

NFP International

Annual Report 2020-2021

Scotland: Supervision -
accompanied visit via
telehealth



Introduction from Dr. Olds

Dear colleagues,

It is hard to believe that a year has passed since we last connected through this International Team report and I would like to extend my best wishes and a warm welcome to our new Clinical Leads and license holders who have joined us in 2021. It is also incredible that we are continuing to work within the constraints imposed by the Coronavirus pandemic, whilst delivering NFP to families and caring for our own loved ones; and I do hope this finds you and yours well. I continue to be amazed and humbled by the ability of the NFP nursing workforce in all countries to work flexibly and with incredible dedication to ensure that the families they serve have continued to benefit from their support during this very difficult year and I take this opportunity to thank them again for their enormous efforts over the last year.

Over 40 years of continued Investment in NFP is due in no small part to the rigorous testing and evaluating of NFP and examining its impact on the communities served. Consequently, I am delighted that colleagues in Australia are progressing their evaluation, Norway is commissioning an RCT, Bulgaria will shortly be commencing their outcome evaluation and British Columbia (Canada) will shortly be publishing the results of their RCT. We await the outcome of all with great excitement and look forward to the opportunity for new learning. Consistently we have learned across the 4 decades that NFP benefits those with the least psychological, economic, and social resources.

As resources become scarcer everywhere (especially due to the global debt incurred through the COVID-19 response) NFP needs to target the families who we know will benefit most. Simultaneously we need to evidence this through data and a strong NFP narrative. It is reassuring therefore to see several countries investing in advanced IT systems and data collection processes that will make this process easier.

Working closely alongside you and the families you serve is enhancing our international understanding in how best to support change for the better. I thank you for your on- going dedication and I look forward to seeing you at your next Annual review meeting!

Sincerely,
Dr David Olds

Background

The NFP international team is located within the Prevention Research Center for Family and Child Health (PRC) at the University of Colorado, Denver. Alongside the ongoing implementation of the program in the United States, the NFP International team is currently supporting the implementation/evaluation of Nurse-Family Partnership (NFP) in seven other countries: Australia, Bulgaria, Canada, England, Northern Ireland, Norway, and Scotland. This annual report for 2020/21 provides international partners with a summary of the activities of the international team and the progress of other countries during the 12 months from September 2020.

Under licensing and consultancy agreements, the NFP international team supports international implementation, evaluation and ongoing improvement of the program in the following ways:

1. Providing individualized guidance and consultation to countries regarding adapting, testing, implementing, evaluating and continually improving NFP in their unique contexts.
2. Facilitating communication, collaboration, peer support, and the sharing of resources amongst countries
3. Updating/developing guidance documents and program resources, drawing on the experiences of all countries.
4. Leading focused projects based on priorities identified in collaboration with the Clinical Leads from each country
5. Updating and maintaining the international NFP website, including creating opportunities for accessing international program innovations, resources, forum discussions, educational materials, and NFP news updates.
6. Meeting with each country to review their annual report, reflect on their progress and agree priorities annually at an Annual Review meeting
7. Sharing new NFP international research outputs from all countries via the website and through the international research seminars.

Promoting NFP internationally as a program that practices structured, but adaptive, implementation and maintains its international reputation for effectiveness and quality.

The two organizations supporting NFP from Denver: Prevention Research Center and National Service Office

As you are probably aware, there are two bodies supporting NFP from Denver: the Prevention Research Center (PRC) and the NFP US National Service Office (NSO). The two organizations work closely together but are separate entities with different purposes. The primary differences are:

The Prevention Research Center (PRC), located at the University of Colorado, focuses on new and continuing research on the NFP model. Any changes to the core components of the NFP model must first be researched and approved by the PRC. Dr. Olds and the research team also continue to follow-up participants in the US trials and report on long term findings. In addition, Dr Donelan-McCall and her team provide the Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) education and support for NFP implementation. The PRC also provides expert guidance and support to the international implementation of the NFP program.

The NFP National Service Office (NSO), located in Denver, Colorado, is a separate, non-profit organization with responsibility for implementing NFP in the United States. This includes providing NFP leadership, education, marketing materials, philanthropic support, and nursing consultation. The NSO develops, evaluates and implements NFP program improvements in the USA that do not change the Core Model Elements, such as the STAR framework, often in collaboration with the PRC.

The Prevention Research Center Update:

Current Projects: The research team at the PRC are currently engaged in further NFP studies in five funded areas:

1. Memphis 29-year Follow up

- a. Objectives:
 - Analyzing the emergence of cardio-vascular disease, chronic kidney disease, type-2 diabetes, and premature mortality among both mothers and their first-born offspring from the original NFP trial population in Memphis.
- b. Timeframe: 6/01/2020 to 5/31/2024
- c. This project is undertaking continued investigation of long term health outcomes among mothers and offspring enrolled in the second NFP trial, which focused on very low-income, primarily African American (89%) women and their offspring. Previous assessments were conducted at registration, at the 36th week of gestation, and at the child's 6th month and years 1, 2, 4.5, 6, 9, 12, and 18. Eighty five percent of the randomized mothers and offspring were assessed at the most recent 18-year follow-up.

2. NFP and Multiparous women :Quasi-experimental design study

- a. Objectives:
 - Estimate NFP impact for key outcomes among multiparous women (multips)
 - Identify potential mechanisms of action that explain NFP effects among multips
 - Generate risk categories/profiles from electronic medical record (EMR) clinical data and compare to NSO generated risk profiles
- b. Timeframe: 1/01/20 to 3/30/22
- c. Target population and data sources: We are collaborating with 3 NFP sites that participated in the formative study of NFP for multips and associated health systems to identify a group of multips who received NFP through the formative study and a comparison group of similar multips within the health system who did not receive NFP. We will use data from each health system's Electronic Medical Record (EMR) to measure impact. Includes ~450 multips who received NFP and 900 to 1000 multips who did not receive NFP (comparison group).

3. Role of organizational context & community commitment in NFP program implementation and client retention

- a. Objectives:
 - Examine variation in program implementation by organizational factors
 - Identify potential mechanisms of action that explain effects of organizational factors on client and nurse retention
 - Data collection for quality improvement and program implementation evaluation
- b. Timeframe 10/01/20–12/31/22
- c. Target population and data sources: All U.S. NFP sites are participants: Data sources include: 1) NFP implementation data, 2) surveys, and 3) qualitative case studies of high and low performing sites (based on client and nurse retention)

4. Systems for Action–Aligning Health and Social Systems to Expand Evidence-Based Home-Visiting

- a. Objectives:
 - Assess degree of collaboration by site between NFP and cross-sector providers including healthcare systems and social services
 - Estimate the relationship between site-level collaboration and NFP program outcomes
 - Identify and disseminate best practices of successful collaboration with health systems and social services
- b. Timeframe 06/01/20–05/30/23
- c. Target population and data sources: All U.S. NFP sites are participants. Data sources include: 1) surveys of NFP supervisors and administrators regarding collaboration with cross-sector providers and agency funding respectively; 2) NFP implementation data; and 3) selected NFP sites with high collaboration and high client retention are participating in qualitative case studies.

5. NFP late enrolment: Florida project

- a. Objectives:
 - Describe characteristics of pregnant women referred to NFP after 28 weeks pregnancy, reasons for 'late' referral, women's rates of enrollment and reasons for not enrolling
 - Determine how women enrolled in NFP after 28 weeks may differ from women enrolled 'on time'
 - Explore use of existing state-level data such as those from child welfare, Department of Health, and, possibly, Medicaid for measuring impact
- b. Timeframe: 1/01/20 to 3/30/22
- c. Target population and data sources: NFP sites in Florida that started enrolling women after 28 weeks pregnancy in January 2020 (as of 9/13/21 the sites have enrolled 51 clients after 28 weeks).
Data sources for this project are:
 - Qualitative interviews of NFP nurses and supervisors, community partners, and late enrolled mothers
 - Perinatal risk screen (completed for all women in the study at first prenatal visit; provides data on risk factors at referral)
 - Healthy Start services data (completed for all women with positive risk screen; provides referral and enrollment data)
 - Birth certificate data (completed for all births; provides impact data)
 - Florida child welfare data (child abuse reports and responses; provides impact data)

Future planned research projects: dependent on receipt of funding

1. Randomized Clinical Trial of NFP for Women with Previous Live Births (multips)

- a. Objectives:
 - Determine the impact of NFP among multiparous women (multips) for reducing maternal morbidity and improving pregnancy outcomes
 - Determine the impact of NFP among index children of multips for reducing injuries and improving language development
 - Describe siblings in the context of home-visiting and evaluation impact of NFP for siblings
- b. Timeframe: If funded, 04/01/21 through 03/30/26
- c. Target population and data sources: 800 pregnant women with previous live births would be recruited; 400 would be randomly assigned to receive NFP and 400 to receive 'usual care' that could include other community-based services; proposed to conduct study in partnership with NFP sites in Ohio. Data on impact will be collected by research assistants who are part of the study team and will include data collected directly from study participants and review of their health records.

2. Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH)

- a. Objectives:
 - Evaluate the effect of NFP augmented by the National Diabetes Prevention Program (DPP) on maternal and offspring cardiovascular health metrics.
 - Assess the degree to which social determinants of health modify the effect of the intervention on maternal and offspring cardiovascular health outcomes.
 - Examine the implementation of the intervention and potential for sustainability using a mixed-methods approach
- b. Timeframe: If funded 05/01/21 through 04/30/28
- c. Target population and data sources: Pregnant, first-time, low-income mothers with risk factors for poor cardiovascular health who are seeking prenatal care at Denver Health will be randomly assigned to usual care or NFP augmented by DPP. Data on impact will be collected by research assistants who are part of the study team and will include data collected directly from study participants. We will also collect data on implementation via interviews with NFP team members and providers at Denver Health.

Updates provided by each NFP implementing country

We are delighted that every country has taken this opportunity to share the key features of their work over the last year as well as indicating their expected priorities for the next twelve months.

Australia

The past year has been a busy time with some big changes for the Australian Nurse-Family Partnership Program (ANFPP). The National Support Service (NSS), which is part of Charles Darwin University, now supports the delivery of the program in 13 health service sites across the country.

Education is a vital key to successfully delivering the ANFPP. As such, the NSS has tailored the home visiting teams' education modules to focus on cultural and psychological safety, trauma informed care and program delivery. In addition, two clinical psychologists have joined the NSS team and have helped develop a new reflective supervision curriculum for nurse supervisors.

Another major development for the Australian program is the trial and roll-out of the Growth and Empowerment Measurement (GEM) tool across all sites. GEM is a strengths-based, validated tool developed with and for Aboriginal and Torres Strait Islander people. It measures psychological and social empowerment of women throughout the time they are engaged in the program.

The NSS has also focused on improving data systems and reporting, with better communication around data completeness and quality reporting processes with sites. This has been challenging, but the NSS are working hard to find solutions to issues across two different data systems.

Lastly, due to Covid restricting face-to-face interactions, Australian staff have adapted to all core curriculum education via online training. Participants say learning on Zoom can be challenging, but they enjoy the opportunity to learn and collaborate with the education team and peers from other sites across the nation.

A word about our clients: Jannali's not letting anything stop her

Proud Aboriginal woman and recent ANFPP client graduate, Jannali Fermor, is one of the newest Family Partnership Workers (FPWs) to join the Australian team.

"When I was in the program, I absolutely loved what everyone did - the nurses and the FPWs. For me it was great. I had a great connection with them. They were the only people that I could talk to," says Jannali. *"This is so good for mums. They can help with so many things. And it's a struggle when mums don't reach out for help,"* she says. *"I thought this is a great way for me to help mums and I can be a big inspiration to them. I can then be a mentor for them."*

Jannali has nearly finished her Diploma of Community Services and plans to go to university next year to start her Social Work Degree.



From left: Wurundjeri/Kamilaroi woman and new Family Partnership Worker, Jannali Fermor; her daughter, Nirramar; and their Nurse Home Visitor, Lutfiye (Lulu) Elmaz celebrate Jannali's recent Australian Nurse-Family Partnership Program graduation at Rumbalara Health Co-operative, Shepparton, Victoria.

Bulgaria

Because of the worsening COVID-19 conditions in the second half of 2020, NFP teams in Bulgaria continued working in a hybrid mode - through telehealth with families in possession of a phone or other communication devices, and occasional in-person home visits. Before the pandemic, the ratio between home visits and telehealth was 90% to 10%. For the last year, this has shifted to 60% telehealth and 40% at-home visits.

To continue delivering the service in a structured and sustainable way during the COVID-19 waves, the implementing agency Trust for Social Achievement (TSA) successfully applied for an external funding which secured tablets with a 12-month internet plan for all active clients in the capital city of Sofia. The devices were distributed early 2021 and used for telehealth contacts. By the end of June 2021 all in-person home visits were resumed in both NFP locations.

In addition to improving their computer skills resulting from the use of telehealth, nurses also raised their sensitivity and awareness on the topics of diversity and inclusion. Both teams went through an internationally recognized Embracing Diversity training. Additionally, Site 2 team completed all 5 trainings from their ongoing education plan for 2021 - on ECD, Attachment Parenting, Case Management, Field Work and Child Protection.



To strengthen TSA's sustainability efforts for the NFP program in Bulgaria, the central team completed an 8-week project for receiving pro-bono consultations by an expert team of the international corporation 3M. The weekly collaboration between TSA and 3M produced a marketing/fundraising strategy for NFP to help the central team solicit individual donations. Moreover, in June 2021 TSA received a direct financial support in the amount of USD 5,000 by 3M through their corporate partnership with Global Giving.

As usual, in the last 12 months visibility has been high on the agenda of the central team as well - one National Advisory Board and five Local Advisory Boards had their regular meetings to engage stakeholders on a national and regional level. Also, NFP was represented with pictures and a short text in the newest edition of Encyclopedia "Bulgaria" by the Bulgarian Academy of Science (published in June 2021).

In the reporting period, TSA has finalized the NFP study design for the Phase 3 impact evaluation of the home-visiting service. Structuring the study, which will take place in 2022, was a 6-month process of regular communication with a research team from the Utrecht University and the NFP International Team. Contracted field agency will implement the study as one of the major milestones on the way to NFP's national dissemination.

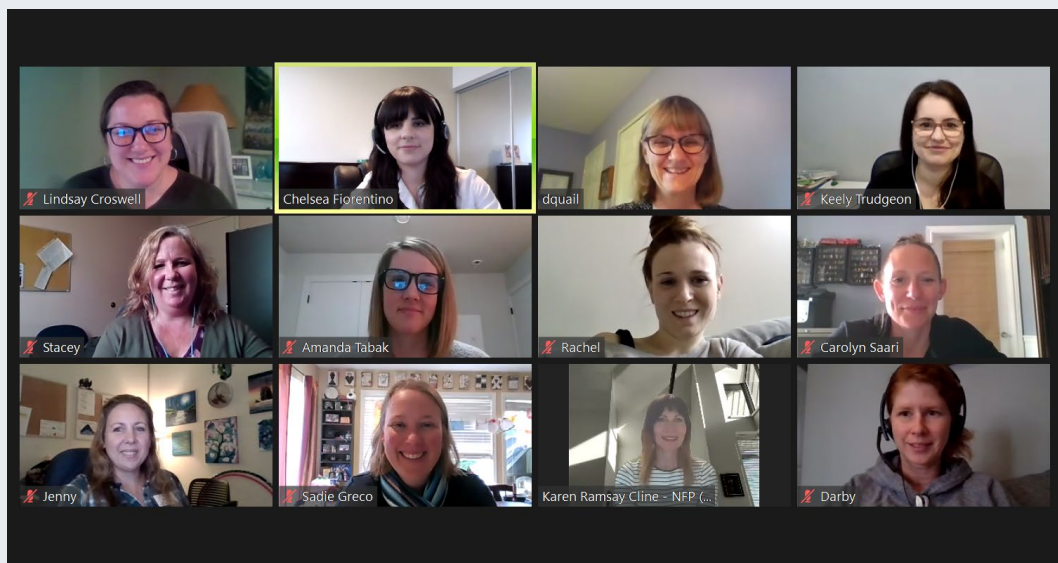


British Columbia (BC), Canada

BC has continued to offer the Nurse-Family Partnership (NFP) program effectively and safely over 2021 and the program is in Phase 3 of NFP Implementation.¹ The Ministry of Health Clinical Lead and Analyst, both new to their roles as of early 2021, along with health authority delivery partners have continued to implement NFP during the COVID-19 pandemic. BC generally delivers NFP across four health authorities with 48 part-time and full-time NFP nurses and 6-7 supervisors in 70 communities (including some First Nation communities) with one newly opened site in 2021. Although one health authority had to temporarily pause NFP since October 2020 due to the COVID-19 pandemic, BC is currently actively supporting their transition back to NFP by planning a session this fall.

So far in 2021, BC has hired a total of seven new NFP nurses and one new supervisor. BC's Ministry of Health NFP Team, along with support from health authority partners, has provided Unit 1 education to four BC nurses that were hired in the spring. We successfully collaborated with Ontario's NFP team to provide a 6-day virtual Unit 2 NFP training session for a total of eight new NFP nurses across Canada. Cohort 12 and 13 nurses also successfully participated in IPV training this year. New nurses hired in the summer of 2021 are currently completing NFP Unit 1 education and will be participating in virtual Unit 2 training through the University of Colorado Denver in September 2021. BC is also beginning to develop a Sustainable Education Plan/Strategy to outline research and options for the delivery of NFP nurse and supervisor education.

The BC Healthy Connections Project team (leading the Randomized Control Trial) is currently working on completing analysis and publication of Child Two-Year Findings along with other planned reports. The Ministry of Health has been working hard over the past several months undertaking strategic planning, engaging with key partners, and holding discussions with the NFP Canadian Collaborative to prepare for these results and transition to Phase Four of program adaptation and implementation. Further engagement and analysis will be undertaken this fall regarding NFP and how it fits within the continuum of enhanced prenatal services for families susceptible to vulnerabilities in order to support this population and set the stage for the future.



Unit 2 NFP Virtual Education - BC and ON - April 27, 2021

¹ Catherine NLA, Gonzalez A, Boyle M, Sheehan D, Jack, SM, Hougham K, McCandless L, MacMillan H, Waddell C. for the BC Healthy Connections Project Scientific Team. (2016). Improving children's health and development in British Columbia through nurse home visiting: A randomized controlled trial protocol. BMC Health Services Research, 16, 349 – 362. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1594-0>

Canada – Ontario

Since August 2020, Public Health Nurses (PHNs) in Ontario have continued providing the NFP program across five sites. Almost 2/3 of visits in 2020 were completed by phone or virtually. Our PHNs have dedicated themselves to engaging and supporting clients during exceptionally challenging circumstances. Many have worked exclusively from home while balancing the demands of caring for family and acting as sources of support and evidence for friends and loved ones. Our NFP community has stayed connected through monthly video calls facilitated by the Nursing Practice Lead, sharing new resources and discussing emerging practice questions.

“From day one, my Nurse Family Partnership Nurse Ellen - sounds funny that I even say “my nurse family partnership nurse” because over the course of time Ellen become such a huge influence and support in my life as well as my daughters. She has been there- above and beyond- in every aspect- the tough times and the most exciting times. This experience is more than I could have ever imagined. I will forever be grateful for all the support and kindness throughout our journey.”



Ellen (center)- Region of Niagara NFP Public Health Nurse and her client and client's daughter.

Key Achievements

- Successfully planned and completed our first two cohorts of virtual education, in collaboration with British Columbia
- Since March 2020, all five sites continued to successfully provide service during the COVID-19 pandemic using practice innovations and adapting to service changes, staff redeployments, and working from home
- Implemented enhanced data collection, analysis and reporting while planning for additional and ongoing enhancements in the following year

Ontario's 2020 data identified:

- 475 unique clients (that participated in the program during the reporting period)
- 314 active clients (not discharged/graduated as of Dec 31, 2020)
- 192 new clients referred, with 91% of these referrals eligible, and 88% of eligible clients successfully enrolled
- 89% “lifetime” enrollment rate (includes 2019 and 2020 data)

Key 2021 Priorities

1. Continue implementing planned data collection and analysis enhancements by:
 - a. Strengthening definitions of client interactions in data collection and reporting
 - b. Capturing prioritized indicators
 - c. Initiating process of establishing benchmarks in Ontario for all Core Model Elements
2. Engage in post-RCT planning for Ontario as the BCHCP study results approach publication
3. Continue planning process for gathering client experience data, including the experience of Black and Indigenous participants, to identify NFP implementation strengths and areas for improvement

England

A year of change, challenge, and opportunity

This year has been one of responding to the pandemic, adapting to the changing context, and implementing key developments to the program in England. The implementation of a [more personalized delivery model](#), and the introduction of Turas, the new information system, have taken place, enhancing work with clients and enabling the capture of refined program data. Meanwhile, the transition of the Family Nurse Partnership (FNP) National Unit into [Public Health England \(PHE\)](#), a government agency, meant that we could contribute directly to critical work on vulnerabilities, safeguarding, and inequalities, as well as the Covid-19 incident response and the [Best Start in Life](#) framework - a key strategic priority for PHE.



During the pandemic, family nurses showed incredible resilience in adapting to a new and challenging environment. Nurses remained client focused, ensuring that vulnerable young families were safeguarded, and clinical quality and program delivery were sustained. Learning and insight from delivering FNP during this time were captured and shared with the Covid-19 NFP International Project, as well as with PHE, allowing us to advocate at a national level for the needs of vulnerable families during this unprecedented time.

A significant development was the publication of the [Building Blocks 2-6](#) study by [Cardiff Centre for Trials Research](#) on the impact of FNP for children aged up to 6 years old on safeguarding, child development, and school attainment. These [findings](#) showed that the children of young parents who had enrolled in FNP were 26% more likely to achieve a good level of development across all 17 early learning goals at age 5. This advantage was shown to persist in early education attainment at age 7, particularly for boys, the children of mothers aged under 16, and mothers not in education, employment, or training. The findings were welcomed by [organizations and influencers](#) across the early years sector.



It has been rewarding to share the findings with stakeholders and to have rich discussions on the contribution FNP makes to improved outcomes for children. Leveraging this valuable learning continues to inform our future workplans. The pandemic highlighted significant health and social inequalities in England, and the FNP National Unit is leading work to widen the impact of FNP by developing a public health approach to supporting sensitive and responsive care giving for all vulnerable families. This work will develop over the coming year in collaboration with stakeholders at national and local level.

The FNP National Unit team itself has grown with new staff roles strengthening our site support, quality improvement, and project management work, whilst deepening our knowledge of the commissioning landscape, and focusing our commitment to nurse-led quality improvement and evidence-based clinical practice.

One outcome of the UK government's pandemic response has been a restructuring in how public health is to be delivered in England. Looking to this exciting future, we will continue to promote the growing evidence for early intervention, use data to drive improvement in program implementation, and firmly embed clinical leadership and best practice. As always, at the heart of our work, the experiences, and voices of FNP clients will remain.

Northern Ireland

This past year has been challenging but our FNP teams have continued to provide a high-quality service to children and families throughout the COVID-19 pandemic, placing the client and family at the center of care. The innovative way teams have been working has ensured that those most vulnerable in our society continued to have access to their family nurse during pregnancy, infancy, and toddlerhood. Nurses became creative in delivering the program remotely. They sent materials via email and apps, as well as finding other ways to meet with clients within the rules of public health measures, such as socially distanced walking visits, driveway visits and visits in other open-air spaces. Virtual Cook It sessions continued and it was lovely to see clients increasing in confidence and availing of social and peer supports in addition to developing their culinary skills!

Keeping in touch with each other has never been more important. During the year teams across all Health and Social Care Trusts engaged in virtual ECHO sessions monthly. ECHO is a virtual platform which brings together specialist teams and expert speakers and educators to provide opportunities for teaching through case presentations. The methodology helped support FNP program delivery and service improvement, enhance the knowledge and skills of staff and provided an environment for collaborative reflective learning. It also ensured that not only were we able to share experiences whilst working in the Pandemic, but we could come together to develop new skills and learn from each other whilst ensuring ongoing peer support. ECHO has provided a platform to engage with Teams regionally, bringing staff together remotely for learning and quality improvement through collaborative education, something that would have been otherwise unachievable during the Pandemic. Some of the topics covered included: The Impact of Covid-19 on the delivery of FNP in NI, Team and Self Care, Bruising in Pre-Mobile Babies, Perinatal Mental Health, Contraception, Smoking Cessation, The Teenage Brain and acceptance of Pregnancy, Trauma informed Care. The midpoint evaluation was extremely positive with all teams finding it beneficial to practice and supportive during uncertain times. The final evaluation results will be shared in due course.

With Transformational funding, we have been able to recruit two additional Family Nurses into each team. Further funding has been secured recently and we are in the process of recruiting an additional Family Nurse into each team. This will help ensure an equitable, accessible service across Northern Ireland and will aid the embedding of FNP across the local strategic picture for families.

Priorities for Next Year

Our priorities will be to continue to provide a high-quality service to our clients and families through Integration and partnership working, which is central to the success of FNP implementation in Northern Ireland. We will continue to reinforce the key messages of FNP amongst our colleagues across the province, helping FNP integrate and work effectively with other services strengthening and developing the desired partnership working approach.

- We plan to continue to bring teams together remotely for learning and quality improvement through collaborative education sessions. A curriculum planning day will be arranged regionally to decide on topics for the coming year.
- Work on our Information system remains ongoing to improve its functionality, usefulness, and quality.
- Through our Quality Improvement process we aim to provide a consistently safe and high-quality program across Northern Ireland replicating and delivering FNP according to the research, thereby maximizing the potential benefits for children and families.

Young Mums Graduate from the Family Nurse Partnership Programme

A proud group of local, young, first time mothers recently graduated from the Family Nurse Partnership programme within the Southern Health and Social Care Trust. The young women, who signed up to the programme in 2018 enjoyed the celebration at Dyan Mill Farm. COVID 19 restrictions required an outdoor venue and social distancing.

Despite the showers, the young families had a fun day at the farm which has an amazing selection of animals and play equipment. In a message of congratulations to the new graduates, Heather Trouton Executive Director of Nursing said: *Being a parent is so rewarding but, as all of us mums and dads know, it isn't always easy. We all want the best for our children and sometimes we can worry about what is best. Family Nurse Partnership is a great example of how, through early intervention, we can focus on the future health and wellbeing of child and mother, improve social and educational outcomes, and have a positive influence on the long term outlook for families.*

The FNP team would like to congratulate and thank all their clients. *We hope you are proud of how far you have come because we are extremely proud of you!*



Rachel and Louis



Aine and Cahán



Laura and Kenzo



Ethan enjoys the swings



Layla, Victoria and Jamie

I just want to say a huge thankyou from the bottom of my heart. I honestly would not be the mother I am today, if it wasn't for your guidance.



Stilyan chases bubbles



Kenzo on a tractor



Ben joins in the fun



Natalie and Archie

Norway

A major achievement for NFP Norway was when the government presented the National budget for 2021 in October last year and revealed the decision to move into phase 3 of the NFP program. This major milestone is partly a result of thorough follow-up of the real-time evaluation (2016-2019) conducted by the external research agency Work Research Institute at the Oslo Metropolitan University which presented promising results and findings of the program implementation in Norway. Entering phase 3 implies that the program is being expanded to three new geographical sites in addition to the existing two sites and that an effect evaluation is currently being commissioned.

The new sites include varied geographical contexts and is an opportunity for the program to gain useful experience in view of a possible phase 4. There was a wide interest among local authorities to join the expansion of the program. Currently there is an ongoing process to recruit staff to the new teams in the new sites, and to strengthen the teams in existing geographical areas as these are also being expanded in view of the effect evaluation. There is a high interest to join the teams and the program will probably be able to select highly qualified staff for the expansion. This expansion is key to secure a sufficient selection basis for the effect evaluation.

Phase 3 and the expansion demands a lot of extra capacity at the level of the National office which has been strengthened with new positions and is now well equipped for the task.

Various administrative issues such as setting up agreements with local authorities and designing the organizational set up when several local authorities are included in one site, including where to locate the teams, are all time consuming but important tasks to settle in dialogue with local authorities.

The celebration of the program expansion to phase 3 had to be postponed from December to this summer due to COVID-19. It was a great celebration full of energy and was considered as important to appreciate the hard and consistent work by the Teams and the National office throughout phase 2.

In terms of implementation of the program in a year where COVID-19 dictated a lot of restrictions the National office and the teams had to adapt and change the follow-up of the families depending on their situation and wishes. Many families were still visited at home, while some families preferred follow-up via Teams and phone calls. The NFP program and the follow up by the family nurses got even more important, as many participants and their families experienced other public services closing down their services from one day to the other due to the pandemic.

Key priorities next year:

Top priority for next year is to start the effect evaluation. It implies that all new team members must have received their first formative NFP training up-front planned for December. It will also be important to establish good communication lines within each of the new sites and the local Team, as well as the National office to secure relevant referrals to the program and to solve organizational issues that arises. A second priority is to secure that the Norwegian government receive the type of update and information that they are requesting about the program. Thirdly to have all the necessary agreements settled both at the level of the Directorate and RBUP as well as at the level of the sites between local authorities and the National NFP office.

A very last key priority is to try to improve the working relationship with the Health Directorate and have them involved in the effect evaluation if possible, as well as future thinking about the organizational set up of the program and governance structure and license quality assurance from national to local level.

Scotland

The past 18 months have been a significant period in everyone's life. It is important to emphasize that all staff in FNP Scotland have worked harder than ever before during this very difficult period of the COVID-19 pandemic. There has been very little absence and even when isolating staff have continued to connect with clients and one another via digital methods; there is strong evidence that the service continued to be delivered to our clients, albeit in different ways. The support that staff have given to clients and one another has been unfaltering and phenomenal.

FNP sites have been instrumental in introducing new ways of working including the use of remote technology to clients. National guidance and education was provided to all sites during lockdown periods on how to visit clients remotely and gave guidance on essential face to face visits required during various stages of the pandemic. An [evaluation report](#) was commissioned to explore the experience of the family nurses and clients in Scotland during the COVID-19 pandemic: including initial findings on service delivery, mode of delivery, dosage, materials and resources.

We are really proud that many pieces of QI work have, although taken longer and needed to be adapted, have continued during the time of the COVID-19 pandemic. We have been required to make quick changes to working patterns and how we connect with clients. This work has been challenging and time consuming.

- We are delighted to be able to share the [FNP Scotland Education Strategy](#) with you. This has been developed by the FNP Education team through wide consultation and collaboration with our key stakeholders. They also created an [animation](#) exploring the development of the strategy.
- Following a thorough analysis and review of all aspects of the Supervision process and procedures in Scotland, [new supervision guidance](#) has been produced. This has been a considerable piece of collaborative work and will assist with the standardization of FNP Supervision processes across Scotland.
- Work has commenced on the high level 10yr data analysis of FNP in Scotland
- Scottish Government have commissioned Cardiff University to undertake a [Data Linkage Study](#) using a natural experiment approach. The study will use data on participants from the initiation of FNP in Scotland to 2016, with an intervention and a control group of over 3,000 individuals in each. The project has been externally commissioned by the Scottish Government and is managed by the FNP Analytical program manager. Data is currently being analyzed. Initial findings will be presented internally late in 2021 with full findings report published by early 2022.
- The Scottish Government has committed to the education and development of a [Trauma informed workforce](#) with the aim of improving the quality of care to those who have experienced trauma. [Policies](#) support early intervention to assist with the breaking of intergenerational cycles of health and social inequalities. Voluntary disclosure of vulnerabilities and trauma has been found to be unusual and there is [growing evidence](#) that sensitive enquiry can help build understanding of the adversity and trauma that a person has experienced and assists in the development of needs based response. A Sensitive enquiry and response pilot is currently in the testing stage with two FNP sites, one urban and one rural. There has been significant progress scoping what requirements are needed to ensure FNP is seen through a trauma informed lens. There are plans to report on both the literature review and staff survey in the autumn 2021. There is also a piece of ongoing work in relation to education, facilitators and data forms.

USA

With an unwavering commitment to serve more families with comprehensive services and to meet their unique needs, two of the leading evidence-based home visiting models-Nurse-Family Partnership and Child First-have united. Together, our [unified organization](#), the National Service Office for Nurse-Family Partnership® and Child First will have a greater reach and offer a more holistic continuum of care for families and children experiencing the effects of poverty and adversity.

Throughout the COVID-19 pandemic, Nurse-Family Partnership has been able to quickly respond to the changing needs of our families and nurses. The National Service Office used its knowledge base and early learnings to serve as thought leaders for the entire home visiting community. The National Service Office leveraged years of experience, along with partnerships at the federal and state level, to lead conversations about the shift to telehealth-helping our network and the field at large to deploy the most effective telehealth programs. In addition, the National Service Office held many virtual, professional

development opportunities for NFP nurses on reflective practice, nurse wellness and cultural responsiveness.

Nurse-Family Partnership partnered with Family Independence Initiative (FII) to provide over \$2.5 million in direct cash assistance to over 5,000 NFP families. This cash assistance - \$500 to each NFP mom - provided immediate support to families facing financial crises during the unprecedented COVID-19 pandemic. The cash assistance awards support short-term financial stability, which can improve longer-term financial security.



Alongside this, the NSO NFP Nursing Department had five specific areas of focus during 2021; 1) support nurse home visitors to provide NFP services virtually through telehealth, 2) enhance the core NFP education for new nurses, 2) provide professional development offerings for both new and current NFP nurses in the form of online modules, virtual learning experiences, and training on a different approach to reflective practice, 4) nurse wellness, and 5) cultural responsiveness.

1. Virtual visits through telehealth: The NFP National Service Office enlisted the expertise of a virtual learning consultant to provide webinars on providing NFP services through a virtual format. These webinars were well attended and received, nurses felt more confident in the delivery of NFP services through this approach, and clients have been retained through the pandemic.
2. Enhancements to core NFP education: NFP Unit 1 and Unit 2 are receiving a full redesign in response to nurse feedback making the content more easily accessible, engaging, and interactive.
3. Professional development offerings: Online module - Supporting Children to Thrive; Virtual Learning Experiences - Early Client Retention, Building Caseload, Prioritizing Nursing Care in the Pandemic using STAR, Coaching Accountability, Reflective Practice, and training on Facilitated Attuned Interactions (FAN) that is a different approach to reflective practice
4. Nurse Wellness: a Nurse Wellness Caring and Framework is developed with wellness and caring principles; 6 wellness webinars being provided by experts in the field, wellness survey completed and results will be used to inform nurse wellness and caring focus and actions in 2022
5. Cultural responsiveness: new facilitators, clinical pathway, infographic, and team meeting module focused on maternal morbidity and mortality

In addition, the National Service Office launched a first-of-its-kind national Maternal Mortality Case Review Workgroup addressing maternal morbidity and mortality as an organizational priority by understanding deaths among NFP clients and providing recommendations for program improvement.

The National Service Office continues to grow service delivery of Nurse-Family Partnership and Child First to reach over 73,000 families by 2024.

More details can be found in the [National Service Office's 2020 annual report](#).



Core Model Element (CME) Variances and Authorized Additional Elements

As the NFP program has developed and expanded, its various components have needed to be described and delineated, so that the many thousands of NFP nurses, supervisors and implementing bodies who have become involved across the world, are able to faithfully reproduce the program model that has been rigorously tested. The key features of the program that need to be reproduced have been identified as Core Model Elements (CMEs) and each country or organization provided with a license for NFP agrees to adhere to these as they implement the program within their own context.

Variances to CMEs:

Because the program is always a work in progress, and we wish to be as sensitive as possible to the context for implementation and the cultural heritage of the client group, consideration is always given to requests by countries to vary the CMEs. Requests for temporary variances are made using a template that enables a country to explain why the variance is needed and how it will be evaluated. Permissions for temporary variances are granted by Dr Olds with an accompanying agreement regarding the measurement and evaluation of the impact of the changes.

The variances currently being tested and evaluated are:

- Australia - variance to CME#2, to include recruitment of multiparous women.
- Canada B.C - Request submitted - variance to CME#4, to recruit specific clients after 28 weeks gestation
- England - variances to CME#4, to recruit specific clients after 28 weeks gestation and CME#7 to enable clients making good progress to graduate from the program before 2 years.
- Scotland - variance to CME#4, to recruit specific clients after 28 weeks gestation

Evaluation of each of these variances is in place. However, because the numbers are small, it will be some time before any firm conclusions can be drawn. In England, in the light of experience within the ADAPT improvement program, the decision was taken this year to restrict recruitment of clients after 28 weeks to those with concealed pregnancy

and vulnerable young women moving into areas which offer the program. Similar restrictions are in place in Scotland for the equivalent variance.

Authorized Additional Elements

Where the context for implementing the program is such that some additional measures are needed to address specific needs or challenges, these are approved as Authorized Additional Elements (AAEs). Because these are not tested elements they cannot be recognized as 'Core' to program implementation, but we believe it is helpful for countries to set out the rationale and expected positive impact of these additions and, over time, evaluate their impact. This is in line with the high evidentiary expectations that have built the program over many decades.

Currently three countries have AAEs in place:

- Australia - to include Family Partnership Workers in all NFP teams to work alongside NFP nurses.
- Bulgaria - to include Mediators within all NFP teams to work with NFP nurses.
- Scotland - to include delivery of the Scottish Child Health Surveillance Program (Pre-School) - child health reviews within delivery of NFP (FNP)

The Family Partnership Workers and Mediators play a vital role in engagement of the community being served and ensuring cultural appropriateness of the program content in Australia and Bulgaria. The roles of these staff have been developed by the countries in accordance with their needs and have both similarities and differences.

Specific activities of the International NFP team over the last year

Guidance Documents and Program Resources

We have continued to follow our program of reviewing and updating international guidance documents in the light of shared experiences, feedback and new learning. All guidance documents are available on the restricted access pages of the international website (<https://nfpinternational.ucdenver.edu>). Guidance documents are intended to distil expectations of program implementation in the light of international experiences and best practices.

Two new international guidance documents have been collaboratively developed over the last year. Guidance documents that have been updated in the last year:

- Use of mastery scales in NFP
- Principles for Telehealth use in NFP

A number of guidance documents have also been updated:

- Adapting the visit schedule in NFP
- Conducting your annual review meeting
- International NFP core competencies
- IPV assessment and data collection
- NFP Information systems

In addition, we have slightly amended the Annual Report templates in response to the feedback from all countries. We hope that these templates give license holders, stakeholders and implementing agencies within countries a positive opportunity to present and reflect on their progress together. We have certainly found that the annual reports this year to have been of exceptional quality and a rich resource for discussion at the annual review meetings. We are also delighted that so many of you have agreed to share your completed reports for the benefit and interest of others in the international NFP community. You can find the annual report templates and completed country reports [here](#)

As always, the development and updating of guidance documents is a work in progress and we welcome your feedback on the contents and any additional guidance that you feel would be helpful.

COVID-19 Final project report

We signed this project off as work completed with a [project report](#) in September 2020... but with a few outstanding pieces of work to be done by the dedicated COVID-19 working group which was then completed earlier this year.

The increased use in Telehealth/tele-practice (a reported rise by Clinical Leads in the working group to over 90% of interactions with clients during the COVID-19 pandemic) meant that every country had something to share from this 'experimentation'.

The working group subsequently helped develop principles in the use of Telehealth/tele-practice as well as collating resources across each area for sharing with all NFP Clinical Leads. These resources have been shared on our [NFP website](#).

It will be interesting to see how Telehealth/tele-practice impacts on program outcomes in the future and how both NFP nurses and clients alike adapt to this approach of program delivery. As you would predict, to-date we are hearing that it works for many but not for all of our NFP clients and NFP nurses. Let's keep each other informed through the annual review process on further learning around tele-health and its use in NFP.



Intimate Partner Violence (IPV) intervention adaptation and testing



Northern Ireland, Norway and England have continued to collaborate over this year on the adaptation and testing of the NFP IPV innovation for their context, supported by Dr Susan Jack. We remain very grateful to Dr Jack for giving her time and expertise to this work. We are delighted to share that Clinical Leads from each of these countries, along with Emma Larkin (research lead for NI) Susan Jack and Ann Rowe, presented a symposium on their work and findings at the 4th European Conference on Domestic Violence in September, under the title 'Adaptation, Implementation and Evaluation of Intimate Partner Violence Innovations for Home Visiting Programs in Europe'. We believe that this is the first time that

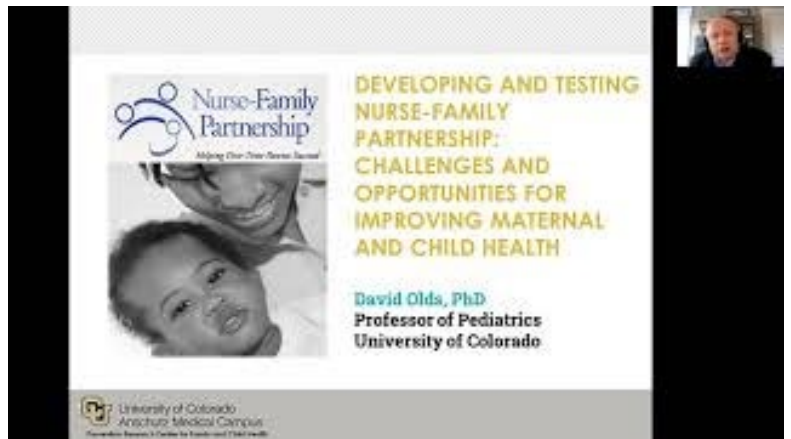
international colleagues have presented together at an external conference. You can find details of the conference [here](#).

Seminar Series

In 2020 we held an international online seminar series focused on the most recent results of randomized clinical trials of Nurse-Family Partnership conducted in varied contexts throughout the world. As you know, we are committed to thoroughly developing the clinical and programmatic foundations of NFP and grounding policy and practice in the results of randomized trials. None of this is easy, but the children and families we serve deserve programs that can make a difference in promoting their health, development, and positive life chances. A wide range of people attended the seminar series, such as researchers in this field, national and local policy makers, and influencers, as well as local sponsors and leaders of the program.

You can find presentations from the following on the NFP International Website, [here](#).

- David Olds, PhD, University of Colorado "Developing and Testing Nurse-Family Partnership: Challenges and Opportunities for Improving Maternal and Child Health."
- Jamila Mejdoubi, PhD, Atria, Institute on Gender Equality and Women's History and Silvia van den Heijkant, MD, Amsterdam UMC, Amsterdam Public Health Institute, Section Youth & Health. "The Dutch NFP: VoorZorg and beyond"
- Nicole Catherine, PhD, Simon Fraser University, British Columbia, Canada "Prenatal Findings from the British Columbia Trial of Nurse Family Partnership, Healthy Connections."
- Michael Robling, PhD, Cardiff University "The effectiveness and cost-consequences of the Family Nurse Partnership program for first-time mothers in England in reducing maltreatment and improving child health and development by age seven years: the BB:2-6 routine data-linkage study."



And keep an eye out for future notices because we will be resuming the seminar series in November of 2021.

Facilitating communication, collaboration, peer support, and the sharing of resources

NFP website Update

Can you believe that our NFP website has been up and running for 5 years? Well, we thought it was time for a dust down, clear -out and polish! Once we began the process we had to agree with your feedback; it is a great place to find what you need but some things were old and needed updating (or discarding) and other things were hard to find when you needed them quickly! We've done our best in making the site more user friendly and even kept duplicates of documents in more than one place so you can find them more efficiently.

The member's forum was established by request so we would encourage everyone to

continue to keep in touch with each other via this forum and keep the questions and response threads flashing! As always, we appreciate feedback on the changes we have made.



Consultation to Individual Countries

Each country implementing NFP is assigned an International Consultant who provides expert support to them, as well as providing access to guidance from David Olds, particularly in relation to research issues. The nature and extent of the support required/requested depends on the stage of program implementation within a country. The anticipated consultation requirements for the year are agreed during the annual review meeting and are then formalized within the Support Service Agreement. Countries in phases 1 and 2 of NFP implementation generally require support with developing an understanding of the program, guidance for adaptation, implementation and testing within the country's specific context and the appointment and education of key personnel. At later stages of implementation, support is generally more focused on opportunities for further adapting and testing program developments, as well as supporting, and learning from, research efforts. During the last year, we have provided tailored support to all NFP national implementation leaders and countries.

Meeting with each country to review and reflect on their progress annually

As part of the License agreement, each NFP implementing country completes an Annual Report and shares this with their international consultant and Dr Olds. The report presents an opportunity to summarize, analyze, reflect and comment on the progress and quality of program implementation and indicative program outcomes. It is also where we jointly agree on the key areas 'to work together on' for the following year.

Program data is used by countries to benchmark their progress in relation to the CMEs and program fidelity, as well make an assessment of the indicative ongoing impact of the program. It is crucial to evaluate program quality on an annual basis and the report and review meetings are important opportunities for countries to discuss their progress with Dr Olds and their international consultant.

Last year, we updated the annual report templates, partly to enable more consistency between countries and give each country the opportunity to informally compare their findings in the various areas of the report with others and be curious about how any differences have been developed (taking into account of course the different contexts). We have been pleased to hear from you that the updated documents have provided a more comprehensive reporting structure, especially in relation to reporting on the comprehensive data set that each country maintains.

Clinical Advisory Committee / Group (CAG)

After another year of managing the impact of COVID within our communities as well as delivering NFP, attendance at our Clinical Advisory Group remains as buoyant as before and as passionate as ever. Clinical Leads have shared local innovations and encouraged their colleagues to join us and share national work impacting on NFP.

We have heard about many topics over the past 12 months including the unique role of the Australian Nurse Family Partnership Worker (FPW), we have gained early insight into Canada B.C findings from 'Healthy Connections' project, heard more about Norway's refining of their eligibility criterion and discovered how England are using QI methodology to improve smoking cessation. The timing of this meeting does not suit all, notably our Australian colleagues whose regular attendance at 5am is to be commended. We will continue to jointly draft the CAG agendas with our Clinical Leads ensuring that in the next 12 months we will also learn more from this forum about site support and quality improvement processes in Northern Ireland, arrangements for supporting Nurse Supervisors in Scotland, multiparous mothers' experience of the program (USA) and the implications of B.C. RCT findings. (Canada). Coupled with Clinical Leads' updates on local innovations, this forum promises to remain an important source of learning. Thank you for your continued contributions!

Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) meetings

Earlier this year, we received a number of enquiries regarding both the implementation of DANCE within the program and potential for use of the DANCE data to guide quality improvements and provide indicative outcomes on changes to caregiving behaviors over time. As a consequence we have facilitated two international meetings with those countries using DANCE within the program. These were useful opportunities for DANCE leads to share experiences and for Dr Donelan McCall to share nurse survey responses regarding their use of DANCE across the various countries. A final meeting is scheduled for October in which Dr Donelan McCall will make a presentation advising how to analyze and interpret aggregated DANCE data. We would like to thank everyone involved for their positive engagement and sharing of their considerable insights and experiences during these meetings.



Data analytical and research leads forum

Using data well to understand and improve the program and its implementation is a core component of NFP. The work of national data analysts and research leads to develop information systems that can provide real time reports to both NFP teams and local and national leaders, as well as providing additional analysis of the data, is key to successful program implementation. This year a number of countries have updated, improved or begun to develop their information systems, often sharing their work with other countries to assist and prevent the need for duplicated effort.

The data analytical and research forum has continued to meet on a quarterly basis through the last year. In September 2020, we discussed the changes to the annual report template and the analysis and presentation of data within these and in January 2021 the focus of our meeting was how to use data to understand the impact of restrictions made necessary by the COVID-19 pandemic on program delivery.

In April of this year, the focus of our meeting was the analysis and use of mastery scales within the program. We invited the clinical leads to also join this meeting as questions had been raised about both the analysis of the mastery scale and its use in clinical practice. Participants had an opportunity to hear Dr Olds' presentation, in which he clarified the importance of mastery as a key outcome of the program and shared some additional analysis of trial data undertaken with Mike Knudtson. As a result of this meeting, some new international guidance was developed to support all countries with the use of mastery scales. You can find this guidance [here](#). We thank everyone involved for the questions raised about use of this measure, as well as your inputs into the development of the guidance document.

Recordings of all forum meetings can be found [here](#).

NFP International Publications

We have seen the publication of a range of reports and research papers over the last 12 months including:

PRC

- National survey of nurse home visitor collaboration with health care and social services.
- A case study of care co-ordination between primary care providers and nurse home visitors to serve young families experiencing adversity in the Northwestern United States
- A Qualitative Study of Mothers' Perspectives on Enrolling and Engaging in an Evidence-Based Nurse Home Visiting Program.
- Maternal and Child Mortality: Analysis of Nurse Home Visiting in 3 RCTs

England

- The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB:2 6 routine data-linkage follow-up to earlier RCT

Scotland

- Family Nurse Partnership Insights (COVID-19) Evaluation Report - Initial Findings

Canada

- "The Hardest Job You Will Ever Love": Nurse Recruitment, Retention, and Turnover in the Nurse-Family Partnership Program in British Columbia, Canada.
- Nurse Home Visiting and Prenatal Substance Use in a Socioeconomically Disadvantaged Population in British Columbia: Analysis of Prenatal Secondary Outcomes in an Ongoing Randomized Controlled Trial
- Public Health Nurses' Professional Practices to Prevent, Recognize, and Respond to Suspected Child Maltreatment in Home Visiting: An Interpretive Descriptive Study.
- Nurse-Family Partnership nurses' attitudes and confidence in identifying and responding to intimate partner violence: An explanatory sequential mixed methods evaluation

In addition, the outcomes of the phase 2 feasibility studies were reported by Bulgaria and Norway

You can find links to all the publications on the [international website](#).



Priorities for International Team for the next 12 months

International Project 2022

The international team discussed the potential for conducting a further international project in 2022 with a focus on Trauma and Violence Informed Care (TVIC) with Clinical Leads. This is a topic that is of interest and great relevance to everyone, and an area where the work already progressed in many countries can be shared. The potential aim of the project would be "To fully articulate the ways in which TVIC principles and approaches are utilized in NFP for both internal and external audiences and recommend areas where further development of the program or exploration/research is needed". Given the demands of the last two years, and the current workloads of all involved, we were keen to make this manageable in scope and after feedback from clinical leads we decided to commence this project at a later date, likely to be after 2022. Clinical Leads have suggested that the time is right, particularly after the stresses of the last two Pandemic years, to explore the possibility of an international NFP conference. To that end, we have begun looking at the feasibility of all aspects of running a virtual or face to face conference. We will continue to liaise with you and keep you posted!

International strategic leads/license holder meetings

During an Annual Review meeting this year, the strategic lead and license holder made a request that we facilitate further collaboration between countries to consider ways in which we might jointly leverage additional international benefits from the body of NFP research. This request resulted in a letter from Dr Olds to all license holders, asking for their interest in attending a meeting to explore the potential of this proposal. We are delighted by the positive responses that we have received and consequently plan to hold an exploratory meeting later this year.



Continuing Seminar Series

We took a bit of a hiatus on the seminar series because of publication delays but are pleased to announce that the series will start again in November 2021. Nancy Donelan-McCall, PhD, University of Colorado - Will kick off the next round of the seminar series by presenting the results of cross-trial analyses of maternal and child mortality in the three original trials of Nurse-Family Partnership in the US with decades of follow-up beyond birth of the first child. Her presentation will be followed by more great speakers and topics, including:

- Andrea Gonzalez, PhD, McMaster University, Hamilton Ontario, Canada - "The Impact of Nurse Family Partnership on Biomarkers in Mothers and their Infants: Preliminary Findings from the Healthy Foundations Study."
- Margaret McConnell, PhD, J-PAL, Harvard University - "A randomized controlled evaluation of the impact of participation in the Nurse Family Partnership on Birth Outcomes in South Carolina. "
- Gabriella Conti, PhD, University College London - Will present results of an analysis of NFP effects on maternal and child obesity and hypertension among participants in the RCT conducted with a primarily African American sample living in very poor neighborhoods in Memphis, TN in the US.
- Nicole Catherine, PhD, and Charlotte Waddell, MD, Simon Fraser University - Will report results of the BC Healthy Connections trial on maternal and child health through child age two.

We plan on adding even more speakers to the seminar series, so make sure to keep on the lookout for notifications.