

# Home Visiting: A Lifeline for Families During the Pandemic and Beyond

By Diane Dellanno, Policy Analyst

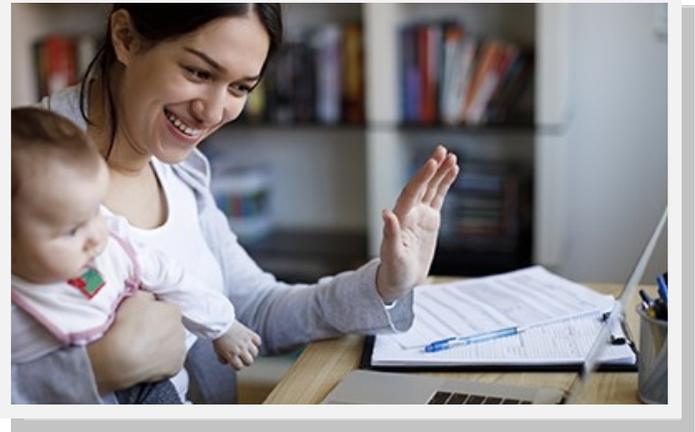
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Home visitors have always played an important role in ensuring families have a safe, healthy pregnancy and stimulating start for their baby. During this unprecedented time, these home visitors have been even more critically important, serving as a lifeline for families navigating the additional stresses, economic uncertainties and social isolation resulting from the COVID-19 pandemic. This ongoing public health crisis has demonstrated just how essential home visitors are in supporting pregnant women, young children and their parents.

Currently, access to state-funded, voluntary, evidence-based home visiting is limited. New Jersey's programs are funded primarily through a federal Maternal Infant and Early Childhood Home Visitation (MIECHV) grant that stipulates funds be utilized to serve low-income families with the greatest needs. However, all parents could benefit from universal access to home visiting when welcoming a new baby into their family. At present funding levels, on average, fewer than 7,000 children ages 0-3 benefit from these home visiting supports annually.<sup>1</sup>

The rising costs of providing services, coupled with stagnant funding over the past decade, threaten the long-term stability of New Jersey's home visitation system and prevent programs from serving additional families. Now more than ever, meaningful federal and state funding is needed to stabilize home visiting programs and expand access so more families can benefit.

**Home Visiting Improves Maternal and Child Outcomes**  
Decades of research have demonstrated that evidence-based, voluntary home visiting services, provided by well-trained professionals during pregnancy and throughout a child's first few years, can help mitigate the effects of poverty and adverse early childhood experiences that can negatively impact lifelong health. Benefits include improved maternal and child health, stronger parent-child relationships, increased school readiness and family economic self-sufficiency. Evidence-based home visiting also leads to fewer children involved in the child protection and juvenile justice systems.<sup>2</sup>



*During this pandemic, home visiting programs continue to reach families where they live, pivoting to virtual/telehealth visits and providing support, information and access to critical resources.*

*[My home visitor] is literally a god send. Without her, we would be lost! She went as far as bringing food from the food pantry to us, diapers and wipes and offered so much support. She has helped me reach goals I never thought I could reach.*

## Supporting Families During the Pandemic

From the onset of Governor Murphy's stay-at-home order, all 65 agencies implementing one or more of the three home visiting models in New Jersey quickly transitioned to televisits to ensure continuation of services. Over the ensuing months, home visitors worked tirelessly to support pregnant women and families with infants and toddlers. This includes providing information and guidance on parenting and maternal and child health issues, emotional support and encouragement and resources to much-needed services. They also conducted drop-offs to deliver essential goods such as diapers and formula, and stayed in contact with their families through text messaging and emails. Across all three home visiting models, 3,778 families – 84 percent of enrolled families – received at least one televisit and/or drop-off.<sup>3</sup>

## New Jersey's Statewide System of Evidence-Based Home Visiting (EBHV) Programs

Program	Home Visitor	Enrollment	Duration	Program Overview	High-Priority Populations These Programs Serve
 Healthy Families (HF)	Family Support Workers (FSWs)	Anytime during pregnancy or within the first few weeks of birth.	The program serves families from enrollment to age 3 (some HF programs continue to age 5).	FSWs link new or expectant parents to existing social service and health care resources, and promote positive parenting and the healthy growth and development of infants and children.	<ul style="list-style-type: none"> <li>• Low-income families.</li> <li>• Pregnant or new parent under age 21.</li> </ul>
 Nurse-Family Partnership (NFP)	Registered Nurses	First-time pregnant women prior to 29 weeks gestation.	NFP families are encouraged to participate until their child is 2 years old.	NFP nurses provide health education and support to improve the health, well-being and self-sufficiency of the family, conduct clinical assessments, and work to ensure that families have access to other available services and supports, as needed.	<ul style="list-style-type: none"> <li>• Families with children with developmental delays or disabilities.</li> <li>• Military families.</li> <li>• Families at risk for: involvement in child welfare system; substance abuse; homelessness or domestic violence.</li> </ul>
 Parents as Teachers	Certified Parent Educators	Anytime during pregnancy and up until the child is age 3	The program serves families throughout pregnancy and up until their child completes kindergarten.	The program is an early childhood parent education, family support and school readiness program designed to enhance child health, growth and development, and school achievement as appropriate.	

All evidence-based home visiting programs share similar characteristics, yet have different approaches depending on family needs. In these voluntary programs, trained professionals meet regularly in the homes of expectant parents or families with young children who want and ask for support. Home visitors evaluate families' strengths and needs and provide services personalized to those needs, such as:

- teaching positive parenting skills and parent-child interactions;
- promoting early learning in the home;
- providing information and guidance on topics such as breastfeeding, safe sleep practices, injury prevention and nutrition;
- supporting timely well-child visits, as well as postpartum visits for mothers;
- conducting screenings and providing referrals to address postpartum depression, substance abuse and family violence;
- screening children for developmental delays; and
- connecting families to other services and resources as needed and appropriate.

*When we first met, [my home visitor] was incredibly friendly, open, non-judgmental of my situation and helpful. Through COVID times, she has constantly texted and shared suggestions for fun activities to do with my son while staying safe inside. Every single problem, issue or concern I have ever had with my children – I have gone to [my home visitor] first and she always responds right away, and she has always had a solution. I truly cannot express my love and appreciation for [my home visitor] and all she has done for me and my family.*

### Home Visitors: Delivering Essential Supports

Throughout the pandemic, home visitors have provided:

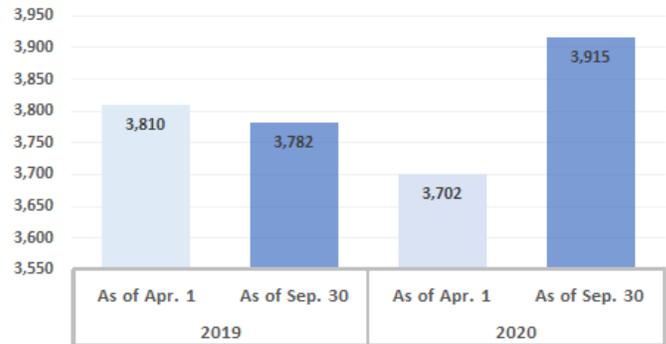
- Prenatal and Postnatal Supports** – the pandemic has been especially difficult for pregnant and postpartum moms and newborns. Birthing plans were interrupted and COVID-19-related concerns, particularly early on in the pandemic, led to early discharge and restrictions on support persons in the delivery room. Once home, social distancing and isolation restrictions created even more challenges. Home visitors ensured prenatal visits, well-baby check-ups and immunizations continued on schedule and were available to provide information and guidance on a wide range of maternal and child health issues and concerns as well as linkages to other services and resources as needed.
- Emotional Support** – isolation is challenging for everyone but for families with a newborn or infant, it was even more difficult with little to no access to extended family and friends who would otherwise help. Home visitors were there to offer guidance and encouragement to help them navigate through this stressful time.
- Access to Food and Supplies** – the pandemic created shortages of essential supplies such as diapers, wipes and food. Parents with young children could not safely leave their home to search for needed items. Home visitors conducted drop-offs to deliver needed supplies and linked families to community resources such as food and diaper banks.

A critical role of the home visitor is to identify local resources and provide individualized referrals to a variety of supports and services without the parent or caregiver feeling stigmatized or judged. The need for this type of support increased dramatically during the peak of the pandemic. The number of referrals to community resources made between April and September of 2020 increased by 33 percent compared to the same time period last year.

Despite initial concerns that participation would decline once home visiting shifted to virtual and telehealth visits, enrollment actually remained steady with 1,221 new families enrolling between April 1 and September 30, 2020.

Seventy-five percent of these enrollments were pregnant mothers. In addition, the total number of active families increased when compared to the same time period from the previous year.

Number of Families Active in NJ Home Visitation Programs\*



\*A Nurse-Family Partnership active client is defined as having had a visit in the last 180 days, the child is under 26 months and has not been in the program for over 1,065 days (from the last day of the reporting period). Under Healthy Families and Parents as Teachers home visiting programs, active families are defined as being engaged in at least one of the following: a home visit, completion of screening tools, phone or electronic communication. If families cannot be contacted for a certain amount of days, they are moved to “inactive” levels.

Source: NJ Dept. of Children and Families, NFP numbers from EBHV monthly census. HFA and PAT numbers were calculated from raw data.

The number of completed visits also rose during this same time period, clearly demonstrating that families welcomed and valued the support of the home visitor.

Percentage of Completed Visits Between April 1 and September 30	
2019	2020
84%	89%

Source: NJ Dept. of Children and Families, EBHV Monthly Census.

### Home Visiting Addresses Racial Disparities

New Jersey’s home visiting programs have been a lifeline for the expectant women, children and families they serve. Unfortunately, too few have been able to benefit from these vital programs, leaving already overburdened households at an even greater risk. The pandemic has disproportionately impacted low-income communities and communities of color, exacerbating inequities and demonstrating cracks in our systems of supports. Because of its culturally responsive, community-driven approach, evidence-based home visiting programs are an effective way to address these racial disparities.<sup>4</sup>

## Recommendations

### Federal

The primary funding source for the state's home visiting system, the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV) grant, has not been increased since its inception ten years ago, creating funding deficits. Congress must make meaningful investments to ensure the stability of home visiting programs.

- **Prioritize a one-time emergency infusion of \$150 million for the Maternal Infant and Early Childhood Home Visitation (MIECHV) program as part of a COVID-19 response.** Home visiting programs need additional funds to purchase and deliver food and basic supplies for families, as well as secure technology, data plans and devices necessary for visits, purchase personal protective gear for face-to-face visits, and support ongoing training for virtual visits.
- **Provide a significant increase to MIECHV - \$200 million/year for five years.** The MIECHV program has been flat funded for nearly a decade, severely impacting staffing and program operations.

### State

State investment in New Jersey's evidence-based home visiting programs has remained stagnant. To stabilize programs and expand services to reach additional families, ACNJ recommends:

- **Immediately begin implementing P.L. 2017 Chapter 50 - Approved May 1, 2017.** This act established a Medicaid home visitation demonstration project to serve an additional 500 families in select counties.
- **Provide annual cost of living adjustments for state-funded home visitation programs.** New Jersey's state-funded home visitation programs have been flat funded for ten years, which has severely impacted staffing and program operations. Annual cost of living adjustments will ensure that the provision of essential services are fully funded and sustainable, and the staff providing such services are appropriately compensated.
- **Establish a universal home visiting program to reach all New Jersey residents.** Providing this much-needed support to all families is not only a preventative step towards ensuring that both baby and caregiver are healthy and on the right track, but provides a pathway to these new families for additional supports should they be necessary. Universal access to a post-partum visit would also reduce the stigma attached to receiving state-funded home visiting services.



A screenshot of a televisit between a home visitor and a family.

*I appreciate [my home visitor] checking on my family and making sure we are safe. I also appreciate her bringing in food and information on development. It has helped since I rarely leave the house, only to go to my daughter's doctor visits.*

*I'm very grateful to the program because despite the difficult situation we're all going through, they have found a way to continue helping us and giving us the support we need. For example, my baby was born a few days ago, and despite the quarantine they found a way to send me a car seat and a crib, so that my baby is safe.*

### Conclusion

The impact of the current crisis has hit New Jersey families hard, particularly those with very young children. New Jersey's evidence-based home visiting programs have been essential throughout the ongoing COVID-19 pandemic, providing critical supports to pregnant women and families with infants and toddlers. Unfortunately, the availability of home visiting services is limited in New Jersey and current state and federal funding is insufficient. For this important work to continue, decision-makers at all levels of government must make meaningful investments to ensure the stability of home visiting programs and reach more families.

#### Endnotes:

<sup>1</sup> Advocates for Children of New Jersey. *Unlocking Potential, A Roadmap to Making New Jersey the Safest, Healthiest and Most Supportive Place to Give Birth and Raise a Family*. Available online at [https://acnj.org/downloads/2020\\_06\\_24\\_Unlocking\\_Potential\\_Full\\_Report.pdf](https://acnj.org/downloads/2020_06_24_Unlocking_Potential_Full_Report.pdf)

<sup>2</sup> *The Research Case for Home Visiting*, (Feb 2014). ZERO TO THREE.

<sup>3</sup> Data provided by the NJ Department of Children and Families, December 2020 for services provided between April 1, 2020 and September 30, 2020 and by Nurse Family Partnership.

<sup>4</sup> Jamila Taylor, Cristina Novoa, Katie Hamm, and Shilpa Phadke. *Eliminating Racial Disparities in Maternal and Infant Mortality, A Comprehensive Policy Blueprint*, (May 2, 2019). Center for American Progress.