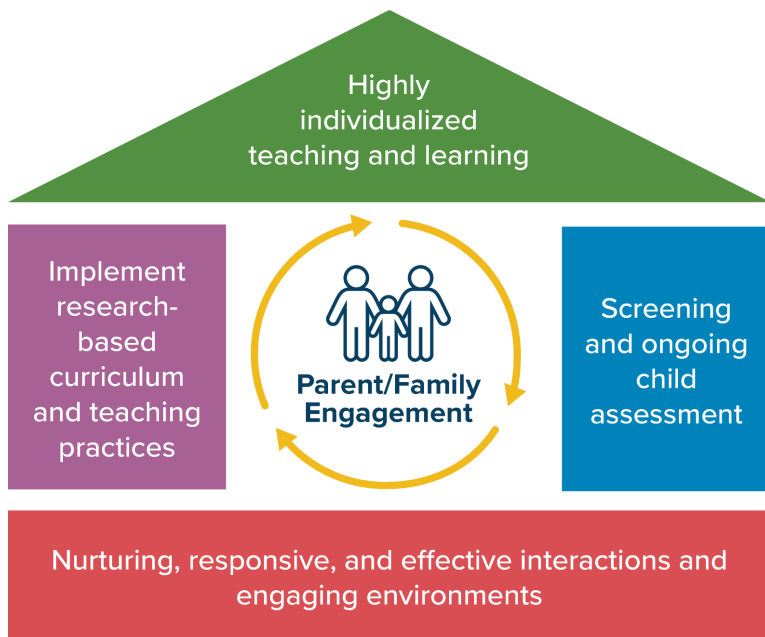
Early Head Start home visitors work to:

- ✓ Increase access to postpartum care
- ✓ Promote breastfeeding
- ✓ Support safe and enriching home environments
- ✓ Conduct child developmental screenings
- ✓ Educate families on healthy child development and supportive practices
- ✓ Provide or connect families to medical, dental, and mental health care
- ✓ Set goals with families around education, health, and other life skills
- ✓ Connect families to adult education and job training opportunities



The share of Early Head Start slots dedicated to home visiting varies significantly by state.





Head Start's **House Framework for Effective Practice** centers the needs of parents and families.

The Early Head Start home visiting model offers an annual program of intense support for children and families:



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46 90-Minute Home Visits

22 Group Socializations

Child and Family Success

Major cost components of Early Head Start home visiting:

- Home visitors
- Other support staff to deliver Early Head Start comprehensive services
- Materials and program supplies
- Travel to home visits/group socializations
- Training and professional development

\$11,000

Implementation costs for the Early Head Start Home-Based Option range from \$8,000 to \$14,000 per child, with an average cost of about \$11,000 (2020 dollars).

Support for Pregnant Women in Early Head Start

Early Head Start programs serve pregnant women and their families based on needs identified in their community needs assessments. In the most recent program year, 11,586 pregnant women were served.

Although services for pregnant women vary, programs generally include the following elements:

- **Family Partnership Process:** pregnant women work with their home visitor to identify goals, strengths, and needed services unique to their family. Services are provided by the Early Head Start program directly or through the referral process.
- **Prenatal Visits:** visits focus on healthy pregnancy, fetal development, labor and delivery, and postpartum care and recovery.
- **Postpartum Care and Infant Support:** Once the baby is born, a newborn visit is scheduled within two weeks to discuss healthy sleep habits, breastfeeding, postpartum depression, and infant care.



Initial Engagement in Early Head Start Pregnant Women Support by Trimester



- 17% 1st Trimester
- 40% 2nd Trimester
- 43% 3rd Trimester

If the program includes prenatal services, it must plan for continuity of Early Head Start services for the newborn baby. Services continue through Early Head Start until the child is three years of age.

Program Year 2020-21 Early Head Start Support for Pregnant Women

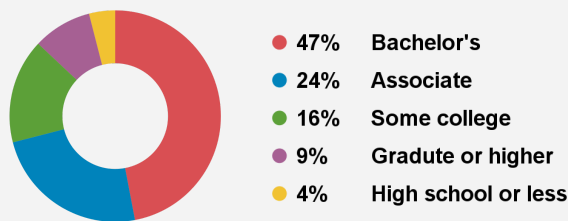
Health Services	Education and Support
<ul style="list-style-type: none"> ● 92% of pregnant Early Head Start mothers received prenatal care ● 91% had health insurance ● 70% received postpartum health care ● 40% received professional oral health assessments, examination, and/or treatment ● 30% received mental health interventions 	<ul style="list-style-type: none"> ● 86% of pregnant Early Head Start mothers received education on fetal development ● 86% on the benefits of breastfeeding ● 82% on the importance of nutrition ● 79% on infant care and safe sleep practices ● 76% on the risks of alcohol, drugs, and/or smoking ● 18% received access to substance abuse treatment

Early Head Start Home Visiting is Staffed for Quality

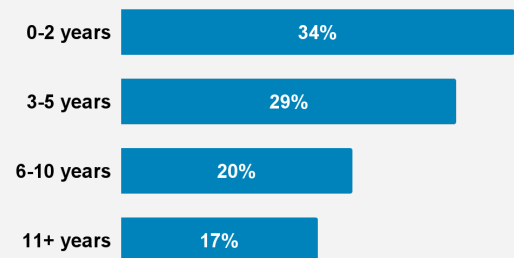
Rigorous staffing requirements support the quality of Early Head Start home visiting:

- **Of the 5,871 Early Head Start home visitors, approximately 90% are certified.** Home visitors must have a minimum of a Home Visitor Child Development Associate (CDA), a comparable credential, or equivalent coursework as part of a two or four-year degree.
- **Home visitors maintain a caseload of no more than 12 families.** The expertise and low caseload of the Early Head Start model enables home visitors to build trusting relationships with families and tailor the program to meet the families' unique needs.

80% of Early Head Start Home Visitors Hold a Degree

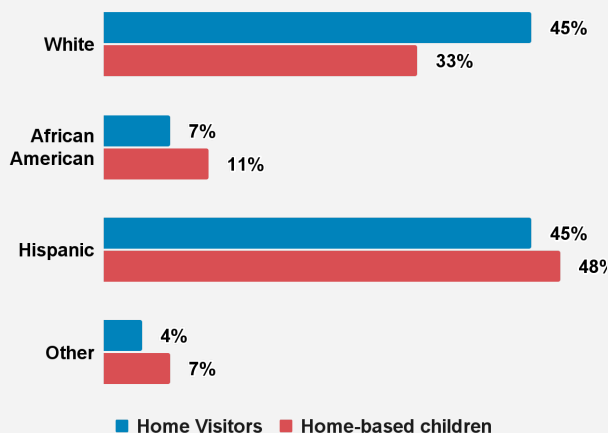


37% of Home Visitors Have 5 or More Years of Experience

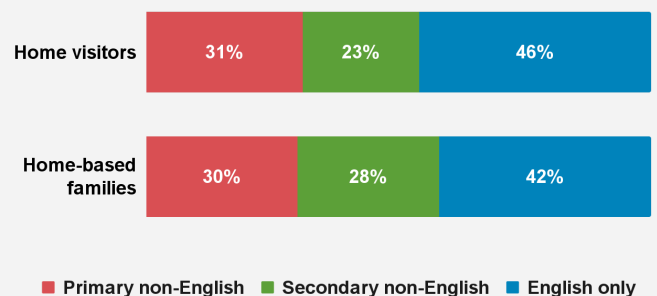


Early Head Start Home Visitors are from diverse backgrounds

Early Head Start Home Visitor race and ethnicity




Staff linguistic competency matches family needs




The Early Head Start home visiting model is proven to support healthy child development

Early Head Start home visiting has a demonstrated record of positive outcomes for children and families. The connection forged between the Early Head Start home visitors and participating families supports pregnant women and new parents as they navigate the challenges of their new role. Whether it's learning about prenatal health or child development, developing parenting skills, or connecting to essential resources that support their child, families participating in Early Head Start home visiting find the support they need at a critical time in their lives.

Benefits for participants include:

 Increases in positive outcomes for children and families			
Child development	Positive Parenting	Linkages and referrals	Family Economic security
<ul style="list-style-type: none"> ✓ Child engagement and attachment with parent ✓ Cognitive test scores ✓ Language development 	<ul style="list-style-type: none"> ✓ Parental support for cognitive and language development ✓ Reading and bedtime practices ✓ Parental knowledge of child development ✓ Supportive home environments 	<ul style="list-style-type: none"> ✓ Immunizations and well-child visits ✓ Medical home contact ✓ Special needs support 	<ul style="list-style-type: none"> ✓ Education and training ✓ ESL classes

 Decreases in negative outcomes for children
<ul style="list-style-type: none"> ✓ Emergency room visits due to accident or injury

Program Spotlight

"When I became a mom, I was on my own trying to figure it out...I didn't know what my expectation was when I reached out to Early Head Start, but I saw how often the [Early Head Start] home visitor was coming over to my neighbor and saw that there was consistent support. I knew I needed and wanted that for me and my children. My Early Head Start home visitor was teaching me to be a mom at the same time she was teaching my children."

- **Tineisha Cooper**, Ohio Early Head Start Parent

Three independent analyses of hundreds of programs and studies all found that the Early Head Start home visiting option is an effective support for children and families:

Home Visiting Evidence of Effectiveness Review (HomVee)	A review of high- or moderate-quality studies found favorable impacts on child development and school readiness, family economic self-sufficiency, linkages and referrals, and positive parenting practices.
Mother and Infant Home Visiting Program Evaluation (MIHOPE)	Programs were found to be effective on measures of parenting skills, child maltreatment, child health, and child development.
Learning About Infant and Toddler Early Education Services (LITES)	LITES found favorable effects on cognitive, language, behavioral, and health outcomes.

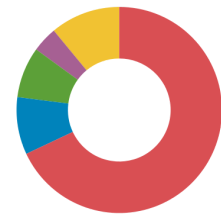
The 2021 Baby FACES study illustrates how Early Head Start home visiting gets results:

Content matters: On their visits to the homes of Baby FACES families, Early Head Start home visitors are more likely to address child development (84%) and parent-child interactions (66%) than they are to cover more general topics.

Frequency matters: Almost all families (96%) in home-based Early Head Start services had received two or more home visits over the preceding four weeks, with about half of the families receiving four or more visits.

Relationships matter: Parents and home visitors in Early Head Start home visiting believe they have strong working relationships with each other.

Early Head Start is Targeted to Children Living in Poverty



- 68% Living in Poverty
- 9% Public Assistance Receipt
- 8% Foster Child
- 4% Homeless Child
- 11% Other

Program Spotlight: Reno County Head Start, Kansas

Forty-five minutes from Wichita, the Reno County Head Start program serves 96 Early Head Start children and their families. Eighty-six (86) families are in the home-based or prenatal support option. Nine (9) family educators (home visitors) work with families to meet their individual needs and implement the home-based curriculum, while closely collaborating with local community service organizations. Prior to COVID-19, nearly 100% of families were going to the doctor and the dentist regularly. During COVID, that number dropped to around 50%. Family educators have helped families reconnect to health care.

Pregnant mothers represent at least 10 of the program’s home visiting caseload and supports are also grounded in connecting expectant mothers to supports. Each pregnant woman receives at least four prenatal visits in the home. This time is vital to allow new moms the opportunity to ask questions and anticipate postpartum needs. Once the baby is born, home educators conduct screenings, well-baby visits, and connect infants and toddlers to a dental hygienist. Mental health consultants are also available to provide four counseling visits before referral.

“The most important thing we do is connect families to community resources and teach them how to access them. We are in their lives for such a short time, we need to help them be their own best advocates.”

—Tamme Buller, Director

Early Head Start and MIECHV

Home visiting programs with demonstrated evidence of effectiveness are eligible for funding through the Maternal Infant and Early Childhood Home Visiting (MIECHV) program. MIECHV awards grants to states, which, in turn, determine which types of home visiting models best meet the needs in their communities, based on periodic needs assessments. As a result of the [approval of the Early Head Start home visiting model for MIECHV funding](#), approximately 735 additional families are currently served across 11 states with MIECHV resources. MIECHV programs in **Arizona, Colorado, Iowa, Kansas, Michigan, Missouri, Oregon, Pennsylvania, Texas, West Virginia, and Wisconsin** chose Early Head Start Home-based Option as one of their funded models.

With MIECHV funding, the Early Head Start Home-Based Option at Genesee County Community Resource Department (GCCARD) in Flint, Michigan, started with just two home visitors, serving 16 teen mothers. After the Flint water crisis the program grew to four home visitors and 40 families. The program's growth underscored the need for flexibility. As families changed, grew, and moved, the program adapted to ensure each family would continue to receive needed support and services. While teen parents are still the focus, GCCARD and MIECHV worked closely to blend program options to meet the needs of each family—the Head Start/Early Head Start Home-Based Options and the Head Start/Early Head Start Center-Based Options. No matter the program option, every family is provided home visits whether they are in Flint or relocated to nearby communities.



Program Spotlight

“Home visiting is my heart. To spend 90 minutes every week with these parents makes a difference. [Parents] tell me our home visitors teach them how to work with their children, provide needed resources, ideas, and things they need to be better parents. I had one tell me we changed her life.”

—**Kimberly Lyons**, Education Coordinator,
Genesee County Community Action Resource
Department



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The National Head Start Association's mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education. NHSA is committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. We are the voice for more than 1 million children, 275,000 staff, and 1,600 grant recipients in the United States. Since 1974, NHSA has worked for policy changes that ensure all income-eligible children have access to the Head Start model.

For further information about this publication, contact NHSA's media team (media@nhsa.org) or visit [nhsa.org](https://www.nhsa.org).

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