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Nurse-Family Partnership® (NFP) International

Guidance Document - Implementing

Nurse-Family Partnership at scale | Feb 2022

1. Introduction

It is more than 15 years since University of Colorado (UCD) began replicating Nurse-Family Partnership (NFP) internationally and during this time we have learnt a lot about what is needed at a national ¹ level to ensure successful replication within a country. This document is designed to draw together the learning from this experience, and the relevant research, to guide existing partners as they develop their National Implementation team² in order to implement the program at scale.

This guidance sets out the functional requirements that UCD expects license holders to include in their implementation team and suggests ways of quality assuring these functions. This guidance will need to be adapted to reflect the context, ambition and scale of the program in each country/province and, of course, there is still much to be learned.

The evidence

The literature on implementing evidence based programs stresses the importance of having an 'Implementation Team' to ensure successful replicationⁱ. It is estimated that using implementation teams produces higher rates of implementation success (80%) than without (14%)ⁱⁱ. The team is accountable for 'making it happen' by providing the structure to move the programme through the stages of replication i.e. to establish, adapt, maintain, replicate, quality improve and disseminate NFP in real world settings.

Successful implementation teams are more likely to have the following characteristics^{iiiiv}:

- Collectively have the knowledge, skills, abilities and time to succeed.
- To be focused on using data to monitor and improving programme quality locally
- To be flexible and responsive to the needs of government and local implementation partners
- To be sufficiently agile to quickly identify and adapt to new challenges
- Core competencies of:
 - knowledge and understanding of core program components and linkages to outcomes
 - knowledge of implementation science and recommended practice for implementation
 - appreciation of the local ecology and its impact on program implementation

¹ In some large countries the 'province' or 'territory' may be the right level for the implementation team

² The term 'National Implementation Team' (NIT) or National Unit is used here to describe the group of people responsible for replicating NFP at scale in a country

- applied experience in using data for program improvement and continuous quality improvement

2. Principles of implementing NFP at a national level

In NFP some implementation functions may be spread across different organisations. In most countries the license holder is a strategic leader (often with a policy function), whereas the national implementation team is often placed in an organisation providing services, and for some the education program is provided externally. Regardless of international variations a common set of principles underpins successful implementation at a national level:

- Clinical leadership: NFP is a clinical program and replication with fidelity requires an expert clinician/s in lead role/s in the implementation team for every phase of replication.
- Functional integration: all the functions are interdependent and work better if they are all in one organisation and setting. For example, quality improvement relies on the information system, service development and clinical functions all working together and learning from each other
- Sustainability: long term program sustainability can be a challenge when resources are scarce. A key task of a national implementation team is to secure the future of NFP, ideally from the beginning, through policy support, funding and local commitment
- Forward planning: teams need to build their capacity and systems in preparation for the next phase of replication and expansion, such as capacity for nurse education, system design, supporting new sites, infrastructure and managing additional data from more clients and nurses
- Multi-level alignment and commitment: Reflecting the values, methods, outcomes and behaviours of NFP throughout the implementation system brings coherence and supports nurses in their work with clients
- Client involvement: Engaging clients during each phase of replication so that they are involved in quality assuring and shaping NFP nationally and locally
- Continuous development: NFP is a work in progress and is continually being developed and improved.
- Research minded: Each new country has to find out whether NFP works in their setting and the impact for children and families. This requires a commitment to on-going evaluation
- Dedicated implementation team: It helps to have a discrete NFP unit with dedicated NFP implementation experts working together who can develop their skills and focus on testing, embedding and sustaining the program well in their context
- Accountability: The implementation team needs a clear line of accountability to the license holder for meeting the NFP licensing and quality standards
- Business support: NFP is a complex program to lead and implement requiring sufficient business and administration capacity within the team

3. The license holder

The license holder is the strategic lead for the program and is usually at the senior government level. The license holder will understand the requirements for high quality implementation and

testing of the model and work to develop a positive policy and organizational context within which to embed and evaluate the program.

The license holder:

- Is responsible for commissioning NFP in its entirety and for ensuring that all sites/implementing agencies meet the licensing requirements (this function is usually delegated to the national implementation team- see below)
- Ensures sufficient funding with long-term commitment
- Understands and uses the outcome measures that the programme is known to affect, and uses the Core Model Elements, fidelity measures and NFP data system for contract monitoring and quality improvement
- Facilitates the integration of NFP into existing systems of care
- Prepares an annual report to UCD in partnership with the national implementation team
- Creates and maintains the necessary infrastructure to deliver the NFP with fidelity.

4. Responsibilities of the national implementation team:

The following functions may be shared amongst the team, and individuals may take on more than one function. The number of people needed within the team may only be two or three during phases 1 and 2, but will need to be increased to scale the program implementation.

a. Continuous quality improvement

Data is used to monitor implementation quality and the impact of improvement strategies. The quality standards for NFP are set within the core model elements and fidelity benchmarks. Each country may have its own additional quality measures relevant to their context. At a national level this function includes:

- A process for monitoring and assessing quality of program implementation against these standards
- A process for supporting local implementing organisations, nurses and supervisors in continuous quality improvement
- Systems for engaging clinical teams, organisations, communities/clients and national stakeholders in quality improvement
- Systematically identifying ways in which NFP can be developed and improved
- Completing the annual report for UCD and participating in the annual review meeting
- Evaluating the quality of the work of the NIT

b. Clinical leadership, education and coaching

NFP is a clinical program serving some of the most vulnerable children and families in a country. It is complex and demanding to deliver and nurses need to learn the clinical methods and often will also need to adjust to new ways of practice. The clinical and educational function is a core responsibility of any NIT and needs to be reflected in resources and structures. The function includes:

- Ensuring that nurses and supervisors receive the education and coaching that they need to become competent to deliver the program and that builds on their pre-existing professional education and experience. The curriculum, content and methods of education and coaching need to prepare NFP nurses and supervisors in the unique practice skills inherent in relationship-based, strengths-focused intervention and be relevant to local context. NFP supervisors need additional education to ensure that they develop the necessary competencies for their unique role.
- Over time, additional NFP education will also need to be provided to update and maintain competence in long-standing NFP nurses and supervisors
- Clinical governance responsibility so that NFP reflects best practice within each country on issues such as child protection, child and maternal health clinical practice and professional regulation
- Providing on-going opportunities for reflection, problem solving and learning through communities of practice
- Ensuring a system is in place for on-going clinical consultation and reflective supervision/coaching (for supervisors and nurses) on practice issues as they relate to the NFP model.
- Adapting and updating visit-to-visit guidelines and materials for the country on an ongoing basis in relation to new maternal or child health research evidence and in response to nurse feedback
- Aligning and embedding NFP nursing practice and education within national systems of accreditation, service provision, professional regulation, governance and education
- Developing increased capacity for self-sufficiency and sustainability in education and coaching as the program grows
- Implementing new program augmentations as they are developed, amended as required for local context

c. Service development and organisational support

Successful local implementation in expansion depends on the commitment, understanding and capacity of local agencies and communities. The NIT is expected to support local agencies by having systems and processes for:

- Assessing local readiness to implement NFP
- Supporting preparation and planning in local areas, including ensuring that NFP is embedded within local services for children and families
- Ensuring that local implementing agencies have the understanding required to employ and support NFP teams
- Establishing local community advisory boards
- Providing on-going support on managing the program within the local context
- Providing collaborative annual reviews of site progress and quality and supporting development of local quality improvement strategies
- Supporting plans for ongoing sustainability of the local program.

d. Information monitoring and analysis

The NIT team needs a system for monitoring program fidelity. This function includes:

- Commissioning and/or managing an information system (which ideally includes an e-documentation system) with the capacity to collect and analyse the data needed for high quality program replication and as required by UCD for monitoring the program and completing the annual report.
- Minimising the administrative burden on nurses
- Producing valid and reliable reports that are meaningful to nurses and supervisors, and enable comparison between areas
- Assisting sites to develop the skills necessary to analyse data for their own service provision enhancement
- Monitoring national and individual site data and engagement with implementing agencies regarding local progress against fidelity goals, to ensure that quality improvement issues are identified, and actions plans to develop these are progressed.
- Analysing trends, emerging patterns, local variations and anomalies in national data and undertaking further analytical work to draw conclusions, using this learning to establish additional, themed, quality improvement work, as necessary

e. Research

Large scale replication of the program is expected to follow the positive findings of a large scale research trial, but may begin prior to that if conditions are favourable.

Following the large scale research, this function will ideally include:

- Developing a national research strategy and oversee the NFP research program
- Identifying areas for research from the NFP information system and via learning from the communities of practice
- Establishing relationships with research leaders in their country
- Collaborating with the PRC team at UCD to develop and test programme augmentations
- Collaborating with local/national researchers to support further national evaluation of NFP new developments
- Contributing to an international forum identifying international research priorities for NFP and working collaboratively with NITs on new research projects

f. Strategic leadership and policy

We have learnt that government commitment and policy support for NFP is essential for sustainability at scale and resourcing the program. Ideally a Government representative will act as the license holder. This function includes:

- Creating and communicating the vision and strategic plan for NFP in their country
- Working with Government to promote maternal and child health evidence based programs and support best use of funds

- Ensuring broad based, bi-partisan policy support for NFP, its principles, practices and implementation requirements
- Securing sustainable financing and workforce development for NFP
- Securing sustainable funding for the NIT and be assured of its efficiency and effectiveness

g. System and community integration

It is important to establish how NFP fits within the country's wider child and maternal health services and professional context. This function includes:

- Building collaborative relationships and share learning with child health experts and leaders
- Establishing a national advisory group to bring in additional expertise and involve key players in the development of NFP in their country
- Participating in national policy, professional and practice developments
- Securing the NFP implementation team's position and reputation within national context
- Communicating to increase public awareness and increase visibility of the program at the local and national levels.
- Providing materials to other agencies and stakeholders to increase understanding of NFP
- Sharing learning from NFP Implementation and be receptive to wider learning from aligned practitioners working with children and families

5. Quality assurance of the work of the national implementation team

NFP implementation teams will wish to develop their own systems for evaluating their progress in managing their various functions. The following are some suggested ways of doing this:

- a. Monitoring the quality of program replication through NFP information system
- b. The UCD annual report which reviews the quality of replication and national implementation functions as part of the licensing process
- c. Feedback from stakeholders who experience the services provided by the team, e.g. local leaders and other agencies, NFP supervisors and nurses
- d. On-going and one-off evaluations of specific aspects of implementation work to assess impact, acceptability, cost-effectiveness and relevance to local context of the:
 - Education program
 - Coaching system
 - Service development
 - Information system
- e. In-depth analysis of major program incidents such as maternal and child deaths
- f. Assessing NIT competencies through team and individual reviews

References:

ⁱ Halle T, Metz A, Martinez-Beck I Eds. (2013) Applying Implementation Science in Early Childhood Programs and Systems Baltimore: Brookes

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- ⁱⁱⁱ Metz, Halle, Bartley and Blasberg (2013) The key components of successful implementation. In Halle T, Metz A, Martinez-Beck I (Eds.) *Applying Implementation Science in Early Childhood Programs and Systems* Baltimore: Brookes
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