Nurse-Family Partnership Program

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

The Nurse-Family Partnership Program provides first-time, low-income mothers with home visitation services from public health nurses. Starting with 20 to 28 weeks into their first pregnancy, the nurses work intensively with the mothers to improve prenatal, maternal, and early childhood health and well-being, focusing on therapeutic relationships with the family that are designed to improve family functioning in areas of health, home and neighborhood environment, family and friend support, parental roles, and major life events. The nurse remains with the mother through the first 2 years of the target child's life.

The program is highly structured and is accessible only through an intensive application process for materials, resources, and training support. Applicants are expected to implement with very high fidelity and must show evidence that they have the commitment and financial resources to sustain the program over at least 3 years, with long-term sustainability as a strong possibility.

PROGRAM BACKGROUND

NFP was originally started as a research study in Elmira, NY, in the late 1970s. Because of the encouraging findings, the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice made NFP part of their "Weed and Seed" initiative, funding the program in six demonstration cities. In 1999, the National Center for Children, Families and Communities (NCCFC) was established to disseminate the program nationwide. Currently, NFP programs operate in 22 States.

RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice: Model Program

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

SELECTIVE, INDICATED

This therapeutic program is developed for first-time, low-income expectant mothers and addresses substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and a lack of opportunities for children.

INTERVENTION TYPE

COMMUNITY-BASED

CONTENT FOCUS

ALCOHOL, ILLEGAL DRUGS, TOBACCO, PARENT COMPONENT

Starting in pregnancy, the program targets health behaviors including tobacco and other substance use that can affect preterm delivery, low birth weight, and infant neurodevelopmental impairment. After childbirth, the program targets substance use and behaviors and risk factors that are related to substance use and abuse, such as school dropout, failure to find work, welfare dependence, and unintended subsequent pregnancies.

The program has parents as a primary target:

Mothers are the primary target population, although the home visits may also involve fathers and other family members, as appropriate.

PROTECTIVE FACTORS

INDIVIDUAL, FAMILY

INDIVIDUAL

- Good parenting skills
- Knowledge of substance use effects on pregnancy
- Knowledge of proper prenatal care
- Knowledge of child development

FAMILY

- Support for using needed services
- Involvement of father and/or other family members

RISK FACTORS

INDIVIDUAL, FAMILY

INDIVIDUAL

- Unemployment or low levels of income
- Conduct disorders
- Criminal involvement or delinquency
- Positive attitude toward substance use
- Lack of parenting skills
- Early onset of sexual activity and multiple sexual partners
- Single and/or teenage mothers

FAMILY

- Abuse or violence

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- Life/social skills training

FAMILY

- Home visits
- Parent education/parenting skills training

PEER

- Peer-resistance education

KEY PROGRAM APPROACHES

IN-HOME SERVICES, PARENT-CHILD INTERACTIONS, PROBLEM IDENTIFICATION AND REFERRAL, SKILL DEVELOPMENT, THERAPY

IN-HOME SERVICES

Nurse-Family Partnership is a home visiting nurse program conducted by specially trained, registered nurses using guidelines for pregnancy, infancy, and toddlers. The nurse works within a consistent structure for each visit, and solution-focused tools are used to help the nurse assess current attitudes, skills, knowledge, and situational support. They also help the client to achieve personal goals, attain behavioral changes, and address challenges. Nurses assign activities the client and family members can do with the nurse or between visits to apply new knowledge and skills, which are matched to the developmental needs of the family and infant and can be adapted to each family's interests, strengths, and needs. The visits address personal health, environmental health, life course development, the maternal role, social support through family and friends, and health and human services.

PARENT-CHILD INTERACTIONS

Sessions address physical care of a newborn, nurturing, early emotional availability and attachment, and reading infant cues. For toddlers, the sessions address healthy child development and parenting issues.

PROBLEM IDENTIFICATION AND REFERRAL

The program emphasizes accessing community services and resources related to parents' goals.

SKILL DEVELOPMENT

The program addresses child development and parenting skills for infants and toddlers.

THERAPY

The thrust of the interaction between the nurse and mother/father is therapeutic and involves assessment, counseling, and case management.

HOW IT WORKS

NFP represents a refined version of the long-established service strategy of home visitation; it achieves results by providing visits from highly trained public health nurses. These visits usually take place in the client's home but can occur at other locations when necessary.

The *Nurse-Family Partnership Home Visit Guidelines* are the primary resource for nurse home visitors working in the program. The guidelines provide the nurse with a consistent structure for each visit and tools to use in working with clients. The guidelines are designed so that the topics and resources are matched to the specific developmental needs of the family and infant/child. The guidelines also instruct and encourage nurses to adapt interventions to each family's unique interests, strengths, and needs. NFP uses solution-focused tools to help the nurse assess current client attitudes, skills, knowledge, and situational support. These tools also assist the client in achieving personal goals, attaining behavioral changes, and addressing challenges. The tools include activities for the client and her family, which can be done with or without the nurse, designed to help them apply new knowledge and skills.

The program meets its objectives by addressing several key components that research and experience have shown to be important:

- The program focuses on first-time mothers with little or no income.
- The home visitors are registered nurses.
- Nurses follow program guidelines that focus on the mother's personal health, quality of caregiving for the child, and parents' own development.
- Nurses begin making home visits while the mother is still pregnant (before the 28th week, ideally between the 12th and 20th week) and continue through the first 2 years of the child's life.
- Nurse home visitors employ a visit schedule that follows the developmental stages of pregnancy and early childhood.
- Nurses work with the mother's existing support system, including family members, fathers when appropriate, and friends, to help families access other health and human services they may need.

- Each nurse home visitor carries a caseload of no more than 25 families.
- The organization implementing the program provides a well-prepared half-time nursing supervisor for every four nurse visitors.
- The program is located in and run by an organization known in the community for providing quality services to low-income families.
- Program staff uses the Clinical Information System that has been designed for the model to keep track of family characteristics, needs, services provided, and progress toward accomplishing objectives.

Program Development and Assistance

An application to become a demonstration site is the basis of initial planning for implementation of the NFP model at the local level. Through telephone consultation and one or more site visits, representatives of the NCCFC and the local agency or organization develop a joint assessment of readiness to implement the program. The application ultimately becomes a work plan for the new program sites. New sites are developed to start serving 100 families using 4 nurse home visitors, a half-time nurse supervisor, and a halftime administrative support person.

Fidelity

Program demonstration sites must agree in writing to implement the program with fidelity to its essential components. In return, they receive training, technical assistance, and support for the assessment-focused Clinical Information System from NCCFC.

OUTCOMES

DECREASES IN SUBSTANCE USE, REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER OUTCOMES

In research trials, this program produced consistent benefits for low-income mothers and their children in each of the following areas:

DECREASES IN SUBSTANCE USE/ABUSE

Reduced cigarette smoking by the 15-year-old adolescent target children 28%

Reduced maternal behavioral problems due to substance use 44%

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

Subsequent pregnancy

Use of social welfare system

Reduced child abuse and neglect 79%

Reduced arrests among the mothers 69%

Reduced rates of childhood injury, abuse, and neglect

Decreased smoking and alcohol use, especially among teenage mothers

IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

Mothers' prenatal health, especially in relation to their use of cigarettes.

Improved parenting and the home environment

Increased participation in the workforce

OTHER TYPES OF OUTCOMES

A 15-year followup study of the Elmira, NY, sample found that the program achieved the following outcomes:

Decreases in demographics related to risk factors:

Resulted in 54% fewer arrests and 69% fewer convictions among the 15-year-old adolescent target children.

Reductions in behaviors related to risk factors:

Resulted in 58% fewer sexual partners among the 15-year-old target adolescent children.

NFP produced consistent benefits for low-income mothers and their children through the child's fourth year in the areas of:

- Mothers' prenatal health (especially in relation to their use of cigarettes)
- Injuries to children
- Use of the social welfare system
- Improved birth outcomes
- Reduced rates of subsequent pregnancy
- Improved birth outcomes through the reduction of preterm and low-birth-weight babies
- Reduced quickly recurring and unintended pregnancies
- Reduced the incidence of conduct disorders, involvement in crime, and delinquency
- Saved $4 for every dollar invested, due to reduced welfare, fewer arrests, and lower health care (especially emergency room) costs

A 15-year followup study of the Elmira sample found that the program:

- Reduced child abuse and neglect 79%
- Reduced maternal behavioral problems due to substance use 44%
- Reduced arrests among the mothers 69%
- Resulted in 54% fewer arrests and 69% fewer convictions among the 15-year-old adolescents
- Resulted in 58% fewer sexual partners among the 15-year-old adolescents
- Reduced cigarette smoking by the 15-year-old adolescents 28%

EVALUATION DESIGN

A major evaluation of NFP was conducted in three large scientifically controlled studies—first in Elmira, NY, then in Memphis, TN, and most recently in Denver, CO. In the studies, pregnant women were randomly assigned either to the NFP program or a control group that received other services, then their children's progress toward the program's goals was assessed over time (i.e., through adolescence). The studies were designed to determine whether the provision of prenatal and infancy home visits improves maternal, child, and family health and well-being as children mature.

DELIVERY SPECIFICATIONS

1–3 YEARS

Amount of time required to deliver the program to obtain documented outcomes:

The guidelines provide for up to 14 pregnancy visits, depending on how early in the pregnancy the nurse becomes involved; 28 infancy visits (up to 50 weeks of age of child); and 22 toddler visits (up to 24 months of age of child). Visits are scheduled every 1 to 2 weeks, and each nurse carries a caseload of no more than 25 families. A local program must agree to serve a minimum of 100 families to become a site.

INTENDED SETTING

RURAL, URBAN, SUBURBAN

This program is developed for use in all types of target settings.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

- The program focuses on first-time mothers with little or no income
- Must use registered nurses
- Nurses follow program guidelines that focus on the mother's personal health, quality of caregiving for the child, and parents' own development
- Nurses begin home visits while the mother is still pregnant, at least before the 28th week, and continue through the first 2 years of the child's life
- Nurses employ a visit schedule that follows the developmental stages of pregnancy and early childhood
- Nurses work with the mother's existing support system, including family members, fathers when appropriate, and friends, to help families access other health and human services they may need
- The program must employ one registered nurse for every 25 families and a nursing supervisor for every four nurses

- The organization implementing the program provides a well-prepared half-time nursing supervisor for every four nurse visitors
- The program is located in and run by an organization known in the community for providing quality services to low-income families
- Program staff uses the Clinical Information System that has been designed to keep track of family characteristics, needs, services provided, and progress toward accomplishing objectives
- The nurses participate in the training and technical assistance provided by the National Center for Children, Families and Communities

Program demonstration sites must agree in writing to implement the program with fidelity to its essential components. In return, they receive training, technical assistance, and support for the assessment-focused Clinical Information System from NCCFC.

PERSONNEL

FULL TIME, PART TIME, PAID

Registered nurses and nursing supervisors.

New sites are developed to start serving 100 families using 4 nurse home visitors, a half-time nurse supervisor, and a halftime administrative support person.

EDUCATION

SPECIAL CERTIFICATION

Nurses must be trained in delivery of the program.

PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, CLASSROOM, WORKBOOK, Location: OFFSITE (at developer or trainer location), Length: BASIC/REFRESHER

Training is provided to any accepted site. It consists of rigorous training over a 14-month period, as follows:

A 4-day intensive training in the model, usually provided by the National Center in Denver, is required for nurse home visitors and supervisors. It addresses program goals and theory, assessments, skill building, strategies for facilitating change in maternal health behaviors, orientation to the prenatal home visit guidelines, clinical record keeping, and the Clinical Information System. Supervisors receive an additional day of training following completion of the 4 days of intensive training.

A 2-day regional training program is offered 4 months after program implementation begins for training on implementing the infancy guidelines. Supervisors receive an additional day of training following the 2 days of training.

A 2-day regional training prepares nurses to conduct intervention during the toddler period.

Special training in the Nursing Child Assessment Satellite Training is arranged early in the program and is usually arrange for by the site.

Guidance is provided to nursing supervisors on assessment of staff nurses' competencies.

COST (estimated in U.S. dollars)

$10,000+

Cost considerations for implementing this program as recommended by the developer:

The application process includes an estimated budget that addresses all the cost categories, including training and materials.

The Web site guidelines estimate that the 3-year cost to establish a program for 100 families is $780,000, most of which goes for nurse salaries.

INTENDED AGE GROUP

EARLY ADOLESCENT (12–14), TEENAGER (15–17), YOUNG ADULT (18–24), ADULT (25–54)

This program targets expectant, first-time mothers and continues through the second year of the target child's life.

INTENDED POPULATION

MULTIPLE ETHNIC GROUPS

The program has been delivered to diverse populations.

GENDER FOCUS

FEMALES

The program targets the mother and her existing support system, which may include family members and the child's father, when appropriate. The target child, who is followed through 2 years of age, could be male or female.

REPLICATION INFORMATION

CONTACT INFORMATION

This program has been implemented nationwide, with statewide programs in Pennsylvania, Colorado, and Oklahoma, and in selected locations in Alabama, California, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, South Dakota, Washington, and Wyoming.

Information on the specific communities within States can be found on the Web site: www.nccfc.org/currentsites.

CONTACT INFORMATION

ABOUT THE DEVELOPER

The developer is David Olds, Ph.D., from the University of Colorado Department of Pediatrics.

The program is disseminated through the National Center for Children, Families and Communities, an interdisciplinary program based at the University of Colorado Health Sciences Center.

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