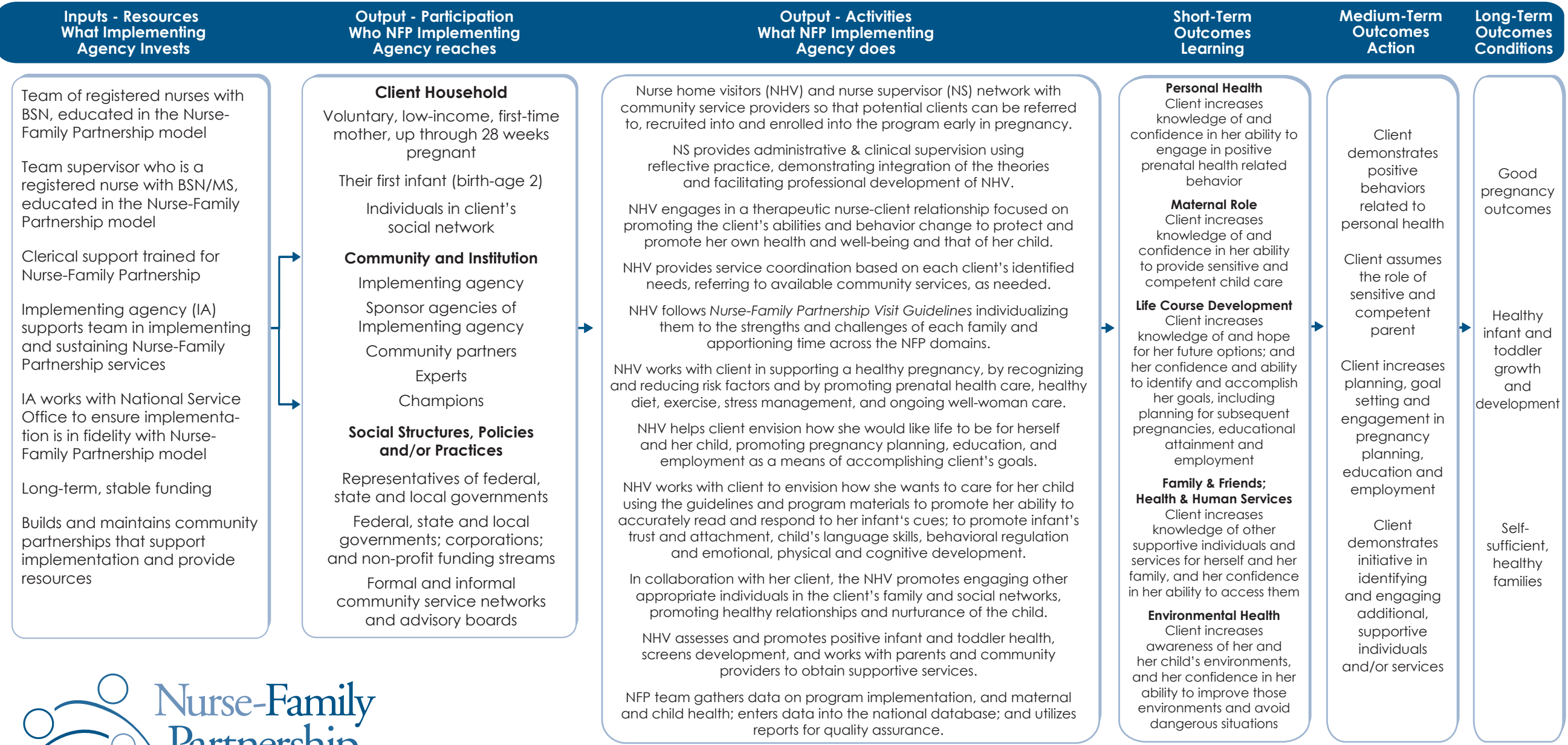# Nurse-Family Partnership (NFP) Implementation Logic Model

ASSUMPTIONS - Implementing Nurse-Family Partnership with fidelity to the model requires implementing agencies, nurse supervisors, and nurse home visitors to make program decisions guided by the theories of self-efficacy, attachment and human ecology. Nursing practice is central to all aspects of the nurse-client relationship.

Inputs - Resources What Implementing Agency Invests	Output - Participation Who NFP Implementing Agency reaches	Output - Activities What NFP Implementing Agency does	Short-Term Outcomes Learning	Medium-Term Outcomes Action	Long-Term Outcomes Conditions
Team of registered nurses with BSN, educated in the Nurse-Family Partnership model Team supervisor who is a registered nurse with BSN/MS, educated in the Nurse-Family Partnership model Clerical support trained for Nurse-Family Partnership Implementing agency (IA) supports team in implementing and sustaining Nurse-Family Partnership services IA works with National Service Office to ensure implementation is in fidelity with Nurse-Family Partnership model Long-term, stable funding Builds and maintains community partnerships that support implementation and provide resources	**Client Household** Voluntary, low-income, first-time mother, up through 28 weeks pregnant Their first infant (birth-age 2) Individuals in client's social network **Community and Institution** Implementing agency Sponsor agencies of Implementing agency Community partners Experts Champions **Social Structures, Policies and/or Practices** Representatives of federal, state and local governments Federal, state and local governments; corporations; and non-profit funding streams Formal and informal community service networks and advisory boards	Nurse home visitors (NHV) and nurse supervisor (NS) network with community service providers so that potential clients can be referred to, recruited into and enrolled into the program early in pregnancy. NS provides administrative & clinical supervision using reflective practice, demonstrating integration of the theories and facilitating professional development of NHV. NHV engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and well-being and that of her child. NHV provides service coordination based on each client's identified needs, referring to available community services, as needed. NHV follows *Nurse-Family Partnership Visit Guidelines* individualizing them to the strengths and challenges of each family and apportioning time across the NFP domains. NHV works with client in supporting a healthy pregnancy, by recognizing and reducing risk factors and by promoting prenatal health care, healthy diet, exercise, stress management, and ongoing well-woman care. NHV helps client envision how she would like life to be for herself and her child, promoting pregnancy planning, education, and employment as a means of accomplishing client's goals. NHV works with client to envision how she wants to care for her child using the guidelines and program materials to promote her ability to accurately read and respond to her infant's cues; to promote infant's trust and attachment, child's language skills, behavioral regulation and emotional, physical and cognitive development. In collaboration with her client, the NHV promotes engaging other appropriate individuals in the client's family and social networks, promoting healthy relationships and nurturance of the child. NHV assesses and promotes positive infant and toddler health, screens development, and works with parents and community providers to obtain supportive services. NFP team gathers data on program implementation, and maternal and child health; enters data into the national database; and utilizes reports for quality assurance.	**Personal Health** Client increases knowledge of and confidence in her ability to engage in positive prenatal health related behavior **Maternal Role** Client increases knowledge of and confidence in her ability to provide sensitive and competent child care **Life Course Development** Client increases knowledge of and hope for her future options; and her confidence and ability to identify and accomplish her goals, including planning for subsequent pregnancies, educational attainment and employment **Family & Friends; Health & Human Services** Client increases knowledge of other supportive individuals and services for herself and her family, and her confidence in her ability to access them **Environmental Health** Client increases awareness of her and her child's environments, and her confidence in her ability to improve those environments and avoid dangerous situations	Client demonstrates positive behaviors related to personal health Client assumes the role of sensitive and competent parent Client increases planning, goal setting and engagement in pregnancy planning, education and employment Client demonstrates initiative in identifying and engaging additional, supportive individuals and/or services	Good pregnancy outcomes Healthy infant and toddler growth and development Self-sufficient, healthy families

Nurse-Family Partnership
Helping First-Time Parents Succeed®

EXTERNAL FACTORS - The following factors can affect funding, sustainability and the degree to which an agency is able to implement Nurse-Family Partnership with fidelity to the model: national, state and local political climates; issues within professional communities of practice; structures of IAs and their systems; physical and cultural environments of individual families.

Early Intervention Makes the Difference

Nurse-Family Partnership (NFP) is an evidence-based, nurse home visiting program that improves the health, well-being, and self-sufficiency of low-income, first-time parents and their children. From pregnancy through the child's second birthday, registered nurses thoroughly educated in the NFP model work with their clients to achieve three important goals:

- **Good pregnancy outcomes;**
- **Healthy infant and toddler growth and development; and**
- **Self-sufficient, healthy families.**

Research, Evidence, and Integrity

Nurse-Family Partnership is the most rigorously tested program of its kind. Three decades of research have proven that the program, when implemented with fidelity, reduces child abuse and neglect, reduces juvenile delinquency and criminal activity, improves prenatal health, improves maternal employment and improves school readiness.

These outcomes produce enduring benefits for program participants, and they also benefit society economically and reduce longer-term social services expenditures that extend across multiple generations. Several independent studies have substantiated that the Nurse-Family Partnership program reduces health care, criminal justice, and welfare costs, and increases tax revenues.

For the higher-risk families now served by the program, a 2005 RAND Corporation analysis found a net benefit (benefits minus costs) to society of $34,148 (in 2003 dollars) per family served, with the bulk of the savings accruing to government which equates to a $5.70 return per dollar invested in Nurse-Family Partnership.[*]

Nurses are the Cornerstone

Experienced, registered nurses are critical to the successful delivery of the Nurse-Family Partnership model. Pregnant women have many questions and concerns about their health and the baby's health, and highly value the expertise that nurses can bring to them during this critical life transition.

NFP's "Implementation Logic Model"

This logic model is a systematic and visual way to present and share our understanding of the relationships among the resources an Implementing Agency needs to have to operate the Nurse-Family Partnership program, the activities the Implementing Agency and the Nurse-Family Partnership team will engage in, and the outcomes participants are likely to achieve based on the randomized clinical trial research of Dr. David Olds.

In general, this logic model reads from left to right, showing how a community's investment in a Nurse-Family Partnership team and the Nurse-Family Partnership model translates into client services, which lead to families and communities achieving the desired outcomes.

The major elements of the logic model include the Inputs (what an Implementing Agency Invests), Outputs (who the Implementing Agency reaches and what the Implementing Agency does), and Outcomes (what learning and actions happen to create the desired results). Though they take up little space in the logic model, the Assumptions and External Factors influence every aspect of program implementation from Inputs to Outputs to Outcomes.

This logic model is a working draft that will be refined as the model is enhanced and refined through continuing research.

NFP's "Theory of Change Logic Model"

There is an additional logic model developed by Dr. Ruth O'Brien that provides a visual depiction of a program's theory of change - the way in which services to NFP clients are linked to expected program outcomes. The articulation of a program's theory of change can help communities, agencies, program staff and families stay focused on the outcome goals. The "Theory of Change Logic Model" can be downloaded from the NFP website > Communities > Local implementing agencies.

Replication Services

The National Service Office of Nurse-Family Partnership provides service to communities in implementing and sustaining this program. These services include:

- Program implementation support;
- Education of nurse home visitors and nurse supervisors and ongoing clinical support;
- Agency management and operations support;
- Evaluation, reporting and quality improvement systems and support designed to ensure quality services and progress toward program goals;
- Federal policy and program financing support; and
- Marketing and community outreach resources.

For more information, please visit the Nurse-Family Partnership national website at: www.nursefamilypartnership.org

Nurse-Family Partnership's Implementation Logic Model was developed by Maurene Flory, Ph.D.

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[*] Karoly, L., Kilburn, M., Cannon, J. (2005). *Early Childhood Interventions: Proven Results, Future Promise.* Santa Monica, CA: RAND Corporation.