

INVEST IN A STRONG START FOR CHILDREN.

# Nurse-Family Partnership

## Problem

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Young children are dependent on parents and caregivers not only for their safety and health, but also the daily, positive interaction that builds healthy brains. Research confirms what many have long understood – prolonged “toxic” stress, such as that produced by homelessness, hunger, neglect, or exposure to violence in the home or community, can negatively affect a child’s social, emotional, and cognitive development. With one in four children under five in the U.S. living in poverty, over six million children are at-risk of not reaching their full potential.<sup>1</sup> Supporting parents and improving families’ access to services are ways to ensure better health and education outcomes for children.

## Solution

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Build parenting skills, improve children’s health, and support family well-being through home visitation and referrals to needed services.

## High Impact Opportunity

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**Nurse-Family Partnership** (NFP) is a community health program that targets low-income mothers pregnant with their first child. The program has been tested and scaled up over the last 35 years and now operates in 43 states, the U.S. Virgin Islands, and six tribal communities.

## How it Works

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Participating mothers are partnered with a registered nurse early in pregnancy and receive in-home support and guidance through their child’s second birthday. Support from nurse home visitors begins with education for the women and their families about healthy pregnancy practices, such as good nutrition, regular and early prenatal checkups, and smoking cessation. The program then progresses to coaching parents in providing care for their newborn, infant, and toddler, planning future pregnancies, and developing skills to reach educational and employment goals.

Registered nurses receive more than 60 hours of training in the NFP model, meet with supervisors on a regular basis, and come together as teams for case conferences to learn from one another and ensure the highest standard of care.



Image provided by Nurse Family Partnership

## What's the Impact?

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NFP has been subject to rigorous studies in different settings. Evidence from three randomized controlled trials found substantial benefits for both mother and child. They include:<sup>2</sup>

- 48% decrease in child abuse and neglect
- 56% reduction in emergency room visits for accidents and poisoning
- 67% reduction in behavioral and intellectual problems at age six
- 59% reduction in arrests by the time child is age fifteen
- 83% increase in labor force participation by the mother

## Additional Social Impact

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Because studies only followed children to age fifteen, potential additional benefits, such as higher high school completion rates and higher projected lifetime earnings, are not captured. Also not captured directly are potential benefits to the mental health of the mother (support can lead to lower rates of depression), or benefits accruing to any additional children.

## What Does it Cost to Implement?

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The costs of providing Nurse-Family Partnership vary by location. An analysis by the Washington Institute for Public Policy estimated the per-family cost for program delivery in Washington State to be approximately \$9,600 in 2011 dollars.<sup>3</sup> NFP is funded through a combination of public and private revenue: as of 2012, philanthropic contributions from foundations and individual donors made up 38% of total funding.<sup>4</sup>

## Cost-Benefit

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Because NFP has multiple impacts, these are best captured by cost-benefit analysis rather than a cost-per-impact estimate. Studies have shown that the program provides an excellent return on investment for society. RAND researchers found that for every one dollar invested, the program returned \$5.70, providing a net benefit to society of over \$34,148 per family served.<sup>5</sup> The best returns were achieved by targeting the program to mothers who had the fewest resources and supports. Societal savings came from increased tax revenues from employment participation and decreased spending on welfare, criminal justice, healthcare, and other social services.

## Take Action

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Use this [online mapping tool](#) to locate current NFP programs and their local implementing partners. To find other home visitation and outreach programs in your area, contact your local community health center or public health department, which can identify good local nonprofits. Click [here](#) to find out about other ways to weave a web of support for children and their families.

### SNAPSHOT

**CORE PRACTICE:** Building parenting skills, children's health, and family well-being through home visitation.

**TARGETED BENEFICIARIES:** Pregnant first-time low-income mothers and their children.

**IMPACT ACHIEVED:** Includes 48% decrease in child abuse and neglect; 67% reduction in behavioral and intellectual problems at age six; and 83% increase in labor force participation by the mother.

**COST/IMPACT OR COST-BENEFIT:** For every one dollar invested, the program returned \$5.70, providing a net benefit to society of over \$34,148 per high-risk family served.

<sup>1</sup> Kids Count Data base. Number of children under five living in poverty in 2012 estimated at 6,052,000 or 26%. Retrieved Feb. 8, 2014.

<http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/17,18,36/12263,12264>

Original data source: U.S. Census 2000 plus American Community Survey 2012. Federal poverty level for family of four was \$23,283.

<sup>2</sup> Karoly, L.A., Kilburn, MR, Cannon, J.S. (2005). Early childhood interventions: Proven Results, Future Promise. RAND.

<sup>3</sup> Washington State Institute for Public Policy; *Nurse-Family Partnership* for Low Income Families. Retrieved Feb. 8, 2014. <http://www.wsipp.wa.gov/ReportFile/1485>

<sup>4</sup> Crowe, Horwath. Nurse-Family Partnership Financial Statements, Years ended September 30, 2012 and 2011. Retrieved Feb. 8, 2014. <http://www.nursefamilypartnership.org/assets/PDF/Financial-Statements/2012-Audited-Statement.aspx>

<sup>5</sup> Karoly, L.A., Kilburn, MR, Cannon, J.S. (2005). Early childhood interventions: Proven Results, Future Promise. RAND.



3815 Walnut Street  
Philadelphia, PA 19104

**WEBSITE**      [www.impact.upenn.edu](http://www.impact.upenn.edu)  
**EMAIL**        [impact@sp2.upenn.edu](mailto:impact@sp2.upenn.edu)  
**PHONE**        (215) 573-7266

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