Nurse-Family Partnership

Helping First-Time Parents Succeed®

NFP Implementing Agency Orientation Packet

A guide for new agencies implementing the Nurse-Family Partnership program

2014

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Welcome and Introduction

Dear Colleague,

Welcome to Nurse-Family Partnership! Nurse-Family Partnership (NFP) is serving clients across the United States and has educated over 1,500 professional nurses in this unique and effective model - an intervention that is bringing benefits to thousands of vulnerable families. We are pleased to have *you* become part of our national effort!

Although Nurse-Family Partnership is being implemented throughout the country, *your effort* is the one we want to focus on now. We want you to get off to a strong start in your work with NFP, and to have the support you need to implement and sustain a high-quality program.

The Nurse-Family Partnership National Service Office (NFP NSO) team brings a wealth of experience to this new venture. This collective team experience will facilitate your work as you embark on implementation of Nurse-Family Partnership, a dynamic and proven home visitation program.

The information included in this packet is designed to guide new implementing agencies in meeting four important goals during the orientation period - a period that will, in most cases, last four to six weeks. The goals to be met are:

- Become knowledgeable about Nurse-Family Partnership.
- Prepare your facility for implementing Nurse-Family Partnership.
- Hire staff and lay the foundation for building a strong Nurse-Family Partnership team.
- Begin building the community partnerships needed to sustain Nurse-Family Partnership within your agency.

We wish you the best during your orientation period and hope this packet of materials will be a helpful resource. If you have any comments or questions about the packet, you may contact the NFP National Service Office at 1-866-864-5226 and ask for your assigned NFP contact, or call your contact directly.

Nurse-Family Partnership
National Service Office Staff

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*These forms may be updated from time to time. Refer to the NFP Community on www.nursefamilypartnership.org for the most current version.

Keys to Successful Implementation of Nurse-Family Partnership

The Critical Role of Local Administration

Putting Research into Practice

Nurse-Family Partnership (NFP) offers states and communities one of the most promising approaches developed for helping low-income, first-time families succeed. NFP draws its strength from an extensive body of rigorous research conducted over more than a thirty-year period. The research demonstrates that NFP makes significant and sustainable differences in the lives of vulnerable families.

The challenge in implementing NFP is ensuring that this proven research model functions equally well in practice, given the reality that research-based programs can be diluted or compromised when scaled up in the "real world." Preventing this compromise from occurring as NFP expands is of the highest importance.

The success of NFP depends on preserving its clinical integrity, and this integrity is achieved directly through nurse home visitors who are skilled in establishing therapeutic relationships and who become proficient in the application of the model. The key elements in nurse home visitor success in implementing NFP are:

- Full participation in the NFP Initial Educational program (i.e., completion of all written, online, and in-person educational offerings)
- Relationship-based clinical supervision
- Administrative and agency support
- Community support

While many stakeholders are involved in assuring these conditions are met, *primary responsibility for NFP success lies with local administrators of the program.* Administrators play a critical role in facilitating an organizational environment that supports NFP implementation within the agency in promoting the benefits of the program to the wider community and to state policymakers and funders who invest in the program's development.

Administrators and nurse supervisors need specialized knowledge and skills to manage NFP effectively. They need to give themselves time to understand the program, and to determine what will be required to facilitate the implementation of a successful program. NFP works best when administrators are open to the possibility of modifying their own practices (e.g., allowing for flexible work schedules, understanding and participating in reflective practice) to make NFP a sustainable success in their communities.

To support this critical role, Nurse-Family Partnership National Service Office has developed Administrator Orientation. This course is offered quarterly at the National Service Office. This 2-day orientation is a critical first step to support administrators who oversee the Nurse-Family Partnership Implementation. Administrators are also encouraged to attend the National Symposium held annually for all Supervisors and Nurse Consultants.

The Uniqueness of Nurse-Family Partnership

The NFP model draws from three distinct strands of theory: *human ecology*, *self-efficacy* and *attachment*. These theoretical strands, woven together within a professional nursing framework, produce a unique program of great depth, breadth and vitality.

Human ecology theory. This theory holds that parents' care of their babies is influenced by the larger social context in which they live, including relationships with other family members, friendship networks, neighborhoods, communities, and cultures. The NFP model acknowledges the impact of these various elements while helping parents negotiate and regulate their environments.

Self-efficacy theory. This theory is rooted in the notion that persons are more likely to engage in a desirable behavior if they believe the behavior will produce a desired outcome *and* if they believe they can successfully carry out that behavior to achieve that outcome. The NFP model helps parents set realistic goals and bolsters parents' confidence in their ability to reach those goals, (e.g., avoiding or stopping risky behaviors, engaging in healthy behaviors, and/or coping with challenging situations).

Attachment theory. This theory proposes that children who receive sensitive and responsive parenting are more likely to grow up to become sensitive and responsive parents themselves. The NFP model promotes nurturing parenting through a variety of direct teaching methods and via the supportive and caring relationships nurse home visitors establish with parents.

Administrative Qualities that Promote NFP Success

Human ecology, self-efficacy and attachment theories are specifically and explicitly embodied in the *NFP Visit-to-Visit Guidelines*. The three theories provide the framework for nurses' understanding of NFP – both its values and its methods. In successful programs, this understanding is reinforced by the larger environment in which nurses operate. NFP works best when program theories are reflected in program administration in the following ways:

- Program administration helps assure that the work conditions and professional relationships on which NFP Nurse Home Visitors depend are supportive.

  Nurse home visitors' success in the implementation of the model is impacted by a variety of direct and indirect relationships that shape the environment in which they work. Direct relationships include those with supervisors, administrators, other supporting agency departments, NFP referral sources, and community agencies that provide services to program participants. Indirect relationships include agency executives not directly involved in the program; funders; other community home visitation programs; and community opinion leaders. Administrators are responsible for assuring that these relationships are managed in ways that enable the program to function as designed.

- Program administration reinforces nurse home visitors' and nurse supervisors' beliefs in the value of NFP and their ability to become and remain competent implementers of the model.

  The practice environment is a critical factor in the recruitment and retention of registered nurses. NFP is a complex model in which nurses become increasingly proficient over time. It is a dynamic program that continually creates new opportunities for staff to learn and improve performance. Administrators support the program by cultivating an organizational culture that rewards ongoing learning and growth, as well as effective, efficient, safe, and

quality nursing services. Further, staff performance expectations should be consistent with a developmental approach to program implementation – staff will be novices at first, becoming more and more expert given time and experience.

- Program administration demonstrates consistent concern for the well-being of NFP Nurse Home Visitors and their NFP Nurse Supervisors, and is accountable to ensure the competence of registered nurses and their ongoing professional growth and development. NFP staff need consistent, reliable support from the administrators for whom they work. Nurse home visitors and supervisors need to know that administrators recognize the nurses are autonomous, licensed healthcare providers who govern their practice and are empowered to deliver this evidence-based program. The administrator provides leadership in the allocation of human, material, and financial resources as well as in critical thinking, problem solving, managing conflict, and addressing ethical issues.

While the above principles do not describe all aspects of NFP administration, they do provide guidelines that will help promote program success.

Effective Program Supervision: It's All About Relationships

Key Relationships

The NFP Nurse Supervisor plays a pivotal role in program implementation and success, and the most *effective* supervisors are those skilled at building and sustaining relationships. They are able to influence the behavior of the following key groups to achieve the expected program outcomes:

- *Implementing agency personnel*: Supervisors build relationships with agency personnel, including administrators, fiscal staff, and healthcare colleagues, to help ensure internal agency support for NFP staff and clients.
- *Community partners*: Supervisors forge relationships with community organizations to help generate program referrals *and* to develop a safety net of resources to meet client needs.
- *Funders* and other stakeholders: Supervisors develop relationships with groups that provide funding or have the potential to provide funding for NFP to help ensure sustainability of the program.
- *NFP staff:* Supervisors build strong, supportive relationships with NFP staff to help them excel in the delivery of the program and to strengthen staff potential for helping clients achieve the outcomes realized in the randomized, controlled trials of NFP.

The Parallel Process

The parallel process is a concept of interconnecting relationships between the supervisor/home visitor, home visitor/client, and the client/infant dyads. Because of this interconnecting structure the interactions and emotions in any of these relational systems are recreated in the others.

The parallel process can be described as multi-directional wherein emotional events in any of these dyads will be mirrored in the other dyads. These parallel process events can either strengthen relationships or create issues in them. For example, an inconsolable infant can result in its mother feeling inadequate. This sense of inadequacy is communicated to the home visitor, who then experiences herself as inadequate. This feeling is then experienced in the reflective practice arena

where the home visitor feels that her supervisor is inadequate. Conversely, if a client achieves a significant success in regulating her baby so it can sleep through the night, she will experience an increase in self-efficacy. This will cause her to see her home visitor as efficacious and skillful. This sense of efficacy will become a hallmark of the home visitor/client relationship and will be mirrored in the home visitor/supervisor relationship where the supervisor will be seen as efficacious.

Working with the dynamics of the parallel process requires awareness on the part of the supervisor and the home visitor of their own issues and the kinds of situations that trigger them. A reflective practice environment characterized by safety and trust allows supervisors and home visitors to examine their own issues and how they affect therapeutic relationships. Without trust they may become defensive about examining such issues.

Characteristics of Relationship-Based Organizations

A relationship-based organization is one in which strong, supportive relationships exist among staff and between staff and the families they serve; and these relationships form the foundation for all the work that is done.[i] In such settings, organizational structure, mission, and supervisory style all support relationship-building efforts.[ii]

In our experience, organizations with certain attributes create relationship-based environments. These attributes are:[3]

- Mutually shared goals – combines talents and creativity to achieve client, team and program goals
- Commitment to growth and change – questions the status quo and makes growth-enhancing changes
- Reflective practice – promotes learning from experience through self-reflection and mentoring from supervisor and colleagues
- Respect for individuals – promotes acceptance of team members' and clients' strengths and vulnerabilities
- Sensitivity to context – acknowledges that the environment influences the individual and the individual influences the environment
- Open communication – values others' thoughts, ideas and feedback
- Setting standards – team members develop standards/norms that promote professional excellence and expertise

Not all NFP implementing agencies are characterized by a relationship-based organizational culture, but supervisors can strive to implement RBO principles within the NFP team. When teams successfully model this style, others take note of their success. Some NFP Nurse Supervisors have been able to teach and mentor management colleagues in RBO principles, leading to improvements in the culture of the larger organization.

Support for Nurse Supervisors

Given the critical role of NFP Nurse Supervisors in program success, all nurse supervisors must attend to their own growth and development and know where to find help when they need it. The National Service Office of Nurse-Family Partnership is a key resource for supervisors providing the following services to communities in implementing and sustaining this program:

- Program implementation support;
- Education of nurse home visitors and nurse supervisors and ongoing clinical support;
- Agency management and operations support;
- Evaluation, reporting and quality improvement systems and support designed to ensure quality services and progress toward program goals;
- Federal policy and program financing support;
- Marketing and community outreach resources;
- NFP Community, the password protected portion of the national website: www.nursefamilypartnership.org, for sharing and discussing ideas.

Professional engagement with nursing directors or other administrative staff within their agencies is critical to the ongoing support of the nurse supervisor. Supervisors will also receive regular help from their NFP Nurse Consultant and in some states, their State Nurse Consultant. Additionally, another NFP Nurse Supervisor or a peer from a community agency can provide a sounding board for sharing both challenges and ideas for growth. Supervisors benefit greatly from at least monthly consultation with an experienced *other*. The parallel process is most effective when supervisors receive the support they need.

Nurse-Family Partnership Model Elements

When the program is implemented in accordance with these model elements, NFP implementing agencies can have a reasonably high level of confidence that results will be comparable to those measured in research. Conversely, if implementation does not incorporate these model elements, results may be different from research results.

Clients

Element 1 **Client participates voluntarily in the Nurse-Family Partnership program.**
Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal system that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any other pressure to enroll.

Element 2 **Client is a first-time mother.**
First-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change a woman is feeling vulnerable and more open to support.

Element 3 **Client meets low-income criteria at intake.**
The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it's better to focus the program on low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for low-income clients in the context of their own community for their target population.

Element 4 **Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.**
A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. It is recommended that only one pre-enrollment visit be provided. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

Intervention Context

Element 5 **Client is visited one-to-one: one nurse home visitor to one first-time mother/family.**

Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship.

Some agencies have found it useful at times to have other nurses on their team to accompany the primary nurse home visitor for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care.

The addition of group activities to enhance the program is allowed, but can not take the place of the individual visits and can not be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 **Client is visited in her home.**

The program is delivered in the client's home, which is defined as the place where she is currently residing. Her home can be a shelter or a situation in which she is temporarily living with family or friends for the majority of the time (i.e., she sleeps there at least four nights a week). It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in their home and the visit needs to take place in other settings. But whenever possible, visiting the client and child in their home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges.

Element 7 **Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership guidelines.**

Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may adjust the frequency of visits and visit in the evening or on weekends. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

Expectations of Nurses and Supervisors

Element 8 **Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.**

When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities taking into consideration the nurses' experience and education. The BSN degree is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire BSN-prepared nurses or may find well prepared nurses that do not have a BSN. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. **Agencies and supervisors should seek consultation on this issue from their nurse consultant.**

Element 9 **Nurse home visitors and nurse supervisors complete initial educational sessions required by the Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the NFP Model.**

It is the policy of Nurse-Family Partnership National Service Office (NFP NSO) that all nurses employed to provide NFP services will attend and participate in all NFP Initial Education sessions in a timely manner, as defined by NFP NSO policy and the NFP NSO contract. Nurse home visitors and nurse supervisors will deliver the program with fidelity to the model. Fidelity is the extent to which implementing agencies adhere to the model elements when implementing the program. Implementing these components provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials.

Application of the Intervention

Element 10 **Nurse home visitors, using professional knowledge, judgment and skill, apply the NFP Visit-to-Visit Guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.**

The NFP Visit-to-Visit Guidelines are tools that guide nurse home visitors in the delivery of program content. Nurse home visitors use strength-based approaches to work with families to individualize the NFP Visit-to-Visit Guidelines to meet the client's needs. The domains include:

1) Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2) Environmental Health (home; work; school and neighborhood)
3) Life Course (family planning; education and livelihood)
4) Maternal Role (mothering role; physical care; behavioral/emotional care of child)
5) Friends and Family (personal network relationships; assistance with childcare)
6) Health and Human Services (linking families with needed referrals and services)

Element 11 **Nurse home visitors apply the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.**

The underlying theories are the basis for the Nurse-Family Partnership Program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Initial Education Sessions. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice.

Element 12 **A full-time nurse home visitor carries a caseload of no more than 25 active clients.**

Full time is considered a 40-hour work week. Agencies may have a different definition for full time, and should pro-rate the nurse's caseload accordingly. At least half-time employment (20-hour work week) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

Active clients are those who are receiving visits in accordance with the NFP Visit-to-Visit Guidelines and the plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits. Agencies can establish their own policies regarding a timeframe for discharging missing clients. It is expected that supervisors will work with their nurse home visitors to monitor caseloads and utilize the program to serve the number of families they are funded to serve. The contract between the NFP National Service Office and the Implementing Agency states that the Agency will:

1) Ensure enrollment of 23 to 25 first-time mothers per full-time nurse home visitor within nine - twelve months of beginning implementation; and
2) Ensure that each nurse home visitor carries a caseload of not more than 25 active families; and
3) Maintain the appropriate visit schedule.

Reflection and Clinical Supervision

Element 13 **A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors.**

Full time is considered a 40-hour work week. It is expected that a full-time nurse supervisor can supervise up to eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional administrative, clerical and interpreter staff. Refer to the sample supervisor job description found in the *Implementing Agency Orientation Packet*. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual

nurse home visitors. Though NFP discourages smaller teams, even teams with less than four nurse home visitors still require at least a half-time supervisor. Existing teams that are already in place but do not meet these expectations should consult with their nurse consultant.

Element 14 **Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.**

To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1) One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including management of her caseload and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor education sessions. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

2) Case conferences: Meetings with the team dedicated to joint review of cases, Efforts to Outcomes (ETO™) data reports and charts using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.

3) Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or as needed for team meetings. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

4) Field supervision: Every four months the supervisor makes a joint home visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day, charting skills, as well as her home visit, time and case management skills. After joint home visits with a supervisor and nurse, a Visit Implementation Scale is completed and discussed.

Program Monitoring and Use of Data

Element 15 **Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity.**

Data are collected, entered into the ETO software and subsequently used to address practice. Data are utilized to guide improvements in program implementation and demonstrate fidelity. The ETO reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize their data.

Agency

Element 16 **A Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.**

An Implementing Agency is an organization committed to providing internal and external advocacy and support for the NFP program. This agency also will provide visible leadership and passion for the program in their community and assure that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 17 **A Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program and to promote program quality and sustainability.**

A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program over time. The agency builds and maintains community partnerships that support implementation and provide resources. If an agency can not create a group specifically dedicated to the Nurse-Family Partnership program, and larger groups are in place that have a similar mission and role dedicated to providing services to low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. It is essential that issues important to the implementation and sustainability of the NFP program are brought forward and addressed as needed.

Element 18 **Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.**

Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for NFP staff, as well as entering data and maintaining accuracy of ETO reports. This resource is critical to ensuring administrative support and accuracy of data entry, allowing nurse home visitors time to focus on their primary role of providing services to clients. NFP Implementing Agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office ETO database on a timely basis.

References

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Olds, D., Hill, P., O'Brien, R., Racine, D., & Moritz, P. (2003) Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10,* 278-290.

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Support from the NFP National Service Office

The Nurse-Family Partnership National Service Office provides support to help the Implementing Agency prepare to implement the program, including:

- Informational materials regarding:
  - Selecting and setting up the work space.
  - Establishing minimum telecommunications and computer capabilities.
  - Recruiting and hiring NFP Nurse Supervisors, Nurse Home Visitors, and administrative support staff.
  - Establishing a network of referral sources who may refer low-income, first-time mothers to agency.
  - Facilitating enrollment of clients.
  - Establishing a network of social and healthcare services that can provide support to NFP clients.
  - Working with media to promote community awareness of program.
  - Informing the community and building support for the agency and NFP Program.
  - Establishing strong, stable, and sustainable funding for the agency operations.
- An online module for you and your staff on the process of gathering and recording the clinical and program indicator data for your clients.
- An ETO User and Data Collection Manual which will provide specific information on accessing, entering data and generating reports in ETO.
- Access to a web-based discussion with others implementing NFP.
- A visit to the implementing agency by NFP NSO staff to offer direct consultation on program implementation.

The Nurse-Family Partnership National Service Office provides ongoing support via telephone and email during program development and implementation and operation, including:

- Consultation on topics such as developing community support, keeping interested constituencies informed about progress and results, quality improvement, planning and implementing expansion, and sustaining and increasing funding.
- Clinical nursing and quality improvement consultation for supervisors and nurse home visitors.
- Consultation regarding data collection, entry, management, and interpretation.
- Onsite QI, nursing or organizational consultation as is mutually deemed necessary and appropriate.

The Nurse-Family Partnership National Service Office provides a series of NFP Initial Education sessions. Descriptions of all NFP Initial Education Sessions and a schedule of

upcoming education events and locations are on the NFP Community and outlined in this packet. **From time to time it is necessary for NFP to modify the specific names, descriptions, and content of education programs, as well as their schedules and locations. Implementing Agency staff will be informed of such modifications on a timely basis through the monthly communication.**

NFP provides education to nurse supervisors and nurse home visitors at dates and locations to be determined by the NFP National Service Office. NFP Initial Education covers the following topics:

- The Program, Program Benefits, and Model Elements.
- Use of the ETO; including data collection, entry, management, and interpretation.
- Implementation of the program for mothers who are pregnant.
- Implementation of the program for mothers whose child is an infant.
- Implementation of the program for mothers whose child is a toddler.
- Supervisory knowledge and skills.
- Other aspects of the program that NFP believes are warranted for successful program implementation.

NFP National Service Office provides *NFP Visit-to-Visit Guidelines*
NFP provides NFP Visit-to-Visit Guidelines and other materials to help nurse supervisors and nurse home visitors implement the program with fidelity to the Model Elements. NFP may modify the NFP Visit-to-Visit Guidelines from time to time and will provide agencies with access to updated versions on a timely basis.

NFP provides support for the Implementing Agency's use of the data collection system, including:

- Monitoring the agency's data collection, entry activity, quality, and providing feedback as appropriate.
- Maintaining and supporting the ETO software.
- Upgrading the ETO software when deemed necessary by NFP.
- Technical assistance via telephone or e-mail to support use of ETO.

NFP National Service Office provides program implementation and outcome reports.
NFP provides program implementation and outcome reports to meet the needs of an implementing agency. All NFP implementing agencies have access to their reports in the Efforts to Outcome (ETO™) software. Questions about ETO and reports are addressed in the ETO User and Data Collection Manual and FAQ's online. There is additional support offered by Technical Support at tech.support@nursefamilypartnership.org

Reports downloaded from the ETO website are available on demand and provide information about the agencies program delivery, clients served and outcomes. These reports provide details such as client demographics, the frequency and content of home visits for each family, caseload information by Nurse home visitor, reasons participants have dropped out of the program and reports that provide detail on outcomes for mothers and children. Examples of these outcomes include changes in maternal health habits during pregnancy, birth outcomes, immunization rates and breastfeeding

rates. The mother's life course development is also considered, including rates of subsequent pregnancies and changes in work, school enrollment, marital status and use of public assistance programs. Implementing agencies can obtain this information from the ETO website on demand.

NFP National Service Office provides marketing and communications resources.
A network of community support and awareness is vital to ensuring Nurse-Family Partnership's success and sustainability over time. It is valuable to recognize this and to have a process established that ensures your state and community key stakeholders are informed and involved with your program's implementation.

Printed copies of the NFP Community Relations Guide are given to all Supervisors and Administrators. You may also access the content on the **NFP Community > Agency Support > Marketing & PR**. This is also where you will find the online order form for marketing materials including posters, brochures, folders, health fair bags and referral kits.

The Guide will help you cultivate and maintain strong relations with the constituents that are essential to your ongoing success: local champions and advocates, funders, the media, legislators, client families and more. It is designed to assist you in navigating the many NFP marketing and public relations tools that are provided, at no charge, by the National Service Office, as well as in creating your own within approved and consistent NFP brand guidelines. It will let you know what the resources are, and how best to use them at the proper time.

Following are chapters from the NFP Community Relations Guide for your reference:

- Overview
- Welcome/Intro Letters
- NSO Contacts for Community Relations
- A Quick Assessment of Your Community Relationships
- NFP Public Website, NFP Community Website & Social Media
- Connecting with Your Community – Outreach
- Connecting with Your Community – Events, Program Launch, Home Visits, and Conferences, Trade Shows and Health Fairs
- Client Recruitment
- Nurse Recruitment
- Media Relations & Frequently Asked Questions
- Connecting with Your Community – Advocacy
- Logo and Photo Usage

Introduction to NFP Nursing Initial Education and Program Materials

The NFP National Service Office provides a significant amount of education for nurse supervisors and nurse home visitors. New NFP nurses spend much of the first year learning the essentials of the NFP model. PIPE training is integrated with what is termed NFP Initial Education (see next page); however, each agency is responsible for ordering their PIPE materials. *NFP Visit-to-Visit Guidelines* for each program phase (Pregnancy, Infancy, and Toddlerhood) are provided for each nurse. One set of *NFP Facilitators* (full color client handouts) for Pregnancy, Infancy and Toddlerhood are provided per agency. These sets are mailed to the agency as part of the start-up process. Both the *NFP Visit-to-Visit Guidelines* and *NFP Facilitators* can be found online at NFP Community > Nursing Practice > Guidelines for each home visit.

In addition to using NCAST, PIPE, and materials provided at education sessions, Implementing Agencies are asked to purchase and use child developmental screening tools. NFP National Service Office *strongly* recommends the use of *Ages & Stages Questionnaires (ASQ).* Ages & Stages offers two sets of tools: one to assess a child's general development (known simply as Ages & Stages Questionnaires, or ASQ), and another to assess a child's social and emotional development (Ages & Stages Questionnaires: Social Emotional or ASQ: SE).

Another resource is a book on team building entitled *When Teams Work Best*. Portions of this book are also discussed at NFP Initial Education Supervisor Unit 4. Suggested uses for the book are identified in the section of this packet entitled *Laying the Foundation for a Strong NFP Team.*

The below table provides detail on NFP Initial Education, program materials, and order forms as outlined in this chapter.

[i] Parlakian, R. (2001). *Look, listen, and learn: Reflective supervision and relationship-based work*, Washington, DC: Zero to Three, p. 4.
[ii] Ibid, page iii
[3] Bertacchi, J. (1996). *Relationship-based organizations.* Zero to Three*, 17(2),* pp. 1, 3-7.

Table 1
Required NFP initial Education Overview

Nurse Home Visitor Initial Education Track

NFP Unit 1
Approximately 40 hours of self-study completed prior to Unit 2 attendance that includes:

- Unit 1 workbook
- *Using the NFP Visit-to-Visit Guidelines* and *Unit 1 Assessment* online modules

NFP Unit 2

- In-person education session

NFP Unit 3

- Started post-Unit 2
- Three online modules completed over a 6-month period

Supervisor (and Consultant) Initial Education Track

NFP Supervisor Unit 1
Online modules completed prior to Supervisor Unit 2

NFP Unit 1
Approximately 40 hours of self-study completed prior to Unit 2 attendance that includes:

- Unit 1 workbook
- *Using the NFP Visit-to-Visit Guidelines* online module

NFP Supervisor Unit 2
Webinars completed in conjunction with consultation
Course work to be completed prior to attending Supervisor Unit 4

NFP Unit 2

- In-person education session

NFP Supervisor Unit 3

- Online module(s) completed prior to attendance at Supervisor Unit 4

NFP Unit 3

- Online modules completed over a 6-month period

NFP Supervisor Unit 4

- In-person education session
- Attendance approximately 6 months after attending Unit 2

NFP Initial Education Fees (as listed in the Implementing Agency Agreement) cover all education fees except NCAST and ASQ. Materials for PIPE, NCAST and ASQ are not covered in NFP fees. Please see Tables 2, 4 and 5 for complete information on NCAST and ASQ trainings that supplement the required NFP Initial Education specified above. To obtain NCAST instruction and costs, please contact your local NCAST Instructor by calling NCAST at 206-543-8528 or going to their website, www.ncast.org. To obtain ASQ instruction and costs, please go to their website, www.agesandstages.com.

Table 2
Required NFP Initial Education Details

Standard Curriculum	Timing	Delivery Methods	Content
Nurse-Family Partnership Initial Education: Supervisor Unit 1 Required for Nurse-Family Partnership Supervisors and Nurse Consultants.	Prior to attendance at Nurse-Family Partnership Initial Education: Unit 2.	Self-directed distance learning course, comprised of individual lessons.	Topics include: • Orienting to NFP • Implementing Agency Setup, Contract & Budget • Documentation for Supervisors • Establishing a Referral Network • Nurse Recruitment, Hiring & Retention
Nurse-Family Partnership Initial Education: Supervisor Unit 2. Required for Nurse-Family Partnership Supervisors and Nurse Consultants.	Prior to and after attendance at Nurse-Family Partnership Initial Education: Unit 2.	Webinars, comprised of individual lessons intended to provide deeper knowledge and provide an opportunity to discuss topics with other new supervisors. These webinars are led by members of the Nursing team and are provided as just in time learning.	Topics include: • Orienting to NFP • Implementing Agency Setup, Contract & Budget • Documentation for Supervisors • Establishing a Referral Network • Nurse Recruitment, Hiring & Retention

Standard Curriculum	Timing	Delivery Methods	Content
Nurse-Family Partnership Initial Education: Unit 1 UNIT 1 WORKBOOK Required for all participants attending the Unit 2 in-person education session. --- *Using the NFP Visit-to-Visit Guidelines* online module ---	Approximately 40 hours of self -study curriculum. Curriculum must be completed and self assessment returned to Nurse-Family Partnership National Service Office prior to attending Nurse-Family Partnership Initial Education: Unit 2 (in-person education session) in Denver. ---	Printed, bound workbook sent to the Implementing Agency upon nurse registration with the Nurse-Family Partnership National Service Office for Nurse-Family Partnership Initial Education: Unit 1. Necessary materials needed to complete the workbook include: • *Pregnancy, Infancy* and *Toddler NFP Visit-to-Visit Guidelines* (mailed directly to supervisor upon registration for Unit 2, one set for each nurse home visitor and supervisor) • *Pregnancy, Infancy* and *Toddler Facilitators* (mailed directly to supervisor upon registration for Unit 2, one set for each NFP team) • ETO User Manual and Data Collection Manual (found online at NFP Community>Quality>Efforts-to-Outcomes (ETO) ---	These chapters provide foundational information about Nurse-Family Partnership and the NFP approach to working with low income, first time mothers. Introduction, Overview Chapter 1: History, Evidence and Theories Chapter 2: Excellence in NFP Nursing Practice Chapter 3: Human Ecology Theory Chapter 4: Attachment Theory Chapter 5: Social Cognitive Theory and Self-Efficacy Chapter 6: Content Domains Chapter 7: Client Centered Principles Chapter 8: Maternal Role Chapter 9: PIPE Chapter 10: Therapeutic Relationships Chapter 11: Motivational Interviewing Chapter 12: Reflection in Practice Chapter 13: Structure of the Visits and *NFP Visit-to-Visit Guidelines* Chapter 14: Strategies for Initiating Successful Home Visiting Chapter 15: Information Gathering & Reporting *Appendix* ---

Standard Curriculum	Timing	Delivery Methods	Content
Nurse-Family Partnership Initial Education: Unit 2 Required for all Nurse-Family Partnership Supervisors, Nurse Home Visitors and Nurse Consultants.	After completion of Nurse-Family Partnership Initial Education Unit 1 coursework.	In-person classroom delivery with interactive, participant involvement for skill building and integration of information on the essentials of the Nurse-Family Partnership model. Session begins on Monday evening and continues though Friday at noon.	Delivered to reinforce and deepen knowledge, understanding and skill development of information introduced in Unit 1. Topics include client-centered principles, Therapeutic Relationships, Cultural Responsiveness, reflection in practice, Motivational Interviewing, building self efficacy, the six domains with emphasis on maternal role, NFP Visit-to-Visit Guidelines over the course of pregnancy, infancy and toddlerhood, structure of a visit, the connection between data collection and outcomes, and Partners in Parenting Education (PIPE). Interactive elements and skill application assessments included throughout the session.
DANCE (Dyadic Assessment of Naturalistic Caregiver-Child Experiences) Education	**This is arranged by the implementing agency.** The implementation schedule for the DANCE will be determined by sites' readiness and desire for DANCE training, available funding, and trainer availability.	Self-study pre-work and 3-day in-person education with DANCE-certified instructor.	parent-child interaction assessment to identify parents' strengths and help guide parental interventions between parent and infant
NCAST Keys to Caregiving (Required) (6-8 hours)	**	Video, self-directed study guide, support from supervisor and/or NCAST instructor.	Dimensions of newborn states, cues, and behaviors that caregivers need to know.
NCAST Beginning Rhythms and Sleep Activity Record (Required)	Recommended timing is after Unit 2.	Self-directed learning model and peer coaching Small Manual purchased from NCAST, may be formally reviewed by NCAST instructors www.ncast.org	How pregnant women and infants regulate their sleep/wake cycles and develop other patterns. Strategies the nurse can use to promote good regulation in babies and pregnant women.
Nurse-Family Partnership Initial Education: Supervisor Unit 3. Required for Nurse-Family Partnership Supervisors and Nurse Consultants.	Must be completed prior to attending Supervisor Unit 4.	Self-directed distance learning course, comprised of individual lessons.	Includes: • Community Advisory Board

Standard Curriculum	Timing	Delivery Methods	Content
Nurse-Family Partnership Initial Education: Unit 3 Required for all Nurse-Family Partnership Supervisors, Nurse Home Visitors and Nurse Consultants.	Access given after completion of Nurse-Family Partnership Initial Education: Unit 2. Must be completed in 6 months.	Self-directed distance learning course, comprised of individual lessons.	Online topics include: • Early Emotional Development: Temperament • Fidelity & Model Elements • Motivational Interviewing
Nurse-Family Partnership Initial Education: Supervisor Unit 4. Required for Nurse-Family Partnership Supervisors and Nurse Consultants.	Approximately 4 – 6 months after completion of Nurse-Family Partnership Initial Education Supervisor Unit 2 and Supervisor Unit 3 Supervisors have up to six months to complete the distance education following the in-person session.	Part A - In-person 3-day classroom delivery with interactive, participant involvement for skill building and integration of information on the essentials of the Nurse-Family Partnership model for supervision. Part B – after completion of in-person sessions, 4 distance modules are required for completion of this course.	Topics include Successes & Challenges, Team Building, Model Elements, Using Reports to Monitor Practice, Building Caseload & Client Retention, Coaching and team building techniques using reflection and Motivational Interviewing skills. In addition, Supervisors will complete with their team and submit evaluations for 4 Team Meeting Education Modules.
Nurse-Family Partnership National Symposium Required for Nurse-Family Partnership Supervisors and Nurse Consultants. Administrators encouraged to attend	Annual education for NFP Supervisors	In-person classroom delivery with interactive, participant involvement for skill building and integration of information on the essentials of the Nurse-Family Partnership model for supervision.	Topics are determined each year based on Supervisor identified needs and input from NSO leadership.
Ages and Stages and Ages and Stages Social-Emotional Questionnaire	Recommended timing is after the first 6 months and before clients begin having babies.	Training DVD's that can be ordered through ASQ or a professional training seminar arranged through ASQ.	Child development screening tools

Refer to the NFP Community at http://community.nursefamilypartnership.org for the most current version of this table.

Table 3
Supplemental Learning Resources

The following resources are highly recommended as supplemental to NFP Initial Education. Many implementing agencies have added these books to their resource libraries and incorporated the learning material into ongoing professional development.

Resource	Suggested Timing	Type of Resource And Purchasing Information	Content
Home Visiting: Procedures for Helping Families, 2nd Edition, (2001) by Barbara Hanna Wasik and Donna M. Bryant	Useful to review as start building caseloads; especially beneficial for nurses new to home visitation, but could be helpful for all staff.	Informational reference book; purchase at a bookstore or at www.amazon.com, for approx. $70 (paperback)	Information on history and philosophy of home visiting, along with specific skills essential for home visiting, (i.e., helping families dealing with stressful situations, handling ethical and professional issues, assessment and documentation; and safety issues).
The Home Visitor's Guidebook: Promoting Optimal Parent and Child Development, 3rd Edition, (2008) by Carol S. Klass	Useful adjunct to NFP Initial Education as begin building caseloads.	Very helpful guidebook for home visitors; available at www.amazon.com for approx. $30 (paperback)	Practical strategies for building trust and maintaining boundaries with families, information on cultural diversity, emotional regulation, father involvement, understanding stages of child development and professional development.
Maternal Mental Health during Pregnancy (2001) by Joanne Solchany	Most helpful during the prenatal period with clients.	Important informational reference book; team members could share chapters; purchase through NCAST for $77	Theory related to critical issues in maternal role development, assessment and intervention NFP Visit-to-Visit Guidelines promoting maternal role and attachment, useful client handouts.
When Teams Work Best by Frank LaFasto, Carl Larson	Ongoing	Available on Amazon.com for approximately $40	6000 team members and leaders tell what it takes to succeed, team work and collaboration, abilities and behaviors of good team members, team relationships, team problem solving, effective team leadership and organizational environments.

Table 4
DANCE (Dyadic Assessment of Naturalistic Caregiver-Child Experiences) Education

What is the DANCE?

Successful promotion of competent caregiving requires that nurses have feasible, clinically useful, and valid tools to assess qualities of caregiver-child interactions so that such information can be used to target intervention. Through extensive review of the literature on caregiver-child interactions, existing caregiver-child interaction measures, reviews of papers and reports from the original Nurse-Family Partnership (NFP) trials to identify the parenting dimensions that the program is targeted at addressing, expert input, and guidance from the project's Advisory Committee (composed of NFP nurses, supervisors, and NFP state and national nurse consultants), and colleagues in the UK implementing the Family Nurse Partnership (as NFP is known in the UK), the DANCE was created to:

- Focus on core NFP caregiving competencies and behaviors,
- Guide developmentally appropriate observation of caregiving behaviors,
- Capitalize on the unique opportunity that NHVs have to view the caregiver-child relationship in natural settings over the course of a family's participation in the program, and
- Provide NHVs with information and resources that will readily support their work with families around the promotion of competent caregiving.

Why use DANCE?

- The DANCE has been developed to be a valid and reliable tool, be feasible to use in the context of home visitation, and be clinically useful for nurses working with families to support caregiving.
- The DANCE is a strengths-based assessment tool that has been developed to help nurses identify areas of strengths and areas for growth in their clients' caregiving behaviors. The DANCE provides users with a rigorously developed tool and education model designed to enhance nurses' delivery of the NFP program. The DANCE:
    - Deepens nurses' understanding of dyadic interaction;
    - Serves as a framework to guide intervention in the maternal role domain of the program; and
    - Offers opportunities for ongoing assessment over the course of the program to determine how the caregiver is developing his/her caregiving skills and supporting developmental shifts in the child.

The DANCE was developed in consultation with NFP/FNP nurse home visitors, supervisors, educators, and nurse consultants in the US and UK to ensure that the tool meets the needs of nurse home visitors and is feasible to use in the context of home visitation.

NCAST Beginning Rhythms

This book explains the importance of daily routines and patterns for new mothers and families, and discusses the significance of these patterns during pregnancy, early infancy, and childhood. As of December 2009, this is required by NFP.

NCAST Keys to Caregiving

This eight-hour self-study program introduces infant sleep/wake states, behaviors, infant cues, and the nurse-family relationship. As of December 2009, this is required by NFP.

Please contact NCAST at 206.543.8528 or on the web at www.ncast.org.

Table 5
Order Information for NCAST Materials

Item No.	Title / Description	Quantity	Weight In Lbs.
	Keys to Caregiving Program		
CSKI	Keys to Caregiving Package – 3 DVDs, 1 Facilitator Guide, 1 Learner's Study Guide, 5 pads parent handouts (100/pad)	1/agency unless borrowed	11.50
SG	Study Guide	1/nurse	.50
PB-SET	Parent Booklet Set – 5 pads of 100 booklets each	1/agency	6.25
PBSET-S	Spanish Parent Booklet Set – 5 pads of 100 booklets each	As needed	6.25
	Sleep Activity Program		
SAR	Sleep Activity Record (100/pad)	1/agency	1.25
PS	How to Promote Good Sleep Habits Parent Booklets (100/pad)	1/agency	1.25
BR	Beginning Rhythms Manual	1/agency	.50
	Personal Environment Assessments		
NET-SET	Network Survey Manual and Form (100/pad)	1/agency	1.50
	Promoting Mental Health during Pregnancy Program		
PMMH	Promoting Maternal Mental Health during Pregnancy	1/agency	4.00

To order:
Online store at http://www.ncast.org/index.cfm

NCAST-AVENUW
University of Washington, Box 357920
CHDD 110 South Building
Seattle, WA 98195-7920
Telephone: 206-543-8528
email: ncast@u.washington.edu

Table 6
Order Information for Additional Materials

Item Description	Contact Person	Amount Per Agency
Ages & Stages Questionnaires: 1) ASQ-3 2) ASQ: SE	Brookes Publishing 1-800-638-3775 Online at www.brookespublishing.com: click on 'Child Development' and/or 'Screening and Assessment'	1 set of each tool *plus* sets in Spanish if serving Spanish-speaking clients
Partners In Parenting Education (PIPE): Educator's Guide Activity Cards Parent Handouts Notebook (English) Parent Handouts Notebook (Spanish, if needed)	How To Read Your Baby 628 E Bridge St., Ste. 200 Brighton, CO 80601 Phone: (303) 655-9900 Fax: (303) 655-9907 Email: info@howtoreadyourbaby.org www.howtoreadyourbaby.com	1 Educator's Guide per nurse (if nurses occupy same office, could share a set per two nurses) 1 set Activity Cards, Parent Handouts Notebook (English) and (Spanish as needed)

Table 7
PIPE Materials and Supplies

PIPE *(Partners in Parenting Education)* is a parenting curriculum vital to the NFP model. The PIPE curriculum is integrated into the *Visit-to-Visit Guidelines* and practiced during NFP Initial Education. Supervisors are responsible for purchasing PIPE Manuals and materials (approximately $375-$500). Because of the time it takes to clear purchasing requirements in many agencies, please place PIPE orders as soon as possible. The NFP National Service Office does *not* have any PIPE materials for sale or distribution.

PIPE is a highly interactive curriculum, full of fun and interesting learning activities for parents and children. The following is a list of PIPE items that are useful in most PIPE topics. These items may be purchased or donated by community organizations.

- Assorted desk supplies and toys
  - Sticky notes, glue, scissors, tape, camera, and film
- Assorted toys
  - Large colorful scarf and small toy truck
- Empty Bucket Activity
  - Beans, rice or popcorn, bath beads, candy, several scoops or cups to measure out items, and a large container to hold scoops
- Layers of Love
  - Gift bag containing items representing aspects of love: plastic rose with thorns, small gift-wrapped box, chocolate, birthday card, tiny stuffed toy, heart, etc.
- Reading to baby
  - 2 or 3 books to share such as: touch and feel books, durable board book, simple rhyming book; may include Good Night Moon, Pat the Bunny, etc. Some agencies use books as incentive gifts, and give each client a child's book with this topic.
- Learning Language
  - Seltzer tablets (colored ones – citrus – are really fun)
- Touch Tones
  - Bag or box with items that have different textures (sand paper, sticky, steel wool, fur, cotton ball, Play- Doh, polished rock, etc.)
- Dolls
  - Dolls should be at least the size of a newborn, approximately 19 – 21 inches in length, the eyes of the dolls should be fixed open, the body should be soft and cuddly, the doll should be able to sit easily, and arms and legs should be very flexible, find dolls that are ethnically representative

OPTIONAL

- Music
  - Musical instruments
  - Optional: DVD or CD player, audio tapes of lullabies and songs for movement (e.g., Wee Sing Series or Baby Games and Lullabies, see bibliography), if non-English speaking, purchase DVD/CD's in appropriate languages

- NCAST Cards
  - BabyCues (boxed set of 52 cards), available in English and Spanish

Preparing Your Facility for NFP

Nurse's Workstation Requirements

- Desk with two file drawers (or a cabinet)
- Chair
- Phone
- Computer (one per nurse)
- Access to copier
- Bookshelves for approximately 8-10 large, 3-ring binders for NFP, PIPE, NCAST manuals and additional in-service materials
- Supervisors require added bookshelf space for additional manuals.
- Supervisors and nurses need a work area where confidentiality can be maintained.

Medical Records and Other Program Materials

- Space in medical records or locked file drawers for 25 client permanent charts per full-time nurse throughout 2½ years (note: some agencies subdivide permanent client record into pregnancy, infancy and toddler sections)
- For storing client records, 2-to-3 inch 3-ring binders or sturdy pressboard fastener folders for easy retrieval
- Shared library: large shelf unit or cabinet for clinical reference books, in-service material, brochures from other agencies (a series of cubby holes or racks for brochures are helpful)
- Two 5-ft., 5-drawer lateral filing cabinets (for NFP visit handouts, facilitators, PIPE topics, ETO forms, Ages & Stages forms, marketing materials) OR equivalent shelf space
- Storage cabinet for client support materials: educational or support items for the mother and child – books, gifts, etc.

Data Entry (or) Administrative Assistant Workstation Requirements

- Desk
- Chair
- Phone
- Computer
- Bookshelves
- Locked drawers for client records

Printing and Organizing Client Materials

NFP requires the use of numerous forms and handouts, and it is very important to copy and organize materials so they are readily accessible and easy to locate. This saves nurses *significant* amounts of time when they begin making home visits, and also makes the administrative aspects of the program much easier to handle.

Some nurses prefer to pull sets of materials needed on a visit-by-visit basis for each client, while others find it easier to have sets of materials available for each client according to program phase. Either way, handouts and data forms need to be copied and ready for nurse use. Here is a suggested way to proceed.

- Download a complete master set of all forms, handouts and educational materials to be used for each program phase: Pregnancy, Infancy, and Toddlerhood. Master files are available for download on the NFP Community under **Nursing > Guidelines for each home visit**. It is recommended that you always print from the electronic files and avoid making copies of the hardcopy pages. The print quality will be much better when printing from electronic files.
- Organize these materials by packet title, and separate each packet, (i.e., insert a blank piece of colored paper between each packet).
- You may decide to have materials from each program *phase* reproduced on a specific color of paper (i.e., light green for pregnancy, light blue for infancy, light lavender for toddler). The print on lighter colored paper is more readable.
- Consider having handouts 3-hole-punched so that clients can put them into loose-leaf binders (provide when clients enroll).

Consider asking a volunteer to help set up a filing/storage system for program materials. Otherwise it is an appropriate job for the administrative assistant.

Recommended Equipment and Supplies

The following list of equipment is recommended. Consult with agency administration before purchasing new equipment, as they may already have some of the necessary items. Many items, such as family support materials for clients, can be solicited as donations from local stores or agencies.

Recommended for Each Nurse Home Visitor	Shared Nurse Equipment	Other Suggested Items
Equipment bag BP cuff Stethoscope Thermometer and disposable sleeves Disposable measuring tape Pregnancy Calculator Carrier for client charts, etc. Cell phone	Baby scales and carrier Batteries for baby scales Disposable pads for scales DVD/TV monitor (and/or VCR/TV) Digital or film camera Bags of toys appropriate for different developmental stages PIPE materials Pediatric measure device for length (pad or board)	Disposable exam gloves Disinfectant surface wipes Alcohol wipes Family support items such as books, toys, blankets, or other small gifts Loose-leaf notebooks (1 ½") for clients for holding program materials

Client Support Materials – Ideas from the Field

Client support materials are designed to support client learning and desired client outcomes. They work best when they celebrate a milestone promoted by the program or link to a client outcome goal:

- Improve pregnancy outcomes
- Improve child health and development
- Improve life course development

Criteria to consider:

- Does the item support the program goals and values?
- Can the agency provide the item to all clients who would benefit from it?
- Are the items developmentally appropriate?
- Can the items be distributed over time vs. all at once?
- Are the items given "no strings attached"?

Note: Planned items for anticipated events such as birth, birthdays, etc. are very helpful. Families invite nurses to showers and birthday parties. If the same gift is planned for all clients to be given on the visit close to the shower or birthday, it relieves the boundary issues of being involved in family parties and NHVs' use of personal funds.

Some examples of client support materials during pregnancy might include:

- A water bottle when teaching about preterm labor.
- A book to read to baby when teaching about reading to baby and brain development of the fetus.
- A calendar when discussing prenatal visits and other appointments.
- A "comfort kit" when discussing labor and delivery.
- A baby snuggle pack when discussing attachment parenting and the value of touch.

Some examples of client support materials during the infancy and toddler stages might include:

- A "newborn pack" after birth which includes items your population does not generally receive in showers.
- Music for baby when teaching about use of music to regulate baby's states or children's songs in family's first language.
- Breastfeeding pillow when discussing breastfeeding positioning.
- Photo album when teaching about importance of support network.
- Relaxation items when teaching about refueling.
- Back to Sleep t-shirt or onesie when teaching about back to sleep.
- Blanket for floor when teaching about tummy time and floor time and PIPE activities.
- Thermometer when teaching about what to do when baby is sick.
- A rattle when discussing playing with baby, or baby senses, ability to see and follow and hear, etc.
- Teether, toothbrush, and/or gum cleaner when teaching about dental care.
- Safety kit (plug covers, etc.).
- 1st Year Poem with baby's handprints framed and embellished by mom (need frame and craft materials, stickers, etc.).
- "What Children Learn" card when teaching about discipline.
- Graduation from NFP - gift for mom such as flower in bud vase, video diary or picture series recorded throughout program, mother and baby handprint on card stock or framed picture of family with poem about families, etc.
- Birthday gift for baby at age 1 and 2 – developmentally appropriate toy or book.

Other things to consider:

- Birthday cards for mothers, dads, babies
- Certificates of Recognition
- Photos across the phases
- Scrapbook parties
- Items to celebrate achieving goals the client has set, such as high school graduation, GED, stopping smoking, etc. This could include certificates, small gifts or gift cards to popular stores, etc.

  Note: Some agencies also work with their local school district to provide school credit for participation in NFP visits. Obviously that supports goals of the program. If interested, speak to your school district to see if clients participating in NFP visits may earn credits for home economics, health, communication, child care or other areas of study. How this is achieved varies greatly from district to district. NFP Implementing Agencies that have been successful at getting high school credit share that it tends to be easier with alternative schools than traditional schools.

Getting Ready to Use the Efforts to Outcomes (ETO™) software

The Efforts to Outcomes (ETO™) software for the Nurse-Family Partnership has been designed to provide implementing agencies with the information that is needed to monitor the quality of program implementation and the progress of enrolled families in attaining program goals. The current training for a new user consists of reviewing the ETO User Manual and completing a role-based online course. The following requirements are needed to get ready for this training.

- Ensure that computer(s) are on hand and configured in accordance with the following requirements:
  - Platform: Microsoft Windows
  - Browser: Internet Explorer 7.0 or higher
  - Internet Connection: High speed internet through corporate LAN or Consumer Internet Provider
  - Plug-ins: Acrobat (a link will be provided to download if needed)
  - Cookies: Enabled *****
  - Java Script: Enabled *****

  Pop-up Blockers: Contact your IT staff concerning pop-up blockers; the NFP data collection system login screen is affected by these blockers.
- Identify/hire staff responsible for data entry and have them available for work at least 2-3 weeks before you plan to begin program implementation, e.g., enrolling pregnant women into the program.

***** NFP technical staff can help determine if these settings are enabled on your system. They can be reached toll free at 855.NFP.TECH (855.637.8324); or by email at tech.support@nursefamilypartnership.org. Please note that some information systems departments have policies concerning the use of these settings.

Simplifying Record Documentation for NFP Nurse Home Visitors

The NFP Data Collection Manual includes all of the forms used with the ETO for Nurse-Family Partnership.

There is often an overlap between the data collected for the NFP Program and what is required by the agency. In order to reduce this duplicate paperwork, consider the following.

- Would administration consider eliminating the agency form if one of the NFP Data Collection forms obtains comparable data?
- Is there a way that unique information needed by the agency could be added to one of the appropriate NFP Data Collection forms? (Note: adding needed agency information to the *end* of a form will facilitate entry of required NFP data, as the sequence of data fields on the NFP Data Collection forms matches data entry screens.)
- If overlap cannot be eliminated between forms, could an administrative assistant transfer the information from one set of forms to the other? This would reduce the amount of time nursing staff spend duplicating information collected.

NFP Guidelines for Implementing Agency Nurse Supervisor Orientation

The implementing agency should schedule an orientation for NFP Nurse Supervisors to ensure their smooth transition into the supervisor role. It will be important to learn about the workplace, history, mission, vision, culture, goals, policies and procedures that will support implementation of NFP. Learning organizational systems and forms will ensure that the implementation of NFP will be effective and comply with the agency infrastructure. Be aware that there may be some challenges within the organizational structure that do not support NFP and may need to be negotiated.

It is also important to develop good communication with the administrator to understand the supervisor's job description, roles and responsibilities. Review the NFP implementing agency's application, agreement, budget, and community commitments with the administrator to clarify expectations. Start planning early for program evaluation and be aware of any additional data or outcome requirements needed for the community coalitions, funders, stakeholders, etc. Planning for program evaluation in the implementation phase will ensure that the methods of data collection are in place for year end program reports.

Each nurse supervisor is a part of a national NFP Community of Practice and will interact with other supervisors to build support networks. This Community provides sharing of knowledge, guiding nursing practice and learning from colleagues. Nurse supervisors are encouraged to develop a peer support network to learn from their colleagues' experiences and strengths that will mentor new supervisors in their new role. Take every opportunity to make connections with supervisors through phone calls, emails, web-based forums on the NFP Community at www.nursefamilypartnership.org, and attend state, regional and national conferences as available. Also, contact your National Service Office Nurse Consultant for consultation. The more extensive support networks that are created, the better equipped Supervisors will be to problem-solve challenges that arise in their programs.

It is very time consuming to market and implement a new program, hire and orient new staff, as well as to attend the required NFP Initial Education during the first year of implementation. Please see the following Tables/Form for assistance.

Table 8
Implementing Agency Nurse Supervisor Orientation Checklist

Item	Due Date	Done	N/A
Agency Orientation			
Agency overview, history, mission			
Job description, expectations			
Policies and Procedures - Personnel - Hiring - HIPAA			
Daily operations, hours, lunch, leave			
Scope of nursing practice			
Mentoring, orienting new staff			
Mileage and reimbursement			
Employee safety			
Women's and children's programs			
Mandatory reporting requirements			
(Sample) Agency Required Forms			
Consent			
Release of Information			
Staff Itinerary			
Leave			
Incident Reporting			
Mileage			
Expense Reports			
Other client forms			
Performance Evaluation			
NFP Staff Commitments to Agency			
Management meetings			
Team meetings			
Committees			
NFP Community Coalition			
In-services			
Quality Improvement activities			
Program reports			
Budget, contract requirements			
Other:			
Agency Systems			
Phone			
Computer and Technical Assistance			
Client Records			
Equipment/storage			
Supplies/space			
Office space for NFP			

Standards of Nursing Practice and Differentiated Nursing Practice

Standards of nursing practice as well as the educational preparation of registered nurses should be considered when hiring home visitors. The following describes the nationally recognized nursing standards and competencies.

Public Health Nursing

The title "public health nurse" designates a nursing professional with educational preparation in public health and nursing science with a primary focus on population-level outcomes. This practice includes assisting and providing care to individual members of the population (e.g., first-time, low-income mothers). "The population approach assumes that prevention may occur at any point—before a problem occurs, when a problem has begun but before signs and symptoms appear, or even after a problem has occurred." [iii]

Baccalaureate nursing preparation is the entry into practice for public health nursing. *Master's* prepared public health nurses develop and evaluate programs and policy designed to prevent disease and promote health for populations at risk.[iv]

Public health nursing focuses on health promotion and disease prevention -- generally within a governmental context.[v] Public health nurses synthesize knowledge from nursing and public health to improve the health of the community.[vi] Public Health Nursing involves intervening in the following three levels of practice.[vii]

- Individual-Focused Practice. This level focuses on changing knowledge, attitudes, beliefs, and behaviors of individuals, alone or as part of a family, class or group. Individuals receive service because they have been identified as belonging to a population at risk.

- Community-Focused Practice. This level focuses on changes in community norms, community attitudes, community awareness, community practices, and community behaviors. The focus may be directed toward the entire population or a targeted group within the community (e.g., first-time, low-income mothers). The measure of effectiveness at this level of community health practice is the proportion of the population that actually changes.

- System-Focused Practice. This level focuses on changes in organizations, policies, laws, and power structures. The focus is on the systems that impact health because changing systems may be a more effective way to impact health than focusing on changing individuals.

As with all nursing practice, public health nursing practice is grounded in social justice, sensitivity to diversity, respect for human dignity, and encompasses the mental, physical, emotional, social, spiritual, and environmental aspects of health and illness. The authority for independent nursing practice is derived from state statute. Public health nurses establish a caring relationship with communities, individuals, systems, and families. The public health nurse promotes health through strategies driven by epidemiological evidence. Public health nursing includes social marketing; policy development and enforcement that results in laws, rules and regulations; community organizing and coalition building; case management; outreach; counseling; and advocacy. Public health nurses collaborate with individuals and groups to enhance health promotion and protection capacity.

Differentiated Nursing Practice

Differentiated practice in nursing supports the use of registered nurses according to specific clinical expertise or competencies and formal educational preparation. Historically, nurses prepared at various levels of education have been expected to practice in the "same" way in most healthcare settings with little or no recognition of different competencies based on education. However, differentiated practice models have been implemented in many healthcare settings for over 20 years.

Differentiated practice models are models of clinical nursing practice that are defined (i.e., differentiated) by level of education, expected clinical competencies, job descriptions, pay scales, and participation in decision making.[viii] Differentiated competencies create roles that are *different*, not one role greater than the next. Within each nursing role/educational level (ADN, BSN, MSN), individuals move in a continuum from novice to expert.[ix]

There is over a 20-year history in the United States of identifying differentiated practice in nursing by educational preparation. Both the private sector (Robert Wood Johnson Foundation; Kellogg Foundation) and public sector (United States Department of Health and Human Services; National Institutes of Health) have funded studies to clarify the differing roles of nursing care provided by nurses with different educational preparation. Differentiated practice in nursing recognizes that there are a variety of educational programs that exist in nursing that prepare a differentiated product. Recognition of these differences improves patient outcomes, nurse retention, and cost-effectiveness.

Numerous organizations have been involved in the development of various iterations of differentiated competencies. Competencies for each role/ educational level have been developed out of regional and national consensus processes that include input from nurse executives and nurse clinicians from a variety of health care settings, and nurse educators from all types of educational programs.

As recently as 2003, research results indicate that mean years of experience in nursing practice does not independently predict patient outcomes. Further, the research reveals that "…the conventional wisdom that nurses experience is more important than their educational preparation may be incorrect."[x] A 2002 study of nurses disciplined by a state board of nursing points out that associate degree nursing preparation "…is oriented to technical skills and procedures, and may not contain the theoretical and ethical content and concentration of a baccalaureate nursing program."[xi] The most common reasons for discipline were practice-related problems (not substance abuse), and associate degree nurses were found to have a much higher discipline rate than baccalaureate degree nurses.

Evidence indicates that differentiated practice fosters positive outcomes as reflected in job satisfaction, staffing costs, nurse turnover rates, nursing errors, nursing roles, and client intervention and outcomes.[xii] Differentiated practice allows organizations to capitalize on the education and competencies of different nursing educational levels. The ability of organizations to capitalize on nursing education requires the use of the right nurse with the right education and competencies in the right healthcare setting. Additional studies have demonstrated significant cost-savings through the implementation of differentiated practice.[xiii] Implementation of the competencies has been slow because of the repeated nursing shortages throughout the decades. In turn, the lack of differentiation contributes to repeated nursing shortages.

Standards of Nursing Care

Nurses are accountable to themselves, their clients, their peers, and society for their professional actions. Standards of nursing practice describe a competent level of behavior in the professional role. Development of standards of nursing practice began in 1950 when the American Nurses Association (ANA) published the *Code of Ethics for Nursing*[xiv] and in 1973 published generic standards for nursing care that could be applied to all health care settings. By 1974, the ANA had published specialty nursing standards.

Standards of practice are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are held accountable. These same standards provide a framework for the evaluation of practice. Standards establish a common language and consistent format to clarify and strengthen nursing's ability to articulate the scope of nursing practice. Generally, standards of nursing care speak to the nursing process (i.e., assessment, diagnosis, outcome identification, planning, implementation, evaluation) and to the standards of professional performance (i.e., quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization). Although standards are not laws, these standards of practice are now used to establish and determine quality nursing care by the courts, nurses and regulatory agencies, clients, and healthcare agencies. As nursing has developed and published national standards of practice, the court's use of "community's accepted" common nursing practice is being replaced by the use of national standards to identify acceptable practice.[xv]

The *Scope and Standards of Public Health Nursing Practice*[xvi] were developed under the auspices of the ANA's Congress on Nursing Practice and Economics in collaboration with and with acknowledgement from the specialty organizations that constitute the Quad Council of Public Health Nursing Organizations (ANA: Council of Community, Primary and Long-Term Care Nursing Practice; American Public Health Association: Public Health Nursing Section; Association of Community Health Nursing Educators; and Association of State and Territorial Directors of Nursing). These standards stipulate the eight tenants of public health nursing, and also stipulate that the standards are to be used in conjunction with the *Code for Nurses with Interpretive Statements,*[xvii] *Nursing's Social Policy Statement,*[xviii] standards of nursing practice for a specific population, and the *Public Health Nursing Statement* of the American Public Health Association.[xix] Further, the standards incorporate the accountability of the nurse to the population, the population's rights, and population advocacy. As with all nursing specialties, the public health nurse is held accountable for considering all cultural factors that could influence the population's health and program preference.

Certification of Nurses

Certification is a term used by the federal government to define the credentialing process by which a non-governmental agency or association recognizes individuals who have met specified requirements (e.g., certified nurse practitioner, certified ophthalmologist). This certification is a form of title protection and recognition of accomplishment that does not include a legal scope of practice. Many regulatory boards, including nursing boards, use such a credentialing process toward granting authority for specialty or advanced practice. Some state government entities use the term *certification* for government credentialing. Because professional associations, agencies and regulatory agencies use the term *certification* differently, there is often confusion about its implications for nursing practice.[xx]

Nursing Licensure

Nurses are regulated through government oversight of nursing practice in each state. The purpose of government oversight is to protect the public from incompetent or unethical practice and from individuals who are unqualified (e.g., nurse imposter). Licensure and rules and regulations are the processes by which the states provide protection of the public. Licensure is the process used to grant only qualified individuals the ability to legally engage in the practice of nursing. State licensure statutes specify the qualifications for licensure, the scope of professional practice, procedures for renewal of licenses, grounds for discipline of a licensee and the disciplinary processes for licensees who are determined to pose a risk of harm to the public. Licensure is also used to provide title protection for the roles specified in the statute. The scope of nursing practice contained in the statute specifies that the scope may be performed legally by those who are licensed under the statute. The boards of nursing also have the authority to write specific rules related to the processes in the statute.

State Boards of Nursing are concerned with the minimal competency needed to practice safely as a nurse. The nurse licensure exam measures only the minimal competency required of a nurse to practice safely. Nurses are responsible for this minimal competency and for determining when they need to make a referral because they are beyond their competency level with any individual or in a particular practice setting. Nurses are responsible for knowing if they can practice safely in a particular setting or with a particular patient.[xxi]

As stated previously, national standards of nursing practice which state minimal education requirements for specialty practice may be used by the courts and boards of nursing to determine if a nurse poses a threat to public safety. Regardless of setting, nurses are expected to practice to the level of nursing specified in the standards of care specified for all practice settings. Those standards include the nursing process that is expected to be used regardless of setting. That process always includes nursing assessment, diagnosis, outcome identification, planning, implementation and evaluation.

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[5] Office of Public Health Practice, Minnesota Department of Health. (Last updated 8/18/2005). *Preceptor Handbook*, p. 19.

[iv] Quad Council of Public Health Nursing Organizations, American Nurses Association. (2004). (4th printing). *Scope and standards of public health nursing practice.*

[v] Frank, B., (Sept-Oct 2005). *Nursing education perspectives,* p. 284.

[vi] Ibid.

[vii] Office of Public Health Practice, Minnesota Department of Health. (Last updated 8/18/205). *Preceptor Handbook.*

[viii] American Association of Colleges of Nursing. (2002). *AACN white paper: Hallmarks of professional nursing practice environment.*

[ix] American Association of Colleges of Nursing. (1995). *A model for differentiated nursing practice.*

[x] Aiken, L.H., Clarke, S.P., Cheung, R.B., Slone, D.M., and Silber, J.H., (2003). *Educational levels of hospital nurses and patient mortality.* Journal of American Medical Association. (September 24, Vol. 290, No. 12), pp 1617 – 1623, (direct quote from p. 1622).

[xi] Delagado, C., (2002). *Competence and safe practice: A profile of disciplined registered nurses*, Nurse Educator. (July/August Vol. 27, No. 4). p. 160.

[xii] American Association of Colleges of Nursing. (2002). *AACN white paper: Hallmarks of professional nursing practice environment.*

[xiii] American Association of Colleges of Nursing. (1995). *A model for differentiated nursing practice.*

[xiv] American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.*
[xv] Helm, A., (ed). (2003). *Nursing malpractice: Sidestepping legal minefields*, New York: Lippencott, Williams and Wilkins.
[xvi] Quad Council of Public Health Nursing Organizations, American Nurses Association. (2004). (4th printing). *Scope and standards of public health nursing practice.*
[xvii] American Nurses Association. (1985). *Code of ethics for nurses with interpretive statements.*
[xviii] American Nurses Association. (2003). (Second Edition). *Nursing's social policy statement.*
[xix] American Public Health Association. Public Health Nursing Section. (1996). *Definition and role of public health nursing.* Washington D.C.
[xx] National Council of State Boards of Nursing. (2005). *Nursing regulation: Nursing licensure and certification* [online]. Available: http://www.ncsbn.org/regulation/nlc.asp
[xxi] Ibid

Standards of Nursing Practice

- Quad Council of Public Health Nursing Organizations. American Nurses Association. (2004). (4th printing). *Scope and standards of public health nursing practice.*
- American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.*
- American Nurses Association. (2003), (Second Edition), *Nursing's social policy statement,*
- American Nurses Association, (2004), *Nursing: scope and standards of practice,*
- American Nurses Association, (Second Edition). *Scope and standards for nurse administrators.*

For additional standards of nursing practice, go to
http://www.nursingworld.org or specialty nursing organizations.

Hiring Nurse-Family Partnership Nurse Home Visitors

Following are suggestions from NFP Nurse Supervisors and Nurse Home Visitors to assist in hiring NFP nursing personnel. Remember to post your positions on the national NFP website using the **Post a Job** online form provided on the NFP Community. In addition, please complete a New Hire Form in ETO when you hire a new team member, this will ensure that he/she receives the proper materials and access to the appropriate systems.

Desired Skills and Qualities of a NFP Nurse Home Visitor

Communication: Demonstrates respect for individuals and diversity; is nonjudgmental, employs active listening skills, is respectful of the client's heart's desire, tolerant, understanding, compassionate, encouraging, and hopeful.

Personal Qualities: Sincerity, warmth, commitment, empathy, self-awareness, integrity, self-directed adult learner, independence, flexibility, has critical thinking skills, and ability to be reflective.

Professional Abilities: Utilizes nursing processes and clinical expertise; familiar with research and evidence-based practice; uses data to inform and improve practice; builds therapeutic relationships and is able to maintain therapeutic boundaries; recognizes the difference between "fix-it" model(a problem oriented or deficit based model) and "strength-based" model; engages in mutual goal setting; uses problem-solving techniques and negotiation skills in accordance with motivational interviewing and behavior change theory; has strong advocacy and teaching skills; can work autonomously and actively participate as a team player; takes the initiative and works collaboratively to find solutions, has organizational and time management skills; is aware of own clinical knowledge and skill and committed to own personal and professional growth.

Qualifications: Registered nurse with nursing experience in community, maternal or child health or mental/behavioral health. BSN required for home visitor; MSN preferred for supervisor with education and/or experience in community or public health nursing.

Additional qualifiers: Able to travel by air to Denver, CO for all in-person education sessions.

Interviewing Tips:

- Develop situations that reflect NFP and dilemmas that nurses face when working with clients. Situational questions provide insight into strengths and weaknesses. (see sample interview questions available on website)
- Interviewers need to know how to interpret the candidate's response to situational questions. Several responses may be acceptable.
- Written responses to some questions are often useful.
- Staff members have more investment to help the new nurses with orientation if they participate in the hiring process. Have the team ask interview questions and give feedback on each candidate as to who will be a good team member.
- Some agencies show the NFP Public Awareness video during the interview process to introduce the program. (DVD is in your NFP Community Relations Guide)
- New NFP agencies may want to arrange for candidates to talk with an experienced NFP nurse in the program about her most challenging day or client and her best day or client.

- New NFP agencies may want to invite candidates to take a drive in the neighborhood they will serve, shop in a store there, etc. so they have a realistic picture of the population and the area in which they will work.
- Established NFP agencies and those adding or replacing staff might invite final candidates out on a home visit. Some nurses are better able to judge whether they want to be a NFP home visitor after an actual experience of the work conditions.
- Established NFP agencies may have NFP nurses on staff describe the program and their job responsibilities.

Table 9
Sample Job Description: NFP Nurse Home Visitor

This sample job description is intended to serve as a guideline for agencies implementing the Nurse-Family Partnership (NFP) Program. It is designed to address the essentials of the nurse home visitor role as it relates to NFP and not agency specific aspects of a nursing role.

Job Summary

The Nurse-Family Partnership (NFP) nurse home visitor is responsible for providing comprehensive nursing services to women and their families eligible for the NFP Program. The nurse home visitor is responsible for maintaining the highest standards in clinical nursing practice and adherence to the NFP model, and to policies, procedures, NFP Visit-to-Visit Guidelines and standards of NFP and of the lead agency. The nurse home visitor reports to the NFP Nurse Supervisor.

Basic Job Functions

- Provides home visits to women and their families eligible for the NFP Program.
- Adheres to nursing process and the NFP model of home visitation.
- Carries a case load of up to 25 clients.

Administrative

- Supports policies, procedures, NFP Visit-to-Visit Guidelines and standards of NFP and the lead agency.
- As requested/required, participates in community coalition in support of NFP.
- As requested/required, promotes public awareness of NFP.
- Develops and maintains community relationships to support client referrals.

Clinical

- Completes all required NFP Initial Education.
- Attends and participates in dyadic assessment training.
- Develops therapeutic relationships, utilizes concepts of reflection and motivational interviewing with women and their families in a home visiting environment.
- Performs home visiting in accordance with the NFP model and NFP Visit-to-Visit Guidelines.
- Follows nursing process in implementing NFP into nursing practice
- Assesses physical, emotional, social and environmental strengths and challenges of women and their families as they relate to the NFP domains.
- Assists women and their families in establishing goals and outcomes.
- Provides education, support and referral resources in assisting women and their families in attaining their targeted goals.

- Consults and collaborates with other professionals involved in providing services to women and families.
- Formulates nursing diagnosis based on nursing assessment and client goals
- Evaluates client progress toward stated goals and NFP outcomes. Plans home visits in accordance with client goals and NFP outcomes
- Actively engages in professional development to meet all NFP Nurse Home Visitor competency requirements.
- Meet with NFP Nurse Supervisor weekly for clinical supervision.
- Utilizes reflective practice in supervisory sessions.
- Schedule joint home visits with NFP Nurse Supervisor every four months.
- Attend and participate in bi-weekly case conferences.
- Attend and participate in bi-weekly team meetings.
- Provide information to support staff for timely and accurate data input to the ETO.
- Participate in review and analysis of ETO reports for achievements and areas for improvement.
- Participate in quality improvement efforts.
- Maintain confidentiality.
- Document appropriately.
- Perform related duties as assigned or required.

Team

- Understands, supports, and coaches others in the NFP vision, mission and model.
- Represents the NFP vision, mission and model in actions and verbally to both internal and external customers and colleagues.
- Assists in creating a positive work environment that promotes productivity, mentoring, teamwork and cooperation.
- Elicits and considers differing viewpoints when analyzing issues.
- Recognizes accomplishments of team members.

Communication

- Maintains clear, effective, open, honest communication with both internal and external customers and colleagues.
- Creates, maintains and supports a safe environment for open discussion.
- Maintains confidentiality.
- Seeks and responds appropriately to feedback.

Professional Development

- Accurately assesses own learning needs and develops strategies to meet them. Motivated to utilize computer for distance learning.
- Stays informed of current health care developments to provide safe, quality nurse home visiting services.
- Establishes and records progress toward annual goals.

Job Qualifications

- BSN required.
- Current RN license (in good standing) required.
- Current CPR required.
- Two years recent experience in maternal/child health, public health, home visiting or mental/behavioral nursing preferred.
- Home visiting experience preferred.
- Excellent written and verbal communication skills.
- Basic computer skills.
- Valid driver's license and insured automobile required.
- Must be able to work a flexible schedule including some evenings and weekends (per agency requirements)
- Able to travel by air to Denver, CO for all in-person education sessions.

Table 10
Sample Interview Questions For NFP Nurse Home Visitor Candidates and What to Look/Listen For

1. Working with low-income women often requires creativity. Describe a situation where you had to be creative in working with a client to support her needs. What was the outcome? *Look for thinking and action that is client focused and creative yet stays within therapeutic relationship boundaries.*

2. Change is inevitable in healthcare. Describe a situation where you had to adapt to change. How did you do this? What was the outcome? *Look for responses where the nurse might have had questions or a need to understand the change but was not resistant or completely derailed the change. Look for an understanding of need for change to improve and that change management mechanisms are used.*

3. Our target population is low-income women. What has been your experience working with low-income populations? Describe a situation that exemplifies your attitude/feelings about working with this population. *Look for an awareness or understanding that people in generational poverty develop behaviors and coping mechanisms that work for the client. Watch for judgmental attitudes such as "those people" don't want to change or "those people" just need to get a job or that that nurse believes she can "fix" her client.*

4. Describe a situation where you have had conflict with a peer. How did you handle it? What was the outcome? *Look for responses that include open, honest communication between the two involved parties and conflict resolution skills.*

5. How would you handle a situation where the boyfriend is in his underwear during a home visit? *Look for answers that exemplify that the nurse understands that this is not appropriate behavior and respectful yet firm management of boundary issues.*

6. Situation: You are visiting a pregnant teenager, and she admits to drinking 3-4 times a week and having 4-5 alcoholic drinks each time. She uses marijuana 3-4 times a day. How would you address her statements? *Look for answers that are non-judgmental and not directive. Look for answers that seek to understand the client's thoughts, beliefs, attitudes and answers that would use respectful information sharing. The nurse might also not be sure and express that she will need guidance on this type of situation. That is OK too.*

7. How do you deal with situations if you have a client you just don't like? *Look for answers that use reflection with the supervisor and honest communication. Look for answers where the client's best interests are paramount.*

8. Describe a time when you had to work as part of a team even though the team wasn't getting along well. How did you deal with the situation? *Look for responses that acknowledge that everyone takes part in difficult situations either by contributing directly to the situation or allowing it to occur. Look for answers where there is movement toward resolution and open, honest communication techniques are used.*

9. Performing this job means that you will be going to all areas of the county. Safety is an issue we pay attention to. Have you had to travel to a variety of areas in the past? How do you feel about going into different areas or a variety of neighborhoods? *Look for answers that reveal a healthy respect for the dangers of home visiting and possibly the areas that the nurse will be going to but not such a significant fear that the nurse may not be able to function.*

10. Describe a response for each situation:

- How would you show empathy with a client who is distressed because her infant has been put in foster care? *Look for responses that are not flip, trite or parrot clichés but show true sensitivity to the client's distress and loss.*
- Demonstrate how you would show *warmth* on the first visit. *Look for answers that show warmth without crossing boundaries of therapeutic relationship.*
- What kinds of things can nurses do to demonstrate trustworthiness? *Look for answers such as, be on time, follow-through with promises, be truthful, if she does not know an answer admit it and assure that the answer will be provided.*
- Demonstrate role-modeling healthy boundaries with a client who asks to borrow money from you? *Answer should involve identifying appropriate boundaries within the nurse/client therapeutic relationship.*

11. If a client decreased smoking by 1 cigarette since you last saw her, what would your reaction be and what would you do next? *Look for answers that understand that small steps count – this change should be praised and encouraged.*

12. Describe your personal philosophy of nursing and how it relates to the NFP Program. *Look for answers that are client focused, strengths based, coaching as opposed to directing.*

13. The NFP Program implements the following client-centered principles: (1) the client is the expert on her own life; (2) follow the client's heart's desire; (3) focus on strengths; (4) focus on solutions; and (5) only a small change is necessary. Reflecting on these principles and your own practice, do you feel that you would need to make any changes to the way you currently practice nursing? Please explain why or why not. *Nurse may have a more directive approach and would need to reflect on shifting that approach.*

14. How comfortable do you think you will feel visiting a client frequently and over a long period of time? Please tell us about a close, long-term relationship you have had with a client in the past. *Watch for ability to develop and maintain the relationship without crossing boundaries.*

15. What strengths and limitations do you bring to the team? Please describe yourself in terms of how you typically interact with a team. How would you handle a conflict between yourself and another team member? *Team members should think about what skills and expertise would complement the team.*

16. What do you expect from a supervisor? *Diversity of styles and approaches is what makes for a well rounded team. However, if the expectations are so different from the current functioning there could be consistent and disruptive interactions.*

17. What are your career goals? Where do you see yourself in five years? *NFP is a commitment especially to the long term relationship with clients but also in terms of training and professional development. Look for a candidate who is seeking a position to remain in long term while she grows in her nursing practice.*

18. Frustrations are an inherent part of any job. Working with teens in this program can be frustrating. For example, a client has been a "no show" for the last three visits, but still says that she wants the program. How do you cope with frustrations? What has helped you deal with frustrations in the past? *Look for healthy personal coping mechanisms.*

Suggestions for Team Involvement in the Hiring Process

Nurses tend to be more invested in helping new nurses with orientation if they participate in the hiring process. Ask one or two to volunteer to be part of the interview team. Following are specific ways to use current nursing staff.

- Have a nurse describe the NFP Program and job responsibilities.
- Have a potential candidate go on a home visit with a nurse (address the legal, liability and confidentiality ramifications for this joint visit).
- Have team members take turns asking interview questions and welcome feedback on each candidate from each member of the team.

Note: Some agencies show the NFP Public Awareness video during the interview process to introduce the program. The DVD is in your NFP Community Relations Guide.

Adapted from the following resources:
Baggett, K. & Berry, M. (2004). *Home visiting research: A guide to promoting respect, safety and results.* Lawrence, Kansas: University of Kansas.

Contributions from NFP Nurse Supervisors: Easterling, T., Haas, M. B., Irvin, A., Maron, M., Mitchell, A., Tubman, N., Wiggins, S.; and Family Enhancement Center of Dayton, Ohio.

Keim, A. L. (2000). *Finding and supporting the best: Using the insight of home visitors and consumers in hiring, training and supervision.* Zero to Three, pp. 37-43.

Table 11
Sample Job Description: NFP Nurse Supervisor

This job description is intended to serve as a guideline for local agencies implementing the Nurse-Family Partnership (NFP) Program. It is designed to address the essentials of this important role as they relate to the role of the Nurse supervisor in assuring implementation of the program and not those agency-specific responsibilities.

Purpose

Nurse-Family Partnership is a research-based program that has been demonstrated to significantly improve critical outcomes for at-risk women and their children who receive services in local communities as specified in the NFP Visit-to-Visit Guidelines. One primary purpose of the NFP Nurse Supervisor role is to work within the local community and lead agency structure to assure that the NFP Program is implemented in accordance with established NFP Visit-to-Visit Guidelines and contract requirements. Another primary purpose of the NFP Nurse Supervisor is using principles of supervision, reflective practice, and staff development, to provide primary support and appropriate oversight to the nurse home visitors, and to build and model a strengths-based, client-centered culture.

Administrative Responsibilities

Staffing and Education

- Oversee the recruitment and hiring of all nurse home visitors and administrative data support staff ensuring that they can implement the NFP philosophy and model.
- Ensure that all staff, including supervisor, attend all required NFP Initial Education sessions as outlined in the orientation materials and your contract with the Nurse-Family Partnership National Service Office.
- Assess and develop strategies to address knowledge and skill gaps of home visitors and support staff.
- Provide adequate orientation, professional development opportunities and study time to remediate gaps in necessary knowledge and skill.
- Assign client caseloads and monitor home visitor's ability to build and manage caseload.
- Provide useful developmental feedback, and confront and develop a plan with staff to address performance and resolve issues.
- Build confidence and skill of home visitors.
- Provide supervision and evaluation of NFP Nurse Home Visitors and administrative data support staff (including annual leave, annual review, disciplinary action, etc.).

Budget and Contracts (could be responsibility of manager level above nurse supervisor)

- Become familiar with and actively participate in the preparation and monitoring of the NFP budget to ensure appropriate use of funds.
- Plan and expend budget to ensure compliance with fidelity to NFP model and contract agreements.

- Understand and actively participate in monitoring NFP contract with the agency.
- Proactive with local, state, and national issues that may affect sustainability of program.

Community awareness, support and referrals, and referral systems (could be responsibility of manager level above nurse supervisor)

- Based on agency policy, actively participate in, chair, or coordinate all NFP community coalition/advisory board meetings.
- Develop and maintain community referral sources for the NFP Program.
- Develop and implement external and internal systems to assure timely receipt and disposition of referrals to and from the NFP.
- Develop and implement strategies for using local print and electronic media to "showcase" the NFP.

NFP Infrastructure (delegate to support staff as appropriate)

- Utilizes agency policies and procedures or develop needed policy and procedure to guide implementation.
- Working within agency and within budget and contract specifications, ensure that NFP staff have infrastructure of space, computers, furniture, phones, etc., in place as quickly as possible.
- Develop and maintain appropriate materials for the community and client.
- Oversee the allocation and design of space for NFP materials to be stored.
- Ensure that all NFP forms and other materials are ordered in a timely manner, organized and available for use by home visitors.
- Develop an adequate budget for appropriate materials, gifts, and incentives for program clients. Order supplies as necessary to maintain inventory.
- Manage organizational structure and systems adequately so that home visitors may stay focused on clients.

Quality Improvement and Evaluation

- Oversee and ensure timely and accurate data input and utilization of the web-based ETO reports and other reports available through NFP.
- Read and interpret ETO reports; share appropriately with team and partners.
- Ensure implementation of Quality Improvement and strategies.
- Develop methods for ongoing assessment of staff development needs; compare available data to structure appropriate continuing education and guidance of staff.
- Provide routine surveillance of potential client care incidents.
- Evaluate implementing agency outcomes and interventions.

Create and Maintain NFP Culture (Examples)

- Ability to maintain relationship based on trust, support and growth with team colleagues and community members.
- Ensure that supervision of NFP home visitors utilizes principles and concepts of motivational interviewing, coaching and reflective practice (modeling therapeutic relationships, change theory, self efficacy, client-centered, strength based, and solution focused approaches).
- Become familiar and comfortable with principles and concepts of motivational interviewing, coaching and reflective practice.
- Develop and implement regular reflective practice supervision within the program and conduct field visits, both with frequency recommended by NFP.
- Ensure that own reflective practice and ongoing professional and personal development needs are addressed.
- Provide regular case conferences and team meetings as recommended by NFP.
- Ensure rewards and incentives are aligned with goals of program.
- Effectively assist home visitors in analyzing complex problems and case situations.

Qualifications for NFP Nurse Supervisor

- Bachelor's Degree in Nursing *required.*
- Master's Degree in Nursing or closely related field *preferred.*
- Current nursing license *(in good standing).*

Experience (desired)

- Worked in public/community health, including home visitation.
- Provided maternal/child health services, particularly in community setting.
- Program management and one-on-one supervision.
- Worked with diverse populations, communities, and organizations.

Desirable Qualities for NFP Nurse Supervisors

The NFP Program requires that a supervisor with the right balance of education, experience, knowledge, skill, attitudes, and values support a successful NFP implementation within your agency. Preferably, a supervisor has a Master's in Nursing (Bachelor's in Nursing is required). A nurse who is very directive and controlling is less likely to be successful in NFP than a nurse who leads by example, invites reflection and discovery, is open to differences, and has credible clinical experience and skill.

Desired experience:

- You are looking for solid relevant experience that will promote credibility with the staff. There is sufficient knowledge, skill, and support in some agencies in community health and home visiting so that a supervisor with an emphasis in maternal child or mental health may be an advantage. If there is little ability to provide *daily* community health and home visiting expertise, home visiting experience will likely be most desirable. While community health, home visiting, maternal child, and mental health nursing experience are all desirable and needed on the team, it is not necessary for the supervisor to have expertise in all these areas. Hopefully, the supervisor will hire staff that will complement her and each others' clinical expertise.

*Desired v*alues and beliefs:

- People do the best that they can given what they have and how they see things.
- A nurse is a guest in a family's home.
- A nurse does not give up on clients.
- Interest and gratitude for clients who participate is essential.
- Everyone's time is valuable.
- Listening without judgment will open the way for deeper relationships.
- A client has a fundamental right to privacy and does not have to disclose.
- The way to see the kind of relationship we want to see is to model it.
- Clients are the best judge of how changes fit into the context of their lives.
- People learn and change when and where they are ready.
- People are more motivated to achieve, work, and persist when they are encouraged rather than told what to do or pressured to comply.
- People are more likely to become socially, emotionally, and economically successful when they are supported in building skills and pursing goals that are important to them.
- Teenagers respond to the world, their pregnancies and their babies from their own developmental perspective; they need support based on where they are developmentally.
- Single mothers make better decisions and have more energy for productive endeavors when they are encouraged, supported, and not judged.

- All clients have the right to balanced and accurate presentation of all contraceptive options and family planning choices.
- Generational poverty will guide choices and cultural adaptations to how life is approached, how decisions are made, how others are viewed. Understanding this will guide better nursing interventions.
- Diverse populations do better when they guide their own goals and when they are heard. Adapted interventions, handouts, etc. may be needed.
- Early intervention requires a safe, trusting, long term relationship out of which the interventions evolve. The client leads the way.

Desired **knowledge and skill:**

- *Standards of nursing practice*: Understands status of nurses' licenses and the implications; appreciates the nature of home visiting and need for competent and reliable home visitors who can function independently in the field; understands requirements of Nurse Practice Act and complies with national standards of nursing practice, knows and complies with state and federal rules such as mandatory reporting and HIPAA, understands need for policies and procedures; if agency has policies and procedures in place, is comfortable supporting them, and has the experience to establish additional policy related to NFP home visiting.
- *Administration:* Strong time management and organizational skills; flexible work style and approach; able to identify and address needs of self and staff; ability to assess situations, set priorities, and problem-solve quickly and effectively; willingness to work collaboratively with all NFP "partners" in a community of practice environment; understands prevention models and implementation; models the theories and principles of NFP.
- *Clinical:* Utilizes nursing process, initiates and maintains effective therapeutic relationships, practices mutual goal setting, is client centered, is strengths based, understands own limitations, pursues own professional growth, has knowledge and skill in current maternal and child health theory and practice, has experience in working in public health/community health programs, has ability to articulate key characteristics of public health/community nursing practice and programs, has ability to mentor, support and motivate staff.
- *Communication:* Ability to communicate clearly and succinctly both verbally and in writing; ability to listen and reflect with staff and others; ability to work effectively with diverse groups and situations; good receptive communication (clarifies, asks good questions, etc.).
- *Personal Qualities:* Sincere, warm, committed, empathetic, self-aware, independent, flexible, reflective, reliable, balanced, good boundaries, resourceful, has enthusiasm for working with children and families, understands the difference between "fix-it" mode and "strength-based" mode.

Table 12
Sample Interview Questions for NFP Nurse Supervisor Candidates

Level of experience in:

- Home visiting
- Community health
- Maternal child health
- Psychiatric nursing, especially community based
- Prevention work
- Establishing new programs, program management
- Administration

For each area you may want to find out what was good or motivating, why the nurse chose to stay with it, and why the nurse chose to leave; also, what drew the nurse to those areas and what was challenging?

Questions:

1. Describe difference between direct service and a prevention model of care. Describe specifically how you would conduct each type of visit, differences in your relationship with the client, differences in responsibilities, and differences in legal requirements.

   Points to listen for: Prevention requires a relationship built on continuity and trust; it evolves over time and becomes more open and intimate as the relationship evolves. Visits for prevention will predominately incorporate teaching and coaching based on client's goals and nursing assessment of client needs and adapting nursing interventions to client needs vs. delivery of a prescribed service or procedure that is ordered by a physician or protocols.

2. Our target population is low-income women. What has been your experience working with low-income populations? Describe a situation that exemplifies your attitude/feelings working with this population.

   Points to listen for: Empathy and understanding for low-income families and for women, a history of working with these populations with a sense of calling or purpose to serve them, enthusiasm for making a difference with families while not intent on "fixing" them, acceptance of differences, non-judgmental, service is based on empowerment vs. dependency, interventions are more focused on self-efficacy than on being directive or controlling.

3. One of the home visitors is upset that her poor clients spend money on non-essentials (entertainment, big TVs, expensive jewelry) when they don't have money for essentials (car seat, food, diapers). What would you tell her?

   Points to listen for: Non-judgment of client and nurse; encourages reflection and discovery, assists nurse in appreciating challenges of generational poverty.

4. Describe a situation where you have had conflict with a peer. How did you handle it? What was the outcome?

   Points to listen for: Respectful to other party, open to own part in dispute, willing to surface issue, flexible, reflective, has established strategy for managing conflict, open to lessons learned through experience and willing to process events with others

5. You go out on a shadow visit. The boyfriend opens the door and invites you and the home visitor in. He is clad only in his underwear, and the home visitor freezes at the door. What do you do?

   Points to listen for: Respectful boundary setting while maintaining therapeutic relationship, useful support of home visitor both immediately and in follow-up, openness in interpreting boyfriend's behavior, considers implications for future assessments and future boundary issues, willingness to have nurse process her feelings, values, and reactions in a nonjudgmental approach

6. A home visitor is angry because her pregnant client admits to drinking 4-5 alcoholic drinks three or four times a week and using marijuana 3-4 times a day. The nurse says, "I told her if she didn't stop this week, I would report her."

   Points to listen for: Is first response to react or reflect, is time taken to understand and invite the nurse to expand her understanding, does the supervisor understand local mandatory reporting rules, does supervisor have a strategy for maintaining therapeutic relationship while assisting clients through stages of change and waiting for the change, does supervisor consider the needs of the nurse, the client, and the baby, does the supervisor assist the nurse in seeing the potential negative impact of her actions on promoting change and building a therapeutic relationship and being client centered, does supervisor explore alternative responses in a supportive manner

7. A home visitor has a low number of completed visits for two of her clients. When you ask her why, she states, "Well, truthfully, I just don't like them. When they cancel or no show, it takes me some time to reschedule."

   Points to listen for: Does supervisor use reflection, is supervisor aware that working with at risk clients may trigger nurse's issues around acceptance and rejection, does supervisor have a way to address the performance issues while expanding understanding, supporting the nurse's growth, and promoting more effective strategies for nurse in dealing with the discomfort, is there a strategy for follow-up or change particularly if the clients' feelings are mutual, does supervisor state expectations but allow nurse to develop her own plan to meet expectations?

8. Describe a time when you had to work as part of a team even though the team wasn't getting along well. How did you deal with the situation? What would you do with this team to make it cohesive from the beginning? What would you do if there were problems with team members getting along?

   Points to listen for: Does the supervisor have some strategies for preventing team problems and for dealing with conflict, were the strategies used successfully, how were they introduced and institutionalized, do the strategies fit with the NFP model, is candidate motivated to get to know individual team members, establish relationships and address conflicts early?

9. Nursing staff will be traveling and working in areas where safety is a concern. What will you tell staff and what policies will you institute?

   Points to listen for: Use an office itinerary so office staff know where each nurse is going, provide cell phones, discuss safety, keeping car in good repair with a full tank, discuss "street smarts" and paying attention to one's intuition, rehearse potential dangerous situations and discuss how to manage, provide education from local law enforcement and juvenile detention regarding local gang activity, drugs of choice, street language and clothing to be aware of,, etc.

10. What do you look for when you hire staff? How do you know when you have a good candidate?

Points to listen for: Commitment in working with low-income women, working in NFP, empathy for others, respect for others, honesty, nonjudgmental, warmth and genuine, emotionally available, lifelong learner, open to change, adaptable, ethical, good communication, team player

11. Pretend I am a client; please enroll me in the NFP Program.

    Points to consider: Voluntary program, use client's goals to motivate, encourage client to consider options, explain benefits and drawbacks, expresses enthusiasm and confidence.

12. Pretend I am a physician and demonstrate the value of referring clients in my clinic to the NFP Program.

    Points to consider: Knowledge of program articulates the evidence from the clinical trials, differentiates from other programs, convincing and welcoming approach, plans for follow-up, discuss how NFP will support client with MD's plan of care, discuss behavior change for healthier pregnancy and birth outcomes.

13. What would you want to know about a community agency that you were considering using to refer clients to for emergency housing or food?

    Points to listen for: Accessibility for NFP clients, cost, timeliness of providing service, appropriate setting, willing and helpful staff, consistent with NFP philosophy eligibility requirements, required client documentation, hours of service application process, specific services provided, length of service.

14. What quality improvement strategies would you want to employ?

    Points to listen for: Use of ETO reports, informal feedback from nurses, surveys of clients, surveillance of potential patient care incidents, chart audits, outcome measures, develop a team process to identify and solve problem areas, obstacles and time consuming processes that prevent staff from being effective and efficient.

15. What are the most effective ways to build clinical skills on your staff?

    Points to listen for: Variety of methods adapted to different learners, use of peer sharing, reflection on lessons learned, team conferences, in-services from community experts, schedule practice sessions for peer learning, support culture for assessing needs of staff and meeting their needs, etc.

16. How do you know when to give a nurse the answer, when to encourage the nurse to find her/his own answer, and when to sit back and cheerlead?

    Points to listen for: Giving answers: novice nurse, nurse with no experience in the particular issue, nurse asking for information, policies and procedures, resources, offering options. Encourage finding own answers: nurse with a basic understanding, a frame of reference- supervisor sets expectations, and staff find and develop own plan, supervisor provides supports to build confidence and skill. Coach or Cheerlead: use with nurse that has expertise in area being addressed, share best practice examples, encourage nurse to reflect and build on successes.

17. Describe your personal philosophy of nursing and how it relates to the NFP Program.

    Points to listen for: NFP nursing provides information, teaching, guidance, and support but lets the client lead by developing her own goals that promote her self efficacy.

Table 13
Sample Job Description: Data Entry Clerk (or) Administrative Assistant

This position provides clerical support to Nurse-Family Partnership (NFP). Although keyboard skills are essential, they are generally balanced by knowledge of NFP. Assignments are specific; work is reviewed upon completion; may report to the NFP Nurse Supervisor. The NFP model requires a .5 FTE clerical and data entry support person for every 4 FTE nurse home visitors.

Specific Duties and Responsibilities

Essential Job Functions

- Inputs NFP data in a timely and accurate manner into the web-based information system; complies with or assists in the compilation of statistical information for special reports.
- Performs program support tasks such as organizes forms; photocopies; files; orders and maintains program materials and educational handouts; makes reminder calls for visits as requested by the supervisor and nurse home visitors.
- Performs general clerical functions such as sorts, routes and distributes mail; types material from typed or handwritten copy; prepares correspondence, reports and other documents.
- Utilizes computerized data entry equipment and various word processing, spreadsheet and file maintenance programs to enter, store and/or retrieve information as requested or otherwise necessary, and summarizes data in preparation of standardized reports.
- Compiles a variety of resources; may participate in community outreach activities such as distributing program brochures, retrieving client referrals as delegated by the supervisor.
- Maintains confidentiality and adheres to HIPAA regulations.
- Performs other work as required or assigned.
- Minimum training and experience.
- Graduation from high school and 1-2 years of progressively responsible related experience, or any equivalent combination of training and experience that provides the required knowledge, skills and abilities.

Table 14
Sample Interview Questions for Data Entry Clerk (or) Administrative Assistant

Are there any questions you have about the process before we begin the interview?

Is there anything I can do to make you more comfortable before we begin?

Suggested questions for interviewing: Select the best questions for your position.

1. What is important to you in a job?
2. What attracted you to our program?
3. How does your past work experience relate to the duties of this position? (Elaborate on computer skills, software knowledge, etc.)
4. Describe a situation on a job that challenged your ability to cope. How did you handle it?
5. Talk about a time when you had to work with a person you did not like personally or who did not personally like you.
6. What type of supervision do you prefer?
7. Describe a goal you set and reached and what steps you took to reach it.
8. What are your long-term employment goals?
9. How do you handle multiple demands?
10. What is your greatest asset you bring to this job?
11. Tell me about the last time you had a short deadline and how you handled it.
12. What were your key accomplishments from your previous job?
13. We've all been surprised to find a deadline was missed because someone didn't do what he/she was supposed to do. Tell me about the last time this happened to you.
14. Tell me about a recent important decision you made and how you went about it.
15. Tell me about a recent work assignment that made you look forward to going to work.
16. What do you like best (least) about your present job?
17. If you could change anything in your present work environment, what would it be?
18. What would a perfect relationship with your boss be like?
19. If you were put in charge of getting client referrals from community agencies, what would you do first?
20. What previous experience and education have you had that you think will help you in this position?
21. Why do you think people are poor?
22. Describe the barriers or obstacles that you feel individuals must overcome to access health care services.
23. Describe one of the problems you encountered in a job and how you handled it.

24. Since we all have, at some time, problems with a co-worker, could you describe one such experience and how you handled it?
25. Describe yourself in three words.
26. Tell us about a situation when you had to make a quick decision and what you did to make that decision.
27. What causes you pressure? How would one know if you were under pressure? How do you handle pressure?
28. What are your greatest strengths? Your weaknesses?
29. Provide us with information about your work experience that shows your ability to work in a variety of situations or environments.
30. What do you expect from your supervisor and coworkers?
31. What has been your most hectic job and how did you handle it?
32. Under what kind of supervision do you work best, and with what type of co-workers do you work best?
33. Please describe your experience in handling confidential information, such as client records.
34. You are responsible to have the nurses submit their client data on a monthly basis to the National Service Office. How would you develop a tracking system?
35. Describe how you would handle this situation:

    You have a deadline to submit data to the National Service Office and a nurse has not submitted her data on time to meet this deadline. What would you do?
36. Please describe your level of expertise with each of the following Microsoft Office productivity tools:
    - Word
    - Excel
    - PowerPoint
37. Please describe any experience you have had in the following areas.
    - Coordinating meeting arrangements, including scheduling, agenda preparation and distribution, attendee invitations.
    - Creating/preparing reports.
    - Creating and maintaining data bases and spreadsheet files.
    - Organizing and completing multiple projects.
    - Direct support of a group or team of individuals.

Clerical Skills Testing: Having an applicant complete a sample of work is an approach to assess his/her skill level. Depending on your agency, have the applicant type a letter, set up an excel spreadsheet for tracking client data, etc. Be sure to follow your agency's personnel hiring policies and procedures in interviewing and hiring an applicant.

Other suggested items to review:

Motor Vehicle Record _____

_____

_____

References _____

_____

_____

_____

Date available: _____

_____

Adapted from Jefferson County Department of Health and Environment, Lakewood, Colorado.

Using a Skills/Experience Assessment Form

Background and Rationale

Each Nurse-Family Partnership team is unique, as supervisor and nurses bring a mix of experience, expertise and interest to the work. The strongest NFP teams acknowledge, affirm and share each other's strengths for the benefit of both team members and clients. To this end, the *Skills/Experience Assessment* form serves two purposes:

- Enables teams to learn areas of expertise of members, facilitating consultation and support; and
- Helps the team identify areas where further education is needed.

How to Use the Form

- Hold a team meeting at which (or prior to which) each staff member spends time completing the form.
- At the meeting, discuss and compile the results onto a master team assessment form.
  - » Try placing a blank copy of the form on a photocopier and enlarging it.
  - » Post the team assessment form during the meeting.
  - » Use colored pens or markers to indicate different staff, overall areas of strength or growth, and/or priorities for staff development.
- Create an action plan to share areas of strength, i.e., ask various team members to share expertise by conducting in-service sessions (a nurse with labor and delivery experience, for example, could review the normal labor process).
- Brainstorm to identify "experts" in the local community who can serve as resources for areas not covered by the team's expertise (see list at bottom of *Possible In-service Topics by Domain*).
- Make a priority list for needed in-service sessions, considering all available internal and external resource (see list of topics in *Possible In-service Topics by Domain*).
- Make contacts and schedule in-services (determine fee involved and if presenter is willing to reduce or waive the fee, and any equipment needed or handouts to be reproduced ahead of time).
- As new staff members are hired and/or as staff skills and experience evolve and grow, there may be a need to repeat the above cycle in the future.

Table 15
Sample Skills/Experience Assessment Form

Name:_____ Date: _____

Please fill in the number of years experience (if any), list duties and activities to describe what was done in that area. On the far right side, check "+" for could train others, "-" for need training, or " • " neutral (don't need training, and could not train others).

Experience In This Area Or Working With This Population	Number of Years	Describe Duties, Activities, etc.	+ Could Train Others	— Need Training	• Neutral
Overall Nursing					
Public Health Nursing					
Nursing Supervision					
Nursing Education					
Maternal-Child Health					
Home Visiting					
Prenatal Care					
Post-Partum Care					
Child Health Care: 1.) Infant Health Care 2.) Toddler Health Care					
Labor and Delivery					
Mental Health					
Community Referral					
Target Community/Census Tracts					
Teen Moms					
Families					
Nutrition					

Experience In This Area Or Working With This Population	Number of Years	Describe Duties, Activities, etc.	+ Could Train	— Need Training	• Neutral
Substance Abuse (drugs, alcohol, FAS)					
Smoking Cessation					
Domestic, Intimate Partner Violence					
Communicable Diseases (general)					
STI's, HIV/ AIDS					
Life Management Skills (e.g., stress management, time management)					
Public Speaking					
Other Relevant Experience (not mentioned above)					

Language, Culture, Diversity Experience

Are you fluent in any language other than English? _____Yes _____No
If yes, what language(s) do you speak_____?

What experience do you bring from your own cultural/ethnic background?

What experience do you have working with populations/cultures/ethnicities different from your own?

Have you ever received training in Cultural Awareness/Cultural Responsiveness? _____Yes _____No
If Yes, please describe:

Is there anything else you would like to add about your background that you bring to the team as an asset or area for growth?

Possible Continuing Education Topics by Domain

Background/Rationale

Initial Education for the Nurse-Family Partnership consists of four separate education sessions, carefully designed to provide nurses with a strong base of knowledge regarding the program model. NFP Initial Education sessions are not able to cover clinical practice issues specific to maternal child nursing and community health; therefore additional continuing education at each implementing agency, *beginning during the early months of program start-up* is required. Assessments of the team's learning needs (using the *Skills/Experience Assessment* form) and factors relevant to potential clients and the community will help guide the selection and prioritization of continuing education topics.

Personal Health

Pregnancy Wellness (Nutrition and Exercise)

Pregnancy Complications (Preterm Labor, PIH, Gestational Diabetes)

Fetal Development

Genetic Testing/Counseling

Preparation for Labor and Delivery

Doula Care

Mental Health/Community Resources (Perinatal Depression, Mood Disorders)

Stress Management/Emotional Refueling

Personal Safety/Self-Defense

Substance Abuse

Smoking Cessation

Environmental Health

Baby/Child Safety

Safety of Housing (Appliances, Furnishings)

Safety of Neighborhood (Assaults, Gang Issues)

Smoking by Others

Communicable Disease Control (Epidemiology, Prevention, Universal Precautions)

Life Course Development

Cognitive/Learning Problems/Barriers to Education

GED (Testing, Education Completion Programs)

Strategies for Assessing and Building Job Skills

Job Training Programs (Financial Aid and Other Support)

Maternal Role

NCAST Keys Study Guides - All Classes

Breastfeeding/Community Resources

Infant Massage

Infant/Toddler Nutrition

Infant Safety Issues (SIDS, Back to Sleep, Shaken Baby)

Immunizations

Infants and Children with Special Needs

Early Childhood Development

Discipline

Relinquishment/Loss of Custody

Family and Friends

Intimate Partner Violence/Community Resources

Role of Fathers/ Adult Male Role Models

Health and Human Services/Miscellaneous

Emergency Services (Food Banks, Transportation, Shelters)

Mandatory Reporting Issues (Child Abuse, Maternal Substance Use, Domestic Violence)

Other Community Services and Resources (WIC, TANF, Medicaid)

Vital Statistics (Birth Certificates, Immigration, Establishing Paternity)

Legal Assistance/ Issues and Resources

Foreign/Sign Language/Use of Interpreters

Introduction to Public Health for Nurses New to Home Visitation

Case Load Management

Serving Adolescent Clients (Developmental Differences, Adapting Ways of Relating/Teaching)

Grief and Loss/Community Resources

Child Health Assessment

Child Abuse/Neglect (Prevention, Assessment, Intervention)

Possible Resources for Finding Presenters

Within NFP nursing team

Within implementing agency

Local universities (schools of public health, nursing, medicine, education, language)

Local high schools

Police Department

Local OB and Pedriatric providers

State/local public health agencies

Local agencies (e.g., WIC, clinics, etc.)

Agencies identified as sources of NFP referrals

Local hospitals

March of Dimes Nursing Modules (designed for independent or small group self-study)

Laying the Foundation for a Strong NFP Team

Rationale

The foundation for a strong NFP team is laid during the early weeks of program start-up. As team leader, the supervisor has an opportunity during this period to clarify the mission of NFP, and to promote the values that will support the development of an enthusiastic, energetic and effective team.

NFP's focus is to improve the lives of vulnerable families, primarily through supporting the growth of young women at a time in their lives when they are open to help. Facilitating and witnessing client growth provides a sense of meaning to many nurse home visitors. Working with high risk families, however, is challenging and often emotionally draining. a supportive work environment – one that values mutual respect, open communication, collaboration and a commitment to reflecting on the work and to growing together as a team is important for every home visitor.

Suggestions

Following are some practical suggestions for building a sense of group spirit, pride, and facilitating the development of a strong NFP team.

- Speak enthusiastically and often to the team about the importance and significance of the work: "We are privileged to be a part of this program – it has the potential for making such a difference in our community!"
- Acknowledge the unique experience and strengths nurses bring to the team. Upon completion of the *Skills/Experience Assessment* form (Table 15) make a statement like: "Wow! We have so much collective wisdom on our team – what a boost for our NFP Program as we get started!"
- Facilitate collaboration and teamwork by encouraging the team to brainstorm ideas at team meetings, and frequently ask the question: "What other ideas do you have?"
- Acknowledge the challenges the team faces during start-up (e.g., many hours spent in education and learning new material) and celebrate accomplishments together. Be a cheerleader for the team.
- Communicate all important information with all staff at all times. The months of start-up are full of meetings and education sessions. Provide a written schedule/calendar of events. A central bulletin board can be a means for communicating changes or new information, but regular in-person team meetings are best. Make calls/send emails to offsite staff.
- Dedicate a team meeting during the early weeks to talking about team-building. The book *When Teams Work Best* is a suggested NFP purchase because of its usefulness (see Table 6, *Order Information for Materials*.) Make and distribute copies of page 29 in the book, and talk together about the six attributes of a collaborative team member. Encourage team members to complete self-assessments on the attributes – it will stimulate further thought about the value of teamwork!

Building Community Partnerships

The three primary reasons for building strong community partnerships are to:

- facilitate community awareness of and ongoing support for NFP through creation of a Community Advisory Board;
- generate and sustain a steady flow of referrals into the NFP Program; and
- gain knowledge of community services *and* relationships with community service providers in order to help clients access needed services.

The need for referrals, client services, and ongoing program support are so vital to the program that the NFP team, with the supervisor's leadership and support, should devote considerable energy to building these important partnerships right from the start.

Fortunately, the team can take advantage of partnerships initiated during the NFP application process. Supervisors are urged to discuss the history of this process with the Implementing Agency administration and/or with the NFP National Service Office contact, in order to learn about key supporters of the NFP application, and in particular, to identify client referral sources. With guidance from agency administration and the NFP National Service Office, the supervisor can then invite representatives from supporting agencies to join the Advisory Board, *being sure to include representatives from primary client referral sources* (in some cases, the Board has been formed prior to the hiring of NFP staff).

The NFP Implementing Agency Agreement states:

The agency will develop a Community Advisory Board with diverse representation (for example: health, mental health, education, criminal justice, youth, business, social services, faith-based leaders, other prominent community organization leaders) to ensure broad-based community support for implementation of the program.

The role of the NFP Community Advisory Board is to:

- Provide a support network for NFP staff and clients.
- Facilitate awareness of NFP in the community.
- Provide assistance in developing relationships with referral sources and service providers.
- Help assess and respond to challenges to program implementation.
- Identify client resources and gaps in client services.
- Consult with the NFP team regarding quality improvements to the program and program expansion, where appropriate.
- Network with local, state and federal entities to generate the support needed to help sustain the NFP Program over time.

The NFP Nurse Supervisor may chair, coordinate or at least actively participate in the Community Advisory Board meetings.

Resources, Relationships and Referrals

Background and Rationale

As noted in *Building Community Partnerships*, NFP staff need information about community resources as well as good *relationships* with service agency personnel in order to facilitate client access to community services and support. Typically, many agencies that provide services can *also* refer clients to NFP. Therefore a critical activity for the NFP team during program start-up is to connect with community agencies to: (1) promote community awareness of the program, (2) generate program referrals, and (3) create a community resource book.

The National Service Office provides materials to help you introduce NFP to referral agencies and potential clients. To order brochures, posters and customized Client Referral Kits please go to the NFP Community > Agency Support > Marketing & PR > Marketing collateral > Order form. Samples of these materials can also be found in the NFP Community Relations Guide. There is no charge for these materials.

To assist with the development of community partnerships, NFP NSO developed the following Tables.

Suggested Procedure

- Compile a list of anticipated service providers/referral sources (see example below).
- Make a plan for contacting agencies via phone calls or visits (team "field trips" are recommended for crucial services or primary referral sources, e.g., Health Department Family Planning, WIC).
- Make contacts, both *giving* information about the NFP Program and referral process (*Table 20, Sample NFP Referral* form, page 99) and *gathering* information (*Table 21, Sample Community Resource Information* form, page 101), including agency brochures for each nurse and extras for clients.
- Put information into a notebook for each nurse (a 1" loose-leaf binder with plastic sleeves works well to hold information sheets and brochures).
- Review and update resource information periodically (task could be assigned to the NFP administrative assistant or to a volunteer).

Examples of Typical Community Resources Used by NFP Clients

1. Abortion counseling, services
2. Adoption counseling, services
3. Childbirth classes/education
4. Childcare information
5. Communication, interpretation and translation services
6. CPR training
7. Dental services
8. Developmentally challenged services
9. Domestic violence shelters
10. Education, GED classes
11. English as a Second Language
12. Family planning/birth control
13. Food resources (WIC, etc.)
14. Homeless shelters
15. Immunizations
16. Infant seeding/lactation
17. Job training
18. Legal issues/legal aid
19. Library resources
20. Low Income Housing
21. Medicaid enrollment
22. Mental Health Services
23. Nutrition counseling/classes
24. Obstetric care providers
25. Parenting classes/education
26. Paternity issues/testing
27. Pediatric care providers
28. Post-partum care
29. Pregnancy testing
30. Prescriptions/drugs
31. Sexual assault/rape crisis
32. Sexually transmitted diseases
33. Smoking cessation
34. Substance abuse treatment
35. TANF benefits/enrollment
36. Teen pregnancy support
37. Transportation
38. Used furniture sources
39. Victim advocacy

Table 16
Sample NFP Referral Form

Client Name: _____ Birth Date: _____

Address: _____

_____

Phone:

H: home _____

C: cell _____

M: message _____

E.D.C: _____ OB/GYN: _____

G P AB Peds: _____

Parental Care Coverage: Insurance ____ Medicaid ____ Both ____ None ____

Referred By: _____

_____

Client is: ____ Aware of Referral ____ Interested ____ Undecided

____ Unaware of Referral ____ Uninterested

Emergency Contact person: _____

Relationship to client: _____ Phone: _____

Address: _____

Directions to and description of client's home: _____

_____

Date referral received: _____ By: _____

Referral outcome: _____

Send form to: (*INSERT AGENCY ADDRESS HERE)*

Adapted from NFP Supervisor, Berrien County, Benton Harbor, Michigan.

Table 17
Sample Community Resource Information Form

Agency name:

Contact person:

Telephone:

Address:

Services provided:

Cost of services:

Eligibility requirements:

Restrictions:

Area served:

Service days/hours:

Other information:

Table 18
Sample Summary of Community Resources and Services Provided

	Warm Welcome	Genesis	Prenatal Plus	Nurse-Family Partnership (NFP)	Community Infant Program (CIP)	Children With Special Needs (CSN)	Early Childhood Connections (ECC)	Special Connections
ELIGIBILITY	Universal program available to all new parents.	Universal eligibility for pregnant teens and parenting teens whose child is 6 months or less at program entry. Serves families through child's 3rd birthday. Genesis makes referrals for teens to NFP, CIP, CSN, etc., as appropriate.	Higher risk pregnant women on Medicaid. Focus on reducing low birth weight. Services continue up to 2 months after birth. Clients cannot participate in Prenatal Plus and NFP at the same time.	First time parents <200% poverty, enter program by 28 weeks gestation. May have other risk factors. Services continue up to child's 2nd birthday.	Families at risk for attachment disorder, postpartum depression, child abuse/neglect, other multiple risk factors. Referrals accepted prenatal up to 12 months. Serves families up to child's 3rd birthday.	Children with or at risk for special health care needs, includes financial assistance for children up to 21 years who qualify for Full Service Benefits.	Families with children eligible for Part C of the IDEA, i.e., birth through 3 years of age with significant delays in one or more areas of development, very low birth weight, or certain diagnoses.	Pregnant and postpartum women have, or have a history of, substance use. Clients cannot participate in Special Connections and Prenatal Plus at the same time.
REFERRALS	Referrals come from hospitals, doctors, WIC, other programs and agencies.	Referrals come from clinics, WIC, current Genesis clients, multiple agencies and programs.	Referrals come from WIC and multiple agencies and programs. Clinica Campesina, Longmont Salud Clinic, and Genesis are the programs which participate in Prenatal Plus.	Referrals for non-teens come from WIC, clinics, Social Services, other agencies and programs. All teens are to be referred to Genesis, which determines if referrals are appropriate for NFP, CIP, etc.	Referrals come from WIC, Genesis, Social Services, clinics, other agencies and programs.	Referrals come from NICUs, clinics, CRCSN, ECC, CIP, Genesis, other programs.	Referrals come from NICUs, clinics, health care providers, Social Services, WIC, etc.	Referrals come from Social Services, Genesis, CIP, clinics.

	Warm Welcome	Genesis	Prenatal Plus	Nurse-Family Partnership (NFP)	Community Infant Program (CIP)	Children With Special Needs (CSN)	Early Childhood Connections (ECC)	Special Connections
SERVICES PROVIDED	Volunteers make prenatal and postnatal home visits. Provide a gift, information on parenting, newborn care, promoting baby's growth and development, community resources, etc. Genesis and NFP staff will provide Warm Welcome services for clients they serve.	Staff provides prenatal and parenting education, role modeling; monitor child development, Medicaid, ensuring adequate prenatal care, meeting basic needs (food, shelter, transportation, etc.), and contraception. Staff nurse provides health-related supportive services.	A nurse paraprofessional conducts home visits. The program helps with Medicaid, nutrition, tobacco use, birth control, infant care, and other things important to families.	Multiple home visits by RNs, serving up to 100 families. Nurses provide counseling, guidance, support, and case management. Use curriculum and resources designed to improve parental outcomes, improve child health and development, family self-sufficiency.	Multiple home visits by a therapist and/or nurse. Intensive parent/infant psychotherapy to promote attachment, child growth and development, and family health and well-being. Case management services include close coordination with multiple community service providers to facilitate an effective community care plan, referrals to appropriate community resources, e.g., housing, Parenting Place, etc.	Public health nurses provide resource and referral information, coordinate care, make home visits as appropriate for children from birth through 5 years of age.	Service coordinators visit home at least every 6 months to develop or update service plan (ISFP). Inform families of financial resources. Provide educational and safety information, answer questions about child growth and development. Provide resource and referral information.	Psychiatric consultation, individual and group counseling, education counseling, help with smoking cessation, help with transportation and child care, referrals to other agencies. Rarely able to make home visits.

Adapted from Boulder County Health Department. *Continuum of Home Visitation Services for Families with Young Children in Boulder County.* Boulder, Colorado.

NFP Implementation Checklist

Prior to NFP Unit 2

Essential Tasks:

- Talk to your NFP National Service Office Nurse Consultant about:
  - » Implementing Agency Orientation Packet (this document!)
  - » Agency application and budget
  - » How to register for NFP Initial Education (Units 1 & 2)
  - » Your NFP State Nurse Consultant (if applicable)
- Access ETO to complete a *New Hire Form* assessment for each staff person hired. **Please note**, you are required to complete a *New Hire Form* for all new/replacement staff, as well as the *Profile of Program Staff - Update* when positions are terminated or roles change.
- Register each new hire for NFP Initial Education Unit 1 & 2
- Complete *NFP Unit 1* & *NFP Supervisor Unit* 1 including PIPE and online assessments
- Provide time and place for all staff to complete NFP Initial Education Unit 1, PIPE and online assessments
- Order all required PIPE and NCAST materials (see Tables 4 – 6).
- Schedule time for in-depth consultation with your Nurse Consultant (your Nurse Consultant will initiate contact with you.)

Important:

- Develop a resource book of service providers.
- Prepare the facility – workstations, storage, filing; purchase supplies and equipment.
- Have staff complete the *Skill/Experience Assessment* form.
- Identify potential client referral sources in the community.
- Have National Service Office staff identify the nearest NFP agencies for networking and mentoring.

Recommended:

- Review your agency's NFP application and budget.
- Complete most critical in-service sessions according to identified staff learning needs.
- Review the NFP Community Relations Guide.

After NFP Unit 2

Essential Tasks:
(In addition to any uncompleted items above)

- Review ETO User Manual and obtain ETO user name/password.
- Develop client consent form for data collection.
- Obtain client referral sources and enroll clients.
- Order NFP marketing materials (brochures, posters, client referral kits, and nurse recruitment resources) for clients and agencies that are free of charge. You may also develop marketing materials using the NFP Logo Toolkit & Usage Guidelines and the NFP Photo Library.
- Implement Reflective Practice: regular one-on-one supervision, case conferences, team meetings and joint home visits.
- Implement study/practice sessions for staff to become familiar with NFP materials including the Team Meeting Education Handbook.
- Set aside time for all staff including supervisor to complete Unit 3 assignments
- Implement infrastructure for program operations.
- Complete the *Profile of Program Staff - Update* in ETO to notify the NSO of an employee's termination or change in status.
- Schedule and complete additional in-services as indicated by nurse learning needs.
- Attend NFP Community Advisory Board meeting.
- Facilitate community awareness of NFP.
- Identify mental health services for clients.
- Facilitate nurses' familiarity with community resources for clients: take field trips; obtain brochures for resource book, in-services provided by community agencies, etc.
- Complete additional continuing education based on staff learning needs.

Important:

- Identify potential mental health consultant for case conferences (preferably with nursing background).
- Collaborate with local community home visiting programs serving pregnant women to develop partnerships and appropriate referral network.
- Use the online form on the NFP Community to post a job.

Closing Thoughts

Our Mission

Empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting.

Our Vision

Children are healthy. Families thrive. Communities prosper. Cycles are broken.

Dear Implementing Agency Staff,

Thank you for making a commitment to implementing Nurse-Family Partnership and supporting its mission and vision. It takes something special to do this work and we will be here to support you. Changing the trajectory for young families' lives is the most rewarding work we know of and we welcome you to our effort.

We hope you will find your work with Nurse-Family Partnership to be as special and fulfilling as many of our nurses do:

"Many of our clients lead complicated lives. It is rewarding to watch them grow and know we played a part in helping them build better futures for their families."
- Johanna, RN, Nurse-Family Partnership - Houma, Louisiana

"In all my years of [nurse] home visiting I never had a client call me to ask me to bring certain materials that she wanted to work on to the visit. This program is different from the very first visit."
- Diane, RN, Nurse-Family Partnership - Yakima Washington.

Or perhaps a client can express it best:

"My nurse helped me set goals and made me see that I could do so many other things, most importantly she helped me see that I could provide a secure life for my baby."
- Nurse-Family Partnership client

Sincerely,

Nurse-Family Partnership
National Service Office Staff

