

Program Overview: Nurse-Family Partnership

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Partnering Programs	Definitions/ Notes
Program Name	Nurse-Family Partnership	
Description of Program as it Relates to addressing CEV	<i>Nurse-Family Partnership</i> targets low-income, first time mothers. Visiting nurses provide services in-home, beginning during pregnancy and lasting until the child is 2 years old. The overall goals of the program are to: a) improve the prenatal health of the mother, and therefore of the baby, b) improve the early care of the infant/toddler, and therefore improve his/her health and development, and c) work with the mother on her own personal development with special attention to the areas of work, school and family planning. Although this program was designed to target broad health outcomes for low-income families, some of the findings show significant positive effects on reducing child abuse and neglect, as well as other negative outcomes most highly associated with child abuse and neglect (e.g. parent and child rates of arrest and delinquency).	
Service Continuum	Prevention	
Primary Exposure Type	High Risk for Exposure / Trauma	
Target Population	Family Systems Individual Parent/Caregivers(s)	
Target Age	0 - 2	
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes If yes, please indicate: Latino/Hispanic African American	

Highlighted text indicates program components are currently under review. Changes may be pending.

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Primary Settings	Homes (biological)	
Persons or Entities in charge of delivering Program	Home Visitors Nurses/Physicians/Health Providers Other (Please describe) Some trials have been completed using paraprofessionals instead of nurses and the results showed some beneficial effects for the mother but no statistically significant effects for the children.	
Primary Components	Assessment/ Triage/Screening Referrals Case Management Home-Visiting Parent/ Family Support Services Community Resource Planning	

Resource & Capacity Planning

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Length/Duration of Program	Services are flexible and based on family needs. Families typically receive an average of one visit per month during pregnancy up until child's second birthday.	<ol style="list-style-type: none"> 1. Voluntary client participation 2. Client is a first-time mother 3. Client meets low-income criteria at intake 4. Client receives first home visit no later than 28th week of pregnancy 5. Client works one-on-one with nurse home visitor 6. Visits take place in client's home 7. One-on-one visitations take place throughout pregnancy until child's 2nd birthday (according to NFP guidelines)
Required Materials	Manuals/Program materials Video/Audio Equipment Computer Software/ Special Technology Fidelity Checklists/Assessments Technical Assistance	
Training Requirements	Face-to-face training Supervision Consultation	<p>National training, implementation and evaluation guidelines have been established for the NFP program. Information for agency approval can be obtained from: www.nursefamilypartnership.org</p> <p>Training occurs in three phases, and can be obtained through the University of Colorado Health Sciences Center and the University of Washington School of Nursing.</p> <p>A typical training/preparation sequence for visiting nurses and supervisors includes:</p> <ol style="list-style-type: none"> 1. Reading and agreeing to the specific educational and delivery guidelines 2. Attending 8-day

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		<p>training/workshop for nurses and 11-days of training for supervisors</p> <ol style="list-style-type: none"> 3. Receiving on-going 1:1 clinical supervision from on-site designated supervisor 4. Attending regularly scheduled consultation meetings 5. Collecting assessment, fidelity, and evaluation data as specified by NFP National office 6. Learning how to use national data to support intervention decision-making to individualize services to meet families' needs within the NFP structure
Provider Certification/Training/Requirements	<p>Program Specific Certification/Training Required</p> <p>Special Service Area Required (e.g., Social Worker, Doctor)</p>	<p>Home visitors and supervisors must be registered nurses with a minimum of a Baccalaureate degree in nursing.</p>
System or Agency Recommendations for Serving CEV Populations	<p>With-in Agency Support & Infrastructure</p> <p>Successful implementation of NFP requires buy-in and support from key administration and supervisors, as well as from home-visiting nursing staff. Agencies should carefully examine NFP requirements to ensure sufficient infrastructure to support program components. Prior to becoming a NFP approved site, practitioners, supervisors and agencies must agree to adhere to the National NFP model and fidelity requirements. For example, agencies must prove that they are established to serve low-income families at the local or national level. Agencies also need to coordinated and provide structures to support NFP on-going data collection guidelines. Staffing needs should also be considered prior to implementation. For example,</p>	

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	<p>visiting nurses must carry a caseload of no more than 25 active clients, and full-time supervisors may oversee no more than 8 home visitor nurses.</p> <p>Cross Systems/Sectors Support & Infrastructure Identification of relevant stakeholders and community partners prior to implementation is helpful. NFP requires agencies to form a community advisory board to promote support and quality service delivery, as well as ensure sustainability. Boards meet regularly, at minimum on a quarterly basis.</p>	
<p>Costs of Implementation</p>	<p>Training & Consultation: Training for home-visiting nurses (8 days) costs \$2,500 plus travel, food, and lodging. Training for supervisors (11 days) cost s \$3,000 plus travel, food, and lodging.</p> <p>Technology: Fidelity Monitoring/ Assessments: An additional estimated \$6,000 per year is required for receiving assistance for assessing readiness (planning) and implementation, and to access required evaluation materials and related technology supports.</p> <p>Estimate based on implementation (costs not disaggregated): Costs for 100 families is approximately \$350,000 per year. Average cost per family = \$4,500 (range = \$2,914 to \$6,463), depending on community health nurses salaries, benefits, and geographic location.</p>	

Evidence for CEV

Category	Partnering Programs	Brief Description
Evidence for Preventing or Addressing Violence Exposure	Program demonstrates a high degree of effectiveness in reducing either the risk of exposure and/or ameliorating the effects of exposure to violence (e.g., related behavioral distress, PTSD, perpetration/assault, Nightmares) among children or caregivers.	
Evaluation Design of Studies with CEV	Randomized, control experimental design Feasibility testing	Blank
Violence Exposure-Related Outcomes	Parent (Briefly Describe) Compared to parents in control groups, parents receiving nurse home visiting services showed significantly lower rates of child abuse/neglect and other risk-factors associated with maltreatment and neglect, including fewer criminal behaviors and substance use problems.	Blank
Additional Research Information (This will be a link to another page, a drill down box or separate section)	Study 1: Design, Setting, Participants 1: Women were targeted based on status as first-time mothers living within a specific geographic region. All families were randomly assigned to four treatment conditions: 1) 94 mothers whose children received sensory and developmental screening at 12 and 24 months; 2) 90 mothers with children who received sensory and developmental screening as well as free transportation for prenatal and well-child care through child's second birthday; 3) 100 mothers and children who received the same services as the other groups and were provided a nurse who made home visits during the mother's pregnancy; and 4) 116 mothers and children who were provided the same services as families in group 3 with the exception that the nurse home visits continued until the child's 2nd birthday.	Study 1 Olds, D.L., et al. (1997). Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-year Follow-up of a Randomized Trial . Journal of the American Medical Association, 278, 637-643.

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	<p>Due to identical rates of attendance at prenatal and well-care visits, groups 1 and 2 were combined for purposes of analysis.</p> <p>Outcome Measures : At the fifteen-year follow-up, mothers completed a life-history calendar that captured major events from the time the target child was born until he/she was 15 years old (e.g. births, marriages, employment, moves and type of housing). Mothers were also asked to give an estimate of the amount of time they had used public assistance programs during this time (e.g. Medicaid, food stamps). Additionally, mothers were asked to report the number of times they were arrested or convicted of a crime as well as drug and alcohol use during this time period. Records from Child Protective Services were also obtained covering the same period of time (15 years) since the birth of the target child. Information on maternal history of arrests and convictions was obtained through the New York State Division of Criminal Justice Services (covering the same time period as above).</p> <p>Study 2: First-time mothers who were less than 29 weeks pregnant were recruited if they lived within the catchment area of the study, had no chronic health conditions and were considered 'at sociodemographic risk' (i.e. were unmarried, had not finished high school, or were unemployed). All families were randomly assigned to one of four treatment conditions: 1) Received free transportation to prenatal care appointments only (n=166); 2) Received free transportation for prenatal visits as well as sensory and developmental screening at 6, 12 and 24 months of age (n=515); 3) Received the same services as mothers in group 2, as well as 2 postpartum visits by a</p>	<p>Study 2: Kitzman, et al. (1997). Effect of Prenatal and Infancy Home visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial. Journal of the American Medical Association. 278, 644-652</p>

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	<p>home visitation nurse (1 visit in the hospital and 1 in the home, n= 230); and 4) Received the same services as mothers in group 3 with the addition of continued home visitations by nurses until the child's 2nd birthday (n= 228). Groups 1 and 2 were combined for purposes of analysis.</p> <p>Outcome Measures 2: Maternal, fetal, and infant health information was obtained through mother's health reports from pregnancy and delivery, as well as child birth weight. Children's medical records were reviewed in order to identify injuries, ingestions and immunizations during the first two years of life. Children's developmental, emotional, and behavioral adjustment was obtained via mother-reported child behavioral problems (Achenbach Child Behavior Checklist) as well as a children's mental health screening (Bayley scales of infant development). Additionally, mother-child observations were done in accordance with the Nursing Child Assessment Satellite Training procedure. Mother's reports of life-events, including subsequent pregnancies, educational attainment, and work history were also obtained. Welfare use was captured in a review of state records.</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</p>	<p>Yes</p> <p>Endorsements</p> <ul style="list-style-type: none"> OJJDP Model Program Findyouthinfo.gov NREPP Blue Prints Model Program California Clearing House Rated Other (describe): SAMSHA 	<p>In addition to the outcomes related to reducing the risk of or preventing child violence-exposure, numerous evaluations have shown that, compared to women in comparison groups, women receiving NFP services have fewer unplanned pregnancies and subsequent births, are more likely to have greater spacing between first and second child, rely less on AFDC and food stamps, show fewer substance use related difficulties, have fewer arrests and convictions. Follow-up evaluations also show</p>

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		lower rates of delinquency and runaway behaviors among children whose mothers participated in NFP when they were infants.
Evaluation Designs of other evaluations	Randomized, control experimental design	
Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Evaluation Conducted by Program OJJDP Model Programs Find Youth Info NREPP Blue Prints California Clearing House Other (describe): NCTSN (www.nctsNet.org)	bl

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Selected Publications/References

Websites:

<http://www.nursefamilypartnership.org/index.cfm?fuseaction=home>

Publications:

Eckenrode, J., et al. (2000). [Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation The Limiting Effects of Domestic Violence](#). Journal of the American Medical Association. 284, 1385-1391.

Kitzman, et al (2000). [Enduring Effects of Nurse Home Visitation on Maternal Life Course: A 3-Year Follow-up of a Randomized Trial](#). Journal of the American Medical Association, 283, 1983-1989.

Kitzman, et al. (1997). [Effect of Prenatal and Infancy Home visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial](#). Journal of the American Medical Association. 278, 644-652

Olds, D.L, (1998). [Long-term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior: 15-Year Follow-up of a Randomized Controlled Trial](#). Journal of the American Medical Association, 280:1238-1244.

Olds, D.L., et al. (2007). [Effects of Nurse Home Visiting on Maternal and Child Functioning: Age-9 Follow-up of a Randomized Trial](#). Pediatrics. 120, e832-e845.

Olds, et al. (2004). [Effects of Nurse Home-Visiting on Maternal Life Course and Child Development: Age 6 Follow-up Results of a Randomized Trial](#). Pediatrics.114, 1550-1559.

Olds, et al. (2004). [Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-up Results of a Randomized Trial](#). Pediatrics, 114, 1560-8.

Olds, et al. (2002). [Home Visiting by Paraprofessionals and by Nurses: A Randomized Controlled Trial](#). Pediatrics. 110, 486-496.

Olds, D.L., et al. (1997). [Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-year Follow-up of a Randomized Trial](#). Journal of the American Medical Association, 278, 637-643.

Olds, D.L. Henderson, C.R., Kitzman, H. (1994). Does prenatal and infancy nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? Pediatrics, 93, 89-98. <http://www.ncbi.nlm.nih.gov/pubmed/8265329?dopt=Abstract>