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## Best Practice Fact Sheet – Strengthening Families

### NURSE FAMILY PARTNERSHIPS (NFP) - Nationwide

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#### Program

**Description:** Home visits conducted by registered nurses who are specially trained to provide the visits to low-income, first-time mothers, beginning prenatally and continuing through the child's second birthday. Ideally, home visits begin in the 16<sup>th</sup> week of pregnancy. Over the course of about 2.5 years, visitors conduct around 64 visits of 60-90 minutes each. The program originally developed in Elmira served primarily white, rural adolescent mothers. It then moved to Memphis, and in 1996 moved to many other states across the country.

**Target Population:** low-income, first-time mothers (including pregnant women) and their families

#### Goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers;
- improve women's diets, and reduce use of cigarettes, alcohol and illegal substances;
- improve child health and development by helping parents provide responsible and competent care;
- improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, and continue their education

**Caseload Data:** A full-time nurse home visitor carries a caseload of no more than 25 active clients; full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors. Today the Nurse-Family Partnership operates 100 sites in 26 states.

**Cost:** According to Congressional Service Research study, cost is \$2,914-\$6,463 per family on average.

**Evidence:** Evidence-based community health program has been tested through multiple randomized controlled trials; California Evidence-Based Clearinghouse on Child Welfare; Congressional Research Services, Lynch & Stoltzfus 2009. NFP is the best known home-visiting program and was developed by David Olds and colleagues in Elmira, New York. Evaluations have been conducted in Elmira, Memphis, and Denver.

**Assessment:** Conducted by specially trained public health nurses

#### Operation in Washington:

There are currently over 100 NFP sites in 26 states with 10 listed in Washington State. NFP programs are available through public health departments in Clark and Klickitat Counties, Jefferson and Mason Counties, King County (Seattle, Kent, White Center), Pierce County, Skagit County, and Snohomish, Spokane, Thurston, Yakima Counties. In Thurston County, Olympia, Maternal & Child Health (MCH) Public Health Nurses offer preventative health services through First Steps Maternity Support and Infant Case Management utilizing the well-respected Nurse Family Partnership Program Guidelines.

#### Services Overview:

- According to researchers Kimberly Howard, and Jeanne Brooks-Gunn, the NFP is the most well developed home-visiting program in the United States.

- It was replicated in Memphis with an urban sample of 1,139 predominantly African American adolescent mothers and their children who have been followed through age nine and in Denver with an ethnically diverse sample of 735 low-income mothers and their children who have been followed through age four.
- Beginning in 1996, NFP programs began expanding to other states using a mix of private, local, and federal funds.
- Ongoing home visits from specially-trained, registered nurses that begin early in pregnancy and extend through the child's second birthday.
- Nurses receive over 60 hours of instruction from the NFP Professional Development Team over a period of 12 to 16 months.
- Prior to the birth of the child, NFP home visitors seek to improve pregnancy outcomes by addressing (1) effects of smoking, alcohol, and drugs (including identifying plans to decrease usage, as necessary); (2) best practices in nutrition and exercise for pregnant women (including monitoring for adequate weight gain and other risk factors); (3) preparation for childbirth and basics of newborn care; (4) adequate use of office based prenatal care; (5) referrals to other health and human services as needed.
- After the child's birth, nurses work with families to improve the child's health and development. NFP home visitors (1) conduct parent education on infant/toddler nutrition, health, growth and development, and environmental safety; (2) conduct role model activities to promote sensitive parent-child interactions to enhance child's development, (3) use specific assessment tools to monitor child-parent interactions and infant/toddler developmental progress at selected intervals, providing follow-up guidance to parents as needed; (4) provide guidance in cultivating social support networks and assessing safety of potential/actual child care arrangements; (5) promote adequate use of preventative/well-child care; and (6) continue to provide referrals to other health and human services as needed.
- Nurse home visitors also seek to improve the parent's life-course by working with parents on (1) realistic goal-setting exercises to facilitate decision-making about the future, including strategies to achieve education and work goals; (2) fostering relationships with community services and issues related to family planning.
- Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient.
- NFP supported by National Service Office - non-profit organization that provides implementing agencies with the specialized expertise and support needed to deliver Nurse-Family Partnership with fidelity to the model – so that each community can see comparable outcomes.
- National Service Office provides training and support services to ensure that the model is precisely replicated in communities, leading to improved outcomes for both mothers and children. Sites adhere to key elements of the Nurse-Family Partnership model, which include: enrolling first-time, low-income moms early in their pregnancies, specially trained public health nurses delivering home visits over two-and-a-half years, establishing support for the program within an implementing organization

**Eligibility:** Low-income first time mothers

**Findings:**

- Proven to improve pregnancy outcomes, child health and development, education and family economic self-sufficiency, while reducing child maltreatment and injuries, juvenile delinquency, crime and welfare dependency.
  - This model of partnering nurses and first-time moms has more than 30 years of research from randomized, controlled trials that prove it works.
  - Improve pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances,
  - Improve child health and development by helping parents provide responsible and competent care,
  - Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work

- In WA State, as of September 2009:
  - 91% of babies were born full-term and 93% were born at a healthy weight - at or above 2500g (5.5 lbs); 24% reduction in smoking during pregnancy; 39% of mothers who completed the program and who did not have a diploma/GED at intake earned their diploma/GED and another 22% continue to work toward a diploma/GED; and 94% of mothers initiated breastfeeding

#### **Implications for Policymakers and Program Developers to Consider:**

- Fidelity to the model elements is the key to local success.
- An independent study conducted by the Rand Corporation found that for every dollar spent on Nurse-Family Partnership services, society saves \$5.70 in reduced health care, educational, social and criminal justice expenditures
- NFP required that certain elements as described below be followed in its programs:
  - Client participates voluntarily; is a first-time mother; meets low-income criteria at intake; enrolled in the program early in her pregnancy/receives first home visit by no later than the end of week 28 of pregnancy.
  - Client is visited one-to-one, in her home; throughout her pregnancy and first 2 years of child's life
  - Registered professional nurses with minimum of a baccalaureate degree in nursing; have completed NFP core educational sessions.
  - Nurse home visitors and nurse supervisors collect data as specified by the NFP Service Office and use Nurse-Family Partnership reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.
  - An NFP Agency must be located in the community; have long-term community advisory board that meets at least quarterly.

#### **Resources:** [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org);

California Evidence-Based Clearinghouse for Child Welfare - [www.cebc4cw.org/search/topical-area/18](http://www.cebc4cw.org/search/topical-area/18);

Congressional Research Services - [www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf](http://www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf)

Recommended by Seth Chamberlain, ACF and Lauren Supplee, and California Evidence-based Clearinghouse for Child Welfare as a best practice program for home-visiting services well supported by research

Child Trends, "What Works for Home Visiting Programs," 7/27/2010\* [www.childtrends.org](http://www.childtrends.org);

California Evidence-Based Clearinghouse for Child Welfare, [www.cebc4cw.org/search/topical-area/18](http://www.cebc4cw.org/search/topical-area/18);

Literature reviews and meta-analyses by Sweet, M.A. and Applebaum, M.I. (*Home Visiting Best Practices: A Review of the Literature, May 2007* - [www.birth-beyond.com/](http://www.birth-beyond.com/) and Deanna Gomby (*Home Visitation in 2005: Outcomes for Children and Parents* – [www.ced.org/projects/kids.shtml/#new](http://www.ced.org/projects/kids.shtml/#new))

Kimberly S. Howard and Jeanne Brooks-Gunn in "The Future of Children" latest issue; (Journal Issue: Preventing Child Maltreatment Volume 19 Number 2 Fall 2009)

<http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=514>

Congressional Research Service report Home Visitation for Families with Young Children by Karen E. Lynch & Emilie Stoltzfus, 10/23/2009; [www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf](http://www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf)