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**Prevention Research Center for Family and Child Health**

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**NFP GLOBAL COLLABORATIVE GUIDANCE GROUP**

**ANNUAL REPORT 2024**

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## Global Collaborative Guidance Group (GCGG) Report

### Introduction

The Global Collaborative Guidance Group (GCGG) was established by Dr. Olds under the guidance of the Global Growth Group, a team of independent experts, to ensure the sustainable replication of the Nurse-Family Partnership (NFP) program globally. The GCGG aims to implement a decentralized and self-managed approach to maintaining NFP quality across both established and new implementing countries. By participating in the GCGG, countries benefit from enhanced decision-making, reduced program drift, and increased opportunities for shared learning and collaboration.

### Perceived Benefits of the GCGG

- Strategic development of NFP by global partners
- Sharing of skills and expertise in NFP implementation
- Increased global partner involvement in decision-making
- Promotion of greater self-efficacy
- Reduction of consultancy costs for participating countries

### Aim of the GCGG

The primary aim of the GCGG is to devolve leadership and decision-making responsibilities for global NFP development to global partners while supporting the Global NFP Leadership Team.

### Objectives of the GCGG

- Ensure high-quality NFP replication across all implementing countries, including overseeing the peer annual review process.
- Maintain the clinical integrity of NFP globally.
- Review significant changes in NFP implementation within a country (e.g., leadership transitions) and respond to recommendations by the Global NFP Director to uphold implementation quality.
- Support countries requiring additional assistance to maintain high-quality implementation standards.
- Promote research-driven and evidence-based approaches in the continued development of NFP.
- Strengthen in-country quality assurance and improvement processes among NFP-licensed countries.
- Share country-specific developments and innovations.



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- Provide feedback on the inclusion of new countries and contribute to their implementation.
- Advise the joint license owners (UCD and Dr. Olds) on issues affecting NFP fidelity.
- Foster evidence-based policymaking.
- Establish governance structures, conflict management processes, and leadership succession plans.
- Continuously assess the sustainability and effectiveness of the Global Collective Network.

## Core Values of the GCGG

- **Collaboration:** Fostering a cooperative global network
- **Transparency and Accountability:** Ensuring open and responsible governance
- **Client-Centered Approach:** Prioritizing the needs of families and communities
- **Culture of Learning:** Encouraging continuous improvement and knowledge exchange
- **Future-Focused:** Striving for long-term sustainability

## Key Communication Channels

- International Nurse-Family Partnership Teams
- Progress meetings between the Global Director and Global Coordinator
- Quarterly meetings and reporting with the GCGG
- Ongoing communication with stakeholders, agencies, and other relevant entities
- GCGG newsletter updates for stakeholders

## Review and Analysis of the GCGG

### Development and Implementation

#### Initial Stages (2023)

- Global Partners participated in preparatory meetings.
- The Global Director outlined the aims, objectives, values, and benefits of the GCGG.
- Key governance documents, including Terms of Reference, Governance Statements, and Participation Guidelines, were developed and approved.
- All Global Partners initially confirmed their commitment to the initiative.

#### Establishment of the GCGG (2024)

- Four formal meetings were held; however, attendance declined progressively after the first meeting.



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- Inconsistent country representation led to challenges in maintaining continuity.
- Strategic leads expressed concerns about the impact of participation on program development, governance, and accountability.
- A voluntary participation reminder was issued, leading to the withdrawal of Scotland, Norway, and England from the GCGG.

### Peer Review Process

- Six countries were paired based on size, structure, and shared characteristics.
- Australia NFP and British Columbia NFP were excluded due to leadership transitions.
- Challenges arose when countries at different program phases reviewed each other (e.g., Phase 3 countries reviewing Phase 5 countries).
- Four out of six countries found the Peer Reviews beneficial, while two reported limited value.

### Discussion

#### Areas for Development

1. **Methodology Refinement**
  - Countries with established programs faced difficulties in implementing suggested changes.
2. **Leadership and Governance Issues**
  - Concerns about governance and accountability, particularly regarding the oversight of another country's annual review.
  - The exclusion of the International Team from the review process led to uncertainty about licensing assurance.
3. **Meeting Scheduling & Participation**
  - Time zone differences contributed to reduced attendance.
  - The voluntary participation framework led to the withdrawal of three countries.

#### Successful Aspects

1. **Operational Collaboration**
  - Strong cooperation among Research, Education, and Clinical groups.
  - Shared learning, trust, and support reinforced through NFP principles of reciprocity, self-efficacy, and strength-based approaches.
2. **Merger of Education and Clinical Advisory Groups**
  - A common agenda led to the proposal for joint meetings.
  - Global Partners approved a 12-month trial period for combined meetings.



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### Recommendations

#### 1. Increase Strategic Leadership Engagement

- Address governance concerns by refining accountability structures.
- Involve the International Team in Peer Reviews to enhance oversight.

#### 2. Enhance the Peer Review Process

- Develop alternative peer review pairings to accommodate different program phases.
- Provide clearer guidelines to improve review effectiveness.

#### 3. Improve Meeting Accessibility

- Rotate meeting times to accommodate multiple time zones.
- Explore asynchronous collaboration tools to supplement live meetings.

By addressing these areas while leveraging the strengths of operational collaboration, the GCGG can enhance engagement, governance, and the effectiveness of the Peer Review process moving forward.

### The Way Forward

#### Key Considerations

- How can the frequency and agenda of GCGG meetings be optimized?
- What improvements can be made to meeting formats to encourage greater participation?
- How should strategic discussions about program development be shared with countries that have withdrawn?
- Should the Peer Review process continue in its current format, and should the International Team be directly involved in future reviews?



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## APPENDICES

### TERMS OF REFERENCE

#### **Terms of Reference for Global Collaborative Guidance Group (GCGG): Phase One**

October 20, 2023

#### **Background**

This Global Collaborative Guidance Group (GCGG) has been established as Dr. Olds' input to Global NFP will decrease over time, NFP national leads are experts in program delivery and highly skilled in reviewing the quality of NFP implementation and a sustainable approach to ensuring the continued viability of global NFP replication is needed. It is therefore both timely and appropriate to implement a more devolved and self-managed approach for assuring NFP quality in both countries with established NFP programs and those wishing to implement and test NFP for the first time. By participating in the GCGG, all countries will be more engaged in decision making for Global NFP, there will be a reduced risk of 'program drift', and enhanced opportunities for sharing and learning from the experiences of other countries. This approach is also in line with the NFP approach to promoting self-efficacy.



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### Phased Introduction:

It is proposed that the GCGG will be introduced in two phases:

1. Phase One: In this phase Dr Olds will act as chair to the group and, as joint license owner with University of Colorado, will continue to retain overall responsibility for decision making in relation to NFP implementation quality, including signing off on all proposed variances and amendments to Core Model Elements. In this phase the GCGG will debate and make proposals on these issues to Dr Olds. This 'test of change' will enable a trial of the arrangements and the development of processes necessary for the next phase. It is anticipated that this first phase will be for 12 months with a review of progress and experiences at that point to support future decision making.
2. Phase Two: Dependent on the outcomes of the review, it is anticipated that in this phase the group will elect a chair from amongst the group and will determine a decision-making process whereby they take full responsibility for the quality assurance of Global NFP. If this anticipated transition is not seen as viable, the group will develop plans for alternative arrangements for Global NFP development and quality assurance for the future.

This Global Collaborative Guidance Group will be established alongside other changes to the operational practices of international NFP, including the establishment of a new role; Global Director, a peer Annual Review process, and the creation of a new NFP global research advisory group.

### The objectives of the GCGG are to:

- Assure high quality NFP replication across all implementing countries. This will include overseeing and ensuring the reliability and quality of the peer annual review process.
- Ensure the clinical integrity of NFP so that it is understood and maintained globally.
- Review any major changes to implementation arrangements for NFP in a country (e.g., change of leadership team or organization) and respond to any recommendations by the Global NFP Director, to ensure they are undertaken in a way that will not compromise implementation quality.
- Support the Global NFP Director in agreeing actions where a country may require further support to maintain high quality standards in implementation.





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- Ensure the deepening of a research and evidence-based approach to the continued development of NFP.
- Provide mutual support so that each NFP-licensed country has effective in-country quality assurance and improvement processes.
- Share in-country developments and innovations.
- Provide responses to recommendations by the international consultant on the inclusion of new countries and consider contributing support with implementation.
- Make recommendations to the joint license owners (UCD and Dr Olds) where there is any compromise to the fidelity of NFP license.
- Work collectively to encourage evidence-based policy making.
- Amend and approve these draft terms of reference for this group, in particular around governance, conflict management, and future and deputy chair arrangements.
- Continually review the operation of the Global Collective Network and its sustainability.

### **Membership, Role and function:**

- Dr Olds will act as the initial Chair of this Global Collaborative Guidance Group in phase one, overseeing its function and outputs. This will include taking overall responsibility for decision making in relation to recommendations by the group on issues of NFP implementation quality, including signing off on all proposed variances and amendments to Core Model Elements as well as any queries regarding license integrity.
- The Global Collaborative Guidance Group will be supported by the International NFP Global Director who will provide briefings, proposals for discussion, background information and options/ recommendations. This will ensure that members' time commitment is valued and used effectively.
- Membership will consist of one person from each implementing country. The selected member is expected to have either strategic or clinical leadership experience and expertise in NFP
- It is anticipated that membership will be as consistent as possible, but a deputy may attend.
- The role and function of GCGG will be reviewed after 12 months and revised by the Global Collaborative Guidance Group members. The review will include an analysis



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of the impact on all countries particularly around workload pressure, cost and time and will be undertaken by the Global NFP Director.

- Administrative support for the GCGG will be provided by the NFP international coordinator at the University of Colorado.
- The International Consultant will attend where appropriate.
- There also will be a Global Research and Advisory Group established, chaired by Dr Olds, that will share its outputs with the Global Collaborative Guidance Group to inform their decision making.

### Operationalization:

- The Global Collaborative Guidance Group will meet quarterly starting from February 2024
- The group will meet informally during October – December 2023 in order to begin developing trusting relationships, share country contexts, and review, amend/approve these draft Terms of Reference.
- Estimated time and commitment requirement for each stakeholder is expected to be 1-2 hours preparation and 1-2 hours quarterly attendance at GCGG meetings. Due to global time differences, meetings may be held outside usual working hours for some participants.
- Meetings will be recorded, and minutes disseminated to all members.
- It is anticipated that the outcomes from the Global Collaborative Guidance Group will be shared with each country's NFP national reporting board/ agency by the country representative on the CGGG.

### Expertise and ethos:

- The group will consist of members who share a desire to uphold NFP principles and a commitment to replication integrity.
- Members are expected to be drawn from the License holders, Strategic Leads and Clinical Leads within countries, all of whom have extensive experience and expertise in NFP implementation and monitoring program quality.
- The relationship between all will be one of mutual support and learning using the ethos of NFP approaches; trust, reciprocity, seeking strengths and developing self-efficacy.
- Feedback from peer Annual Reviews will focus on transparent and open dialogue, seeking areas to improve the quality of implementation whilst simultaneously



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identifying the strengths within a country. Separate guidance regarding the conduct of these reviews will be developed by the international team. The Project Lead is the Global Director is Deirdre Webb and Global Co-ordinator Anna Lindberg.

Communication management provided by Anna Lindberg. **Global Collaborative Guidance Group**

The Project Board will oversee the project. It will consist of the following members:

Name	Division/Organisation
Claire Clack – Australia	A/g Director Maternal Child and Youth Section Family, Chronic Disease and Preventative Health Branch
Roianne West – Australia	Molly Wardaguga Research Centre Australian Family Partnership National Support Service Interim National Director Charles Darwin University
Maria Evgenieva – Bulgaria	Clinical Leader Nurse-family Partnership Bulgaria
Lindsay Crosswell – Ontario, Canada	Community Health Nurse Specialist, Ontario Nurse-Family Partnership Nursing Practice Lead Family and Community Health Division
Flora Murphy – Nova Scotia, Canada	Nova Scotia, Canada Nova Scotia health Manager of early Years Public Health, Science, and Systems Performance
Karen Ramsay-Cline – British Columbia, Canada	Senior Provincial Manager Health Equity   Strategy, Planning and Evaluation Branch
Lynne Reed – England	National Lead for FNP and Parenting, Quality Strategy Office for Health Improvement and Disparities, Department of Health and Social Care



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Deirdre Webb – Northern Ireland	NFP Global Director GCGG Meeting Chair
Emily Roberts – Northern Ireland	Assistant Director of Children and Families Public Health Agency , Northern Ireland
Benedicte Petersen – Norway	Senior Advisor The Norwegian Directorate for Children, Youth and Family Affairs
Carolyn Wilson – Scotland	Unit Head, Supporting Maternal and Child Wellbeing Improving Health and Wellbeing Scottish Government
Elly Yost – USA	Director Nurse-Family Partnership Program Innovations National Service Office
Anna Lindberg – USA	Research Services Professional NFP International Program Coordinator Prevention Research Center for Family & Child Health
David Olds – USA	Professor of Pediatrics NFP Program Founder Prevention Research Center for Family & Child Health