A Look Back into the History of Home Visiting
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NMAIMH competencies addressed:

**Theoretical Foundations**
- cultural competence
- research and evaluation

**Law, Regulation & Agency Policy**
- government, law and regulation

Home visiting in the United States can be traced to the public health movement in the 1800’s and was supported through philanthropic efforts. Wealthy reformers wanted to improve the living conditions of the immigrant poor through social and educational programs such as home visiting. In the early 1900’s the kindergarten movement brought attention to the development of young children, including the importance of play. Public health nurses contributed heavily to the early models of home visiting and included preventative care and family education. One of the earliest models was Nurse Family Partnership, which continues to flourish as an evidence-based model. Today, home visiting is a multidisciplinary service strategy to help strengthen positive parent-child interactions and decrease the likelihood of negative outcomes.

During the Reform Era (1870 – 1920) home-community visitors focused on: (1) efforts to eradicate poverty, (2) immigration concerns, (3) societal changes from rural into urban, and (4) volunteerism. (Bhavnagri, N.P. & Krolikowski, S. 2000.) Public health nurses emphasized health while volunteer kindergarten teachers conducted home visits to teach parents to value play, discussed child-rearing practices and welfare services and helped parents become advocates and leaders. Home-community visitors were instrumental in helping kindergarten become a part of public school and reforming child labor practices, legislating housing reform and introducing and promoting safe playgrounds.

The Great Depression in the 1930’s forced many philanthropic organizations to end and the federal government developed new initiatives to assist poor families. The years after WWII brought a prosperous period to the U.S. resulting in a decline in funding of these initiatives, but the 1960’s “War on Poverty” increased scrutiny on social issues such as poverty and teen pregnancy and the increasing number of low birthweight babies born due to technological advances of the time.

Today, funding for home visiting comes from private organizations, from cities or states and from federal funds such as the Maternal Infant Early Childhood Home Visiting program, (MIECHV) brought about by the Affordable Care Act. Since 2009,
MIECHV has provided funding for over 2.3 million home visits in all 50 states. The most significant development over the past ten years is the focus on evidence-based models and there is extensive data about the evidence of effectiveness of home visiting programs on the developing trajectory of young children.

In spite of more than 100 years of home visiting services, many programs find themselves facing the same challenges as those seen in the 1800’s as families are struggling with broad social problems of enormous magnitude. New Mexico’s ranking of 50th in the nation for child well-being underscores the continued need for improving and expanding home visiting for all families.

In 2016, home visiting programs continue to focus on family support and strengthening parenting practices. New Mexico’s definition of home visiting includes “a program strategy that delivers a variety of informational, educational, developmental, referral and other support services for eligible families who are expecting or who have children who have not yet entered kindergarten and that is designed to promote child well-being and prevent adverse childhood experiences,” (New Mexico Home Visiting Accountability Act, 2013.) Ideally, home visits begin during the prenatal stage and can continue until the child enters kindergarten, depending upon the funding source and model used.

In New Mexico, 2,891 families received services from home visiting professionals; 73.6% of these professionals have at least an Associate’s degree. Funding has increased from $500,000 (2006) to over $12 million for FY2016 and services are available in 29 of 33 counties (FY2015.) Programs today reflect the importance of advocacy and community collaboration seen in the pioneering work in the 1800’s and continues to positive impact the lives of young children and families.

Questions to encourage discussion and reflection…

- What are the sociocultural and historical influences on your practice?
- What is the history of home visiting in your community?
- Discuss the balance between public services and parent responsibility for young children and identify some of the reasoning and beliefs that underlie your perceptions.

References/Additional Resources

