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Nurse-Family Partnership® International

Phase One Annual Report

***Phase One*: Adaption**
Examine the adaptations needed to deliver the NFP program in local contexts while ensuring fidelity to the Nurse-Family Partnership model.

This report is designed to be used by new NFP licensed countries to assess their progress during the adaptation phase of implementation of the NFP program. The report is used as the basis of the first annual review for that country. The annual review meeting is undertaken with the license owner and international consultant to ensure that the country is ready to enter Phase Two (Feasibility and Acceptability through Pilot Testing and Evaluation) and begin recruiting clients. Plans and priorities for the following year will also be agreed as part of the annual review.

Assessment criteria:
The aim is to be as systematic as possible when assessing the adaptation phase at national, regional and community levels by focusing on those dimensions that are necessary for laying the foundations for the successful testing and evaluation phase of NFP in a new country or society. The content of the annual review has been developed in collaboration with international partners and reflects those aspects of program implementation that are likely to affect the outcomes and sustainability of NFP. The emphasis is on the leadership team's reflections on their activities-to-date and future planning.
The criteria are based on:

- NFP research
- Literature on replication and scaling
- Learning from introducing NFP in other countries

Summary of content:

- Part One: Program overview
- Part Two: Action planning
- Part Three: Annual Report from UCD (to be completed by UCD)

The process:

The annual report is completed by the license holder in each country, who provides evidence and commentary in relation to each area of implementation in consultation with implementing partners. The completed report is sent to The NFP Global Director and the NFP international consultant. They will review the report and then a review meeting will be organised which will provide an opportunity to celebrate successes, reflect on any issues arising from the report and agree plans for the coming

year. At the same time the NFP International Consultant will share relevant learning from other countries and the Global Director will update the license holder national teams on program developments and NFP research being conducted. The action plan will be reviewed together after 6 months.

This tool is designed to be used flexibly as there will be variations in the language, number of NFP nurses, context, and information systems in each country. All completed Annual Reports are shared with the Global Collaborative Guidance Group who have responsibility for ensuring that the quality of NFP globally is maintained. With your permission, we will also post the report to the password protected pages of the Global NFP website, where you will be able to see other completed annual reports.

PART ONE: PROGRAM OVERVIEW

Name of country/Province :	Nova Scotia	**Completed by (License holder):**	Jen MacDougall, Early Years Manager, NFP-SSP
Date of review:	January 16th, 2024	**Year covered (dates):**	January 2024 – December 2024

1. POLICY

Government support for investing in prevention in early childhood through evidence-based programs and improving outcomes for disadvantaged children and families, national, regional/state goals are aligned with the goals of NFP, commitment to scientific evidence, there is a coherent policy for early childhood from national to local levels, bi-partisan support for NFP:

Please provide an assessment of the extent to which policy goals align with, and support, NFP implementation under the headings below:

The successful implementation and expansion of NFP in Nova Scotia requires strategic preparation, partnerships, and pathways at local and provincial levels. We recognize that NFP International's guidance for phases of planning and implementation must be followed to maintain fidelity and licensure. Our planning focuses on maximizing the opportunities and addressing the challenges within our current context to align with these expectations.

The policy goals of national and regional government are in line with NFP:

Solution Six | Action For Health

The Nova Scotia government's Action for Health is a transformative health plan with investments in people, tools, technology and infrastructure over the short and long-term. Action for Health, specifically Solution Six, has been the foundation for Nova Scotia's investment in NFP.

Solution 6: Address the factors affecting health and well-being:

- In addressing long-standing barriers to better health, our government will support partnerships and collaboration. We will strengthen community-based primary care, mental health supports, public health and health promotion, while learning from and collaborating with diverse populations.
- Proactively address factors affecting health with accessible and comprehensive primary health care, public health and health promotion.
- Expand public health services for children, youth and families (includes NFP and its expansion across Nova Scotia)

"*We all know how important it is to have a strong support system during pregnancy, and especially in those early days, weeks and months after welcoming a new baby. NFP and programs like it provide specific support to expecting families and their children, helping to ensure the next generation of Nova Scotians gets a healthy start.*"
- Minister of Health and Wellness, Michelle Thompson (March 2024)

Senior policy sponsorship for the NFP (names and position in system):

Brett MacDougall, VP Operations, Eastern Zone
Marcia DeSantis, Senior Director, Population and Public Health
Dr. Ryan Sommers, Senior Medical Director Public Health
James Broesch, Director Science and System Performance, Public Health

Policy goals for NFP are realistic for a sustainable process of adaptation, testing and evaluation:

NFP in Nova Scotia began as a pilot in the Eastern Zone, with the first clients enrolling in April 2024. There are four health zones in Nova Scotia and there is commitment to expand NFP to the other 3 zones in 2025.

In addition to dedicated epidemiologists, we have a team of evaluators who have developed an evaluation matrix and plan based on the reporting requirements and expectations of NFP International as well as our provincial health authority and Department of Health and Wellness.

As NFP expands provincially, it will exist within a suite of Early Years supports and services in Public Health. With 2 streams of home/community-based nursing support – NFP and Healthy Beginnings, we offer a proportionate universalism approach from prenatal to early childhood, ensuring those who experience the most overlapping challenges, can benefit from NFP anywhere in the province.

Our learnings from NFP in the Eastern Zone will allow us to adapt, test and evaluate NFP in each of the four health zones as we phase expansion across Nova Scotia.

*Within the content of this report, the text in *italics* contains quotes/context from our Year One NFP Evaluation and offers insights from the members of our NFP Leadership team for the pilot site in Eastern Zone.

There is bi-partisan political support for the program, making it sustainable during political change:

- *Government has expressed commitment to NFP and program leadership has worked hard to ensure that support will outlast political changes. (NFP Y1 Evaluation)*[1]

Any additional information:

- The government that invested in NFP was re-elected in November 2024 for another 4-year term.

Overview of our policy strengths and challenges:

Strengths:

- Government investment in NFP provided us with the opportunity to implement to program requirements.
- Experienced teams of nurses to draw from and who can mentor new staff
- Commitment to shift to prenatal focus prior to introduction of NFP
- Transformation of broad Early Years program allows us to integrate NFP appropriately within the enhancements
- Support and learnings from Ontario and British Columbia
- Electronic Health Record adapted from British Columbia

[1] Some of the content in this report comes from the Year 1 evaluation of NFP conducted by the NSH Public Health Planning & Evaluation team. The evaluation involved focus groups and interviews conducted with 17 NFP nurses, leaders and partners in October/November 2024. Content that comes from the evaluation is noted as such.

- Team of project managers, communications advisors, evaluators, epidemiologists within Public Health team

Challenges:

- Variances in prenatal referral numbers and pathways in zones
- Rapid hiring timelines
- Rurality of our province, distance to travel to home visits and access to alternative community spaces
- Work to do with community, provincial and national partners to ensure cultural safety and appropriateness of NFP
- Equity, Diversity, Inclusion, Reconciliation and Accessibility considerations for NFP

Actions:

The first year of NFP planning focused on building awareness, establishing buy-in, fostering partnerships, enhancing prenatal referral pathways, and developing our workforce to successfully implement NFP at our pilot site. The months of preparation before accepting the first clients were critical to its success.

2. COMMITMENT

Senior leaders across policy, services, academia and the professions are committed to NFP, understand what it takes to test the program well in a new country/society and are willing to champion the program. There is general support for NFP across the system and community and realistic expectations for a sustainable process of adaptation, testing and evaluation

Describe what has been done to build a good understanding of the program and what it takes to implement the program well:

- *NSH Public Health leaders and NFP nurses have engaged health system and community partners formally through invitation onto an advisory group and informally through ongoing conversation. (NFP Y1 Evaluation)*
- *Public Health leadership has engaged other departments in NSH to make them aware of the program. (NFP Y1 Evaluation)*
- *The purpose of engagement to date has been to share information about the program, gather feedback on strategies for successful implementation and identify challenges or areas of concern. Health system and community partners have also been involved in establishing and strengthening prenatal referral pathways for the program. (NFP Y1 Evaluation)*

Evidence of stakeholder engagement and support for NFP:

- *Health system partners engaged by NFP believe that the program addresses a need that is not being adequately met for the patients/clients they serve. (NFP Y1 Evaluation)*
- *Partners appreciated that NSH Public Health engaged community organizations prior to implementation, recognizing the key role they play in connecting with potential clients. (NFP Y1 Evaluation)*

Our goals and timescale for the program:

In preparation to expand NFP to the other 3 health zones in 2025, the following is a guide for zone managers to create the conditions to support the successful implementation of NFP:

- ✓ Receive prenatal referrals as early as possible in pregnancy (60% enrolled before 16 weeks and no later than 28 weeks gestation)
- ✓ Identify and build pathways for referral sources for NFP-eligible families (many do not seek care through traditional health system streams)
- ✓ Zone NFP team (Manager, Team Leads, NFP PHNs) builds relationships with community and health system partners
- ✓ Develop Zone Implementation Team/Advisory Group
- ✓ Hold regular staff sessions – buy in and communication with staff is essential
- ✓ Recruit Charge Nurse/Team Lead & PHN positions – right fit is important

Overview of support and knowledge of NFP – strengths and challenges:

Strengths

- *Leaders within NSH were open to bold ideas for new investments in Public Health post-COVID response, which allowed Public Health to propose a program to address key needs in this population. (NFP Y1 Evaluation)*
- *Partners were engaged prior to implementation, allowing for buy-in, increased trust, and knowledge about NFP. (NFP Y1 Evaluation)*
- *Partner relationships with and trust of key NFP leaders allowed for in depth conversation about potential challenges and the resolution of concerns. (NFP Y1 Evaluation)*
- *Taking the time to 'till the soil' was invaluable and built a supportive environment for NFP across the province. It was not possible to engage everyone, but management focused on priority groups and organizations. (NFP Y1 Evaluation)*
- *Having a communications team to support promotion has been valuable, although there is opportunity for more promotion. (NFP Y1 Evaluation)*

Challenges

- T*here is still work to be done 'tilling the soil' with health and community partners to build knowledge and buy-in. NFP leaders and nurses need protected time to be in the community to cultivate recognition and trust. (NFP Y1 Evaluation)*
- *The NFP advisory group had more health system than community partners; it may have been beneficial to engage more community organizations so the community voice does not get lost. (NFP Y1 Evaluation)*

Actions:

September 2023 – NFP announcement in Eastern Zone. Gail Radford-Trotter spent the week with Public Health leaders and health system and community partners. Dr. Normand Carrey, Pediatric Psychiatrist from IWK Health Centre also presented on infant mental health and the importance of support in the early prenatal to early childhood period.

December 2023 – Public Health leaders from provincial and local levels presented to provincial representatives across government departments, sharing the stories and evidence behind NFP. Guests who attended virtually or in person were ministers and team members representing Health and Wellness, Education and Early Childhood Development, Economic Development, Labour, Skills and Immigration, Communications Nova Scotia, Mental Health and Additions, Youth, and more. Minister of Health and Wellness, Michelle Thompson also attended the NFP event in September and has been a strong proponent of the program. This led to further support and investment in the expansion beyond our pilot. NFP indicators are now reported provincially,

and work continues to build our teams, partnerships and capacity to be the first province/territory in Canada to offer NFP province wide.

2023-2024 - Meetings/presentations with health system leaders, Eastern Zone Quality Summit, community partners and Public Health staff to introduce NFP in the Nova Scotia context.

Fall 2024 – Provincial Clinical Lead position: Early Years Manager, SSP-NFP, created and filled to provide strategic leadership to the implementation and expansion of NFP across Nova Scotia.

3. FUNDING

Program funding is available for a minimum period of 5 years, with sufficient funds to cover a minimum of 2 supervisors and 8-10 full time NFP nurses for first 3 years followed by expansion for phase 3, with sufficient funds to cover costs of central leadership team, information system, research program, consultancy and license fee from UCD, adaptation of program guidelines (including translation), travel costs for education etc.

Statement of commitment to fund the program for a minimum period of 5 years:

April 2024 – Funding letter received from Department of Health and Wellness for Early Years enhancements, including NFP.

Please confirm that you have funds to cover:

Nova Scotia confirms items below:

- ✓ A minimum of 2 NFP supervisors and 8/10 full time NFP Nurses for first 3 years followed by expansion for phase 3.
- ✓ Costs of equipment, materials etc.
- ✓ Central integrated leadership team (minimum of clinical leader, trainer, researchers, data analyst, administrator)
- ✓ Information system for minimum of 250 clients and 10 NFP Nurses
- ✓ Research program of formative evaluation for at least 2 years
- ✓ Consultancy and license fees from UCD
- ✓ Adaptation and translation of program guidelines and materials as necessary
- ✓ Travel and other costs for first cohort of supervisor and nurse face-to-face education

Overview of funding for NFP, including risks/ challenges:

With significant investments in NFP, there were expectations at various levels regarding hiring and training timelines that created pressures within the system. We continue to balance expectations of the health system and partners with the importance of hiring the right nurses and providing the dedicated time to complete required training. A phased approach to hiring and training has been helpful in building and supporting our NFP team.

There has been a commitment of sustained funding, and the amount of each year builds on a realistic expectation of the speed of expansion. By March of 2025, we are up to the full budget amount, which can be revised by government and Nova Scotia Health budgeting processes based on our ability to spend.

Actions:

- Setting indicators and reporting system for NFP
- Providing monthly updates to senior leaders and government
- Continuous quality improvement
- Increasing prenatal referrals to ensure full utilization of the program
- Partner meetings at local and provincial levels, across government sectors

4. NURSING WORKFORCE

There are sufficient nurses recruited with the educational level and skills to achieve competency of NFP nurses and supervisors, and there is a professional system for recognizing the role:

Nurses who visit new mothers/families in their homes, have a credible and trusted reputation. Yes; Comments:

Public Health home visiting in the postpartum period has been long-standing in Nova Scotia. During the COVID response, our Early Years services were interrupted so the Public Health Nurses could join the COVID response team. We are rebuilding this support in communities and returning to the home visiting norms that we experienced prior to the COVID pandemic and have expanded to both prenatal and postpartum contact and support.

There are sufficient nurses who can be recruited to NFP without undermining other services.

- *The pilot region (Eastern Zone) was able to hire sufficient nursing staff for NFP, as they had prioritized hiring for the program. (NFP Y1 Evaluation)*
- *The movement of nurses from other Early Years programs created vacancies at some time points, resulting in some interrupted services. (NFP Y1 Evaluation)*
- *A phased hiring approach was used to lessen the impact on other programs, which resulted in some delayed start dates for NFP nurses. (NFP Y1 Evaluation)*

The number of NFP Supervisors and Nurses we are recruiting for phase two program testing are:

Health Zone	NFP Charge Nurses Trained & Delivering Program	NFP Public Health Nurses Trained & Delivering Program	NFP Charge Nurses hired (in training)	NFP Public Health Nurses hired (in training)	Total Charge Nurse and NFP PHN per zone
Eastern	2	5 (2 dual role)	0	5	CN – 2 PHN - 10
Northern	0	0	1	6	CN – 1 PHN - 6
Central	0	0	2	7	CN – 2 PHN - 7
Western	0	0	1	7	CN – 1 PHN - 7

Provincial Total for 2025:

NFP Charge Nurses (Supervisors) – 6
NFP Public Health Nurses - 30

Our assessment of the educational level and skills of nurses and of their ability to achieve competencies required for NFP nurse and supervisor roles:

- *All nurses have the essential requirements (i.e. 4-year nursing degree) for the position. (NFP Y1 Evaluation)*
- *Current NFP nurses have decades of experience in public health early childhood services and bring excellent skills to NFP: deep relationships with each other and with their communities, understandings of systemic factors impacting families, nursing intuition, non-judgemental approach. (NFP Y1 Evaluation)*
- *Nurses were already trained in some of the assessment tools used in NFP. (NFP Y1 Evaluation)*

Our plans for preparing nurses and supervisors to implement NFP, including education, coaching, adaptations and practical arrangements:

For our first NFP team in Eastern Zone, we drew significant support from Ontario's NFP Lead, Lindsay Croswell. Nova Scotia's education and training plan is modelled after Ontario's.

We have a NS NFP Education Syllabus and are building capacity within our own Charge Nurses to be the provincial trainers.

We currently rely on Ontario's support for Supervisor training.

NS NFP TRAINING COMPONENTS

NFP PHNs:

NFP Foundations: 17 e-learning modules (5-8 weeks depending on zone operations)

- IPV training (1 week) - 5 modules, 5th module includes Danger Assessment
- Strengths and Risks Framework (STAR) (1-2 days)
- Total 5 weeks if pulled from regular EY duties
- 6-8 weeks – if maintaining light/short term EY duties

In-Person NFP Fundamentals and Integration Education (5 days)

- Recommended 3 days one week, 2 days the next week
- Minimum 3, maximum 12 participants per session

Partners in Parenting Education (PIPE) guided e-learning (8 weeks – 5-10 hours per week)

- Monthly offerings on PIPE website
- Need to register and order materials minimum one month prior to start date
- Can be done before or after in-person training

Ages & Stages Questionnaire (ASQ) training – self-directed

- Review videos and materials
- Can be self-scheduled within above Foundations or PIPE timeframes

Panorama NFP Family Health Module – 4-5 days (not full days), training provided by TQA

NFP Charge Nurse/Team Lead:

- All of the above
- Supervisor Training self-directed learning modules
- Virtual Supervisor Training via Ontario NFP (4 days) - Spring 2025, dates TBD

How the role will fit within, and be recognized by our professional systems:

The introduction of NFP nurses builds on our existing team of experienced, Early Years home-visiting Public Health Nurses. Many of them have foundations in Motivational Interviewing and all have been trained in Parent Child Interaction (NCAST) tools. We've used existing job descriptions and have tailored our job postings and interview tools to reflect the right "fit" for our NFP workforce.

Overview of our workforce strengths and challenges:

Strengths:

- *NSH invited expressions of interest from existing nurses instead of posting positions, which allowed NFP to draw from a skilled workforce of Early Years Public Health Nurses who were a good fit for the program, which sped up hiring. (NFP Y1 Evaluation)*
- *The significant trust among Early Years nurses and of the Early Years manager allowed nurses to take the risk of stepping into an unknown role. (NFP Y1 Evaluation)*
- *Rural nurses are committed to ensuring their local communities can receive NFP. The hybrid role is important for rural communities as it allows nurses to be equipped with diverse skills so they can offer a range of services. (NFP Y1 Evaluation)*
- *The nurse leads are highly skilled, motivated and kind. Their excellent skills in facilitation and training and their direct support via reflective supervision have been fundamental for the nurses. (NFP Y1 Evaluation)*
- *A clinical infant mental health specialist does weekly reflective supervision with the nurse leads. He has created a safe environment that encourages deep learning. (NFP Y1 Evaluation)*

Challenges:

- *Having NFP positions designated for nurses who self-identify within the job application as Indigenous, black African Nova Scotian, persons of colour is important to diversify our workforce, but it has been difficult to fill these positions. (NFP Y1 Evaluation)*
- *Nurses in some geographical areas are having trouble filling caseloads but other areas find it challenging to hire enough nurses. (NFP Y1 Evaluation)*
- *The movement of nurses from other Early Years programs to NFP without adequate notice to staff caused some tension between NFP and non-NFP nurses. (NFP Y1 Evaluation)*
- *Rural nurses must travel long distances to see clients, which can be unsafe during winter months. (NFP Y1 Evaluation)*
- *Nurses in hybrid roles feel there are not enough of them. Hybrid nurses lack collegial support due to their small number, although this may change during provincial expansion. Hybrid nurses may also face moral dilemmas not being permitted to provide NFP content to non-NFP clients who might benefit from it. (NFP Y1 Evaluation)*
- *Nurse leads are being pulled to deliver training and share information with other zones in the province, which leaves less time for key tasks like reflective supervision and community engagement. (NFP Y1 Evaluation)*

Actions:

- Hiring and training plan as outlined above
- Reflective supervision support from Dr. Normand Carrey
- Capacity building, training and mentorship provided by Eastern Zone to other zones as they expand with the goal of having NFP trainers in each zone by 2026.
- Explore dual role advantages and disadvantages to inform workforce decisions in other zones.

5. **LANGUAGE AND CULTURE**

There is an understanding of the cultural adaptations needed, including the acceptability of home visiting by NFP nurses to families, alignment of NFP with local childcare and health practices,

program guidelines have been adapted and translated as required preserving the meaning and spirit of NFP:

Our assessment of the acceptability of home visiting to families in our society is:

Home visiting has been long standing within the Public Health Early Years program in Public Health. Our services are voluntary, and we strive to be client-centred in our approaches, adapting our visits to meet client need/preference. If the home is not the preferred or appropriate site for face-to-face support, we work with community and clients to meet in an alternative location.

What cultural adaptations are needed to align NFP with local parenting, health and social practices:

We acknowledge there is need to better understand NFP from Equity, Diversity, Inclusion, Reconciliation and Accessibility lenses. We are working with the Eastern Zone Health Equity Consultant on a Health Equity Impact Assessment for the NFP program. This will be a collaborative learning process that will allow us to identify areas requiring attention and adaptation.

The demographic makeup of our largest health zone (Central) will present new challenges with an increasing level of diversity, culture, and language of new immigrants.

We recognize that building trust and establishing strong relationships with communities is central to this work. Trust, once broken by the harms of colonization and systemic racism and oppression, must be rebuilt through ongoing, respectful engagement, cultural humility, and understanding.

We are committed to actively listening to the needs and aspirations of Indigenous communities, African Nova Scotian communities, newcomer and racialized communities to integrate cultural knowledge, and ensure that services are culturally relevant, accessible, and tailored to the specific contexts of each community. We understand that this is an ongoing process of reflection, learning, and partnership. We have started some of this work of understanding and building relationships, but we acknowledge that we have much work to do.

What, if any, variances to the Core Model Elements have you requested for your society:

NFP in Nova Scotia is available to any Indigenous pregnant person or person carrying an Indigenous child, regardless of previous parenting experience.

Progress with adapting program guidelines (selection of any alternate assessment tools, translation, etc.):

- *NFP International's openness to discussing adaptations and guidance from other countries has been beneficial to inform adaptations. (NFP Y1 Evaluation)*

Process for maintaining the meaning and spirit of NFP in our society:

We will work with NFP International Consultant and the NFP Global Collaborative along with Ontario and British Columbia NFP partners to maintain meaning and spirit of NFP within cultural adaptations.

Overview of any cultural or linguistic challenges and how to address these:

- There has been discussion and presentations with leaders and nurses in some Indigenous communities about what NFP is and how it could be offered in partnership with local early years

programming. Some communities have expressed interest in partnering with Public Health to learn, adapt and offer NFP to clients in their communities.

- Adaptation of NFP for Indigenous communities will require close work with NFP International as the amount of tailoring may be high and could require deviation from the core model elements. Communities would expect more autonomy in determining how the program is run.

- Nova Scotia Health has translation services for written materials as well as translation support for nurses during visits.

- *More work needs to be done around relationship building with each community, working with existing community programs, jurisdictional issues, developing training and program materials and enhancing cultural safety in program delivery. (NFP Y1 Evaluation)*

Actions:

In our Eastern Zone pilot, we met with health teams in local Indigenous communities to share the Early Years enhancements including NFP. We committed to working with communities to better understand their existing programming, capacity and how NFP might help to meet the needs of their community. If communities and/or clients express interest in NFP or send referrals, we follow Australia's NFP example of working with an existing community home visitor or nurse to deliver NFP. We have established a regular meeting structure where we come together 3-4 times per year to build relationships, learn from each other, and facilitate support for one another's programming.

Cultural safety training is mandatory for all NFP nurses and we share educational opportunities (non-NFP) with Indigenous partners.

We have joined a national collaborative NFP team to learn from and build on Ontario and British Columbia's experience. One priority will be how we work with others to Indigenize the NFP program for our Canadian/provincial contexts.

We expect our Health Equity Impact Assessment and the committee supporting this work to inform cultural adaptations required for NFP in Nova Scotia.

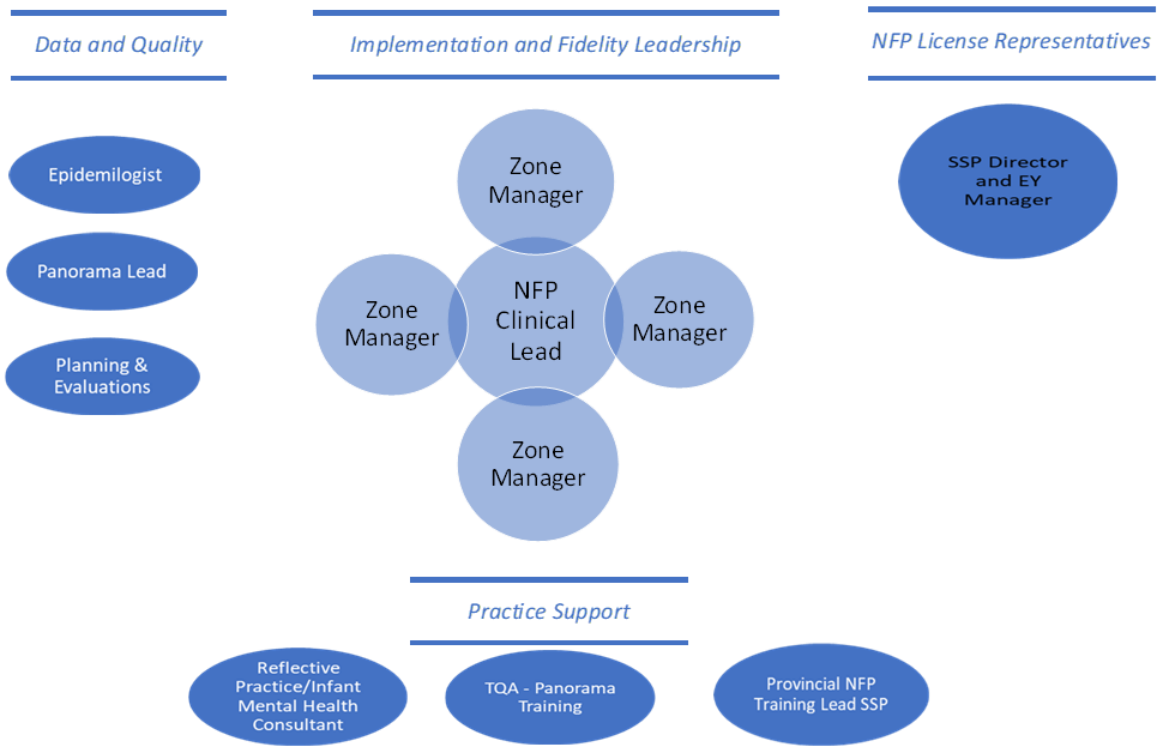
We have much to learn about how NFP exists within our various population groups, what adaptations will need to be made and how we ensure client voice is at the centre of our program planning and delivery.

6. **LEADERSHIP**

There is a board of senior sponsors (linked to government) overseeing the introduction of the program and an implementation team responsible for clinical guidance and support, organisational / site preparation, research, the information system data analysis and research plus policy. There is a designated Clinical Leader who understands the program, is committed to the values and methods, has the time, knowledge and skills to lead the implementation of the program and can mobilise policy support and resources:

Information on the NFP board of senior sponsors (linked to Govt.) overseeing the introduction of the program:

Nova Scotia Nurse Family Partnership (NFP) Provincial Program Structure



Describe the implementation team roles and capacity for:

- Clinical guidance and support: Provided by Clinical Lead (SSP Early Years Manager – NFP) along with Charge Nurses and Zone Managers. Dr. Normand Carrey and Ontario and British Columbia partners will also provide clinical guidance and support.
- Organisational / site preparation: Zone & SSP Managers and Directors in collaboration with local and provincial partners.
- The information system, data analysis: Epidemiologists, Evaluators, EMR Nurse Lead, Department of Health and Wellness.
- Research: Dalhousie University and Susan Jack, Dr. Normand Carrey
- Policy: Safe Home Visiting Standard Operating Procedure

Overview of leadership strengths:

- *Leaders allocated a dedicated manager for NFP to manage key aspects of the program and maintain nurse-manager ratios. (NFP Y1 Evaluation)*
- *The NFP manager is deeply trusted by and committed to supporting the nurses, both in terms of ensuring they have what they need and supporting their autonomous practice. Her passion and encouragement resulted in some of the nurses putting their names forward for the program. (NFP Y1 Evaluation)*
- Early Years investments provide us the support to implement to program requirements
- NFP evidence, guidance, resources and collaborative global community (including Canadian partners)

- Electronic Medical Record
- Provincial senior leadership support
- Existing Public Health Nurse scope of practice (PCI, MI, community engagement)

Overview of leadership challenges and how these could be addressed:

- Differences in prenatal referral numbers and pathways across zones
- Geographic management within provincial program context
- Varying levels of readiness and trust across teams
- Partnership/relationship building at local and provincial levels
- Equity, Diversity, Inclusion, Reconciliation and Accessibility
- Rurality
- Rapid hiring and training

Actions:

The creation of a provincial manager position to provide strategic leadership to NFP implementation and expansion will support a coordinated approach for zone operations and management.

NFP indicators embedded in Early Years reporting to senior leadership

7. **RESEARCH**

There is a commitment to replication of evidence-based programs and evaluation at societal and implementing agency level, and a formative evaluation is in place.

We have built our NS NFP program based on the examples from British Columbia and Ontario. This, along with NFP International guidance, has given us confidence in replicating and achieving the outcomes as seen in British Columbia's RCT.

Our evaluation plan includes required reporting for NFP as well as additional measures reflective of our NS context.

Assessment of our commitment to evidence-based policy, practice and program selection at national, regional and community levels:

NS NFP Core Model Elements & Benchmarks:

1. 100% of clients participate in the program voluntarily.
2. 100% of clients meet definition of first-time parenting experience, with approved variance including any Indigenous birthing parent or person pregnant with Indigenous child.
3. 100% of clients meet established socioeconomic disadvantage criteria.
4. Client enrolled early in pregnancy with 100% of clients receiving home visit prior to 28 weeks gestation, 75% of eligible clients enrolled, and 60% of clients enrolled before 16 weeks.
5. 100% of clients assigned a single NFP nurse who remains consistent throughout. Approved variance in NS to include dual role NFP and Healthy Beginnings Nurses in rural/remote areas.

6. NFP nurses will meet with clients in their homes unless another location is required or preferred by the client or for weather related reasons.
7. NFP nurses visit in accordance with NFP visit schedule and adapt based on client context (no benchmark recommended based on importance of adapting to meet client need).
8. 100% of NFP nurses have minimum bachelor's degree.
9. 100% of NFP nurses and charge nurses/team leads complete required educational curricula and participate in ongoing learning activities.
10. NFP nurses use professional knowledge, judgement and skill and utilize the visit-to-visit guidelines covering six program domains: personal health, environmental health, maternal role, family and friends, life course development, health, and human services.
11. NFP nurses and supervisors apply theoretical framework that underpins the program (self-efficacy, human ecology, attachment theories).
12. 100% of NFP teams have an assigned charge nurse/team lead who provides regular reflective supervision.
13. NFP teams collect and utilize data to guide program implementation, quality improvement, demonstrate program fidelity, assess client outcomes, and guide clinical practice/reflective supervision.
14. High quality NFP implementation is developed and sustained – advisory boards including experts by experience/client representatives.

Description of how we will carry out the formative evaluation for Phase Two (Feasibility & Acceptability Study):

See NFP Evaluation Plan slides within annual review presentation.

8. COMMUNITY LEVEL STRENGTHS AND CHALLENGES

From our international experience we know that the following factors are necessary for successful testing of NFP in every society: there are sufficient levels of need, the eligible population has been defined, maternity services and primary care for children and families are available in the community where the NFP is to be tested. There is an understanding of how NFP can fit into existing services, confidence that the core model elements can be met, systems for engaging local people and other services, cross sector stakeholder support for introducing the program locally, management support for NFP nurses and the program.

Please provide details of the way in which your testing sites were identified and chosen:

Eastern Zone was chosen as the pilot site because poverty rates in Eastern Zone are higher than provincial averages.

- The median total income in 2015 was below the provincial average $29,020 as compared to $31,813 for the province.

- A higher-than-average prevalence of low income based on the Low-Income Measure, after tax (LIM-AT) %, with markedly higher numbers for children 0-5 living in low-income families at 30.8% compared to provincial rate of 25.6%.
- Allows for evaluation of the program with a rural and urban mix.

Nova Scotia's 2024 Report Card on Child and Family Poverty is a call to action for policy change and programming to the provinces youngest and most vulnerable citizens.

- 23.8% of Nova Scotian children lived in poverty in 2022 and we have the highest rates in Atlantic Canada.
- The increase in child poverty rate from 2021-2022 is the highest increase in child poverty since 1989.
- All census divisions in NS saw an increase in child poverty % since 2021 with rates highest in Digby, Annapolis and Cape Breton.
- Poverty rates for children under the age of 6y are higher than for all children at 26.4% (more than 1 in 4 young children)
- 50.4% of the children living in lone parent families in NS live in poverty (12% increase from 2021)
- Children who live in families with 3 or more children had a poverty rate of 29.1%; compared to 24.8% for families with only one child, and 18.1% for families with 2 children
    - For lone parent families specifically – 44.9% in families with one child, 45.8% for families with two children, and 60.9% in families with three or more children.

While data availability was limited to disaggregate by race and immigration status:

- Child poverty rates remain disproportionately higher among racialized children
- Higher rates observed in postal geographies for census profiles reporting high populations of African Nova Scotian children
- Higher rates of on and off reserve Indigenous children compared to non-Indigenous children
- 40.1% of children (second highest in Canada) were living in food insecure households (~71,000 children)

Gender-based, intimate partner, and family violence is on the rise in Nova Scotia. In September 2024, intimate partner violence was declared an epidemic by the Nova Scotia Government (Bill 482). This was based on findings of the Mass Casualty Commission which was one of the underpinnings of support for investing in NFP in Nova Scotia.

- On any given night in Canada, 3,491 women and their 2,724 children sleep in shelters because it isn't safe at home. Out of the 4,476 women and 3,493 children staying in shelters on the snapshot date of April 16, 2014, 78% (or 3,491 women and 2,742 children) were there primarily because of abuse. On any given night, about 300 women and children are turned away because shelters are already full.

Expansion to the other 3 health zones is based on the societal factors above. We've assessed readiness in each zone and have worked with zones on their hiring and training timelines. Our training plan for 2025 would see all zones accepting clients into NFP by September 2025.

There is cross sector support for testing the program at community level: Yes
Comments:

In our preparation phase, we engaged partners from all levels noted below, sharing written communication regarding NFP, meeting and seeking input regarding their needs and expectations as partners in care, as well as inviting them to the launch events in September 2023. This work is ongoing at local and provincial levels to ensure NFP is integrated within existing services across the continuum of care.

The following services are in place in the community where the NFP is to be tested:

Yes	No	
X	❑	Primary medical care
X	❑	Universal child and maternal public health services
X	❑	Universal maternity care (antenatal, postnatal and post-partum care)
X	❑	Social care/child protection
X	❑	Specialist services (mental health, family planning)

Our plans for how the NFP will fit into existing services:

NFP exists within a suite of Early Years services in Nova Scotia Public Health. We have universal programming with tiers of support to offer based on client and community context. Those with the most overlapping challenges are eligible to receive NFP, while others are offered in-home, community, and/or virtual support as needed/appropriate.

Assessing existing services, readiness and buy-in at zone levels has informed the implementation plan and pace for NFP expansion.

Building prenatal referral base in partnership with providers, creating ease of referral to Public Health within existing electronic health records.

Building partnerships with diverse population groups to understand strengths & barriers to ensure NFP is accessible and adapted as appropriate.

Local systems for the program i.e., for NFP nurses and supervisors, including clinical governance, child protection, information and record keeping:

- Professional Nursing Standards
- Early Years Public Health Nurse Program Standards
- Reflective Supervision
- Electronic Health Record
- NFP and Healthy Beginnings required education for Public Health Nurses

The eligibility criteria that will be used to enrol clients:

- Income insecurity
- Less than grade 12 education
- Negative effects of substance use
- No primary care provider
- Food insecurity
- Housing insecurity
- Intellectual disability
- Mental Health history

- Intimate Partner/Family Violence
- Variance for Indigenous population to include multips

Expected numbers to be enrolled during phase two:

We expect to enrol 350 families in phase 2 based on demographics and current staffing.

A summary of our system for enrolment to ensure 60% of clients are enrolled on the program by 16-week gestation:

- As part of our broad Early Years enhancements, our shift to prenatal contact has required health zones to engage partners to increase prenatal referral numbers.
- Some areas were receiving referrals in the third trimester and worked with partners to shift referrals to first and second trimester.
- We now require zones to report on prenatal referral numbers as well as gestation which will allow us to better track and identify areas for improvement for early gestation referrals.
- Our goal is to receive 100% of prenatal referrals as early as possible in the prenatal period.
- Our target is to have 60% of clients enrolled by 16 weeks and no later than 28 weeks gestation.

How we will engage local people, key stakeholders and other services in the program:

We have learned from the experience in Eastern Zone that the engagement of key stakeholders and the integration of NFP within existing services along the prenatal to early childhood continuum cannot be underestimated.

Overview of community level strengths:

- *Eastern Zone was chosen as the first region in Nova Scotia to implement NFP in part because health system and community partners were already referring clients to Public Health, which facilitated the creation of NFP-specific pathways. (NFP Y1 Evaluation)*
- *NSH supported Public Health to map service access pathways to support the development of referral processes. (NFP Y1 Evaluation)*
- *Having referring partners on the advisory group and maintaining strong relationships with them supported the development of pathways. (NFP Y1 Evaluation)*
- *Referrals are currently coming from both community and health system partners. (NFP Y1 Evaluation)*
- *NFP has worked to move existing screening earlier than the third trimester. (NFP Y1 Evaluation)*

Overview of community level challenges:

- *NFP's goal is to receive 100% of births referred to Public Health in the prenatal period, but the program is currently at 50-60%. NFP is working to expand the scope of referring partners to meet this target. (NFP Y1 Evaluation)*
- *Where community organizations or health system providers do not have existing relationships with Public Health, new relationships and trust must be built so referral pathways are smoother. (NFP Y1 Evaluation)*
- *Current referring partners often do not see people until later in pregnancy. There is an opportunity to engage community organizations that pregnant people visit even if they do not seek care. (NFP Y1 Evaluation)*

- *Not all physicians use the paper-based referral form developed by Public Health. Developing referral methods that are easiest for providers will ensure more coverage. (NFP Y1 Evaluation)*

Actions:

- Meeting regularly with zone managers, public health teams and partners
- Meeting regularly with NFP International Consultant for guidance and support
- Local and provincial partner engagement
- Building referral capability within primary care providers' electronic health record to facilitate increased numbers of early prenatal referrals to Public Health.

Current Stats for Eastern Zone (as of January 9th, 2025)

Number of clients enrolled in NFP	19
% of eligible clients enrolled in NFP	53%
% of clients enrolled by 16 weeks	48%
% of clients enrolled between 17-20 weeks	26%
% of clients enrolled between 25-27 weeks	26%
% of clients enrolled after 28 weeks	0%

PART TWO: ACTION PLANNING FOR NEXT YEAR

Our plans for changes/further adaptations next year:

Expand NFP with quality beyond Eastern Zone in 2025 to include the other 3 health zones. Our goal is to have NFP offered province-wide by fall 2025.

Work with partners to increase prenatal referrals.

Health Equity Impact Assessment of NFP in Eastern Zone and expand provincially.

Build NFP training capacity within Nova Scotia.

Collaborate with provincial, national, and international NFP partners on quality improvement and resource revision.

Establish provincial group reflective supervision with Dr. Normand Carrey for Charge Nurses and NFP Public Health Nurses.

Engage Nova Scotia Health staff/teams to develop plan for meaningful client/community engagement.

This is what we think we need to be doing next year to learn from our implementation and continue to make the adaptations needed to deliver the NFP in our local context while ensuring fidelity to the model:

Our three primary objectives are:

1. Expanding NFP with quality:
   - Increase prenatal referral base across zones
   - Provincial leadership structure with operational and strategic collaboration
   - NFP indicators at zone level
   - Provincial reflective supervision structure
   - Evaluation plan for year 2 and beyond

2. Equity, Diversity, Inclusion, Reconciliation and Accessibility assessment of NFP in NS

3. Build our provincial NFP education and training model and capacity

How we will know if we have been successful in meeting our objectives:

*See evaluation plan

- Client/community feedback
- Partner/stakeholder feedback
- Increase in prenatal referrals in all zones
- Nursing Workforce is supported and competent
- Meeting targets

It would be helpful if we could have the following support from NFP Global (in order of priority)

1. Collaboration with Canadian and global partners to explore cultural adaptations for NFP in our NS context (Australia, Ontario, British Columbia)

2. We have capacity to enrol multips with overlapping needs. Support for variance in situations where we have very vulnerable multips (non-indigenous) who could benefit from NFP.

3. Ongoing support and guidance from NFP International Consultant.

PART THREE: ANNUAL REPORT FROM UCD

(To be completed by UCD following meeting to review annual report)

Brief summary of services/support provided by UCD over the last year:
Identified strengths of program:
Areas for further work:
Agreed upon priorities for coming year: