



ACCORDS

ADULT AND CHILD CENTER FOR OUTCOMES  
RESEARCH AND DELIVERY SCIENCE

UNIVERSITY OF COLORADO  
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## Prevention Research Center for Family and Child Health

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## Nurse-Family Partnership® (NFP) International

### Guidance Document - Adapting the Visit Schedule to Meet Client Needs | Updated April 2021

#### Background

Adaptation of the visit schedule according to client needs has always been part of the NFP model. Nurses in the Elmira and Memphis trials of Nurse-Family Partnership (NFP) were guided to reduce the frequency of visitation for lower risk families and to aim to ensure consistent frequent visitation with higher risk families. Analyses of the Memphis program implementation data (Holland et al., 2013<sup>1</sup>) confirm that there was a group of lower risk families (about 30% of all of those visited) whom nurses visited far less frequently after delivery, and those mothers and children did well without frequent visitation. There continue to be families enrolled in the program in many countries that NFP nurses identify as successfully managing their own lives and care of their children. By the time the infant is four months of age (and in some cases before this) nurses should have a deep sense of families' risks and strengths; this information can be used by nurses and parents to guide decisions about whether families may be served effectively with fewer visits or may need increased contact.

Adjusting visit frequency to client needs and desires is one way in which NFP takes a client centered approach. It is therefore important that all countries provide nurses with clinical guidance to enable them to do this in a systematic and sensitive way. This guidance should also reinforce the importance of making individual assessments so that clients are provided with sufficient visits to achieve the program goals.

The STAR framework has been developed to support nurses to undertake this rigorous assessment, and for this reason is the recommended tool for countries to use within the program. This document provides guidance for using the STAR framework and flexible scheduling to improve client engagement and retention and to assist in the delivery of NFP through client centric and efficient methods.

It is recognized that in some countries, nurses are required to complete other assessment frameworks that can be used in place of STAR. Where countries are using a local equivalent to the STAR framework, they should adapt this guidance accordingly, ensuring that equivalent principles for NFP and the visit schedule alteration are incorporated.

#### Adjusting visit schedule to meet client needs and desires

Offering a visit schedule with a reduced number of visits for families that are low risk and managing well, and an increased visit schedule for families with higher risks and/or to clients who are struggling, will align with many families' needs/desires for services. Currently, in a number of countries, many of the families who choose to leave the program early do so because they are too busy to remain in the program with the standard visitation schedule. Alternatively, they believe that they have received the

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<sup>1</sup> Holland, M.L., Xia, YI, Kitzman, H.J., Dozier, A.M., and Olds, D.L. (2014). Patterns of Visit Attendance in the Nurse-Family Partnership Program. *American Journal of Public Health*. October 2014, Vol. 104, No. 10, pp. e58-e65.

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benefits of the program prior to the child reaching age two years. Retaining these lower risk families in the program with a reduced visitation schedule (designed to align with families' needs and abilities to participate) rather than having them leave early is preferable. This is because all families can benefit from the support and guidance of the nurse around the promotion of child health and development. A high number of NFP clients have volatile home and family lives, meaning that their needs sometimes change over time. Late infancy and toddlerhood are crucial periods of development that present a set of unique challenges and opportunities that the program can help families address. For this reason, a reduced visit schedule is preferable to "early graduation" and no visits.

### **STAR Framework**

The Nurse-Family Partnership Strengths and Risks (STAR) Framework is designed to help nurses and supervisors systematically characterize levels of strength and risk exhibited by the mothers and families they serve. Information organized within the STAR Framework informs nurses' approaches to working with families and helps them align the program content, approach and frequency of visits with mothers' (and other family members') needs, abilities and interests in engaging in the program. The information on risks and strengths is used to develop a summary of client functioning, help nurses think about their priorities for action, and to guide clinical implementation of the program including visit scheduling. By attending to the specific strengths mothers and family members possess, the STAR Framework helps the nurse to identify families who are doing well on their own may not need to be visited as frequently as expected in the current program guidelines and identify those who need more visits due to greater risk or need.

The STAR Framework is designed to align with the research and subsequent program developments on client retention, which emphasize that nurses should proactively discuss families' preferences and abilities to participate according to the standard visitation schedule. Research on this topic (Holland et al, 2014) indicates that nurses who proactively approach families with an alternative visit schedule at recruitment, at important developmental periods, or when the nurse perceives disengagement cues, have improved retention of clients over time. This approach recognizes that giving families' choice regarding visit dosage results in greater client retention. Effective implementation of the program requires nurses to listen first, most importantly to mothers and families, to calibrate the frequency of visitation, visit content, and their approach within visits as appropriate.

It is possible for telehealth to also be used to support client engagement. Information on the potential use of telehealth when adjusting visit schedule can be found in the NFP Telehealth Guidance document. A brief summary of the guidance that nurses should consider when making decisions about changes to the visit schedule is provided in the Appendix overleaf.

### APPENDIX: Summary of Clinical Considerations for Adapting the Visit Schedule

Families benefit from visit schedules that are adjusted to meet their needs. NFP nurses benefit too. Nurses use clinical judgment, consider multiple factors including the STAR Framework and client needs when adjusting visit schedules. Decisions to adapt the visit schedule should be discussed and agreed within reflective supervision and reviewed regularly or as the client circumstances change.

#### Pregnancy

- The nurse does not initiate a decreased visit schedule. The nurse may decrease visits only if client explicitly requests reduction and the nurse is unable to ameliorate this request.
- The nurse may increase visits for client need
- The nurse should consider increasing connection if client has moderate or high-risk factors in the following domains:
  - Personal Health (including):
    - Substance use and abuse,
    - Pregnancy complications or chronic illness,
    - Developmental or intellectual disability,
    - Depression, anxiety and other mental health issues,
  - Maternal Role (including):
    - Caregiving Attitudes and Behaviors
    - Child Health and Development
    - Child Care
  - Loneliness and Social Isolation
  - IPV
  - Unsafe Family and Friends
  - Health Services Utilization

#### Infancy & Toddler

- The nurse may decrease visits if client has low risk factors in following areas at 12 weeks post- partum:
  - Personal Health (including):
    - Substance use and abuse
    - Pregnancy complications or chronic illness
    - Developmental or intellectual disability
    - Depression, anxiety and other mental health issues
  - Maternal Role (including):
    - Caregiving Attitudes and Behaviors
    - Child Health and Development
    - Child Care
  - IPV
  - Unsafe Family and Friends
  - Homelessness and Residential Instability
- The nurse should maintain the visit schedule if client has moderate risk factors in the following domains – or increase for expressed client need:
  - Personal Health (including):

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- Substance use and abuse,
- Pregnancy complications or chronic illness,
- Developmental or intellectual disability,
- Depression, anxiety and other mental health issues,
- Personal Health
- Maternal Role (including):
  - Caregiving Attitudes and Behaviors
  - Child Health and Development
  - Child Care
  - Loneliness and Social Isolation
- IPV
- Unsafe Family and Friends
- Health Services Utilization
- The nurse should consider increasing connection if client has high risk factors in the following areas:
  - Personal Health (including):
    - Substance use and abuse,
    - Pregnancy complications or chronic illness,
    - Developmental or intellectual disability,
    - Depression, anxiety and other mental health issues,
    - Personal Health
  - Maternal Role (including):
    - Caregiving Attitudes and Behaviors
    - Child Health and Development
    - Child Care
  - Maternal Education and Work
  - Loneliness and Social Isolation
  - IPV
  - Unsafe Family and Friends
  - Home Safety
  - Well Child Care

### Other situations to decrease visit schedule:

- Client returns to school or work and does not have time for visits
- Client disengaging/feels has received all she needs and wants to leave program early