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Nurse-Family Partnership® (NFP) International

Guidance Document - International Nurse-Family Partnership® Core Competencies¹ | Updated April 2021

Introduction:

Element Nine of the NFP Core Model Elements states:

NFP nurses and supervisors develop the core NFP competencies by completing the required NFP educational curricula and participating in on-going learning activities

Clinical Leads in each country have the responsibility for ensuring that NFP nurses are provided with a curriculum of education that enables them to achieve and utilize the core competencies set out in this document.

NFP NURSE COMPETENCIES

Core competencies describe the essential knowledge, attitudes, beliefs and skills required by a nurse to provide quality care in a specific nursing setting.

The overarching core competency for an NFP nurse is:

The ability to develop and maintain a therapeutic relationshipⁱ with each client and use NFP program methods to enable necessary anticipatory adaptation and behaviour change to ensure the client is able to nurture, develop and protect her child from harm.

Goals

The goals of the NFP nurse competencies are to:

1. Describe common observable behavioural attributes determined as essential for NFP nurses for successful nursing practice and implementation of the program
2. Inform nurse recruitment and nurse education, education content and delivery and support the successful attainment of client outcomes within the NFP model
3. Provide nurses with information on expectations of knowledge, attitude, belief and skills to deliver the model

The behavioural attributes that exemplify the elements of core competencies for NFP nurses are listed below. These behavioural attributes should be incorporated into individual country core competency or capability frameworks. These should reflect the country's context and be adapted to align with any professional expectations for nurses. The approaches taken to this by various countries can be found on the international website at: <http://nfpinternational.ucdenver.edu/implementation-resources>

Behavioural attributes embedded in core competencies (Knowledge, Attitudes, Beliefs, and Skills)

Knowledge:

- NFP model and the research of the program

¹ Also known as capability or proficiency in some countries

- Maternal/child health (risk behaviours that effect pregnancy outcomes, child health and development)
- Child development and caregiving practices that promote child health and development
- Communication techniques that support and encourage behaviour change
- Self-efficacy theory/empowerment
- Behaviour change theory and methods
- Health promotion approaches and methods
- Attachment theory and evidence related to consistent, responsive and sensitive caregiving
- Ecological systems theory
- Client centred principles, therapeutic relationships and relational work
- Family dynamics
- Cultural sensitivity/cultural humility
- Evidence based practice
- Reflective practice
- Core Model Elements of the program – content and rationale
- Nursing process and assessment
- Transtheoretical Model (Stages of Change) and implementation requirements
- Trauma informed care
- Scope of nursing practice, ethics and professional standards
- Health inequalities
- Implementation of evidence-based programs

Attitudes:

- Strengths based; solution focused
- Respectful
- Empathetic
- Reflective
- Self-aware
- Resilient
- Courageous
- Compassionate
- Non-judgemental
- Humility
- Reflective and analytical
- Collaborative
- Willing to learn, apply and update program skills and methods

Beliefs:

- Client is the expert on her own life
- Only a small change is necessary
- Clients want the best life for their babies and themselves
- Nurse provides information, guidance and support for client initiated behavioural change
- Nurse provides holistic care to clients
- Focusing on personal/prenatal health and maternal role is significant to positive client/child outcomes
- Safety of the child is first and foremost
- NFP work has significant value
- Willing to learn
- Positive about cultural diversity

- Outcome-focused

Skills - Ability to:

- Use all program methods, tools, frameworks and approaches, as described in nurse education, including all ancillary elements (eg PIPE, DANCE, STAR framework, IPV intervention)
- Appropriately assess client/family strengths and risks in all NFP domains, responding appropriately to individualise the program
- Assess maternal health and child development, identifying when these are outside the normal range
- Be objective and proactive in relation to the safety and well-being of the child
- Elicit client's goals and motivation
- Use Life History Calendar to elicit significant events and client stories that impact current situation
- Use evidence based clinical judgement and nursing process to ensure a systematic approach to assessment, decision making, planning and evaluating nursing practice.
- Recognize and capture opportunities for behaviour change
- Engage and retain clients through therapeutic relationships, by being:
 - Reliable
 - Trustworthy
 - Persistent
 - Adaptive to client context, changes in goals
 - Self-reflective
 - Respectful in approach to clients and their context (client cultural beliefs, family roles)
 - Flexible to clients' needs
 - Non-judgmental
- Establish rapport through communication that:
 - Is open and honest, respectful and purposeful
 - Uses active listening – so that the client talks more than nurse
 - Employs a “Rupture and repair” approach to challenges with client and other relationships
 - Includes use of Core Motivational Interviewing approaches;
 - Open ended questions, Affirmation, Reflection and Summarization
 - Ask-provide-ask (elicit-provide – elicit)
 - Development of discrepancy
 - Active planning for change
 - Normalising relapse and encouraging perseverance
- Manage risk and dissonance – work within challenging situations calmly and productively
- Objectively assess client progress and stage of change, using this to focus approach and topics in visits for achievement of program goals
- Work in an autonomous context, self-manage schedule and caseload
- Role model appropriate behaviours for client success
- Include fathers and wider family members in visits, and work with challenging family dynamics
- Assess qualities of caregiving practices and dyadic interactions
- Maintain professional boundaries:
 - Safety for nurse and client
 - Containment of emotions
 - Appropriate self-disclosure
- Utilize critical thinking and reflective practice and actively participate in reflective supervision
- Collect and use data to guide practice and quality improvements
- Work collaboratively with other professionals and agencies and refer clients appropriately to other services as required, including in high-risk situations of intimate partner violence or child abuse
- Adhere to professional standards of behaviour and scope of practice

ⁱ NFP is designed to take advantage of a window of opportunity, or ecological transition, in a first-time pregnant woman's life. At this time of developmental change, a woman is open to the kind of support provided in a nurse-client therapeutic relationship (Olds D, Kitzman H, Cole R, Robinson). *Theoretical foundations of a program of home visitation for pregnant women and parents of young children*. J Community Psychol. 1997;25(1):9–25.). The first four weekly home visits specifically focus on establishing the beginning of this therapeutic relationship. The NFP nurse utilizes the relevant components of the NFP program model to develop an empathic and consistent relationship with the client and other family members, becoming a “secure base” for the client. The following article outlines specific factors that are important to the women in their relationships with their NFP nurse. Landy CK, Jack SM, Wahoush O, Sheehan D, Macmillan HL; NFP Hamilton Research Team. *Mothers' experiences in the Nurse-Family Partnership program: a qualitative case study*. BMC Nurs. 2012 Sep 6;11:15.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499440/pdf/1472-6955-11-15.pdf>