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International Nurse-Family Partnership® (NFP)

International Nurse-Family Partnership® (NFP) Program Project Report (September 2020)

The COVID-19 Pandemic: the NFP International Response

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Acknowledgements

Are due to the courageous NFP families, the NFP nurses delivering the program, program leaders supporting the frontline staff and the other services working alongside NFP.

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Foreword

This report summarizes the findings of an international project, led by the NFP International team, that aimed to both support NFP leadership teams by sharing innovations and emerging best practice and capture the emerging narrative of the global NFP[1] responses during the most intense period of the COVID-19 global pandemic (March to August 2020). Data was gathered through semi structured interviews with clinical leads in all countries, and the leads themselves used various approaches to gather intelligence from NFP nurses in their country to document and understand their experiences and those reported to them by families. What emerged was a narrative of intense challenge for families and nurses, but also innovation, tenacity and above all the power of committed professional relationships to support our most vulnerable families in times of extraordinary uncertainty. We have attempted to capture the impact of NFP response to COVID-19 over the 6-month period. The initial response in all countries was a rapid transition to use of virtual/ telehealth visits for NFP clients and families and a large reduction in the number of home visits delivered face to face in client homes. In a number of countries, some NFP staff were also moved to work within other more acute or contact tracing services to support the predicted high-impact of COVID-19. Over the period of the project, we saw a change in the balance of visits, with a resumption of face to face visits in most countries, complemented by telehealth contact and a return by NFP nurses to their substantive roles.

The impact of the COVID-19 Pandemic on the most vulnerable children and families in all countries is likely to be significant and, sadly, is expected to cast a long shadow for them. As the restrictive public health measures introduced in all countries to control the spread of the virus were introduced, many families struggled to manage – financially, emotionally and practically. Many clients were concerned about access to healthcare both for themselves during their pregnancy and for their child, employment and income were often curtailed and access to some support systems were withdrawn as some services in many countries temporarily closed. In all countries NFP nurses continued to serve families, using both compassion and innovation in equal measure.

NFP nurses were also affected by the impact of COVID-19, some on a personal level where they or members of their families needed to be shielded, and professionally, having to work from home. For some it meant a dual role working in contact tracing centres as well as delivering NFP. For all, the imperative for use of telehealth at scale changed how NFP is delivered. A relationship-based program that is designed to be delivered 'face to face' in homes has now been augmented through necessity by telehealth approaches and we have learned a lot through this rapid innovation. We hope this report gives and insight into how

[1] Please note that the program is known as 'Family Nurse Partnership' (FNP) in the UK countries, 'Familie for Første Gang' in Norway and "Заедно - здраво бебе, здраво бъдеще" in Bulgaria.

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NFP responded to the pandemic and the subsequent new learning for us all from these unprecedented times.

Executive Summary

NFP nurses across the eight implementing countries have continued to work throughout the COVID-19 pandemic, placing the client and family at the centre of care. In all but two countries, limited face to face contact was retained for those families experiencing extreme vulnerability. For all other NFP clients, contact was via a range of telephone and other technological solutions, with clients in many countries being able to access video calls. In many countries, telehealth had not previously been introduced as an approach used within the program, but they were able to draw on the experiences and guidance developed in countries who had already been experimenting with this method. Despite this rapid escalation of the availability of telehealth contacts, not all clients were able to access phones, other technology or reliable WIFI, giving nurses concern this made the service increasingly unequal. The leadership in all countries supported nurses to find innovative solutions to these technical challenges, with one country obtaining over 3000 free mobile phones for clients. Great efforts were made to ensure that clients continued to have access to their nurse, and for many this was a lifeline, especially during the early days of 'lockdown' in each country, and in many countries the number of telehealth visits equalled, or even surpassed, the number of face to face visits that had previously been achieved. Over time, nurses were able to reintroduce structure and planned content into their telehealth 'visits' and the regularity and predictability of these seem to have helped clients retain a sense of normality. A wide range of innovative practice was evident, and this shone a spotlight on both the length NFP nurses will go to support clients, the ingenuity in their thinking and the strength of their leadership. As a result of the nurses' continuity and attention, the program saw very little change in client attrition rates, continued to recruit pregnant women and provided an opportunity to use telehealth more than ever before to deliver NFP in the home.

The secondary and longer-term impact on clients of COVID-19 remains a worry for NFP nurses and currently remains unpredictable, although some family breakdown seems inevitable as prolonged periods of confinement to the home has exacerbated many underlying relationship tensions, as well as extreme economic hardship and all that brings. Nurses are particularly concerned about the impact of long periods of isolation on the child of a depressed or anxious mother, or where the mother and child had been confined in a hostile or violent environment for a sustained period. The anxieties felt by many nurses are also about the longer-term effects for the family, including the impact of recession on the client's financial security as well as mental health and child protection issues that have increasingly come to light as lockdown has been lifted. Nurses reported that the impact of COVID-19 shows variance across countries and communities alike and the most detrimental

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impact remains on those with the highest vulnerabilities and limited access to resources: emotional, social and economic.

Working through these times has placed a toll on NFP nurses who, as time went on reported higher levels of emotional and physical fatigue. The reflective model of supervision appears to have been a solid foundation for supporting the nurses at this time and was implemented using various modes of virtual communication. The routinely collected client data, along with some additional COVID-19 specific data being collected by some countries, may enable greater insight into the impact on program outcomes as a result of new ways of working as well as the general impact of the Pandemic and its associated challenges on NFP clients and families. With the future uncertain and a re-surgency of COVID-19 a strong possibility in many countries, it is hoped that the learning to date will equip NFP nurses to respond to future similar challenges of this proportion. In addition, for some countries, and remote and rural areas in existing countries, the successful application of telehealth during this period means that NFP may have a greater potential for expansion, meaning that a greater number of families will be able to benefit.

Background to the report

International Project Goals

Without doubt, COVID-19 is one of the most significant issues to impact on NFP clients and nurses and International NFP program delivery in the history of the program since inception. NFP aims to reach out and support those families who are most vulnerable, living in poverty, sometimes with very limited access to generic healthcare support. These are families whose living conditions make them potentially more susceptible to the Coronavirus.

For these families isolated at home with young children, capturing this impact was the focus and agreed outcome from the discussions with Dr David Olds and NFP International Clinical Leads at the recent March 2020, Clinical Advisory Group (CAG) meeting[2]. The impact on the NFP workforce and program delivery (such as testing new ways of connecting with clients or adapting the supervision model) was also an area we wished to capture. It was agreed that this was a priority workstream and should be commenced as soon as possible with a focus on gathering then telling the 'story' of NFP response to COVID-19 'as it happens' and in time writing about and sharing learning with others. It was also agreed at the CAG meeting that forums should be established through this work stream to support NFP Clinical Leads by keeping them connected to each other, the licence holder, Dr David Olds and NFP International Consultants. Discussions post CAG March 2020 with a small number of Clinical

[2] NFP Clinical Advisory Group meeting, notes. March 2020, University Colorado, Denver

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Leads took place to sense- check this draft proposal. There was overwhelming support for the need to capture this information (as in the CAG discussions, March 2020)

The eight NFP implementing countries (Australia, Bulgaria, Canada, England, Northern Ireland, Norway, Scotland and U.S.A) all agreed to participate in monthly semi structured telephone interviews with the two International consultants and feedback on behalf of their NFP clients, Nurses and community on COVID-19 impact. The Clinical Leads were representing the voice of approximately 3,500 Supervisors and Nurses across these countries, including 47 Family Partnership Workers in Australia and 4 Mediators in Bulgaria.

The agreed aims of the project were;

- To keep Clinical Leads (CLs) connected during the COVID-19 pandemic and to facilitate the sharing of innovation and best practice.
- To capture the current and unfolding story of COVD-19 virus and its impact on NFP program delivery across the Implementing countries
- To collect, collate and share information (narrative) and data relating to the impact on NFP program delivery
- To share, in time, lessons learned from delivering an evidence based, licensed program to the both NFP community and those working with children and families with a wider audience.

Approach and methods

Clinical Leads (CLs) from each country were interviewed monthly then bi-monthly using a prepared questionnaire from March 2020 to September 2020. Discussions also took place through generic consultancy provided by International Consultants (ICs) and within the bi-monthly Clinical Advisory Group. As part of our agreed approach, the ICs agreed to keep administration minimal for the CLs and undertook all writing and recording of discussions, triangulating for accuracy. This ensured that their contribution to this project impacted minimally on their Clinical leadership role. A password protected website page dedicated to sharing COVID-19 related resources was established on the NFP International website and consent was obtained to publish the completed questionnaires to this page.

At three timepoints (April, May and June) summary reports of the findings from these interviews were completed, shared with all countries, and published to the password protected international NFP website page. These reports were shared widely within the NFP community. In addition, this website page also enabled countries to share COVID-19 related resources such as clinical guidance and educational resources with each other. In combination, these activities supported the rapid sharing of learning between countries

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Headline Findings.

We have attempted to capture the key headlines over the 6-month period and where appropriate have used narrative directly lifted from our Interviews with Clinical Leads. In line with the original Terms of Reference for this work, we have not identified countries specifically.

COVID-19 and its impact on NFP clients.

NFP clients across the globe all experience levels of comparative deprivation within their communities and as such are particularly vulnerable to both COVID-19 and the social and economic impacts of the pandemic:

- From early stages it became evident that the most vulnerable families were affected most severely
- Some households experienced intensified overcrowding due to caring roles being required by adult household members (especially in Indigenous communities)
- Low numbers of NFP clients were reported as contracting COVID-19 during this time period (although in many countries access to testing was limited) and only one death (an NFP father) was reported
- Families without access to Internet or mobile phone were particularly disadvantaged
- Common across all countries was a rise in adverse mental health and increased stress and anxiety.*" Those who had challenges with Mental Health or anxiety issues before COVID were affected more than those without"*
- Prolonged periods of being in the home saw a reported rise in Intimate Partner Violence (IPV). Nurses reported that although challenging to assess wellbeing through telehealth, clients did continue to share intimate information, including that related to IPV and that there was a perception that (for some clients) this mode of delivering the program made it easier for them to disclose
- Nurses were also reporting that for some clients, substance misuse had risen. "*Unfortunately, with the increased mental health concerns, stress, isolation, and financial challenges there are clients who are struggling with substance use issues and some have "slipped" with their recovery".*
- Food poverty and unemployment impacted on clients across all countries *"Clients are often on zero-hour contracts so have little in the way of employment rights". "Our clients are often in jobs in the service industry or hotels so will be the first to be impacted on". "Food packages were available in mosques and we saw Social Workers delivering them too" …." Foodbanks were often empty by the time our clients (who live remotely) got to them"*
- Some nurses reported seeing 'greater self-determination' by clients who felt more in control of home visiting and were able to rethink their priorities for the future.

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"Some clients took control over the contact they wanted and seemed to feel empowered not having the nurse in their house but still remaining in touch with the program"

- There was a reported reduction in A&E attendance, access to maternity services and lower immunisation uptake due to fear of contamination. *"I worry that the unseen children, e.g. those who needed emergency care (and didn't get it) or protection, will come to the fore later on"*
- In most countries clients continued to engage with the program well with very little variation to pre-pandemic rates. *"Those clients committed to the program at the beginning are now more so"* It was reported that nurses felt that their actions during this period had impacted positively on clients' perceptions *"Most important thing has been to show clients that they care for them and support them in critical times – this has increased client trust "*
- Towards the end of the reporting period, some concern was being expressed about how clients would respond to the ongoing pandemic and the safety measures being required locally. *"Nurses are concerned about clients who are not taking good precautions and /or don't properly understand the expected public health measures (e.g. need for quarantine)"*

COVID-19 and its impact on the NFP workforce.

The NFP workforce, like many others, experienced a rapid change in their working lives, as remote working from home became the norm and new technologies were used to continue to provide the program. Nurses learned new skills and dedicated themselves to making the new arrangements work as well as possible for clients:

- Across all countries, sickness and absence was reported to have remained low for the period of the project
- No deaths were reported and there were very small numbers of nurses reported to be self-isolating
- A small number of NFP nurses were re-deployed or transferred to 'COVID roles' early on, with a gradual appreciation that this was a short-lived requirement to deal with COVID in the country and NFP nurses, for the main were re-instated back into their substantive NFP role. *"I think in our area they acted too soon by moving us in anticipation, we were returned to our NFP post shortly after"*
- National and local guidance varied from area to area and country to country, the common theme was that NFP nurses prioritised vulnerable clients and continued to offer a service. *"Some of the national guidance was confusing and varied from area to area. We made a decision to keep in touch with our clients no matter what"*

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- Many nurses had to rapidly learn new technical, keyboard and other skills in order to manage the expectations of telehealth. Stories of clients coaching their nurses in use of WhatsApp and Zoom were in common in many countries!
- Many nurses became creative in this area, making and sharing PIPE videos, sending materials via email and via apps, as well as finding novel ways to meet with clients within the rules of the local public health measures, such as socially distanced walking visits, driveway visits and visits in parks and other open air spaces.
- Lower referrals to Child Protection/ safeguarding services were evident and, in most countries, NFP nurses were picking up some of the work of Social workers around child protection.
- NFP nurses in the latter part of the project reported being exhausted, due to investing ‘heart and soul ‘into the job. Physical exhaustion also came from longer hours worked and prolonged use of computer screens. *“It often takes longer to plan a visit and make contact ‘virtually’ than delivering a face to face visit…we are trying to explain this to our Managers who think we are maybe saving time using a telehealth approach..but we’re not”*
- NFP nurses working from home found it challenging due to ‘blurred emotional boundaries’ for some NFP nurses. *“Working from home was sometimes hard as it felt that the client was actually in your home”*
- NFP nurses who were re-deployed reported that their skills around enhanced communication were well received by non NFP colleagues. *“We found that when we were re-deployed our new teammates were impressed by our communication skills, particularly in imparting important messages…we were using MI skills!”*
- NFP nurses were supported via supervision to prioritise their work with clients *“My Supervisor helped me through our supervision sessions to prioritise who I should see and why”*
- Reflective supervision also had an important focus on personal support for nurses *“The importance of maintaining 1:1 supervision can’t be overestimated – with a special need to focus on nurse wellbeing”*
- As they returned to home visits, wearing personal protective equipment (PPE) nurses expressed a level of concern about the risks to themselves and to clients, especially where the localities for visits *“(Home visits)usually carry an element of risk due to clients living conditions and the neighbourhood environment. This is heightened due to the pandemic and is causing anxiety for nurses”*

COVID-19 and NFP leadership.

High quality NFP leadership was clearly of vital importance during this period and in all countries leaders rose to the challenge, providing supervisors and nurses with clear guidance, opportunities to connect, emotional and practical support, high level of

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engagement and interest in the frontline challenges being experienced and strength based feedback to staff:

- NFP Leaders across the globe showed a strong appreciation for the need to remain very connected with the workforce and attempts to do this mirrored NFP ethos used with clients; strength based, client led and simultaneously empathetic and respectful. *"It was so important as a Leader to bring the nurses together for web-based meetings so that they could share feelings and experiences"*, *"The National Unit keeping in touch via regular Supervisor calls has been important… We are planning to maintain regional hubs for SVs and nurses – importance of sharing has been reinforced"*
- NFP Leaders often had to make challenging emotional and clinical choices between protecting staff and re introducing face to face contact to benefit families.
- Dr David Olds, Program founder wrote to all staff; this was reported to have been a morale boost.
- Leaders and frontline staff alike noted the importance of remaining open to learning *"[this period] has also revealed the importance of teams being open and imaginative – being brave enough to try new things'*
- NFP leaders also understood the importance of working collaboratively with other services and sectors in order to provide the best possible support for families. Emerging learning from NFP was shared widely and leaders worked respectfully with the employers of the teams understanding the pressures they often faced in providing a range of services during this period.
- This project appears to have helped link Clinical Leads with others in a similar leadership role (In other countries)and allow for a cross country sharing of COVID initiatives, " *It is good to hear of positive approaches being undertaken by countries and to hear the positive stories….also it is good to share what people are doing and learn from them" , "It (This project) is demonstrating how the NFP family can adapt and deliver the program in these difficult of times and keep the support going for vulnerable families who need it most just now"*
- Countries routinely collect data from families and nurses to monitor program implementation and indicative child and client outcomes. This continued throughout the period, although some assessments were very challenging for nurses to make via telehealth. Most leaders were planning to analyse the data from this period retrospectively, as a public health measure, to better understand the impact of the pandemic on both program delivery and client and child experiences.
- A number of leads were using additional methods to collect data in order to better understand the needs and challenges faced by nurses and clients alike. The possibility to manage this varied by country *"We are trying not to overburden nurses with collecting extra data but appreciate the importance of this"*

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- NFP leaders were also concerned about the secondary impacts of the pandemic on their country's economies, both in relation to clients but also in terms of its potential impact on funding for both NFP and other services.

The challenges of Racism

- During the period of the pandemic, international understanding that COVID-19 and its impact on families and communities does not exist in isolation from wider societal challenges and inequalities continued to develop. Global reports that deaths from the disease have disproportionately impacted on Black and Minority Ethnic communities, combined with the powerful advocacy of the Black Lives Matter movement, have bought the issues of racism and racial injustice to the forefront in all countries. For families who are Black or of Colour, or belong to Indigenous or Minority communities, racism has, or was predicted to, compound the current inequities they experience. Two CLs, describing the injustices suffered by the communities they serve prior to the pandemic, described an escalation of racism towards these communities during the pandemic *"Measures taken by the state in relation to our community during lockdown fuelled general belief that they were spreading the disease more than other communities"*
- The impact of racism on NFP nurses, particularly those who are Black or of Colour was also a focus for Clinical Leads who shared their concerns for the ways in which this may affect nurses at the forefront of delivering the program. *"It is Critical to support NFP nurses during this stressful time, including with **both** the COVID pandemic and the social unrest addressing systemic racism".*

Additional learning

In the final interview, leads were asked to tell us about any additional learning that the pandemic experience had highlighted. Their responses, in addition to those covered earlier, included:

- Learning how to successfully transfer face to face supervisor and nurse education to an online platform *"…skills practice was very successful. For some nurses this added to their confidence to use videos (rather than telephone) with visits"*
- COVID-19 had exposed further inequities within the NFP client population: "*Working with clients who are at a socioeconomic disadvantage such as not everyone has access to data plans/WIFI due to costs. Further inequities revealed across the population of NFP clients".*
- This period had helped nurses to appreciate their importance to clients:" *Awareness of nurses significance for families- nurses have realised how much knowledge and skills they have and how highly this is valued by clients"*

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- For some nurses, changes to program delivery had taken them back to core program principles *"The importance of giving clients time to think, putting less pressure on them and listen more, assess needs and act according to these"* , *"Structure of home visit and supervision has been very helpful to provide consistency of approach in transition to telehealth"*
- The relational nature of the program was reinforced as transfer to technological media was required "*Relational nature of the program has been the reason why telehealth has been successful", "Confirmation that this program is relational, and that connection is so critical".*

Use of Telehealth (TH) into the future

The use of telehealth during this period expanded rapidly in all countries, sometimes from a standing start. This experience has brought the opportunity to evaluate the experiences both of clients receiving the program in this way, and nurses providing it through this medium:

- All areas increased the use of telehealth to deliver NFP, some from 0-100%
- NFP Nurses confidence in use of TH varied, especially in relation to video platforms, but confidence was gained over time
- Clients' experience of TH was reported to be mixed (those longer in the program appearing more receptive)
- Although nurses have embraced the opportunity and challenge of using telehealth during this period of need, they have also shared some of its limitations *"[there is a] challenge of reduced informal and organic learning when not face to face with clients", " Nurses have developed an understanding of how they can work remotely. But feel that this approach is not as good for clients"*
- We do not know the impact of TH on program outcomes, or whether a blended approach to support face to face contact is what is needed
- Some countries feel use of TH will enhance expansion of NFP to remote and rural areas as it 'can be done'
- All countries are keen to use the learning from this period to consider how, when and why telehealth visits should be incorporated into the program in the future.

Conclusion and Next steps;

At the close of this phase of the project, it is clear that local circumstances will determine the appropriate approach to be taken in delivery of NFP whilst COVID-19 continues to be an active threat to public health. National and local leaders were continuing to be responsive to guidance on measures to be taken by staff and families. This was reflected in the reporting of the number of visits being undertaken by telehealth, which varied by country from 93% to 30% of total visits being undertaken. For this reason, the interviews with Clinical Leads have

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now been concluded and we are moving into the next phase of the project. The Clinical Advisory Group continues to facilitate all International Clinical Leads connecting on a bi-monthly basis and will act as a continued exchange for dialogue around COVID-19 amongst other NFP related issues. In line with the project aims, we plan to continue to explore lessons learned and share that learning.

In collaboration with the Clinical Leads we have agreed that the use of telehealth in NFP is the area we wish to collectively focus on for the second phase of the project. To that end we have established a working group which will report early 2021. The terms of reference for the group can be found in Appendix 1. We look forward to continuing to collaborate and learn with a from all countries as we take this next phase of the project forward.

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APPENDIX 1.

Terms of reference for NFP Short-life Clinical Leads working group,
To consider role of telehealth/tele-practice in future NFP, learning from experimentation during the COVID-19 pandemic

Background

Following the recent third summary of International Project on COVID-19, and its findings regarding the impact on clients and NFP workforce, it was agreed that the next phase would be to review both client and nurse experience in using telehealth to inform plans to integrate this way of delivering the NFP program to clients in the future. A notable program development throughout the COVID-19 Pandemic, highlighted by Clinical Leads (CLs), was the increased usage of telehealth (TH) across all implementing countries, with varying experiences for nurses and clients alike. The one common factor as described by all CLs was that the Pandemic had encouraged the use of TH as home visiting was ceased or severely restricted throughout the period of the Pandemic. For many it was the first time that TH had been introduced and for others it became the only way contact with clients could be retained. TH has subsequently become a more prominent NFP innovation as a result, with an intense period of experimentation and learning. CLs are keen to share learning from across all countries and explore the role of TH in the program in the future by contributing to a short life working group to take this work forward.

Aims of the short life working group;

Collate the experiences of TH usage throughout COVID-19, share learning and develop common principles and resources by;

1. Considering the experiences of clients and nurses to identify who could most benefit from use of telehealth in the future
2. Sharing identified 'best clinical practice' in use of telehealth within NFP
3. Developing common principles for a good 'balance' for future TH and in person NFP delivery
4. Identifying when TH could be used to maximise effectiveness for client outcomes
5. Reviewing barriers for both nurse and client in using TH and developing measures to mitigate these.
6. Considering how data may show, over time, the impact on outcomes through TH usage
7. Considering any likely cost benefits in the use of TH
8. Producing guidance documents to support the considered integration of telehealth into NFP
9. Developing educational materials to support TH implementation

Participation requirements

It is expected that the short-life working group will consist of Country Clinical Leads engaged in the `International project on COVID-019'. However, a Clinical Lead may delegate to an

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educational lead or similar. The working group is expected to meet for the first time, early September 2020.
Participants should:

- Be volunteers, ideally staff who have contributed to International Project and have been interviewed as part of this work
- Have full support of their organisation to join the group and should have decision making authority
- Be prepared to scope in advance of the working group, the experience of their clients and nurses in TH and where possible, provide supportive data to share with the group
- Be in a position then, to share both personal/experiential and feedback from others in their country
- Be able to contribute to a one-hour monthly meeting (via teleconference) for a period of 4 months (September -December 2020)
- Be able to undertake some developmental work, as agreed by the group, between meetings
- Be able to access NFP website for the information required for the project
- Make opportunities to consult with other key informants in their country (e.g. NFP supervisors, nurses, Managers and data Leads)
- Dedicate time to review and comment on documents and develop and share learning materials for TH
- Recognise and respect the sensitivity and confidential nature of parts of the review process

Review point

The terms of reference and membership of the group may be reviewed periodically by the International Consultant (IC) lead to ensure that they remain appropriate to the requirements of the project.

Resources

- The organisation and facilitation of the working group meetings will be carried out by International Consultant (IC) who will attend each meeting. IC will ensure minimum amount of administration to participants' in-between meetings in order to lessen any adverse impact on clinical delivery of the programme.
- Ownership and copyright of newly developed materials will be the property of University Colorado Denver (UCD)
- Countries will be able to adapt any materials developed for their context

Transparency

- Agendas, notes of the meetings and accompanying papers will be placed on a dedicated space on the NFP website

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- Those CLs who have not been able to participate in the working group will have the opportunity to comment on any products developed, before they are finalised.
- Final documentation and new TH learning resources will be placed on the NFP website.

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