



# NFP International Team Annual Report



University of Colorado  
Anschutz Medical Campus

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## *A word from Dr. Olds*

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*“At this particular moment in world history, we are witnessing forces that are driving us apart – nationalism, distrust, bigotry. One of the deeply gratifying values that all of us involved in this work embrace is our shared humanity, caring for one another – in particular our shared commitment to our children, and to those who care for them. From Dayton, to Alice Springs, Sophia, Oslo, and Glasgow, we are making the world a better place -- together.”*

- *David Olds*

## *NFP International Team*

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**Mandy Allison** - Co-Director, PRC, UCD

**Marlene Davis** - Finance Coordinator, PRC, UCD

**Ben Jutson** - Center Coordinator, PRC, UCD

**David Olds** - NFP program founder; Co-Director, PRC, UCD

**Gail Radford-Trotter** - International NFP Consultant

**Ann Rowe** - International NFP Consultant

**Elly Yost** - Director Program Innovations, PRC, UCD; International NFP Consultant UCD

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## 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 the Nurse-Family Partnership (NFP) in seven other countries: Australia, Bulgaria, Canada, England, Northern Ireland, Norway, and Scotland. This annual report for 2018/19 provides international partners with a summary of the activities of and products produced by the international team over the last year.

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

1. Updating/developing new guidance documents and program resources, drawing on the experiences of all countries.
2. Leading focused projects based on priorities identified in collaboration with the Clinical Leads from each country
3. Facilitating communication, collaboration, peer support, and the sharing of resources amongst countries
4. Maintaining and regularly updating the NFP international website
5. Providing guidance and consultation to countries regarding adapting, testing, and implementing NFP in their unique contexts
6. Meeting with each country to review their annual report and reflect on their progress annually
7. Updating of Licensing Agreements and Support Services Agreements
8. Setting priorities for the International Team on a 12-month cycle

## PRC Update

The PRC continues to undertake research and development projects to support continuous improvements to the program. It is currently focusing attention on NFP in several areas:

- **Continuing follow up and further analyze findings from the participants in the US trials**
  - Two papers on the Memphis trial follow up will be published in the Journal of Pediatrics
- **Formative development of the program to serve multiparous women in NFP**
  - 31 US agencies are participating in the pilot that began in May 2017
  - Lessons learned from the pilot will inform next steps of serving multiparous women in NFP
- **Improving enrollment and services to women with opioid use disorder**
  - Nurse education and client facilitators were developed and tested, initial feedback from nurses using them has been positive
  - Interviews with mothers in treatments centers are being conducted to get a better idea about working with mothers with substance use issues
- **Improving enrollment and services to the highest risk clients**
  - New approaches to data collection, the use of telehealth, using the STAR Framework to adjust visit schedule, and tips for more engaging approaches to delivering the program are all being used in the US with the goal of improving client engagement, enrollment and retention



## *The difference between the 2 organizations supporting NFP in Denver:*

### *PRC and NSO*

We are aware that colleagues new to NFP are not always fully aware of the differences in the organizational structure and functions of the 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 in Aurora, Colorado, focuses on new and continuing research on the NFP model. For example, the PRC is currently researching the feasibility and acceptability of NFP serving multiparous women and will continue this with an RCT to assess impact of NFP with these women and children. 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 with participants in the US trials. Dr. Olds continues to publish on these findings from these trials. In addition, the PRC supports the implementation of all international NFP programs.

The NFP National Service Office (NSO), located in Denver, Colorado, is a separate, non-profit, organization developed for the purpose of implementing NFP in the United States. The NSO supports implementation of all NFP programs in the US including providing NFP education, marketing materials, philanthropic support, and nursing consultation. The NSO develops and implements NFP program improvements that do not change the core model components.

## *Personnel Changes*

**PRC:** As of June 1, 2019, Dr. Mandy Allison became Co-Director of the PRC, alongside Dr Olds. As co-director, Dr. Allison will focus her research on extending the Nurse-Family Partnership to serve new vulnerable populations and improving NFP dissemination and implementation. She gradually will become immersed in all aspects of PRC work so she eventually can assume full leadership.

Dr. Allison is a pediatrician, health-services researcher, and advocate for vulnerable parents and young children. She is committed to expanding health care to address the full range of factors that affect children's health over the life-course, beginning in pregnancy, with a particular focus on supporting parenting.

**International NFP team:** We said farewell to Debbie Sheehan, who retired from her international NFP work in December 2018. Following an international selection process, Gail Radford-Trotter joined the international team as our new consultant. Debbie's contribution in supporting NFP implementing countries cannot be underestimated and we wish her happiness in her retirement. Gail's experience in leading the national implementation of the Family Nurse Partnership program in Scotland since its inception almost 10 years ago means that she has an extensive knowledge of all phases of NFP program implementation and following a period of induction she is now fully immersed in her new international role.

At the end of September 2019, we will also say farewell to Elly Yost in her role as International Consultant as she will be returning full time to her role as NFP Innovations and Integration officer at the NSO. Elly's vast experience and expertise in NFP has been an invaluable resource to the international community and we are delighted that she will remain connected to us as she continues to join Clinical Advisory Group meetings as part of the NSO team. We thank Elly for her wonderful contributions to the International team over many years.



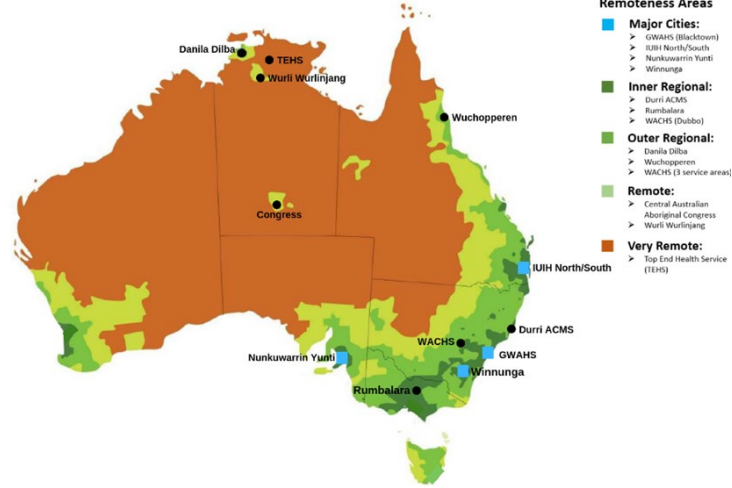
# Country Updates Provided by Each Country:

## Australia

### Key achievements

- The Australian Nurse-Family Partnership Program (ANFPP) commenced with three sites in 2009 and has since expanded to 13.
- This year we celebrated ten years of the program in Australia at our Annual Conference in Mparntwe (Alice Springs, Northern Territory) on the lands of the Arrernte people.
- The Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) was introduced to Australia in November 2018. Two trainings have been provided with another two planned this year.
- The Domestic and Family Violence (DFV) component has been embedded in the ANFPP curriculum and the project has moved into the evaluation phase.
- Revision of the Home Visit Guidelines 2018 (V3.1) has been completed.
- A new ANFPP public website was successfully launched on 24 June 2019.
- The role of the Australian Family Partnership Worker (FPW) was reviewed and expanded following extensive consultation. A male FPW has been employed to increase support for men and a senior FPW employed.
- Although travel over large distances was required the National Nurse Supervisor Coordinator was able to organise face-to-face Community of Practice and professional development for Nurse Supervisors.

The program currently has 498 active clients. In the past year we have seen a 25% reduction in smoking at 36 weeks of pregnancy. The breastfeeding rate at six months is 67%. The majority of babies (84.3%) have a normal birthweight.



### Priorities for 2019–20

Over the next 12 months the Strengths and Risks (STAR) framework will be implemented and we will transition to a new Online Learning Environment platform accessed through the ANFPP National Knowledge Access (ANKA) system.

The Yarning Tools are being revised to ensure they meet current practice guidelines and cultural context.

The Maternal Smoking Cessation Capacity Development Project will target smoking reduction over the next year.

An evaluation design for the program in Australia is currently being developed in consultation with key stakeholders. It is anticipated that the evaluation will commence in January 2020.



# Bulgaria



## *David Olds in Bulgaria*

During his 3-day visit in Bulgaria, Dr. David Olds met with representatives from the Ministry of Health and UNICEF-Bulgaria. He was a panelist at a national conference on Early Childhood Development and presented NFP under the topic “Integrated Approach to ECD in the Healthcare System”. Dr. Olds met with the NFP teams from Sofia and Plovdiv, and visited a young mother and her baby in the Roma neighborhood “Fakulteta” in Sofia.



In January 2019 the central unit of NFP-Bulgaria – “Trust for Social Achievement” Foundation, successfully expanded the program implementation to a second site, in the city of Plovdiv. Finalizing the negotiation process with the local implementing agency – “St. George” University Hospital and hiring the NFP team of 4 nurses and 2 health mediators was the most significant achievement for the past 12 months.

After completing the first part of the NFP core education, the team started its field work focused on client recruitment and home visits of families already enrolled in the program. Our local NGO partner - National Alliance for Volunteer Action, coordinates the NFP advocacy activities in Plovdiv and supports the team with a psychologist and a social worker.

In Sofia the program has been growing in terms of clients over the past year. We recruited two new NHVs due to the increasing demand for the NFP service. Our first client graduated on 8 December 2018 and since then we have a total of 19 clients who have graduated successfully. Currently there are 85 active clients of which 31 have been recruited since the beginning of this year – 7 in Plovdiv and 24 in Sofia. 86 babies have been born in the program so far. A total of 3544 home visits have been completed since the beginning of the program.

For the past 12 months we managed to organize 3 National and 5 Local Advisory Boards in our continuous efforts to strengthen the state and municipal support for NFP-Bulgaria.

We have received the first Feasibility and Acceptability Study report with recommendations on adapting further and improving the quality of the program implementation. This is our main priority for the upcoming months, together with client recruitment for Site 2 and first steps towards planning the RCT phase.



## Canada British Columbia

### Scale of NFP Currently in BC, Canada:

NFP is available in over 60 communities in British Columbia, Canada including some First Nations communities. There are 55 nurses working in 7 nursing teams (lead by a supervisor) across 4 of the 5 regional health authorities. NFP nurses served over 600 families in 2018. NFP is a program embedded in the suite of public health services.

### Priorities for 2019/20:

Priorities for the coming year include improving the data reporting system capability, reaching pregnant young women and girls earlier in pregnancy, collaborating with the Ministry of Children and Family Development and the Ministry of Mental Health and Addictions, and revising the documentation manual.



Photo: BC NFP Supervisors May 2019 in Courtenay, BC: L to R is Karen Coates (Fraser Health); Donna Jepsen (Ministry of Health); Carmen Wentland (Interior Health); Donna Quail (Vancouver Coastal); Kelly Lavoie (Fraser); Nancy Delgado (Interior); Debbie Parks (Fraser); and sitting is Nathalie Collett (Island Health). Missing from photo is Maya Nakajima (Ministry of Health).

### Research:

There were 739 participants who enrolled in the randomized-controlled trial (RCT) from 2013 to 2016. The RCT is referred to as the BC Healthy Connections Project led by Simon Fraser University and McMaster University. The last RCT client graduated from NFP (intervention group) in June 2019 which was an RCT milestone. The RCT will continue to run to 2022 for data collection, analysis, reporting, and dissemination.

In 2018, SFU released a report on maternal participant characteristics in early pregnancy. The data depicted deep pockets of socioeconomic disadvantage for these girls and young women who were prepared to parent for the first time including: 83% living on a low income; 53% having limited education; 56% maltreated as children themselves; 50% experiencing recent intimate partner violence; and 91% preparing to parent while single. While the data are sobering, vulnerable, pregnant clients eligible for the program are being reached through the dedicated efforts of public health nursing



Photo: NFP Nurses and Supervisors from Interior Health Authority Team Meeting; June 2019 in Kelowna, BC.

Photo of display set up by USA NFP Ambassador Program at Global Women Deliver Conference in Vancouver, BC in June 2019. Women Deliver is the world's largest conference dedicated to gender equality and the health, rights, and wellbeing of girls and women with more than 8,000 of the greatest minds, strongest advocates and most progressive leaders from across the globe convening to build a more gender equal society. NFP was well represented!



## Canada Ontario

### *Middlesex-London Health Unit (MLHU):*

The end of 2018 was an exciting time in Ontario because it marked the end of the 3-year CaNE (Canadian NFP Education) pilot project co-led by MLHU and McMaster University. The goals of the pilot were to: 1) develop a Canadian model of NFP education for public health nurses (PHNs) and supervisors; 2) deliver this novel model of education to two cohorts of nurses and supervisors; and 3) evaluate the acceptability of this model of education and to explore how this training prepared teams to implement this public health program with fidelity to the core model elements.

NFP Nurses were successful in enrolling 97% of the eligible clients referred to the program during the pilot (21-month period from Jan 2017 – Sept 2018). Of the 245 clients that received one or more home visits, 71% (174 clients) remained active in the program at the time of data submission.

Some of the key lessons learned during the pilot were that: 1) nurse participants had an overall level of acceptability with the novel education curriculum; 2) PHNs and supervisors demonstrated the capacity to implement the program with a high degree of fidelity; 3) nurse participants provided key recommendations for ongoing improvement of the education (e.g. increasing the number of online interactive modules); and 4) that this model of education was perceived to be sustainable to provide education to a growing NFP workforce in Canada.



Now that the pilot has concluded, 5 health units in Ontario (the 4 that participated in the CaNE pilot, as well as Hamilton Public Health) continue to accept referrals to the program and to deliver this intervention to eligible families. Capacity to expand in Ontario

(and elsewhere in Canada) will be dependent upon the results from the British Columbia Healthy Connections Project (BCHCP RCT) expected sometime in 2020. We look forward to continuing to work with BC in building a strong Canadian NFP collaborative and are grateful for all that they have done to ensure this program is available to Canadian families.

Hamilton Public Health joined MLHU as an additional site under a single Ontario NFP license in 2019 after holding their own license for more than a decade and pioneering the work of NFP in Canada through the competition of the successful acceptability and feasibility pilot. We are all celebrating the partnership and collaboration that all sites in Ontario have committed to in order to build capacity for the NFP program in the province. In 2019, MLHU and the implementing sites have prioritized improving the existing data collection systems and developing new practices and tools for NFP program data collection, reporting and CQI processes.



## England

The Family Nurse Partnership programme (FNP) is now in its 12<sup>th</sup> year in England. The programme is delivered in around 70 local authority areas working with around 5,500 active clients (at 1 July 2019).

Work continues on [ADAPT](#), a project to test improvements to the programme in England and we expect to report on our findings in early 2020. Our involvement in the international intimate partner violence work, led by Susan Jacks, represents one strand of the ADAPT project. The ADAPT project (and FNP in England) received recognition from politicians in two separate parliamentary reports in 2018/19 about [evidence-based early years intervention](#) and [first 1,000 days of life](#).

An FNP National Unit initiative to help support local FNP teams to add value in their local context has gained ground in 2018/19. More than 2,600 health visitors, school nurses, voluntary and public sector workers across England attended '[knowledge and skills exchange](#)' learning sessions delivered by FNP teams between April and December 2018.

During a royal visit to Blackpool in March 2019, [the Duke and Duchess of Cambridge met FNP client Chloe](#), who talked about what she had learnt so far on the programme and the aspects of it that she had found most useful. Chloe, [Jade](#) and [Sharron](#) are just some of the clients who have shared their experiences of FNP through blogs, events and local FNP team annual reviews this year.

We are expecting the publication of new research about FNP in England in early 2020. [Building Blocks 2-6](#) is a randomised controlled trial study that will follow-up on medium term outcomes relating to child maltreatment, educational attainment and health for children of mothers enrolled in FNP in 2008/9 who participated in the [Building Blocks study](#).

From 1 April 2020, the FNP National Unit will move into [Public Health England](#) – an executive agency, sponsored by the [Department of Health and Social Care](#) after being based at [Tavistock and Portman NHS Foundation Trust](#) since 2013.

## Northern Ireland

The Family Nurse Partnership started in Northern Ireland in 2010. There are five teams of 1 Supervisor and 6 or 7 family nurses in each of the five trusts with over 1000 Young families enrolled on the Programme since 2010. The number of teen births in NI have declined from 1114 in 2012 to 646 in 2018 for Mothers aged 19 and under. Each year approximately 40 % of teen mothers are offered a place on the programme. The mean age of Mothers on the Programme ranges from 12.8 years to 20.5 years.

For the future we anticipate transferring the last 10 family nurses recruited to permanent contracts and in the final implementation phase would employ a further 2 nurses each for four of the teams and an additional supervisor and 6 family nurses for one of the Trusts.

## Evaluations

The Revaluation Study was carried out in 2017/2018. An action plan to take forward the recommendations is in progress. A Feasibility Study looking at the implementation of the Intimate Partner Violence Pathway is underway.

## Key Achievements 2019

- The high quality replication of the Family Nurse Partnership Programme.
- The family nurses value the Family Nurse Partnership Training and the Continuous Professional training and development provided
- The first Learning day for the FNP family in Northern Ireland was held in March 2019, celebrated with Dr Olds and Ann Rowe





### *Priorities for the next year include:*

Service Improvement Programmes in the area of Mental Health and Smoking Cessation

Continued expansion of the FNP Programme to offer every Young Parent a place on the programme

Development of the Research and Information to measure the improved outcomes for parents and babies



## *Norway*

The last year has been a period of consolidation, learning and strategic planning in Norway. The two NFP teams (in Oslo and the Stavanger area) have begun to graduate their first clients and have been learning from this process and experimenting with a range of celebratory events and activities.

Nurses have begun recruiting a second cohort of clients to their caseloads and so are consolidating their expertise in the program model and the new nurses are successfully adapting to the NFP nurse role. We are grateful to colleagues in Scotland for supporting the initial education of our new nurses, for their collaborative Supervisor conference calls and for the opportunity to consolidate our understanding of PIPE.

We have been working with Dr Susan Jack and other countries to adapt, implement and evaluate the IPV innovation as part of the program model and we continue to adapt the translated NFP materials following feedback from nurses and clients. Our first evaluative report indicated a high degree of acceptability and feasibility for the program in its initial phase and we are continuing to review our use of the New Born Observation and Marte Meo (video feedback) as an alternative to DANCE, as well as developing a more detailed description of the eligibility criteria to be used for the program in Norway.

Following a very successful first stakeholder conference, to which Dr Olds and Ann Rowe contributed alongside clients, nurses and supervisors, much focus has been on planning for our progress to phase three and a possible RCT in Norway. We are now waiting for political decisions and agreement for plans for expansion to facilitate this. We are looking forward to expanding the number of NFP nurses in the existing NFP teams in Norway from 2020 and hope to start the process for expansion soon.





## Scotland

As we move towards the 10 year celebration of FNP in Scotland we are delighted to be the first country in the world to deliver the programme to all eligible, first time young mothers. The programme is now available, on a continuous basis across mainland Scotland, within 11 Health Board areas. We are keen to consider how we can offer the programme to those young women who live in more remote and rural areas, specifically the Island Boards, and will be planning for this over the coming few months.

The FNP community in Scotland were honoured to have Professor Olds attend our National Conference in March where we were able to take time to reflect on our successes and focus on clinical quality improvement work.

We have welcomed the recently published Revaluation report, (<https://www.gov.scot/publications/revaluation-family-nurse-partnership-scotland/>) which highlighted the valuable contribution that FNP makes to the early years agenda in Scotland.

Moving forward we recognise there is more to do. Our new IT system is imminent which will further support all aspects of quality assurance and support new developments. We are progressing from an early implementation model to a fully sustained service that is mainstreamed and work is underway to understand which other groups of mothers could benefit from the support of FNP.

## *Research and development: U.S. NSO*

The NSO has been working on a number of improvement initiatives this year including:

- Improving enrollment and services to the highest risk clients (not yet shared internationally – still a work in progress)
- A review of use of Trauma and Violence Informed Care and use of Adverse Childhood Experiences (ACEs) in US (not yet shared internally – still a work in progress)
- STAR Framework update (shared internationally)
- GOAL Mama app (will be shared internationally in the next year if there is interest)
- Visit to Visit guideline index /inventory (shared internationally)



# Specific Activities of the International Team over

## Guidance Documents and Program Resources

We have been industrious this year in updating the international NFP guidance documents, removing obsolete ones and creating new guidance, drawing on experiences of international implementation of the program. All the guidance can be found on the NFP website (<http://nfpinternational.ucdenver.edu/>) and we encourage all leads to familiarize themselves with the contents. Like all things in NFP, this guidance is work in progress and we encourage your involvement and feedback. Likewise, if you have any requests for additional guidance documents, please do let us know. A summary of the guidance developed and revised this year is as follows:

### Newly developed guidance:

- NFP Research and RCT Design
- STAR International Implementation
- STAR Data Sources

### Updated guidance:

- International Core Model Elements (CMEs)
- International Nurse Education
- International Core Competences
- Clinical Leader for NFP
- Role of the Licensee
- Producing and analyzing data for NFP annual report
- Role of the International Team in supporting new countries
- Requirements for Implementing NFP
- Assessment of new country readiness

### New guidance in development:

- Conducting your annual review meeting

## CME Variances

The Core Model Elements (CMEs) for the program are an expression of the evidence to date for high quality implementation of the program. When the revised CMEs were produced in 2017, we recognized that a number of countries would need or wish to test variances to some of the CMEs in their context. A small number of variances have been agreed with Dr Olds and we look forward to hearing from those countries as they evaluate the impact of these variances on program quality and outcomes.



## Additional Approved Model Elements

It was also recognized that some countries need to develop some additional essential requirements for effective implementation of the program in their country. 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. To date Dr Olds has formally approved two additional model elements – in Bulgaria and Australia the use of mediators and family partnership workers to support community acceptance and client recruitment within their unique communities.



## *Intimate Partner Violence (IPV) Innovation Adaptation and Testing*

We are delighted that a number of countries have been collaborating on the adaptation and testing of the NFP IPV innovation, developed by Dr Susan Jack and colleagues at McMasters University, Ontario, Canada. We are incredibly grateful to Dr Jack for giving her time and expertise to this work. Northern Ireland, Norway and England are all now conducting tests of the intervention, with Scotland planning to commence a test later this year. Australia are continuing to work on adapting the intervention for their context, along with collaborating partners. We have been delighted that we have been able to facilitate a truly international collaborative approach in this work and look forward to sharing the results of the feasibility testing that is currently being taken by these countries.

## *Strengths and Risks (STAR) Framework Update*

International collaboration has also been exemplified this year through the updating of the STAR framework. Those countries using STAR were able to share feedback from their teams that was used, alongside contributions from nurses in the US, to further develop and strengthen the STAR framework model and guidance. This has now been shared internationally and we look forward to hearing about your experiences with this updated version.

In addition, a number of new developments from NSO and other countries have been shared internationally and we look forward to continuing to develop this aspect of our work over the next year.

## *Dr Olds' travels to Europe*

In late 2018, Dr Olds was invited to give the prestigious keynote address at the Emanuel Miller Memorial Lecture and Conference in London in March 2019. Once European countries were informed that Dr Olds would be visiting, many requests were received for visits and consequently a mini 'whistle stop tour' of Europe was organized! This included:

- Dr Olds and Ann Rowe contributing to the first NFP conference to stakeholders in Norway
- A meeting between Dr Olds and the National Unit in England to discuss progress and future plans with the ADAPT program
- Dr Olds as the 'surprise guest' and speaker at a conference for FNP teams in Scotland
- Dr Olds and Ann Rowe contributing to a celebratory conference of FNP teams and stakeholders in Northern Ireland
- Dr Olds presenting to the National Advisory Board and meeting with Ministers and the implementation team in Bulgaria

Alongside this, Dr Olds was able to meet many inspiring NFP nurses, supervisors and clients and was humbled by the warm welcome he received in all countries.



## Recent Articles and Publications

We have been fortunate in the last year to have been able to update and post numerous publications from NFP implementing countries on our website. They add to the evidence base for NFP and demonstrate a continued quest to develop the program and implement it with higher quality, year after year. A selection of this year's publications are listed below and can be downloaded from the Research page on NFP website <http://nfpinternational.ucdenver.edu/research>

### Australia has;

- Shared research on:
  - The complexities of delivering NFP to Aboriginal and Torres Strait Islander families
  - The impact of NFP on reducing family involvement with child protective services

### Canada has;

- Produced new learning around the competences needed to support clients where there is Intimate Partner Violence (IPV) and evaluated the education needed to equip NHVs in the area of IPV.
- Delineated the challenges of working in and across large rural areas and considerations needed to deliver NFP in such geographical conditions
- Shared baseline data pertaining to clients enrolled on the British Columbia Healthy Connections Project (Randomized Controlled trial)

### England has;

- Illuminated difficulties in meeting NFP fidelity and program goals based on 2011-12 interviews with Family Nurses as part of the randomized controlled trial undertaken at that time
- Shared the challenges of measuring 'usual care' in complex intervention trials

### Scotland has;

- Described how a natural experiment to evaluate FNP will include a robustly matched cohort to study both short and long term outcomes of the programme in Scotland
- Explored the value of the program through extensive sharing of stories collected from a range of clients, nurses, supervisors and partners

### Norway has;

- Produced a second Interim real-time report on the evaluation of NFP in Norway

### Bulgaria has;

- Shared the first independently produced feasibility study of the program for Bulgaria

### USA (NSO) has;

Participated in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative, which has been evaluating various aspects of a number of home visiting programs (including NFP) being provided. The online journal – Maternal and Child Health recently published (June 2018) a special edition with a number of articles which examine a number of areas relating to home visiting including;

- Taking Home Visiting to Scale
- Work Related Stressors for home visitors
- Home Visiting, content and dosage
- Mixed methods approach to child protection
- Safe sleeping and breastfeeding
- Novel partnership to installing smoke alarms



## Reflective Supervision Project

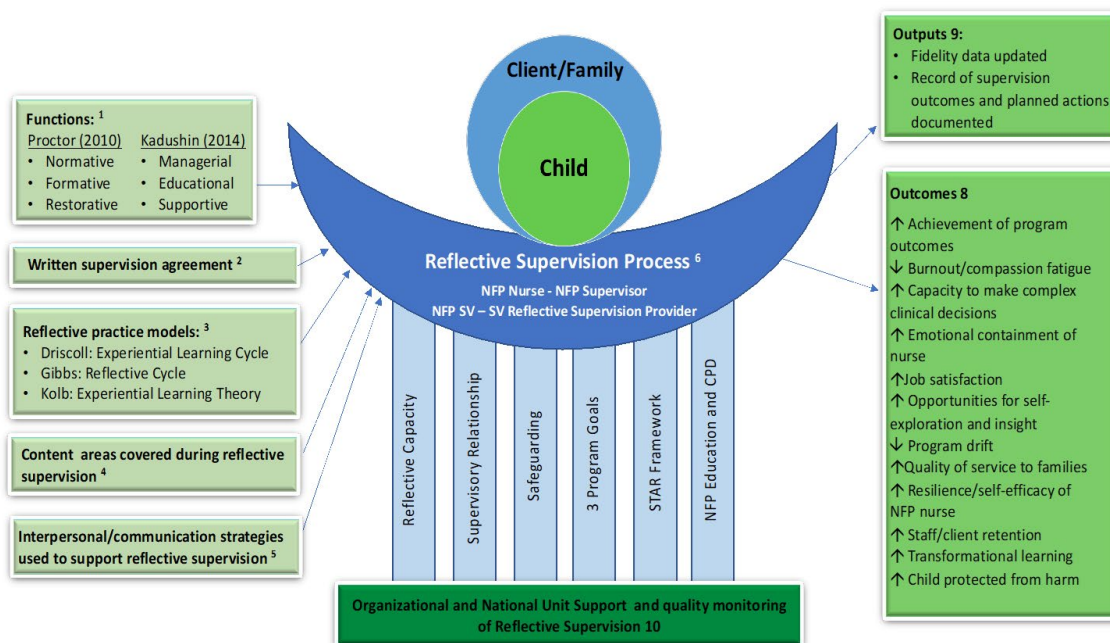
The Reflective Supervision International Team project commenced in October 2018 and reported in May this year. The project methodology included a literature review, and the collection of data through structured interviews with clinical leads and educators from each country and the collated findings of surveys conducted with NFP supervisors and nurses in all countries. The final report and accompanying guidance for all countries was circulated (<http://nfpinternational.ucdenver.edu/resources>) and discussed with Clinical Leads and we were delighted that both documents have been seen as a helpful addition to understanding and continuing to develop the NFP RS model. A short life working group is re-visiting Reflective Supervision documentation and data forms and later this year will take forward work around collating and, where possible, developing educational materials such as locally produced videos. This work has been initiated as the next steps from the recommendations from the project.

It is interesting to note that the response rate to the interviews and questionnaires was exceedingly high, so we are confident that we have captured a wide range of views on reflective supervision across all implementing countries.

We were extremely pleased to note that the views expressed around best practice also mirrored those found in international literature on supervision but went a stage deeper and showed real innovation in the ‘application’ of a reflective supervision model to practice. The feedback from practitioners showed us how the model currently varies in and across countries, and how reflective supervision is documented in line with local policies relating to information governance and employee rights. These are areas we encourage Clinical Leads to explore further.

The belief that reflective supervision is integral to high quality program implementation was the ‘red-thread’ throughout all responses and an encouragement for us all to share what works well in our local application of the model. We hope to hear more about your progress in embracing the new generic framework for Reflective Supervision through the community of practice and the Clinical Advisory Group. In response to several requests for us to publish this work internationally, we are giving this consideration and will of course keep you posted. A sincere thanks again to everyone who contributed to this important work.

NFP Reflective Supervision Framework



## *Gail's Trip to Australia*

I had the privileged of travelling to Australia earlier this year to deliver a keynote speech at ANFPP 10th Anniversary Conference in Alice Springs and facilitate masterclasses on a variety of NFP themes.

Together we talked about the importance of knowing and using one's own strengths to support clients with behaviour change and developing confidence as parents. We explored the findings from the Reflective Supervision project and how this can support Australian nurses to remain compassionate, creative and focused in their work.



It was wonderful to meet and connect with Family Partnership Workers (FPWs) across the whole of Australia; key personnel in the delivery of the programme and I can't wait to learn more about their role through the evaluation soon to be underway.

After 10 years of implementation, it is clear to see the positive impact the programme is having on Aboriginal and Torres Strait Islander clients. The next exciting steps will be to capture this great work!

Having visited another country in this way I reflected on the enormous value that there is in seeing the program in another context and sharing learning between countries. I hope that other members of the International NFP community have similar opportunities in the future.



I had the opportunity to visit many of the ANFPP teams in Congress, Brisbane, Top End Health , Wuchopperen, Danila Dilba , and Hermannsburg (an Aboriginal community in Ljirapinta 125 kilometres west south west of Alice Springs) A highlight was my visit to Wadaye one of Australia's largest remote Aboriginal and Torres Strait Islander community , 420 kilometres south west of Darwin. There I met nurses who lived within the community for part of the week (as it is so remote) and learned about their extra ordinary skills in working alongside families in this lovely community.



# ***Facilitating Communication, Collaboration, Peer Support, and the Sharing of Resources***

## ***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 testing within a country. The anticipated consultation requirements for the year are discussed and 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 implementation and testing within the country's specific context and the appointment and training of key personnel. At later stages of implementation, support is generally more focused on opportunities for 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.

As you will be aware, we often receive inquiries regarding further international implementation of NFP. In 2019 we received inquiries from 8 new countries; at present none of these have had the capacity to progress into a commitment to proceed with initial planning

## ***Updating of Licensing Agreements and Support Services Agreements***

We are aware that the license and support service agreement renewal process can be time consuming and difficult for you and for us. Currently each agreement has different processes through two separate entities at the University, causing all partners to have to go through the process of reviewing and signing agreements and billing twice. With the hope of streamlining the process and making it easier on everyone, we are working with legal teams at the University to combine the two contracts into one document. We feel this will cut down the time necessary to renew the contracts and give us a bit more control in the process on our side so reducing some of the delays which have occurred in the past.

## ***Website Development***

The International website was launched in 2017, and this year felt like a good time to get feedback from the international community about how to reorganize, improve content and functionality of the website by sending out a survey. We thank everyone who took the time to participate in the survey, the feedback was extremely helpful in working to improve the website and make it a better tool to support your work and create a community of practice.

We reorganized the site to split things up by category, and added a few more pages to make them a bit shorter and hopefully easier to find documents. We reached out to all countries and asked for education materials, themed indexes for guidelines, the most recent list of changes made to the guideline materials, information about countries' implementation plans and quality improvement programs, and for permission to share each country's annual reports to post on the website. We still need your help to build these sections. Please send the materials you would like to share with the NFP International community. We are still working on improvements, like an email notification system for changes to the website, news stories, and new posts on the discussion forum. But as always please let us know about any problems or suggests to improve our website.





## Clinical Advisory Group

The national clinical leads from each country join the Clinical Advisory Group (CAG) conference call every other month and, despite the challenges for us all around global time differences, attendance is always high. We are aware that you receive requests from colleagues with a keen interest in the program to join the CAG. After consultation with you, we have agreed to retain the current terms of reference for CAG which includes representation from each country, as we know how important it is for you to be able to participate in a manageable- sized group. You have agreed to continue to be the conduit for information sharing from CAG and we welcome feedback on this.

Since our last report CAG has covered a range of subjects and new initiatives!

### 1. **Mastery Assessment and Plans (MAPs)**

Joan Barrett, with Kim Weber-Yorga, shared the 'Path to Nursing Excellence' – a new way to encourage and document NFP nurses' growth and development that has been developed by the US National Service Office. The approach is supported by a number of Mastery Assessment Plans (MAPs) that can be used to assess and record nurses' growth over time within the program.

### 2. **Adverse Childhood Experiences (ACES) and Trauma Violence Informed Care (TVIC)**

Elly Yost presented early findings from her and Professor Susan Jack's (McMasters University) work regarding their project undertaken to explore use of Trauma and Violence Informed Care approaches and an understanding of ACEs within NFP in USA.

### 3. **Findings of the Canadian Nurse Education (CaNE) Project**

Lindsay Croswell, Susan Jack and Sonya Strohm presented the findings of the Canadian Nurse Education (CaNE) project to the Clinical Advisory Group and Clinical Leads were encouraged to send further questions and share any recent innovations they have made to continue to learn together and debate key issues arising in the field of NFP nurse and supervisor education.

### 4. **Reflective Supervision Project Outcomes and Feedback**

The findings from the Reflective Supervision project were shared and discussed. The proposed work to be taken forward (following the sharing of the Reflective Supervision guidance) via a short life working group was agreed and participation encouraged from each country.

## *Meeting with Each Country to Review and Reflect on their Progress Annually*

Each country prepares an annual report and then takes part in a review with their international consultant and Dr. David Olds. The report includes summaries and analyses of key data regarding adherence to the program's CMEs and client and child outcome data. This is an important aspect of the licensing agreement and provides an opportunity to consider progress with the program over the year. The inclusion of key fidelity data alongside reflections by the country's leaders on issues highlighted within the report provides an opportunity for: successes to be celebrated; challenges to be analyzed; and potential solutions to be discussed. Priority areas for quality improvement and development actions over the next year are agreed and are reviewed as part of the following year's review.

We have recently requested that countries give permission for their reports to be shared with other international NFP colleagues on the international website and are very grateful to those countries who have given this permission. We hope that all countries will allow this and also review and learn from the reports of others. This will also enable countries to benchmark their findings in relation to those of other countries.



# **Priorities for International Team for the next 12 months**

## *Plans and Priorities for 2019/20*

### **Development of an International forum for National team research and information officers**

The collation, reporting and interpretation of the data collected by nurses within NFP is a key aspect of program improvement and monitoring of progress in achievement of the program goals. We are aware that there are many extremely talented people working in this area in all countries and would like to provide them with more opportunities to share their work and collaborate together, as a number have requested. We intend in 2019/20 to consult with you about establishing a regular forum for collaborating, sharing and discussing challenges, in parallel with the CAG meetings

### **Notification of research protocols and publications**

We are aware that a number of countries are conducting research and evaluative studies on the program. These range from small studies as part of a master's program, to extensive independent evaluations. Many of these result in publications and often we are unaware of the studies until a publication is notified to us. We would like to develop a process to ensure that all research in the program is of a high quality and is in line with the program ethos and evidence. To this end we will be consulting with you this year on proposals for an international research group to approve research protocols related to the program. We believe that this will help us all as it will ensure that the quality of research is maintained and prevent unsuitable research proposals.

### **Community of practice for Reflective Supervision**

As an outcome of the reflective supervision project, we are taking forward a community of practice to share and develop learning materials, innovative practices and experiences over the next year. Progress has already been made in developing new documentation to support the process, and record the outcomes, of Reflective Supervision and Observed Home visits alongside new versions of the data collection forms.

### **Our next International project:**

Your feedback from the approach we used to collaborate on Reflective Supervision and take forwards the project recommendations (plus the limited use of the Q&A section of the website) has encouraged us to propose the establishment of a 'Virtual learning Space' for Clinical Leads.

This will be a bimonthly opportunity for clinical leads to join and discuss a specific clinical or operational / implementation topic. We are aware that many of you wish to discuss issues such as STAR contextualization, use of NFP data reports for Quality Improvement, what happens for clients' post-graduation' and integration of the Intimate Partner Violence innovation. This Virtual learning Space (VLS) will be *the* place to tap into all the expertise, experience and innovation occurring within each country!

We plan to retain the Clinical Advisory Group to ensure that we continue to share strategic discussion around NFP and keep you posted on international developments. We will monitor attendance and feedback for both forums and over time consider if we need to merge them or minimize meetings.

As always, we will test this approach and encourage your feedback. Our first meeting will be in October and we hope Clinical Leads will suggest a hot topic to get our first meeting off to a flying start!

### **International Project**

As you will be aware, we aim to undertake a more 'in depth' project every 18 months or so. We will also look to Clinical leads via the CAG forum and the newly established Virtual learning Space to identify with us an area of focus which would benefit from more intense review. This will become our annual project to commence in 2020!

***Thank you for another amazing year of accomplishments!***

*- Mandy, Marlene, Ben, David, Gail, Ann, and Elly*