

## PROTECT THE MOST VULNERABLE

### Healthy Kids

### Home Visits for Newborns

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**WHAT:** Sustained home visiting for at-risk families is an evidence-based service that has been proven to reduce child maltreatment while improving maternal and child health, school readiness and other health and social outcomes for children and families. Vermont will implement a voluntary home visiting program available to families who are pregnant or newly parenting and facing barriers to optimal health and child development. This program will provide up to two years of home visits by a trained family specialist or nurse.

**WHY:** Home visits and nursing support to newborns and their families offer important assistance during an exciting yet often stressful period. The goal of these services is to ensure new parents are supported in bonding with their infant and gain the confidence and knowledge needed for both infant and parent health and well-being. Sustained home visiting is shown to:

- Improve maternal and child health;
- Promote parent-child interactions and improve social readiness;
- Reduce child maltreatment;
- Reduce family violence, juvenile delinquency and crime;
- Reduce maternal tobacco use;
- Reduce maternal behavioral impairment attributable to drug and alcohol abuse; and
- Increase family economic self-sufficiency.

**WHO:** Many Vermont families face barriers to optimal health and child development – but those most at-risk are often confronting economic and structural inequality as well. Today, sustained home visiting is available to approximately 325 families a year in Vermont through a federal grant. The Governor’s proposal would provide funding for an additional 550 families to receive this important service.

*“I had a high risk pregnancy and stress following the birth. As a first time mother it’s been great to have the knowledge they provide and someone I can ask, other than my doctors, about the smaller things. My nurse has also been helpful about making sure I had all the resources I need to be a successful mother to my son.” (VT MECOSH participant)*

**HOW:** Families will be referred for home-visiting services following a screening to determine need. Referral during pregnancy occurs through the Blueprint’s Women’s Health Initiative in OBGYN offices, WIC, and the Department for Children and Families’ Children’s Integrated Services. After a baby is born, families are also referred through pediatric offices, childcare settings, as well as a range of other integrated service providers.

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Recognizing that 95 percent of parents bring their newborns to pediatric health care for well child visit, we also propose spreading the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model for universal screening and access for new families. When social contributors of health are identified through these universal approaches, referrals are made, through the Department for Children and Families' Children's Integrated Services system to connect families to the supports they need, including sustained home visiting.

During a home visit, nurses and family specialists work with parents, their babies and families in the home environment. Home visits cannot remove all the hardships families face. However, by helping women engage in good preventive health practices during pregnancy, by helping parents understand how best to support their child's development, and by helping parents create a vision for their own future, these visits support families to parent more effectively despite the difficulties they encounter. These visits also provide a point of connection, both to the home visitor themselves and to resources, groups, and peer support.

**FUNDING:** The Governor's proposed fiscal year 2021 budget for the Department of Health includes \$2,192,502 in Global Commitment funding to support expansion of Sustained Home Visiting: Nursing and Family Support in all communities in Vermont.

The return on investment for evidence-based sustained home visiting is strong. With estimates ranging "from \$1.75 to \$5.70 for every dollar spent due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses." ([National Conference of State Legislatures](#))

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