

(Please note: The STAR Framework is 5 pages)

### Purpose:

The NFP Strength and Risk (STAR) Framework is designed to help NFP nurses and supervisors systematically characterize levels of strength and risk exhibited by the mothers and families they serve. The STAR framework is intended to provide consistent ways for NFP nurses and supervisors to inform clinical decisions on visit content, dosage, and methods of promoting behavioral change to improve maternal and child health by attending to specific strengths that mothers and family members bring to the program. It is expected that the use of STAR will result in increased client retention and increased NFP nurse confidence and effectiveness in working with complex clients. Information organized with the STAR informs how the nurse works with families and helps her align the program content and frequency with the mother's (and other family members) abilities and interests in engaging in the program. STAR assists the NFP nurse to plan her visit content and interventions in a thoughtful way so that the home visits are focused on achieving the intended NFP program goals and outcomes. The NFP nurse uses the facilitators in the Visit-to-Visit Guidelines to assist the client in achieving her individual goals. One of the central goals for STAR is to identify families who are doing so well on their own that they may not need to be visited as frequently as called for in the current program guidelines and to identify those that need more visits due to greater risk or need.

#### **General Guidelines:**

- This document is completed at 5 points in time: Initial review of findings Pregnancy Visit 4, Pregnancy 36 weeks, Infancy 8 weeks, Infancy 12 month, and Toddler 18 months
- The STAR Framework should also be updated whenever there's a change in a client's status.
- It might take multiple visits to complete the entire STAR Framework during each time frame and some critical elements in STAR (such as the child's health and development) can be measured only once the child is born; this emphasizes the tool's dynamic properties.
- The data source(s) that the NFP nurse will use to inform the coding are listed in the **Strengths and Risks (STAR)**Framework guidance document.; the nurse will have already gathered much of this data already.
- STAR is meant to be used flexibly as NFP nurses gain a deeper understanding of maternal, child, and family strengths and needs.
- More detailed instructions for scoring and coding are found in the Strengths and Risks (STAR) Framework guidance document.
- The nurse should store this document in the manner agreed within their country

### **Definitions/Directions for Completing this document**

#### Alternate Visit Schedule:

- By the time the infant is 4 months of age (and in many cases well before this), nurses should have a deep sense of families' risks and strengths; this information can be used by nurses and parents to guide decisions about whether families may be served effectively with fewer visits while some families may benefit from more frequent visits for a brief period.
- Additionally, some clients, particularly those who have gone back to school or who are working may request shorter
  visits. If there is an agreed upon plan between the nurse and client to adjust the standard visitation schedule, the
  nurse ticks "yes."

### STAR # for this period:

- There is room on each STAR coding document to document up to 3 points in time; because STAR is completed 5 times the NFP nurse will need to use at least 2 forms.
- Note in this box if this is the # 1st, # 2nd form etc.



### Date of Visit:

• Enter the date that the actual form was completed, not the date of the last home visit.

## For each of the 21 measurement categories/behaviours listed please completed the following:

- Assess risk: Low (0), Moderate (1), or High (2) using the guidance in the **Strengths and Risks (STAR) Framework guidance document.**
- If the nurse did not assess the behaviour she ticks "Not Addressed" and then continues with the next behaviour.

## For any behaviours rated as moderate (1) or high-risk (2) indicate:

- If the client understands the risks/needs related to the identified risk (yes or no)
- If the client (based on her self-report) has friends/family support related to the identified risk (yes or no0)
- If the client (based on her self-report) is using services to meet her goals related to the identified risk (yes or no)

### Stage of Change

 Indicate the stage of change for the client related to the identified risk as indicated within the Strengths and Risks (STAR) Framework guidance document.

### **Protective Factors:**

- STAR uses 6 "Protective Factors" which are personal characteristics that clients or families bring to the program and appear to be a fundamental part of their makeup.
- The table below provides examples of what the NFP nurse might expect to see if a client is displaying a specific Protective Factor
- These factors are assessed globally across client functioning and with consideration of client background and history.
- For every protective factor the client displays, fill in "Yes" in the corresponding column and add brief comments which reflect your data/observations to support the rating.

Global Protective Factors	Yes	Comments
Keeps NFP Appointments & Engaged in NFP Program		Client keeps most, if not all, scheduled NFP appointments and/or is proactive in alerting nurse to cancelations. Client is actively engaged in the program, is receptive to materials, eager to learn, follows nurse recommendations, etc.
Has Psychological Resources		Refers to one or more of the following traits: positive affect (client is cheerful, pleasant, has a good attitude, and so forth); intelligence and/or maturity; motivation and determination to succeed, independent, tenacious and/or hard worker; client has clear sense of efficacy and advocates for herself and her child; client has strong relationship skills (patience, empathy, good communication styles, conflict resolution skills, and so forth).
Protects Her Health		Takes action to eat balanced diet, avoid substance use, avoid excessive weight gain, practice safe sex, and so forth.
Demonstrates Commitment to Protect Child		Displays behaviours such as: motivation to be a good mother, breast feeds, shows good communication with child, provides developmentally appropriate educational materials, provides cognitive stimulation, is protective of child's health and safety, and so forth.
Social Support (Partner, Family, Friends)		The client is connected to a network of family and/or friends who provide emotional (warmth, empathy, love, nurturance) and instrumental (financial, concrete goods and services) support to the client.
Citizen or Legal Resident of Country		The client is a citizen or legal resident of the United States, which entails specific rights, privileges, and eligibility to access government services.



Client Name:													
Client ID:		Nurse ID:	Date:	·									
Completed at : (tick one)	☐ Initial (Visit Pregnancy 4) ☐ Pregnancy 36 weeks	☐ Infancy 8 weeks☐ Infancy 12 months☐ Toddler 18 months	Alternate Visit Schedule: ☐ Yes ☐ No	STAR # for this period:									

			Stages of Change Codes		
PC =	Pre-Contemplation/ Not ready to change	P =	Preparation / Getting ready to change	M =	Maintenance / Working toward goals
C =	Contemplation/ Thinking of changing	A =	Action / Making small changes	SE =	Self-Empowerment / Keeping it up

				E	Behaviora	al Streng	ths	
				(Y/N)	(Code)	(Y/N)	(Y/N)	
	Measurement Category	Date	Risk Level NA, 0, 1, 2	Understands risk/needs	Stage of Change	Friends/family support goals	Uses services to meet goals	Comments Strengths   Risks
Personal Health	<ul><li>1. Substance</li><li>Use and Abuse</li><li>Continued on a new sheet</li><li>Not addressed</li></ul>							
	2. Pregnancy Complication and/or Chronic Illness  Continued on a new sheet  Not addressed							



Personal Health	3. Dev. and Intellectual				
	Disability  ☐ Continued on				
	a new sheet  ☐ Not addressed				
	4.Depression, Anxiety and other Mental				
	Health Issues  ☐ Continued on				
	a new sheet  ☐ Not addressed				
	5. Caregiving Attitudes and Behaviors				
	☐ Continued on				
	a new sheet  ☐ Not addressed				
	6. Child Health and				
Maternal Role	Development  ☐ Continued on a new sheet				
Mat	□ Not addressed				
	7. Child Care				
	☐ Continued on a new sheet				
	☐ Not addressed				
•	8. Maternal Education and Work				
Life Course	☐ Continued on a new sheet				
Li	□ Not addressed				



	9. Pregnancy Planning				
	☐ Continued on a new sheet				
	□ Not addressed				
	10. English Literacy				
	Limitations  ☐ Continued on a new sheet				
ourse	□ Not addressed				
Life Course	11. Criminal Justice/Legal				
	Issues  ☐ Continued on a new sheet				
	□ Not addressed				
	12. Loneliness and Social				
	Isolation  ☐ Continued on a new sheet				
riends-	□ Not addressed				
Family/Friends	13. Intimate Partner Violence				
	☐ Continued on a new sheet				
	□ Not addressed				



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	14. Unsafe Family or Friend Network  ☐ Continued on a new sheet				
	□ Not addressed				
	15. Economic Adversity				
	☐ Continued on a new sheet				
•	□ Not addressed				
	16. Homelessness and Residential Instability  Continued on a new sheet  Not addressed				
al Health	17. Environmental Health				
Environmental Health	☐ Continued on a new sheet				
En	☐ Not addressed				
	18. Home Safety				
	☐ Continued on a new sheet				
	□ Not addressed				



	19. Health Services Utilization  Continued on a new sheet  Not addressed											
Health & Human Services	20. Well-Child Care Infancy /Toddlerhood Only  Continued on a new sheet  Not addressed  21. Use of Other Community Services  Continued on a new sheet  Not addressed											
Health &												
					I	I						
	Global Protective Factors		Yes	}	Comments							
	Keeps NFP Appointments & Engaged in NFP Program											
	Has Psychological Resources											
Р	Protects Her Health											
	Demonstrates Commitment to Protect Child											
S	ocial Support (Partner	r, Family,										
	itizen or Legal Reside ountry	ent of										