

# The Family Connects model: An overview of the evidence

Family Connects is an **evidence-based model** that combines engagement and alignment of community services and resources with short-term nurse home visiting beginning in the first month after birth. Family Connects is designed to be provided to **all** families with newborns, **voluntarily** and at no cost.



Our aim is to create systems change at the population level — to advance the well being of all children and their families. We work to:

- Ensure that families have a medical home
- Provide physical- and mental-health screenings
- Assess family strengths and needs comprehensively
- Connect families to community resources that support their individual family needs and preferences

**Published results from two randomized controlled trials show the model has positive effects in a number of key areas:**

## Mothers

- Mothers were 28% less likely to report possible clinical anxiety at infant age 6 months.[4]
- Mothers reported more positive parenting behaviors and were more responsive to their baby at age 6 months. [4]
- Mothers were more likely to complete their 6-week postpartum health check. [1]

# Babies

- Total child emergency room visits and hospital overnights were reduced by 50% through age 12 months [5] and 37% through age 2 years; \$3.17 reduction in total hospital billing costs for every \$1.00 in program costs. [2]
- Total child maltreatment investigations reduced by 44% through child age 2. [1]

# Families

- Home environment were safer, and homes had more materials to support infant learning and development at age 6 months. [4]
- Families reported more connections to community resources and more frequent use of those services at infant age 6 months. [1, 4]

## Sources

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5 Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. *Pediatrics*, 132, S140-S146. <https://doi.org/10.1542/peds.2013-1021M>