

Nurse-Family Partnership

Nurse-Family Partnership seeks to improve participants' lives in three key areas: pregnancy outcomes (by helping women improve prenatal health), child health and development (by helping parents provide sensitive and competent caregiving), and parents' life trajectories (by helping them develop a vision for their future, plan subsequent pregnancies, continue their education, and find work).

What is the model's approach to providing home visiting services?

Home visits take place based on a family's level of need and a child's age. Services are provided until the child's second birthday. Nurse-Family Partnership requires families to initiate services prenatally by the 28th week of pregnancy.

Nurse-Family Partnership's target population includes the following:

Expectant mothers



Low-income or low-resource families



First-time mothers

Who is implementing the model?

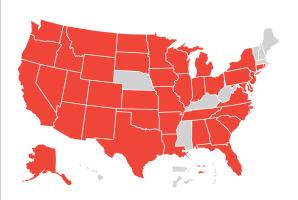
Home Visitors

Nurse-Family Partnership was implemented by 2,026 home visitors in 2019. The model requires a bachelor's degree in nursing for home visitors. The minimum caseload requirement for home visitors is 25 families.

Supervisors

Nurse-Family Partnership was implemented by 306 supervisors in 2019. The model requires a bachelor's degree in nursing for supervisors; a master's degree in nursing is recommended.

Where is the model implemented?



Nurse-Family Partnership operated in 272 local agencies across 41 states and the U.S. Virgin Islands in 2019.

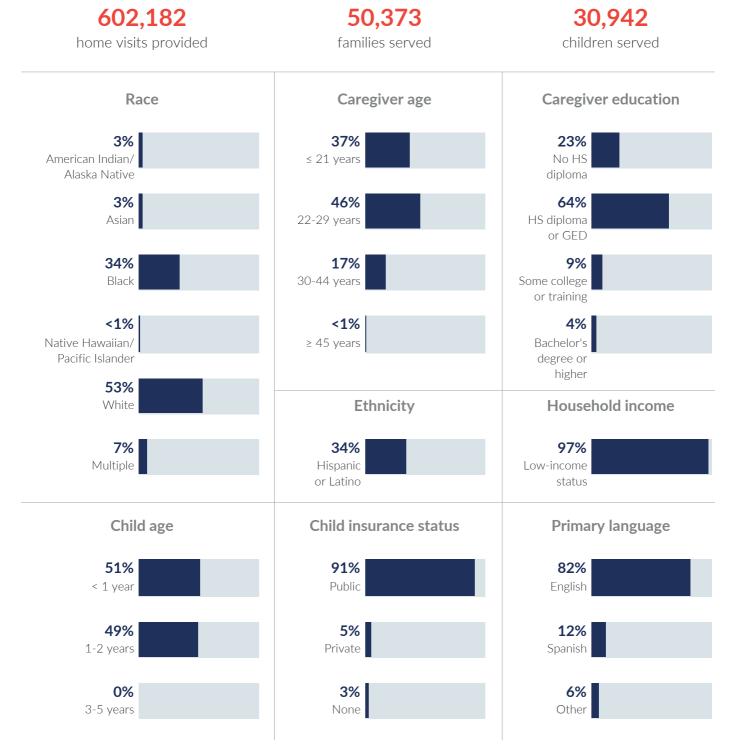
The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2020 Home Visiting Yearbook.





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Families Served Through Evidence-Based Home Visiting in 2019



Note • Percentages may not add to 100 due to rounding. • Missing and unknown data were not included in calculations.