Introducing the Nurse-Family Partnership Program to BC

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Nurse-Family Partnership (NFP)

• An evidence-based, intensive and sustained nurse-home visiting program

• Targeted to young, first-time, low-income mothers

• Regular home-visits by a public health nurse from 16 to 28 weeks of pregnancy through to the child’s second birthday
NFP Goals

Work with young mothers and their families to:

1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve the economic self-sufficiency of the family
Why the NFP?

**Children:**
- Opportunity to influence healthy early childhood development – preventing future problems

**Mothers/Families:**
- Reduces social isolation for mothers, improves parenting skills, helps with planning for employment/education
NFP Eligibility

• The NFP program was designed to benefit some of the most vulnerable families
• Enrolment in the program will be limited to:
  — First-time mothers
  — Under age 25
  — Low annual income
Program Features

• Voluntary – early referral of mothers from a variety of service providers
• Focuses on building parenting skills, and personal planning for moms
• Delivery of the program is standardized, but responsive to the individual needs of participating families
• Frequent and regular home visits begin in second trimester, and taper off by the child’s second birthday
• Builds on a therapeutic relationship established between mother and nurse home visitor
NFP Mother/Nurse Relationship

- Client-centred
- Relational
- Strengths-based
- Multi-dimensional
History of the NFP

Developed by Dr. David Olds in the 1970s

First tested in New York, Tennessee and Colorado by Dr. Olds who conducted scientific evaluations of program outcomes

Currently operating in 23 States, as well as Australia and the UK

www.nursefamilypartnership.org

View the Katie Couric interview with David Olds
http://www.youtube.com/watch?v=WC2zsLWSelE
NFP Story from Bethlehem, Pennsylvania:

www.youtube.com/watch?v=hR7cPAay5XE&feature=related

More Videos:
www.youtube.com/user/NFPNurseFamily
Evaluation

• Three long-term scientific evaluations have been conducted in New York (1977 – 15 years), Tennessee (1988 – 9 years) and Colorado (1994 – 4 years)

• Additional evaluations are underway in UK, Germany, Australia, Netherlands, and Ontario
Evidence

- 48% reduction in child abuse and neglect
- 56% reduction in emergency room visits for accidents and poisonings
- 50% reduction in language delays for children at age 21 months
- 67% reduction in behavioural and intellectual problems for children at age 6
- 59% reduction in arrests for children at age 15
- 72% fewer convictions of mothers at child age 15
- 83% increase in employment for mothers at child age 4
- 20% reduction in reliance on social assistance for participating families
- 28% fewer anxiety/depression symptoms at child age 12
“I’ve matured a lot. Clarissa [the nurse visitor] helped me to think better, to know what’s out there, and to make choices. She’s been one of my biggest supporters...”

NFP mom of a 2-year old

“When I was pregnant, I felt I didn't have anybody to lean on. I was so lucky to have a nurse like her.”

17-year-old NFP mom

“Yes, it's a hard job. But we love it because we know it's a valuable one. We don't take lightly the fact that we're working directly with people's lives. We know we have a hand in the future.”

NFP Nurse
BC Evaluation

• As a new program component of Healthy Families BC, NFP will be scientifically evaluated to ensure it achieves the best outcomes for vulnerable first time mothers and their infants in BC

• SFU’s Children’s Health Policy Centre will be conducting the BC evaluation in partnership with health authorities, Government of BC, and McMaster University
Program Adjustments for BC

• NFP program content is currently being reviewed, and in some instances slightly adjusted to ensure alignment to current BC and Canadian public health policy and practice

• Examples of content adjustments include:
  – Period of Purple Crying
  – Immunizations
  – Nutrition and breastfeeding
  – Dental health
  – Others
Training

• Public health nurses who deliver the NFP program, along with their NFP Supervisor, will receive additional training

• Training includes:
  – NCAST tools
    • Keys for Caregiving,
    • Parent Interaction Feeding and Teaching Scales;
  – Partner In Parenting Education (PIPE); and
  – NFP Curriculum
    • Self Study and then Pregnancy, Infancy and Toddler modules
How are Clients Referred?

• Anyone can refer to the NFP – Clients can self-refer
  – Referrals to NFP program received by public health nursing
  – Public health will assess for NFP eligibility and will triage the moms into NFP program or routine public health pre-natal/post partum programs based on eligibility
  – For the scientific evaluation, half of eligible moms will be assigned to NFP, half will receive other existing home visiting services
How the NFP Works within the Community

• Nurses will link moms to support services and other providers in the community based on family needs

• May include:
  – social/income assistance programs
  – primary care providers
  – POPs
  – prenatal nutrition education
  – dental care
  – mental health/substance use services
  – etc.
Program Sponsor Roles

- **Health Authorities** – dissemination of program information, client triage, fund and coordinate delivery of the program, deliver the program

- **Ministry of Health** – overall leadership, direction, guidance and final decision-making, coordinate and support evaluation

- **Ministry of Children and Family Development** – leadership and decision-making partner, support evaluation, referral of potential clients, communication with child welfare workers, mental health clinicians, etc.

- **SFU Child Health Policy/Research Team** – conduct scientific evaluation
What’s Next?

• Each Health Authority will be implementing the NFP – reach of the program will be carefully considered in the context of population density
• Nurse recruitment and training
• Continued analysis of cultural/language and rural/remote needs
What’s Next - continued

• Engaging program partners and allies through outreach and communication strategies:
  – Potential clients and families
  – Referral partners (e.g., primary care providers)
  – Program support partners (e.g., child care centres, friendship centres)
  – Communities/general public

• Ongoing program implementation planning and confirmation of timelines
Thank you!

Questions or Comments?
The *North Carolina Medical Journal* publishes a profile on NFP entitled "North Carolina Nurse-Family Partnership: Evidence-Based Nurse Home Visitation Program and Health Care Reform."

Replication of Nurse-Family Partnership in the United Kingdom is examined in the paper "From Evidence-Base to Practice: Implementation of the Nurse Family Partnership Programme in England," published by the *Journal of Children's Services*. December 2010.


The New York City Department of Health and Mental Hygiene publishes a cost/benefit analysis of NFP. September 2004.


The Children's Legal Rights Journal publishes an article entitled "Spotlight On: Nurse-Family Partnership."

Nursing Clinics of North America publishes "My Nurse Taught Me How to Have a Healthy Baby and Be a Good Mother!: Nurse Home Visiting with Pregnant Women 1888 to 2005."


3rd National Community Health Nurses Conference (2009), *Making a Promise to Make a Difference: The Nurse-Family Partnership Home Visitation Program*