University of Colorado
Anschutz Medical Campus

Department of Paediatrics
Prevention Research Center for Family and Child Health
Mail Stop 8410
13121 East 17th Avenue
Aurora, Colorado 80045

International Nurse-Family Partnership® (NFP)

Phase Four Annual Report - Scotland April 2020- March 2021 (date complete August 2021)

Phase Four - Continued Refinement and Expansion
This phase includes: building capacity and establishing sustainable systems for funding; embedding clinical leadership; selecting and developing new sites; recruiting and educating new NFP nurses and supervisors; and continuously improving program implementation, including refinement and use of the NFP information system. It is expected that countries will move to a higher level of self-sufficiency during this phase while continuing to meet licensing requirements through the annual review process, including completing this annual report. Any substantive change in the way NFP is implemented will continue to require approval of the PRC.

Purpose of annual report:
As part of the license agreement with the University of Colorado, each country is required to prepare and submit an annual report. Through the annual report, data is reported, analysed and reviewed, to guide discussion of the country's implementation successes and challenges, as well as emergent outcome variations. The annual report forms the basis of the Prevention Research Centre, University of Colorado's (UCD) annual review of NFP implementation and fidelity in licensed partner countries and for discussing quality improvement plans. By using quantitative and qualitative data, the annual report creates an opportunity for each country's leadership team to reflect on progress and develop quality Improvement plans for the following year.

Completing the report:
The country license holder is requested to coordinate the completion of this report, with contributions from the national implementing body, and others, as required.

Please note: If you are unable to complete any items in the report template, please indicate whether this data is not collected in your country or is not able to be analysed at this time. Where terms used in the report template are generic, please specify how items are measured in your country. Where you have adapted your data collection schedule/timings or approach to accommodate local systems, please adapt the document as necessary to take account of this.

The report should be sent to Dr David Olds, Ben Jutson and the country's International Consultant at least three weeks prior to the Annual Review meeting.
If you have any questions regarding the content of this document, please do not hesitate to get in touch with your NFP International Consultant.

PART ONE: PROGRAM OVERVIEW

Name of country: Scotland

Dates report covers (reporting period): 1st April 2020/31st Mar 2021

Report completed by: Scottish Government Leadership Team

Date submitted: _____

The size of our program:

	Number
Fulltime NFP Nurses	**186**
Part time NFP Nurses	**-**
Fulltime NFP Supervisors	**32.5**
Part time NFP Supervisors	**-**
Full time NFP Mediators/Family Partnership Workers (FPW) (if applicable)	**0**
Part time NFP Mediators/Family Partnership Workers (FPW) (if applicable	**0**
Total	**218.5**

- We have __35__ teams (supervisor-led groups of NFP Nurses)
- Average Supervisor to NFP nurse ratio (include Mediator/FPW positions if you have them): __1/6_____

- Current number of implementing agencies/sites delivering NFP: _____11_____
- Number of new sites over reporting period_____0_____
- Number of new teams over the reporting period____1 (GGC)____
- Number of sites that have decommissioned NFP over the reporting period_____0_____
- Successes/challenges with delivery of NFP through our implementing agencies/sites:

As a standardised programme with a national structure and a national education delivery we have successfully maintained programme delivery across Scotland during the pandemic. Sites have been instrumental in introducing new ways of working including the use of remote technology e.g Near Me visits to clients. National guidance was provided to all sites during lockdown periods on how to visit clients remotely and gave guidance on essential 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[1].

The wider Scottish Government (SG) initiative, Connecting Scotland, created a targeted strand which brought devices and connectivity to FNP clients to support this new way of working. Boards were invited to submit an

1 https://www.gov.scot/isbn/9781802011876

application and to enable electronic devices to be made available to clients, facilitated through the central FNP Leadership Team and local sites.

There was limited interruption across Scotland of clinical staff being mobilised to other roles during the pandemic although management roles were altered to take on additional roles and duties.

Description of our national/ implementation / leadership team capacity and functions

License holder name:
The Scottish Ministers devolved to the Scottish Government.

Role and Organisation:
NHS Boards sign up to a Service Level Agreement as part of the process of delivery and assurance. In terms of decision making related to the programme model, materials and adaptations, this is generally taken forward through a distributed leadership model, engaging with senior nursing leaders within NHS Boards and through the National FNP Leadership team.

Description of our National implementing capacity and roles:

- **Clinical Leadership**:

FNP Scotland continues with a distributed leadership model which works well. Support is provided to sites by the Scottish Government FNP Leadership Team, inclusive of a national clinical lead alongside the FNP Education team in NHS Education for Scotland.

The accountability for professional leadership and clinical governance is the responsibility of sites via the FNP Sponsor, Lead and the Supervisors.

- **Data analysis, reporting and evaluation**:

Access to the TURAS FNP data system is provided to sites to support clinical delivery of the programme for the entering, collation, extraction and reporting to support data analysis and to help inform practice and learning for Family Nurses and Supervisors.

Cumulative monthly reports are provide by sites to the FNP Leadership Team which are reviewed by the team for:

- Site progress with FNP delivery
- Challenges with implementation and delivery of the programme
- Quality and fidelity measures
- Active client recruitment
- Recruitment and client retention
- License breaches
- Workforce establishment and availability

An annual cycle of FNP site self-assessment is reported to the FNP Leadership Team for analysis and review and to provide assurance on the quality of programme delivery and areas of strength and improvement. This review enables discussion with individual sites on a local and national level for sharing learning, new developments and future improvements.

- **Service development/site support**:

Service development is an integral and dynamic area of enabling continuous improvement to ensure high quality services. Family Nurses and Supervisors contribute to new developments as part of their roles to ensure safe, effective and person- centred care. The challenges presented by the Covid-19 pandemic has been significant resulting in changes in the way FNP programme could be delivered, leading to re-prioritisation of work and "standing down" of non-essential work and planned developments.

Site support is provided by the Scottish Government FNP Leadership team and the FNP Education Team in NHS Education for Scotland.

- The National Strategic and Programme Lead provides general oversight, programme funding and strategic direction for Scotland
- The National Clinical Lead provides direct support to sites for clinical issues, and leads a regular forum for Supervisors to share their experience and insights and clinical aspects for local and national improvement
- The National Quality Assurance Lead provides direct and indirect support to sites, through leading reviews of national guidance and materials, including the Core Model Elements and aspects for national improvement
- The National Lead for Sustainability and Improvement provides direct support to sites to develop their sustainability models and aspects for local and national improvement
- The National Information Lead works alongside the National Clinical lead and provides direct support for sites operationally to improve their information knowledge to get the best value out of data and TURAS FNP system
- The National Lead for Education and Training supports the strategic development of the education programme and aspects for national improvement

This work is further supported by the National Analytical Programme Lead, based in Scottish Government.

- **Quality improvement**:

FNP Scotland is committed to quality improvement by working to ensure our clients and workforce have the best possible experience through an inherent model of continuous improvement and engagement with sites.

In 2019/20 the National Leadership Team was refreshed with a reformed focus to provide a more robust governance structure to support decision making, quality improvement activity, implementation and evaluation. The five work streams below have progressed during 2020/21 with some delay pressures due to the pandemic. These work streams continue to assist with our current objectives to support the national leadership team to reduce unnecessary variation, the rapid sharing of learning through improved communication and future planning for FNP Scotland.

- Education and Learning
- Clinical practice
- Research and Quality improvement
- Information and monitoring
- Quality assurance and guidance

National Quality Improvement (QI) activity 2020/21

- Review of core model elements (CME) with Scottish standards
- Additional Approved ME – Scottish Child Health Surveillance Programme
- Reviewed and up-dated FNP Clinical Guidance
- Development and improvements of TURAS FNP system and data forms
- Production of an overarching supervision guidance document
- Commissioning of the tele-health report (Covid-19)
- FNP Education strategy
- Revised monitoring and reporting templates

FNP sites QI activity 2020/21 (National and local activity)

- National pilot in partnership with NHS Health Scotland and NHS Education Scotland in progress for sensitive enquiry and response which encompasses trauma and violence informed care with two FNP sites
- National commissioning of partnership working progressing with sites to support eligible 2 year olds to receive early years provision placement in Early Learning and Childcare settings at graduation (from FNP)
- National commissioning of Antenatal Bookbug intervention. Following the successful testing of the Antenatal Bookbug programme in two FNP sites (findings in document attached) it has now been scaled up and tested across the country. It is anticipated that the learning will enable further learning to be shared with other professionals such as maternity services.

bookbug.docx

(summary highlights of local activity)

- Local improvement work focused on enrolment by 16+6 weeks
- Local pilots in progress for infant mental health, in conjunction with national infant mental health programme

- Local partnership (CPP's) working progressing with a couple of sites to support clients with employment opportunities
- Local partnership working with an academic institution to test Nicotine Replacement Therapy (NRT) for clients to support smoke free homes
- Local partnership with sexual health services for rapid access to LARC
- Local partnership with housing services (Shelter) to provide suitable accommodation for young parents

- **NFP Educators**:

See section on NFP Education

- Other (please describe)

Description of our local and national NFP funding arrangements:
The Scottish Government has fully funded the programme for the past 11 years and this commitment remains. Locally, the funding sites receive is protected to ensure that programme continues to be delivered.

Current policy/government support for NFP:

The First Minister for Scotland continues to provide personal and political support for the programme. The strategic development and direction of the programme is led by the National Strategic and Programme Lead within the Scottish Government. This provides clear opportunity to engage with wider cross-cutting policy, within Scottish Government, to ensure the currency of FNP within the Scottish context. The programme is strongly supported by the Chief Nursing Office for Scotland as an important aspect of the nursing family in this country.

With a focus on reducing current and future inequalities, early years, prevention and early intervention, the FNP programme remains at the forefront of making a difference for young first time mothers and their children.

Organisation responsible for NFP education:

NHS Education Scotland, commissioned by the Scottish Government since 2015 provide the FNP education and learning programme.

Description of any partner agencies and their role in support of the NFP program:

Partnership and collaborative working with FNP England

Integration and connections within the Scottish Government Chief Nursing Office Directorate and the wider Nursing, Midwifery and Allied Health Professionals Networks

Other relevant/important information regarding our NFP program:

PART TWO: PROGRAM IMPLEMENTATION

Clients

# of NFP clients participating in the program at any point over the last year: 2907_____

- Current clients: Pregnancy phase (n/%): 528/18.2%____at 31st March 2021
- Current clients: Infancy phase (n/%):1092/37.6%_____ at 31st March 2021
- Current clients: Toddler phase (n/%):1287 / 44.3%_____ at 31st March 2021

Nursing Workforce

- Average nurse caseload: 17 (range from 12 to 19 average per site)

	Nurses	SVs	Other	Total
# of staff at start of reporting year:	180	31.5	-	211.5
# of staff who left during reporting period	27	2	-	29
% annual (Net) turnover	3%	3%	-	3%
# of replacement / scale up staff hired during reporting period	33	3	-	36
# of staff at end of reporting period:	186	32.5	-	218.5
# of vacant positions	6	0	-	6

- **Reflections on NFP nurse/supervisor turnover/retention during reporting year**:
  The average percentage of annual staff turnover is 14%. We are proud of the retention of our staff despite the many challenges. Reasons for staff leaving are mainly for retirement and promoted posts. Only 1 supervisor has left in this reporting period and this was through a desire for a change in role. The other supervisor went on secondment to the SG.

- **Successes/challenges with NFP nurse/supervisor recruitment**:
  We recruited more family nurses than those that left; this was to support the expansion of sites and working patterns. There were significant challenges with recruitment and learning for new staff during the COVID-19 pandemic which the FNP Education team responded to quickly and effectively. All FNP staff needed to be and have been very flexible in their approach to managing this.

  As FNP clients are encouraged to reflect and change there is an expectation that these behaviours will be role modelled throughout the FNP organisation, with intention of fostering a supportive and dynamic learning culture and a desire to improve. There is a commitment through the supervision process to develop and maintain an environment of openness, trust and support; in a recent survey across teams in Scotland 97% of FNP staff said they felt supported by their team, 3% were neutral and no one felt unsupported.

FNP commenced in Scotland in 2010 with 6 family nurses, 1 supervisor and a cohort of 148 clients and was evaluated to understand its fit in the Scottish context[2]. Following implementation science since inception, there has been a national programme of expansion to build towards FNP becoming a universally offered service for a targeted group of eligible clients in mainland Scotland.

Family nurses (FN's) and supervisors (SV's) are all registered nurses or midwives and come with a varied knowledge and skills base including midwifery, health visiting, school nursing, mental health, children's nursing, child protection, learning disabilities and sexual health. Nurses and Midwives are attracted to work in the service for many reasons including strengths based approach, continuity and therapeutic relationship building with clients, the evidence base regarding long term outcomes and the supportive learning culture. FNP celebrated 10 years of service delivery with the publication of the nurse's stories[3].

- **Any plans to address workforce issues:**

  As the programme has been in place for some time, workforce turnover is higher than previously experienced, but broadly in line with other services. Retention of FNP nurses and supervisors is vital to programme sustainability. Knowledge retention is crucial to maintain the quality of the programme and drive improvement. Currently, 55% of FN's have less than 3 years' experience.

  FNP Workforce Survey

  The FNP Leadership team commissioned a specific FNP Survey to identify staff experience of delivering the programme during the pandemic and to assist the National FNP Leadership team to provide support, identify specific workforce challenges and areas for improvement to take forward. Sites have been asked to submit action plans on the areas for local improvement to address workforce planning issues and any specific national support required.

  FNP workforce and Covid -19 Pandemic

  The Covid-19 pandemic has placed many FNP staff under extreme pressure, with challenges balancing their personal and professional commitments. They have had to consider the risk of infection to themselves and their family together with their duty to care for their clients and their children. At times, some staff had to isolate and some were redeployed for short periods. The FNP workforce have had to adapt to the changes in their working environment for example home working and their biggest challenge has been to deliver the programme remotely using digital platforms. Contacts with their peers and supervision have largely been carried out remotely during this period. This has led to reports of staff isolation, increases in stress levels, anxiety and wellbeing issues as some of their usual coping mechanisms have not been available to allow them to de-stress. Supporting staff wellbeing to maintain the capacity to deliver, and containment of the FNP workforce, is an ongoing commitment of FNP sites and the National FNP Leadership team.

  FNP Workforce Next Steps

  It is essential that we learn from our experience of to the Covid-19 pandemic and how our staff responded to continue to deliver the programme. Delivering the programme virtually has

[2] Evaluation of Family Nurse Partnership Programme - GOV.UK (www.gov.uk)

[3] Family Nurse Partnership - a family nurse's perspective: 10 year anniversary - gov.scot (www.gov.scot)

provided an opportunity to better understand the use of tele-health methods in programme delivery. This learning will inform planning at a national level for future use for programme delivery beyond the pandemic, where tele-health methods could continue to feature without disrupting the quality of the programme experience for clients and nurses. Further exploration of the impact on the client and the Family Nurse to establish therapeutic relationships is required.

Our FNP clinical guidance has recently been refreshed. All FNP sites will adopt local procedures, in line with the national guidance, when staff are absent from work. When a Family Nurse, Supervisor or Data manager is absent from work, there are additional considerations for the site to ensure the FNP programme is being delivered in line with the license requirements and to support this, there is additional guidance for the management of staff absence in FNP. Furthermore there is also an agreed set of FNP principles relating to the use of bank staff, which is in line with other services.

NFP education

- **Briefly describe your NFP education curricula**

The core programme for a Family Nurse commences with Foundations in FNP Practice and is completed at Flourishing in FNP Practice 18 months later. The programme meets the requirements of Core Model Element 9 and the Guidance Document- International Nurse-Family Partnership Nurse and Supervisor Education (2019). During this programme the Family Nurses will be undertaking their individual Learning Needs Assessment, supported by their Supervisor and on completion of this progress through The FNP Scotland Capability and Proficiency Framework to achieve mastery in key areas. The Supervisor Learning and Mentoring programme is facilitated over a 14-month period, and in addition, a two day 'Supporting Effective Child Protection Supervision' course is offered after a Supervisor has been in post for one-year.

- **Changes to NFP education since the last report**

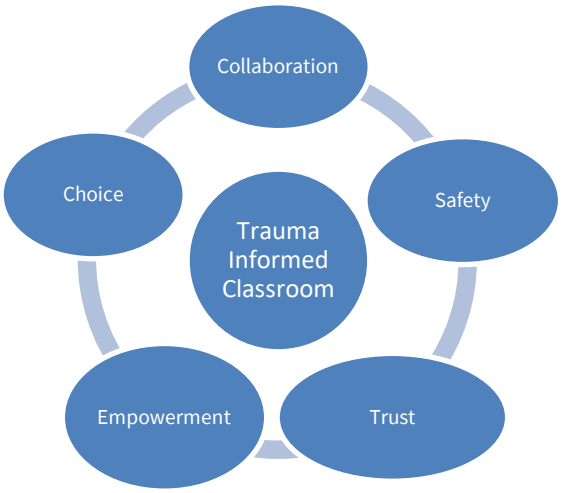
In March 2020 the Scottish Government issued DL (2020)/03 'National Arrangements for NHS Staff' due to the impact of Coronavirus (COVID 19). This required the FNP Education Team to pause the Continuing Professional Development programme as it was considered developmental training rather than essential. However, it was accepted that the Family Nurse core programme and the Supervisors Learning and Mentoring Programme should continue to be facilitated to support programme delivery to the clients. The curriculum for the Family Nurse and Supervisor Programmes was amended in response to Covid-19 restrictions which resulted in changes from face to face delivery to online learning and eventually the emergence of a blended approach to education delivery. More detail can be found in the full annual report pages 3-6.

FNP Education Team
Annual Report 2020-2

With the clients in mind the FNP Education Team developed resources to support the FNP workforce to utilise Telehealth in FNP Practice (narrated presentation), to facilitate a PIPE lesson via Telehealth (recorded teaching session), contextualised guidance from the DANCE team to support utilising DANCE via Telehealth and provided guidance on the assessment of the risk from Intimate Partner Violence for the client group. An "Emerging Learning Needs" proforma was developed to empower the Supervisors to capture learning needs. These emerging learning needs were subsequently addressed by the FNP Education team. The Education Team recognised that

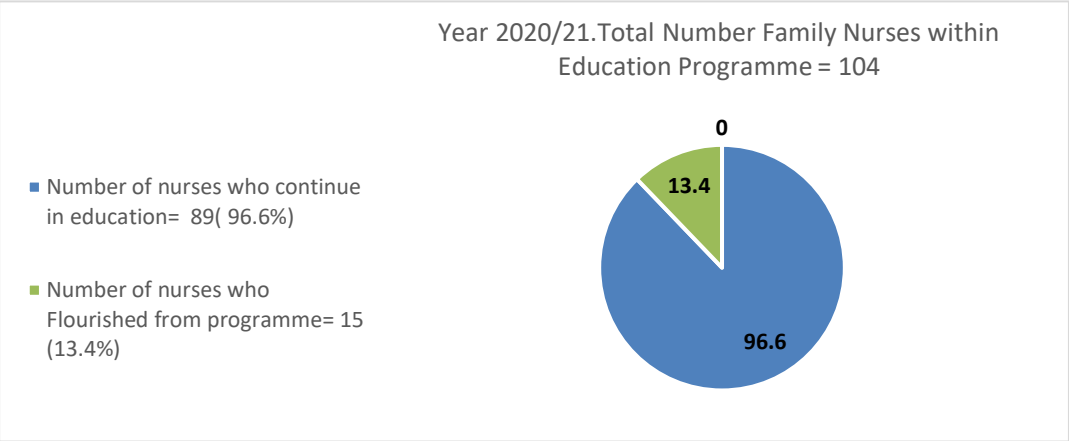
learners may, potentially, be challenged in adjusting to online learning and acknowledged the complexities (and possible triggers) in some of the learning content. This was then a consideration to continue promoting a trauma informed approach in an online learning environment (see diagram below) and apply the Principles of a Trauma Informed Classroom. Available at

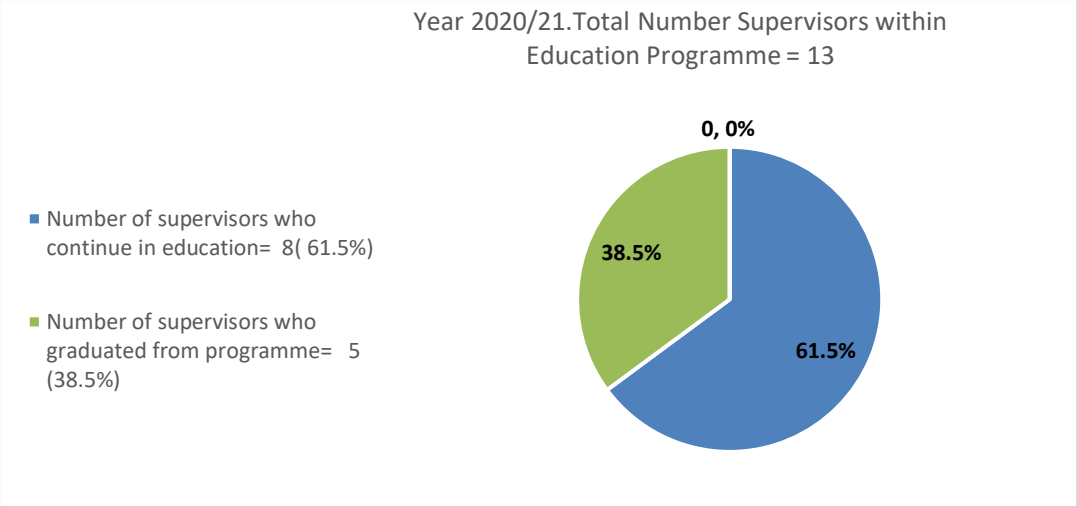
https://traumainformedoregon.org/).



- **Successes/challenges with delivery of core NFP nurse/supervisor education**:

Despite the challenges and adaptations in response to Covid-19, there is significant success in the continued provision of Family Nurse Education in Scotland. 104 Family Nurses progressed with the education programme during the year 1st April 2020- 31st March 2021 and 13 Family Nurse Supervisors.





The FNP Education programme is evaluated and invites feedback through a variety of methods. End of Learning reflections are captured by the link educator during online education, initial reflections are invited to be posted anonymously at the end of face to face education using a framework of *"What did you like" How are you feeling", " What was your lightbulb moment" and "What are you taking away*". In addition, anonymous online questionnaires using Questback[4] invite contributions to our quality assurance processes once the participants have had a little time for deeper reflection on their experience.

During this year, the average response rate was 79 %, a 17% increase on the previous year. This is significant in a year where Family Nurses, Supervisors and Educators transitioned to online education during the pandemic. As in the previous year, 100% of respondents agreed that the quality of education was high and 100% reporting the learning outcomes were met. The significant increase in response rate prompted a deeper exploration of the narrative offered by participants, as the increase may have been due to a negative experience being highlighted. However, this was not the case with positive reflections shared through the evaluations. There were some IT challenges due to connectivity and the recognition that much learning takes place when nurses are together out-with the classroom. The strength-based reflections of the participants reflect the spirit and ethos of FNP well.

- **Successes/challenges with ongoing (integration) NFP nurse/supervisor education:**

The increased variety of teaching and learning methodologies adopted in this year has been both a challenge and opportunity. Being responsive to the educational needs to support programme delivery to clients expedited any plans for online education. Despite the Family Nurses preference for face to face education the learning outcomes were met. The initial trepidation in facilitating online learning was ameliorated by extensive preparation, support from the NHS Education for Scotland Business Support Team, the strengths of the Education team and the willingness of participants to engage.

The role of Supervisors in preparing for online learning was supported by the offer of a 1 hour "preparing the team for on-line learning". This proved an important opportunity to elicit nurses' feelings about and experience of online learning and proactively address perceived challenges.

[4] Questback. Available at:www.questback.com

Supervisors continued to prepare for and consolidate education using the FNP learning packs; supervision; team learning; case presentation meetings; and accompanied home visits.

A suite of eight films are now available on TURAS to support Motivational Interviewing in FNP Practice. There is also a film demonstrating the use of PIPE where there is an interpreter present and one where a translator is supporting the PIPE lesson. Feedback on the use of these films has been positive, they are used in team learning and recently supported the recruitment process for 2 Motivational Interviewing Champions.

The Dyadic Assessment of the Naturalistic Caregiver-Child Experience (DANCE) Scotland Studio has been launched. Supervisors were introduced to the Studio at their on-line Supervisor Education Forum. The University of Colorado (UCD) DANCE team continue to work collaboratively to provide DANCE Fundamentals by Distance as the Scottish FNP workforce grows. Annual reassessment was paused due to COVID and plans are in place to reinstate this in May 2021.

A challenge reported last year around the PIPE Educator capacity has been resolved through the opportunity to learn together with our colleagues in the National Unit in England. This collaborative working was welcomed by both implementing countries. It required the FNP Scotland PIPE Lead to co-facilitate education which resulted in five educators now being skilled to facilitate PIPE education.

- Successes/challenges with delivery of NFP induction/introduction, education and CPD for associated team members (Family Partnership Worker/Mediator)

Our ambitions for next year are to:

- Launch of the FNP Education Strategy 2021-24 to provide a comprehensive framework for future development plans.
- Recommence the Continuous Professional Education Programme with a greater use of on-line education to increase reach across the country.
- Develop the role of Motivational Interviewing (MI) Champions to increase capacity within the MI Education Team, improve expertise within FNP teams and support career progression within FNP.
- Pilot of education to support Trauma and Violence Informed Care with two teams and support the introduction of the IPV Clinical Intervention.
- Progress with application to the Scottish Qualifications Authority (SQA) to achieve academic credit for the education completed by Family Nurses.
- Further develop and enhance education through the use of Technology Enabled Learning with the development of a bespoke on-line education site.

Reflective Supervision

- **Successes/challenges with NFP nurse reflective supervision**:
  The Scottish Government considers supervision to be an essential part of support for nurses[5] and the Nursing and Midwifery Council states that nurses are required to "contribute to supervision and team reflection activities to promote improvements in practice and services"[6]. Supervision has been an integral component of FNP from the beginning in Scotland.

[5] https://www.gov.scot/publications/nursing-2030-vision-9781788511001/

[6] https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

In Scotland the processes, procedures and model of supervision used in Scotland was adapted from that used by the FNP National Unit in England and although positively discussed in a number of published studies[7] [8]; there has not been a collective evaluation of how this functions in Scotland. Therefore, an analysis of the supervision processes and procedures for Scotland was also undertaken. The supervision in FNP Scotland is multifaceted therefore the approach reflected this and has taken 2 years to complete; ensuring all aspects were explored.

Some of the work was paused due to the impact of the global COVID 19 pandemic however, these awful events have highlighted the importance of the relational based supervision model that supports all areas of service provision holistically and works to supports the Scottish Governments vision of being a trauma informed nation[9].

It was noted through this work that there had been a number of diverging processes and procedures implemented across different NHS Board areas. These differences had often been implemented to mitigate for challenges in the system and overtime became normal practice. With the launch of the new guidance this will standardised the processes and procedures across the country but also allow for flexibility to accommodate for regional differences.

The supervisor Guidance Document will be shared when published.

- **Successes/challenges with reflective supervision to our supervisors**:

Covid-19 has been a traumatic event for everyone and has caused an emotional, physical and adverse impact on the functioning, mental, physical, social, emotional and or spiritual wellbeing of both our staff and clients. Supervisors have had an important role in providing leadership, organising and prioritising FNP work and communicating and providing compassionate support to Family Nurse's. Supporting others can be challenging and emotionally taxing and it is testament to our supervisors who have continued to provide family nurses with reflective supervision during this challenging time virtually through MS teams. This platform has successfully supported all forms of supervision such as:

- One to one psychology consultation for supervisors
- Tripartite child protection supervision for family nurses
- One to one child protection supervision for supervisors
- Supervisor partnership arrangements with a buddy supervisor for peer support , observation a reflective feedback

There were some challenges for supervisors not being able to provide face to face supervision with family nurses in terms of reviewing the clinical data together as this process is easier when in the same room but this did not hinder the reflective and restorative element that supervision provides.

The reflective supervision for our supervisors is provided by psychology consultation and will provide each supervisor individual 1-1 monthly supervision which may include (but not exclusive of) consideration of team dynamics, Family Nurse cases or Supervisor's own cases and workload, the supervisors reflection on demands of the supervisor role.

[7] https://www.gov.scot/publications/evaluation-family-nurse-partnership-programme-nhs-lothian-scotland/

[8] https://www.gov.scot/publications/revaluation-family-nurse-partnership-scotland/

[9] Adverse Childhood Experiences (ACEs) and Trauma - gov.scot (www.gov.scot)

Child protection supervision in FNP is not a separate activity but is integral to the comprehensive model of supervision all Supervisors receive Child Protection Supervision in relation to their case load.

To support ongoing good practice by Supervisors in relation to their clinical work with clients and their supervisory work with family nurses, they are partnered with a Supervisor colleague. Supervisor partner arrangements provide an opportunity for a peer Supervisor to observe supervisory and clinical practice and provide reflective appreciative feedback, evaluation and affirmation of strengths. They also facilitate the identification of areas of clinical and supervisory practice for enhancement and growth. This aspect of the supervisory process in Scotland was challenging to maintain during the scale up of the service and anecdotal accounts reported that this has not been utilised in several sites. With the launch of the new guidance this will standardised the process and procedures across the country but also allow for flexibility to accommodate for regional differences and the supervisors own learning needs.

- **Successes/challenges with delivery of reflective supervision to our associated team members** (Family Partnership Worker/Mediator)
  N/A

NFP Information System

- **High level description of our NFP information system, including how data are entered:**
  FNP information system is a bespoke IT system called TURAS FNP developed by NHS Education for Scotland (NES) and was introduced in October 2019. It stores data gathered by Family Nurses. The TURAS FNP provides immediate access to records and work is currently in progress for it to give a more sophisticated reporting function than at present. The information system collects activity and the functionality in time will supply outcome data on clients who are on the FNP programme.

  Data entry onto the system is via the site Data Manager following a data quality assurance checking process by the Supervisors. Future plans will be to enable family nurses and supervisors to directly enter data onto the system following a period of testing and when practical to commence post pandemic.
- **Commentary on data completeness and/ or accuracy:**
  - The system has validation, alerts and functional rules which promote accuracy of data and alert the end user to anomalies which need to be checked.
  - Data forms continue to be checked prior to input which allows any missing responses to be picked up and also aids the supervisor to identify any areas of learning to take forward with family nurses.
  - The system has a function that indicates to nurses what forms are due to be completed.
  - Supervision sessions include the review of data and include discussions relating to how data is gathered and used to consider the clinical implications.
  - Data management and governance forms part of the core education programme.
  - Work is underway around capturing reasons why data forms are either incomplete or missing completely, the supervisor will action this function on the system so any patterns can be addressed. This functionality will also benefit the accurate analysis of data.

- **Reports that are generated, how often, and for whom:**
  There are now 10 'live' reports available on the system to all users, the level of detail viewed is dependent on the user's role within FNP. Initial reports were around fidelity of the programme, additional reports have begun to present on outcomes e.g. Infant feeding, infant growth,

educational attainment, birth control. Filters allow for some individual refinement and local analysis.

Adhoc reports can be requested via the TURAS FNP system team within NHS Education Scotland (NES).

National data analysis is completed by the analytical team in Scottish Government and shared with sites via FNP Leads meetings, Supervisors quality assurance and learning forums and via the site annual review self-assessment process.

- **Our reflections on our information system - what we need to do to improve its functionality, usefulness and quality:**
  Visibility of data ranging from individual client views to a summarised form has been welcomed throughout the FNP Scotland family. As with all systems there is a requirement to have a continuous view of areas for further development. Taking into account planned new developments and feedback from all levels of users on existing functionality, a priority list has been drawn up and a planned programme of work is being agreed for over the next 12 months.

  One area we aim to focus on is around the reporting function. This will include a review of the current reports and the setting up of a robust user testing and feedback process to support the release of any new reports, improving both the end user experience and ensuring the reports are valuable and relevant to sites, and meet national requirements.

  An ambition is to look at having dashboards available for routinely requested datasets. The volume of data available is welcomed but there has been challenges in how it is presented. It continues to be important for us to move towards having the full suite of reports available to all users, and this a key deliverable as part of the overall plan.

  There are plans being progressed to introduce a supervision data form as part of the launch of the new supervision guidance. This is an exciting new development as this will allow Supervisors to directly input to the TURAS FNP system. This learning will support future developments for clinical staff to directly input to the TURAS system.

  As we learn from our TURAS FNP system on its functionality to capture and report on data, we have worked closely with FNP England who has also adopted this system. Learning from each other has enabled sharing of approaches to both capturing of clinical data and the processes around user involvement.

Continuous Quality Improvement (CQI) Program

- **Brief description of CQI processes:**
  During 2020/21 our ambition was to maintain and develop the quality of delivery through a robust continuous quality assurance, improvement and sustainability infrastructure for FNP in Scotland. Due to the pandemic, timescales have been delayed, however work continues to progress.

  CQI is informed by our robust quality assurance process, and continuous feedback loops with the FNP family

  - Formal **monthly site reporting** has been reintroduced with an evolving reporting template as we learn from sites on data that requires to be captured to support improvement

- **Annual site FNP self-assessment** process has been reviewed following feedback from sites
- **Revised fidelity measures** to improve on programme uptake and enrolment by 16 + 6 weeks has been agreed for sites to progress on during 2021/22
- **Communication strategy** is being progressed to enable a more robust system between FNP sites and the National FNP Leadership Team for collaboration, consultation and decision making
- A new **FNP Education strategy** is being launched.
- A new **Supervisor Guidance** document is being launched

Robust feedback is also gathered from clinicians as described below and via workforce surveys:

- Supervisor Learning Forum
- Supervisor support calls
- Supervisor Quality Assurance group
- Data manager support calls
- Monthly reporting template
- FNP Leads meetings
- Annual Self-Assessment and review processes

- **How we use qualitative and quantitative information as part of our CQI program:**

Both qualitative and quantitative information is critical for helping us guide our improvement journey. We need to understand the quality of programme delivery being provided and how FNP sites are performing. We use a range of data and feedback to help support what we want or need to know, learn from, aid decision making and future plans.

- **Successes/challenges with our CQI approach:**

  It has been an unprecedented year but despite the challenges with the Covid-19 pandemic, there are successes to share.

  - The tenacity and resilience of our Family Nurses and Supervisors
  - Publication of our tele-health report
  - New ways of working and connecting with FNP client in different ways
  - Supporting clients, staff, each other
  - Family Nurse/Supervisors establishing links between fragmented systems and being an advocate for the client

(see also part four for details of CQI improvement program and findings)

Any other relevant information:

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.

PART TWO: PROGRAM IMPLEMENTATION - NFP CORE MODEL ELEMENTS (CMEs)

Please complete the table below to identify how the CMEs are being monitored/assured, progress against benchmarks, and actions planned or undertaken to address any challenges. Where there is a need to add more content than space allows, please add appendices as necessary. Please also explain any missing data or analyses as necessary.

NB: Where any temporary variances to the CMEs have been agreed, please indicate these in the text box below as well as completing Appendix 2 of this document

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
1. Client participates voluntarily in the Nurse-Family Partnership (NFP) program.	100% voluntary participation Monitored /assured by: (e.g. by signed informed consent) Supervisor and FNP Lead	100% voluntary participation	All clients are given an information leaflet and have the opportunity to discuss the programme prior to agreeing to take part.
2. Client is a first-time mother	100% first time mothers enrolled Monitored/assured by: Supervisor and FNP Lead	99.9% first time mothers	1 client recruited was found later to have has a child.
3. Client meets socioeconomic disadvantage criteria at intake	The socioeconomic disadvantage inclusion criteria for our country are: Application of these criteria are assured and monitored by:	**Not Applicable** 100 % clients enrolled who meet the country's socioeconomic disadvantage criteria	It is recognized that of the teenagers who become pregnant in Scotland those who come from the most deprived areas are more likely to continue on to give birth[10]. The FNP revaluation study[11] noted that

[10] Teenage pregnancy - ScotPHO

[11] Family Nurse Partnership in Scotland: revaluation report - gov.scot (www.gov.scot)

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
	This is initially assured by the SV and FNP Lead in sites however, the data system also captures information in relation to demographics and some of the complexities in clients lives.		the FNP client group have multiple and complex vulnerabilities with many having suffered significant trauma's in their lives. There are a small number of NHS Boards that offer the service to 20 - 24 year old mothers who meet certain vulnerability criteria such as mental health concerns, poverty, child protection and IPV.
4. Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the 28th week of pregnancy.	a) 100% of NFP clients receive their first home visit no later than the 28th week of pregnancy. b) 75% of eligible referrals who are intended to be recruited to NFP are enrolled in the program. c) 60% of pregnant women are enrolled by 16 weeks' gestation or earlier	98.5% of NFP clients receive their first home visit no later than the 28th week of pregnancy 79% of eligible referrals who are intended to be recruited to NFP are enrolled in the program 51.3 % of pregnant women are enrolled by 16 +6 weeks' gestation or earlier 47.2% of pregnant women are enrolled after 16+6 but before 28+8 weeks' gestation	Those who enroll beyond 28+6 meet the agreed eligibility criteria set out in the CME#4 exception. We have 6 sites involved in taking clients over the teenager age range where the uptake rate is 74% This is an increase from last year and we are nationally working with sites to improve electronic referral pathways. 1.9% (N=114) are enrolled at more than 28 weeks and 6 days. This breaks down to 81.6 (N=93) – Late presentation at first contact at Health Services e.g. Concealed pregnancies

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
			4.4% (N=5) – late presentation due to new to Health Board area e.g. from another country 14% (N=16) – presented and enrolled post-delivery
5. Each client is assigned an identified NFP nurse who establishes a therapeutic relationship through individual NFP home visits.	100% of clients are assigned a single NFP nurse.	100% clients are assigned a single NFP nurse	A small minority of clients have required a change of nurse, this is due to staff absence or staff turnover in sites. The family nurses ensure a robust handover of clients and we continue to report low attrition rates.
6. Client is visited face-to-face in the home, or occasionally in another setting (mutually determined by the NFP nurse and client), when this is not possible.	National/ Country benchmark set is: ____% visits take place in the home	44.9% visits take place in the home % breakdown of where visits are being conducted other than in the client's home: • Telephone: 25.6% • Other face to face: 16.9% • Video call/Near Me: 12.6%	Impact of pandemic and use of alternative ways to deliver the programme is reflected in visits delivered other than in the home.
7. Client is visited throughout her pregnancy and the first two years of her child's		• __100_____% of clients being visited on <u>standard</u> visit schedule • Average number of visits by program phase for clients on	The visiting schedule for FNP client in Scotland remains as per the standard. The visits are tailored to meet individual needs (agenda

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
life in accordance with the current standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.	National/Country benchmarks for : a) Length of visits by phase benchmarks: • Pregnancy phase: • Infancy phase: • Toddler phase: b) Client attrition by program phase benchmarks: __10___% attrition in Pregnancy phase __20___% attrition in Infancy phase __10__% attrition in Toddler phase	standard visit schedule is ○ Pregnancy: 8.8 ○ Infancy: 18.0 ○ Toddlerhood: 12.2 • _____% of clients being visited on alternate visit schedule • Average number of visits by program phase for clients on alternate visit schedule is_____ • Length of visits by phase (average and range): • Pregnancy phase: 53 mins • Infancy phase: 50 mins • Toddler phase: 49 mins Client attrition by phase and reasons: __2.1___% attrition in Pregnancy phase ___7__% attrition in Infancy phase ___4.1__% attrition in Toddler phase	matched). For professionals working within the early year's agenda in Scotland national policy promotes the use of the National Practice Model[12] and National Risk Assessment Framework[13] to enable practitioners to support families using a consistent and balanced approach whilst taking into account the inevitability of changing circumstances. These tools are used in supervision to support the nurses to consider the visiting schedule according to need of individual clients. The challenge of using Near Me and telephone calls to deliver visits and reported screen fatigue, despite this, length of visit was not unduly affected.
8. NFP nurses and supervisors are registered nurses or	100% of NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate /bachelor's degree.	__100__% NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate	

[12] https://www.gov.scot/publications/girfec-national-practice-model/

[13] https://www.gov.scot/publications/national-risk-framework-support-assessment-children-young-people/pages/2/

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
registered nurse-midwives with a minimum of a baccalaureate /bachelor's degree.	Monitored/assured by (e.g. standardized job description); Countries may also want to analyze other nurse variables such as age, years within profession, specialist qualifications etc.	/bachelor's degree	
9. NFP nurses and nurse supervisors develop the core NFP competencies by completing the required NFP educational curricula and participating in on-going learning activities	100% of NFP nurses and supervisors complete the required NFP educational curricula _____% of NFP team meetings, case conferences and team education sessions are completed (against expected for time period)	__100____% of NFP nurses and supervisors complete the required NFP educational curricula and participate in on-going learning activities _____% completion of team meetings, _____% completion of case conference and _____% completion of education sessions	The supervisors have reported that all meetings have taken place as per the requirements, however, during this reporting period vast majority of meetings have taken place through digital technology. Some have been cut in time due to challenge of meeting over technology e.g. MS Teams Education sessions in teams have taken place via MS Teams. However, the format, frequency and length of sessions has been adapted due to the impact of COVID. The data in relation to these measures during this reporting period are via self-reporting from the supervisors however, moving forward this expected to be captured on the TURAS FNP system via a newly developed data form.

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
10. NFP nurses, using professional knowledge, judgment and skill, utilize the Visit-to-Visit Guidelines; individualizing them to the strengths & risks of each family, and apportioning time appropriately across the five program domains.	Please complete the section at the end of this table*.	Please complete the section at the end of this table*.	Please complete the section at the end of this table.
11. NFP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories) to guide their clinical work and achievement of the three NFP goals.	100% of 4-monthly Accompanied Home Visits completed (against expected).	_____% of 4-monthly Accompanied Home Visits completed	Not currently captured Nationally on the data base however moving forward this expected to be captured on the TURAS FNP system via a newly developed data form. The supervisors have stated that accompanied home visits have been very challenging during the COVID period. However, many have successfully completed accompanied visits online. This has enabled reflective discussion relating to practice via telehealth.
12. Each NFP team has an assigned NFP	100% of NFP teams have an assigned NFP Supervisor	___100____% of NFP teams have an assigned NFP Supervisor	Not currently captured Nationally on the data base however moving

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
Supervisor who leads and manages the team and provides nurses with regular clinical and reflective supervision	100% of reflective supervision sessions conducted against expected (calculated by time – working weeks- and number of nurse).	_____% of reflective supervision sessions conducted	forward this expected to be captured on the TURAS FNP system via a newly developed data form. The supervisors have reported that all meetings have taken place as per the requirements; however, during this reporting period the vast majority of reflective supervision sessions have taken place through digital technology. Some SV have been creative and completed the sessions whilst out walking with the FN.
13. NFP teams, implementing agencies, and national units collect/and utilize data to: guide program implementation, inform continuous quality improvement, demonstrate program fidelity, assess indicative client outcomes, and guide clinical practice/reflective supervision.	No benchmark. Monitored/assured by: FNP Scotland has a distributed model of leadership, each board area has an FNP Lead through whom clinical governance and quality is assured. The gathering of information, analysis and learning is conducted through various means including: • Core education programme • CPD education • FNP national leads meeting • FNP leadership group • Supervisors Quality assurance	Progress: TURAS FNP system is being refined and adapted on an ongoing basis to meet the needs of all users.	See previous information relating to CQI, data system, supervision and education.

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
	meeting • Supervisor learning forum • Supervisor support calls • Data system • Supervision with nurses • From client feedback • Annual review process • Annual conference • FNP newsletter • Data managers forums • Data managers support calls • Child Protection Advisors annual forum • Psychology biannual meeting • FNP Advisory Boards • Research		
14. High quality NFP implementation is developed and sustained through national and local organized support	_100____% of Advisory Boards or equivalents held in relation to expected 100_____% attendance at Advisory Boards held in relation to expected Monitored/assured by (including other measures used to assure high quality implementation): FNP Scotland has a distributed model of leadership, each board area has an FNP Lead through whom clinical governance and quality is assured. As senior managers	__82___% of Advisory Boards or equivalents _____% attendance at Advisory Boards	Most NHS Board areas have a well-established and maintained FAB. Since last year another has be reinstated. In a small number there have been challenges in relation to the buy in for the FAB, there are plans in place to support the understanding in those individual boards.

Core Model Element	National/Country Benchmarks and how these are being monitored	Progress against Benchmarks	Challenges + suggested actions to address these
	in NHS Boards these leads are linked into numerous professional groups in health and social care partnerships, where learning is shared and developed. The leads are linked into the Scottish Government via a number of routes including the SG leadership Group and the Leads meetings. There are various communication tools that are used to share information and receive feedback. Themes identified are shared via various routes throughout the organization and more widely if appropriate.		

Domain coverage*

Please complete with your National /Country benchmarks and average (for proportion of time spent within each domain during visits)

Domain	Pregnancy Benchmark (%)	Pregnancy actual (%)	Infancy benchmark (%)	Infancy actual (%)	Toddler benchmark (%)	Toddler actual (%)
Personal Health (My Health)	35-40%	33.8%	14-20%	20.9%	10-15%	19.1%
Maternal Role (My Child and Me)	23-25%	29.3%	45-50%	43.0%	40-45%	39.4%
Environmental Health (My Home)	5-7%	11.0%	7-10%	10.8%	7-10%	11.6%
My Family & Friends (Family & Friends)	10-15%	13.9%	10-15%	13.7%	10-15%	14.6%

Life Course Development (My Life)	10-15%	12.0%	10-15%	11.6%	18-20%	12.9%

Commentary: (please identify any successes and challenges highlighted for CME 10 and any suggested actions to address these here):
Delivery of the programme has continued throughout the pandemic but has been required to move rapidly to a model delivered via mixed methods. Although challenging the nurses have been found very imaginative ways of implementing this change and have had to adapt programme delivery and content to meet the needs of the client group during this time. The nurses feel that they have spent more time discussing and supporting clients with mental health issues and financial problems than previously.

PART THREE: PROGRAM IMPACTS

Countries report on data indicative of program outcomes to demonstrate continuing achievement of the three NFP program goals:

1. Improve pregnancy outcomes 2. Improve child health and development 3. Improve parents' economic self-sufficiency

Please complete the tables below and add any additional text or diagrams in Appendix 1. Where terms used in the report template are generic, please specify how items are measured as necessary. Please explain any missing data or analyses.

<table>
<tr><th colspan="3">Characteristics of our clients at enrolment</th></tr>
<tr><th>Health, Social and economic Conditions at enrolment</th><th>Previous year(s) (n/%)</th><th>Current Period (n/%)</th></tr>
<tr><td>Age (range and mean)</td><td>2019/20: 13.2-25.2 years - mean 19.1 years
2020/21: 14.5 years - 25.1 years, mean 19.1 years</td><td></td></tr>
<tr><td>Race/ethnicity distribution</td><td>
<table>
<tr><th></th><th>2019/20</th><th>2020/21</th></tr>
<tr><td>White</td><td>96.2%</td><td>94.5%</td></tr>
<tr><td>Other ethnic group</td><td>1.6%</td><td>2.8%</td></tr>
<tr><td>Asian, Asian Scottish or Asian British</td><td>1.5%</td><td>1.9%</td></tr>
<tr><td>African, African Scottish or African British</td><td>0.4%</td><td>0.4%</td></tr>
<tr><td>Caribbean or Black</td><td>0.1%</td><td>0.3%</td></tr>
<tr><td>Prefer not to say</td><td>0.1%</td><td>0.1%</td></tr>
<tr><td>Don't know</td><td>0.1%</td><td>-</td></tr>
</table>
</td><td></td></tr>
</table>

Home visits where father/partner is present

Frequency of communication with the child's biological father	2020/21
Daily – live with father	43.1%
Daily – do not live with father	36.0%
At least once a week	7.5%
Never	7.6%
Less than once a month	1.8%
Not applicable	0.9%
At least once every two weeks	1.6%
At least once a month	0.9%

Visit Participant	Percentage of Completed visits (2020/21)
Child's father	16.1%
Client's partner (if not the biological father of the child)	0.8%

Home visits where other family members are present

Visit Participant	Percentage of Completed visits (2020/21)
Client's mother	8.6%
Other family member	4.5%

<table>
<tr><td></td><td><table>
<tr><td>Other</td><td>3.7%</td></tr>
<tr><td>Client's father</td><td>1.7%</td></tr>
<tr><td>Friend</td><td>0.8%</td></tr>
<tr><td>Foster parent/guardian</td><td>0.4%</td></tr>
</table></td><td></td></tr>
<tr><td>Income (please state how this is defined)</td><td>Income is not directly collected</td><td></td></tr>
<tr><td>Inadequate Housing (please define)</td><td>Of the housing tenure types, the following may be considered 'Inadequate Housing': temporary accommodation; all forms of no fixed accommodation; safe housing. In 2019/20, a total of 6.2% of clients occupied these types of housing.

There are two further questions asked at enrolment about accommodation both relating to clients' experience of homelessness. These are new questions and were not asked prior to May 2019. However, since that time 14.4% of clients reported that they were 'Registered Homeless' and 2.5% of clients reported that they considered themselves homeless.

In 2020/21 the following was true for clients when they joined the programme.
- Temporary Accommodation: 3.1%
- No fixed accommodation: 1.1%
- Registered homeless: 8.3%
- Considered self homeless: 2.9%</td><td></td></tr>
</table>

Educational Achievement

Educational Qualification	2019/20	2020/21
First Degree, Higher Degree, SVQ Level 5 or equivalent	0.51%	0.53%
Professional Qualifications (e.g. teaching, accountancy)	0.04%	0.18%
HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent	3.29%	3.5%
Other higher education qualifications	0.78%	0.79%
Other post-school, but pre-higher education qualifications	1.13%	1.37%
Higher Grade, Advanced Higher, SCQF Level 6 and 7 Freestanding Units, Scottish Baccalaureate, A Level, National Certificate, Higher National Certificate	8.84%	10.15%
Standard Grade, GCSE or equivalent, national 3-4	54.85%	55.84%
SVQ Level 1, SVQ Level 2, National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent	6.81%	5.25%
SVQ Level 3, ONC, OND, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	3.87%	2.29%
Foundation Apprenticeship, Modern Apprenticeship	2.43%	2.25%
National 1, National 2, Access 1, Access 2 or equivalent	3.29%	4.06%
Employability, Enterprise and Employability, D of E Leadership, Employability and Personal Development, Skills for Work, Certificate of Work Readiness, National Progression Awards or equivalent	3.95%	3.71%
Other school qualifications	1.96%	2.21%
No Qualifications	6.30%	5.87%
Don't know	1.45%	2.03%

Employment

Employment Status	2019/20	2020/21
Working full time	22.20%	9.02%
Working part-time	13.70%	6.50%
In full time education	12.90%	6.98%
In part-time education	3.10%	1.44%
Full-time carer	1.10%	0.52%
Part-time carer	1.30%	0.20%
Volunteering full-time	0.10%	0.08%
Volunteering part-time	1.00%	0.08%
Actively looking for work	4.50%	2.31%
Unemployed	30.60%	21.27%
Other	1.60%	2.55%
None of the above	7.80%	49.04%

Year on year figures for employment status are not directly comparable because of significant changes to the data forms that were implemented during May 2019. The new data forms were only available for clients joining the programme after this date. This explains the large inconsistency that is particularly noticeable among clients describing themselves as working full time, in full time education, unemployed or selecting the 'None of the above' option on the form.

Looking more closely at other or none of the above most stated either full time mother or furloughed from job

<table>
<tr><td>Food Insecurity (please define)</td><td>Not collected</td><td></td></tr>
<tr><td>In care of the State as a child</td><td>
<table>
<tr><th></th><th>Currently (%)</th><th>Yes in the past (%)</th><th>No (%)</th><th>Don't know (%)</th></tr>
<tr><td>Client assigned a social worker</td><td>13%</td><td>13%</td><td>70%</td><td>6%</td></tr>
<tr><td>Client subject to a Child Protection Order</td><td>0%</td><td>7%</td><td>76%</td><td>6%</td></tr>
<tr><td>Client's name placed on Child Protection Register</td><td>0%</td><td>13%</td><td>72%</td><td>5%</td></tr>
<tr><td>Client subject to a Supervision Order</td><td>1%</td><td>8%</td><td>77%</td><td>4%</td></tr>
<tr><td>Client became Looked After Child - At Home</td><td>0%</td><td>13%</td><td>71%</td><td>5%</td></tr>
<tr><td>Client became Looked After Child - Kinship Care</td><td>1%</td><td>7%</td><td>78%</td><td>5%</td></tr>
<tr><td>Client became Looked After Child - Accommodated</td><td>1%</td><td>13%</td><td>72%</td><td>4%</td></tr>
<tr><td>Client detained under Mental Health Act</td><td>0%</td><td>7%</td><td>77%</td><td>6%</td></tr>
<tr><td>Client assigned a through care after care worker</td><td>0%</td><td>6%</td><td>89%</td><td>4%</td></tr>
</table>
The data from these fields are part of the quality assurance work for the coming year to ensure data accuracy; it appears that there is approx. 10% null values, this is being investigated.
</td><td></td></tr>
<tr><td>Obesity (BMI of 30 or more)</td><td>Not collected</td><td></td></tr>
</table>

Severe Obesity (BMI of 40 or more)	Not collected	
Underweight (BMI of 18.5 or less)	Not collected	
Heart Disease	Not collected	
Hypertension	Not collected	
Diabetes – T1	Not collected	
Diabetes – T2	Not collected	
Kidney disease	Not collected	
Epilepsy	Not collected	
Sickle cell Disease	Not collected	
Chronic Gastrointestinal disease	Not collected	
Asthma/other chronic pulmonary Disease	Not collected	
Chronic Urinary Tract Infections	Not collected	
Chronic Vaginal Infections (e.g., yeast infections	Not collected	
Sexually Transmitted Infections	Not collected	
Substance Use Disorder	See substance use data below	
Mental Illness	See below (Anxiety/Depression)	

Please comment below on the vulnerability of your client population, including analysis of STAR (or equivalent) data and reviewing trends over time.
Across Scotland there has been a drop in the teenage birth rate by almost 50%[14]. However, those who continue on with pregnancy to give birth in Scotland are those that live in the areas with the highest levels of deprivation as measured by Scottish Index of Multi Deprivation[15]. The most deprived areas had almost 15 times the rate of delivery compared to the least deprived areas (37.9 compared to 2.6 per 1,000) and almost double the rate of termination of pregnancy (18.8 compared to 9.7), These young women are those that we need to reach the most. The level of complexities in the family nurse caseloads has risen and yet we have continued to have very high uptake rates for the programme in Scotland.

	Intake	**36 Weeks of Pregnancy**	**Postpartum**	**12 months**	**18 months**
GAD7[16] Average	4.72	4.46	5.29	3.75	3.00
Swemwbs[17] Average	28.03	Not administered at 36 weeks	28.08	27.00	24.50
EPDS[18] Average	4.37	5.72	7.32	8.00	n/a
GSE[19] Average	37.76	Not administered at 36 weeks	33.02	32.0	32.0
Cigarettes – (%) of clients smoked cigarettes or e-cigarettes	26.2%	23.9%	30.6%	35.1%	32.3%
Cigarettes mean number smoked/48 hours (among smokers)	6.1	5.7	7.6	7.8	7.8
Alcohol, (% during pregnancy)	368, 31.9%	248, 26.3%	n/a	n/a	n/a
Any alcohol consumed in last 14 days	0.6%	0.5%	16.0%	15.3%	15.4%

14 Teenage Pregnancy (publichealthscotland.scot)
15 https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020
16 GAD7 Anxiety Test Questionnaire | Patient
17 https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/
18 edinburghscale.pdf (ucsf.edu)
19 http://userpage.fu-berlin.de/~health/engscal.htm

Mean Units Alcohol Consumed in last 14 days (among those who reported consuming alcohol)	Negligible	negligible	6.4 units	7.7 units	10.3 units
Marijuana (% during pregnancy)	71, 6.1%	51, 5.4%	41, 3.5%	43, 3.7%	52, 4.8%
Cocaine, (% used in pregnancy, days used last 14 days)	14, 1.2%	6, 0.6%	0, 0%	3, 0.3%	2, 0.2%
Other street drugs, (% used in pregnancy, days used last 14 days)	9, 0.8%	9, 1.0%	4, 0.4%	1, 0.1%	2, 0.2%
Excessive Weight Gain from baseline BMI during pregnancy (n, %)	Not collected				
IPV disclosure, (n, %)	Nurses have reported challenges delivering this aspect of the programme via telehealth methods and that during in home visits partners or others were present. Data forms for IPV have on average been completed 50% of the time, therefore we have not included the data here. Further education needs have been identified, this work is being conducted as part of the trauma and violence informed care pilot.				

	6 months	**12 months**	**18 months**	**24 months**
Reliable Birth Control use, (%)	38.3%	40.1%	41.4%	41.5%
Subsequent pregnancies, (%) (Has been pregnant at least once since the birth of first child)	5.6%	17.3%	26.1%	34.3%

	Postpartum	**6 weeks**	**6 Months**	**12 Months**	**18 months**
Initiated breastfeeding	44.5%	-	-	-	-
Exclusively breastfeeding (%)	16.3%	9.7%	n/a	n/a	n/a
Breast Feeding, Any (%)	32.3%	16.8%	9.4%	5.4%	2.9%

	6 Months	12 Months	18 months	24 Months
Involvement in Education, (%)	In full time education = 5.2% In part time education = 2.2%	In full time education = 5.8% In part time education = 3.8%	In full time education = 7.4% In part time education = 3.8%	In full time education = 8.1% In part time education = 2.2%
Employed, (%)	Working full time = 7.8% Working part time = 9.0% Full time carer = 0.9% Part time carer = 0.6% Volunteering full time = 0.1% Volunteering part time = 0.3% Actively looking for work = 2.0% Unemployed = 17.5% Other = 5.6%	Working full time = 5.1% Working part time = 14.8% Full time carer = 0.4% Part time carer = 1.0% Volunteering full time = 0% Volunteering part time = 0.4% Actively looking for work = 2.8% Unemployed = 14.1% Other = 1.8%	Working full time = 5.0% Working part time = 17.5% Full time carer = 0.9% Part time carer = 0.6% Volunteering full time = 0.1% Volunteering part time = 0.2% Actively looking for work = 4.5% Unemployed = 11.9% Other = 1.8%	Working full time = 4.6% Working part time = 18.8% Full time carer = 0.9% Part time carer = 0.5% Volunteering full time = 0% Volunteering part time = 0.4% Actively looking for work = 5.1% Unemployed = 11.9% Other = 2.5%
	Looking more closely at what 'Other' free text option included pandemic related 'being furloughed from job ' was in the majority.			
Housing needs, (%)	Temporary housing = 6.3% No fixed accommodation (sofa surfing)= 0.3%	Temporary housing = 5.3% No fixed accommodation (sofa surfing)= 0.2%	Temporary housing = 4.5% No fixed accommodation (sofa surfing)= 0.1%	Temporary housing = 3.7% No fixed accommodation (sofa surfing)= 0.1% No fixed accommodation (sleeping rough) = 0.1%

	No fixed accommodation (sleeping rough) = 0% Considered self homeless = 1.6% Registered homeless = 8.8%	No fixed accommodation (sleeping rough) = 0.1% Considered self homeless = 1.0% Registered homeless = 6.7%	No fixed accommodation (sleeping rough) = 0% Considered self homeless = 0.9% Registered homeless = 6.8%	Considered self homeless = 0.7% Registered homeless = 5.9%
DANCE (or equivalent), (mean - 2, 9, 15, 22 months).	Not captured			
Father's involvement in care of child, (%)	Daily = 57.9% At least once a week = 15.7% At least once every two weeks = 2.3% At least once a month = 3.6% Less than once a month = 4.7% Never = 15.7%	Daily = 51.5% At least once a week = 19.5% At least once every two weeks = 3.4% At least once a month = 3.1% Less than once a month = 4.7% Never = 17.9%	Daily = 47.2% At least once a week = 20.3% At least once every two weeks = 5.4% At least once a month = 2.9% Less than once a month = 4.6% Never = 19.6%	Daily = 45.5% At least once a week = 19.3% At least once every two weeks = 4.1% At least once a month = 3.6% Less than once a month = 5.3% Never = 22.2%

Please comment below on the program impacts for clients, as indicated by the data provided (include comparisons where possible e.g. to previous years, to rates achieved in RCT, to equivalent populations etc.)**:**

In which areas is the program having greatest impact on maternal behaviours?

Our nurses and clients regularly report the importance of the therapeutic relationship on building self efficacy and an ability to make change in their lives. Whilst many services were paused or very limited due to the pandemic FNP was maintained and continued to offer the clients visits. The recent Re:valuation

study illustrates the complex and at times extensive vulnerabilities that are experienced by clients entering FNP. It highlights that positive outcomes are perceived as being the consequence of the strong therapeutic, trusting relationships that FNs build with their client group. This report demonstrates that FN's are skilled at eliciting information from clients and responding in a supportive manner. Using a complex array of tools, including motivational interviewing, FN's guide clients to make positive changes in their lives to improve outcomes for themselves and their children.

Which are the areas of challenge?

The past year has been a very challenging one. There has been a concerted effort to adapt and change quickly in order to continue to deliver a high quality service to our clients and their families. However, some aspects have been more challenging than others to deliver i.e. PIPE, DANCE and assessment of IPV. There is a need to be cognisant of the emerging evidence[20] regarding the COVID pandemic which indicates that those in the most deprived areas, those with complex needs and/or vulnerabilities, such those in the FNP client group, are being more significantly negatively impacted and that this is likely to cast a long shadow for some time.

Birth data		
	Number	**% of total births for year**
Extremely preterm (less than 28 weeks' gestation)	6	0.5%
Very preterm (28-32 weeks' gestation)	15	1.2%
Moderate to late preterm (32-37 weeks' gestation)[21]	95	7.6%
Low birthweight (Less than 2500g)	121	9.7%
Large for Gestational Age (LGA) (Greater than 4200g)	91	7.3%
Other (please define) Low birthweight but born > 37 weeks gestation	49	3.9%

Please comment below on your birth data:

Further analysis is required to consider trends in FNP over the years. It is hoped that this will be included in the 10 year analysis.

Child Health/Development				
	6 months (% of total)	**12 months (% of total)**	**18 months (% of total)**	**24 months (% of total)**

20 Coronavirus (COVID-19): Strategic Framework update - February 2021 - gov.scot (www.gov.scot)
21 https://www.who.int/news-room/fact-sheets/detail/preterm-birth

Immunizations Up to Date	93.2%	90.6%	94.9%	95.7%
Hospitalization for Injuries	1.2%	1.4%	1.3%	1.3%
A&E attendance for injuries/ingestion	5.8%	8.9%	9.6%	10.7%
	4 months (% of total)	**8 months (% of total)**	**14 months (% of total)**	**20 months (% of total)**
ASQ scores requiring monitoring (grey zone)	Communication = 2.3% Gross Motor =7.0% Fine Motor =8.2% Problem Solving =3.4% Personal Social =2.3%	Communication = 3.6% Gross Motor =8.0% Fine Motor =2.6% Problem Solving =2.6% Personal Social =1.5%	Communication = 4.8% Gross Motor =4.3% Fine Motor =3.7% Problem Solving =4.2% Personal Social =2.3%	Communication = 6.2% Gross Motor =4.2% Fine Motor =3.8% Problem Solving =4.1% Personal Social =4.8%
ASQ scores requiring further assessment/referral	Communication = 0.3% Gross Motor = 2.2% Fine Motor =1.0% Problem Solving =0.6% Personal Social =0.4%	Communication = 1.8% Gross Motor =4.2% Fine Motor =3.4% Problem Solving =1.3% Personal Social =1.0%	Communication =1.2% Gross Motor =4.3% Fine Motor =1.4% Problem Solving =1.7% Personal Social =0.8%	Communication = 11.4% Gross Motor =2.3% Fine Motor =3.4% Problem Solving =2.7% Personal Social = 3.4%
	6 months (% of total)	**12 months (% of total)**	**18 months (% of total)**	**24 months (% of total)**
ASQ-SE scores requiring monitoring (grey zone)	4.1%	2.5%	3.3%	4.8%
ASQ-SE scores requiring further assessment/referral	1.0%	0.8%	4.3%	2.8%
Child Protection (please define for your context)				

Social Care Intervention	Number of children added during 2020/21
Child assigned a social worker	176
Child's name placed on Child Protection Register	105
Child became looked after child - kinship care	31
Child became looked after child - accommodated	20

	Child became looked after child - At home	<5
	Child Subject to Supervision Order	20
	Other	14

Please comment below on your child health/development data:

It was our plan to collate this in a way that will enable comparison to the wider Scottish Data. ASQ is now the standard tool in Scotland and is collected for all children. We had aimed to start producing a publication on this annually in line with the wider Scottish approach however, this work as not been commenced due the pandemic.

In terms of child wellbeing and child protection there are significant changes in national policy that will be required to be considered in relation to FNP processes and procedures and is likely to have an impact in longer term outcomes for our clients and their children i.e.

- UNCRC[22]
- The Promise[23]
- Introduction of new child protection guidelines – due imminently
- The potential for a new a National Care Service[24]

Additional analyses
Please insert here any additional analyses undertaken to further explore program impacts Please see the information given in relation to: • Telehealth evaluation • 10 year analysis • Data linkage study

22 Human rights: Children's rights - gov.scot (www.gov.scot)
23 Home - The Promise
24 A National Care Service for Scotland - Scottish Government - Citizen Space (consult.gov.scot)

Client experiences

Please insert here any materials you would like to present regarding client experiences of the program. This can include collated client feedback, a case study or by clients providing video evidence etc.

Client feedback has been collected by local sites in various ways. Our RE:valuation study provides current status of client feedback, that is applicable across all areas.[25]

We endeavour to include our client voice in all aspects of the programme.

- They are involved from the beginning with nurse and supervisor recruitment.
- Are part of our CQI projects such a breast feeding peer supporters
- The evaluation of projects such as bookbug
- Involved in development of new facilitators
- Many sites have ask clients to complete evaluations at graduation
- Nurses encourage the clients to take part in national research or surveys regarding health and social care
- We have a number of social media pages nationally and locally in different board areas to share information
- Clients have participated in sharing of information on the national platform
  Parent Club - For Baby Box And All Your Parenting Needs
- Clients have shared their stories to support others
  Family Nurse Partnership during Covid-19 on Vimeo

Sentinel / Significant events that deserve review:

Event	Number	What was the learning?
Child death	6	The majority these deaths although tragic for individual families they were not unexpected. There were underlying health conditions; the deaths were unavoidable
Maternal death	0	
Other		

Any other relevant information or other events to report:

25 Family Nurse Partnership in Scotland: revaluation report - gov.scot (www.gov.scot)

PART FOUR: PROGRAM IMPROVEMENT & EVALUATION

Continuous Quality Improvement (CQI) program

- **Briefly describe your system for monitoring implementation quality;**
  FNP sites are responsible for delivering the FNP programme in line with the license requirements ensuring a safe, effective, high quality person centred and equitable service. This is monitored through sites reporting to the national leadership team that they have effective local quality governance systems in place and through the Annual cycle of self-assessment. The information gained is triangulated to test the quality and this includes feedback from attendance by the National leadership team at local advisory boards and local site supportive/review visits.

  The FNP workforce identify opportunities to improve care and collaborate to make identified improvements through discussion via their advisory boards, the National leadership team and up-dates of their experience of CQI are regularly provided through the FNP Leads meetings, Supervisor learning forum and Supervisor quality assurance group.

- **Goals and Objectives for CQI program during the reporting period:**

The goals and objectives for reporting period 2020/21 were:

- **Further refinement of TURAS FNP system** – in line with overall business benefits and quality assurance requirements
- **Sensitive enquiry and response** – review of tools and techniques
- Completion and implementation of **Supervision review**
- Completion of **CME review/identification of AAME for Scotland**
- **Tele-health – review** of usage and other learning from COVID-19 pandemic to inform next steps
- **Remote and rural boards –** expansion planning and implementation
- **Explore workforce challenges and models for improvement**, linked to Education strategy
- Explore **more systematic approaches to client voice** in the programme
- **Continue to build the evidence base in Scotland** and create stronger links with UK (data linkage, high level 10 year analysis
- Implementation of ELC eligible 2's

- **Outcomes of CQI program for the reporting period**

1. There have been considerable **progress and developments of TURAS FNP**. The system is now able to provide 10 live reports to present on client outcomes. Further refinement is still needed, but this is a positive achievement moving forward that will allow us to better understand the value of FNP in Scotland. Data capture forms have been restructured from shared learning from Data Managers, Nurses and Supervisors as part of the implementation of the TURAS FNP system.
2. **Sensitive enquiry and response** is currently in the testing stage due to pandemic delays with two FNP sites, one urban and one rural who are integral to the process as the first test sites. 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.

3. 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 with NES and will assist with the standardisation of FNP Supervision processes across Scotland.
4. **A collaborative review of the CME and measures for Scotland has been completed** following consultation and agreement with FNP sites. An Approved Additional Model Element has been identified (Implementation of the Child health Review System) has been approved by Professor Olds.
5. **The commissioned tele-health (insights) report is complete and has recently been published.** Plans to review the outcomes and next steps for FNP Scotland will progress over the coming months.
6. **Expanding FNP to remote and rural boards is still in the preparation and discussion** stage with the boards due to the pandemic. However the delayed publication of the insights report will help to inform and support progressing this further over the coming months.
7. **Considerable discussion has taken place regarding workforce challenges** and this remains an ongoing piece of work.
8. Due to the pandemic, **systematic approaches to client voice in the programme is an outstanding area of work.**
9. **The 10 year analysis of the FNP data is progressing** and **the Data Linkage study continues to progress,** with publication due late 2021 early 2022.

- **Lessons learned from CQI initiatives and how these will be applied in future:**
  Despite a very challenging year it is important to take time to stop and reflect on what we are doing to fully appreciate and take time to consider the lessons learned and to understand when meaningful change is happening or making a difference.

  A vital lessons is the importance of consultation. Involving all FNP stakeholders at each stage of any CQI initiative so that there is a clear understanding about decision making to enable leaders to motivate the workforce and to embrace any changes that need to be implemented.

- **Goals for CQI in next year:**

  1. The Children and Young People (Scotland) Act 2014[26] introduced a flexible offer of up to 600 hours of Early Learning and Childcare (ELC) per year for 3- 5 year olds and certain eligible 2 year olds. The aim is to increase the hours of ELC to 1140 hours by 2021. The Early Years Framework[27] laid out the evidence for a flexible approach to early intervention and prevention approaches that are based on the needs of the individuals and the local community. Scottish Government, recognising the need for there to be flexibility to adapt to a local context allowed Local Authorities to have discretionary powers to provide places beyond the statutory eligibility criteria[28].

     It is estimated that around a quarter of 2 year old children are eligible for an ELC place[29] and yet the up take rate is 9% of the population[30]. It is recognised that despite a vulnerable and complex caseload FNP have consistently high up take and low attrition

[26] Children and Young People (Scotland) Act 2014 (legislation.gov.uk)
[27] The Early Years Framework - gov.scot (www.gov.scot)
[28] Early learning and childcare expansion - 2 year old eligibility: BRIA - gov.scot (www.gov.scot)
[29] Early learning and childcare expansion - 2 year old eligibility: BRIA - gov.scot (www.gov.scot)
[30] Schools in Scotland - summary statistics: 2020 - gov.scot (www.gov.scot)

rates which would enable this service to support the transition into other community supports, for this client group at age 2. The Revaluation report highlighted that the relationship between a client and their family nurse supports behaviour change whilst Professor Buchanan's study[31] indicated that young mothers often feel overwhelmed by their needs and seek intermediary support to assist in understanding and addressing those needs. On this basis, a trusted health professional may help support the transition into an ELC place.

Feedback from FNP nurses and Supervisors indicated that for their client group, who would greatly benefit from a place, have found the system very complex and have difficultly accessing this service.

- **SG FNP Team to work with colleagues in ELC policy team to continue to consider how best to include FNP eligible clients as part of the expansion plans**
- FNP teams in NHS Boards to collaborate with health visiting teams and local authority partners to use its discretionary powers to enable children of all mothers that were eligible for FNP an ELC place at 2 years old – this should include those who did not take up the offer of FNP and/or left the programme before graduating to bring equity to the offer
- FNP SV's to include ELC placement is part of the graduation pathway
- FNP SV's to consider learning needs of family nurses to support their ELC pathways
- NHS boards to consider how health visiting teams can be supported to make this offer available to those who did not take up/continue with FNP.

2. Two sites have started a collaborative piece work with the Dolly Parton imagination library[32] to support clients to read with their child. The teams are working with speech and language professionals to support further learning with nurses prior to sharing the books with their families. The work will be evaluated via questionnaires to nurses and clients at various times points in the project.

3. Several NHS Boards have implemented the new electronic patient management system called BadgerNet Maternity which provides a single point of access for all maternity referrals. As with any change, FNP sites have reported variance with access and identification of eligible clients. The National clinical lead is working nationally to identify common areas for improvement to support FNP sites with a view that each site with BadgerNet will be offered the same access and the functionality supports FNP identification of eligible clients. This work will help support early identification of eligible clients and is hoped will increase the 16+6 weeks of pregnancy uptake rate.

4. Commission a review of the older (20-24 year olds) extended eligibility criteria

5. It is recognised that transition periods can be a time of challenge and at times risk. Implementing an ASQ3 at 2 years of age alongside the ASQ: SE2 in order to ensure a full developmental assessment prior to transfer to health visiting services.

6. Implement a refreshed communication strategy

7. Sustainability of FNP funding and future hosting of FNP in Scotland

[31] YFTM Public Report.pdf (stir.ac.uk)
[32] https://imaginationlibrary.com/uk/

8. Carried Forward (C/F) Report on the 10 year analysis and data linkage study
9. C/F Expand to offer the programme in the remote and rural boards
10. C/F Systematic review of the clients voice within the programme
11. C/F Workforce challenges

Program innovations tested and/or implemented this year (this includes both international and local innovations)

- Program innovations tested:
  The past year has been very challenging. Level and speed of change in services has been unprecedented yet our nurses have adapted very well. It is therefore remarkable that CQI projects and tests of change have still occurred all be it at a slower pace. Other than those projects already discussed others in progress are:
  - Nurses giving contraceptive injections
  - Research with Edinburgh University supporting the use of Nicotine Replace Therapy (NRT) to reduce smoking in the home
  - Breast feeding peer support group

- Program innovations implemented:
  Bookbug has been scaled up and is in the process of being evaluated. It is hoped that this work will be sustained and learning shared with midwifery and health visiting colleagues.

- Findings and next steps:

Temporary Variances to CMEs

For each variance agreed please attach a report of the variance evaluation methods and findings to date in Appendix 2 to this document

The testing of the exceptions to Core Model Element 4 is still underway. This will require significant time as the numbers are so small and therefore conclusions and learning are difficult to achieve.

Additional Approved Model Elements (AAMEs)

Please attach a summary of findings in relation to any Additional Approved Model Elements in Appendix 3 to this document

Research and evaluation

Please tell us about any NFP related research and evaluation efforts currently being undertaken or planned in your country

- Work has commenced on the high level 10yr analysis of FNP in Scotland
- Research relating to use of telehealth during Covid-19 pandemic is due to be published
- 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 be externally commissioned by the Scottish Government and is managed by the FNP Analytical programme manager. Data is currently being analysed. Initial

findings will be presented internally late in 2021 with full findings report published by early 2022[33].

33Family Nurse Partnership evaluation: methods and process - gov.scot (www.gov.scot)

PART FIVE: ACTION PLANS

LAST YEAR:

Our planned objectives for last year:

- **Further refinement of TURAS FNP system** – in line with overall business benefits and quality assurance requirements
- **Routine Enquiry and Response** – review of tools and techniques
- **Completion and implementation of Supervision review**
- **Completion of CME review/identification of AAME for Scotland** – test monitoring/performance/improvement tools e.g. self-assessment
- **Tele-health – review of usage and other learning from COVID-19** to inform next steps
- **Remote and rural boards – expansion** planning and implementation
- **Explore workforce challenges and models for improvement**, linked to Education strategy
- **Explore more systematic approaches to client voice** in the programme
- **Continue to build evidence base in Scotland** and create stronger links with UK (data linkage, high level 10 year analysis)

Progress against those objectives

TURAS FNP

There has been considerable progress and developments of TURAS FNP. The system is now able to provide 10 live reports to present on client outcomes. Further refinement is still needed, but this is a positive achievement moving forward that will allow us to better understand the value of FNP in Scotland. Data capture forms have been restructured from shared learning from Data Managers, Nurses and Supervisors as part of the implementation of the TURAS FNP system.

Sensitive Enquiry and Response

Sensitive enquiry and response is currently in the testing stage due to pandemic delays with two FNP sites, one urban and one rural who are integral to the process as the first test sites. 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.

Supervision review

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 with NES and will assist with the standardisation of FNP Supervision processes across Scotland

CME review/identification of AAME for Scotland

A collaborative review of the CME and measures for Scotland has been completed following consultation and agreement with FNP sites. An Approved Additional Model Element has been identified (Implementation of the Child health Review System) has been approved by Professor Olds.

The self-assessment tool has been reviewed and sites have completed their annual cycle of quality performance and assurance monitoring for 2020/21.

Tele-health review

The commissioned tele-health (insights) report is complete and has recently been published. Plans to review the outcomes and next steps for FNP Scotland will progress over the coming months.

Remote and Rural Boards

Expanding FNP to remote and rural boards is still in the preparation and discussion stage with the boards due to the pandemic. However the delayed publication of the insights report will help to inform and support progressing this further over the coming months.

Workforce challenges

All vacancies have been recruited. Workforce challenges relate to the ageing workforce and the development of new and less experienced workforce. Considerable discussion has taken place regarding workforce challenges and this remains an ongoing piece of work supported by NHS Education Scotland

Client voice

Due to the pandemic, systematic approaches to client voice in the programme is an outstanding area of work.

Evidence base for Scotland

A full 10 year high level analysis of FNP is nearing completion and will likely be published in early 2022. Publication of the FNP natural experiment data linkage study has been delayed due to the pandemic but there are plans progressing for publication at the end of 2021.

Reflections on our progress:

It is important to emphasise 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. The support that they have given to clients and one another has been unfaltering and phenomenal. THANK YOU

While progress has been delayed there has been some great progress towards our objectives for 2020/21 as described above. The challenges of the past year cannot be underestimated. Despite this, our FNP workforce in the majority has remained at work adapting and delivering the programme.

NEXT YEAR:

Our planned objectives for next year:

See also goals for Continuous quality improvement (Part 4).

1. To commence a review of the Infancy and Toddlerhood facilitators
2. Commence on a knowledge and skills exchange project
3. Commission a review of the older (20-24 year olds) extended eligibility criteria

4. Implementing an ASQ at 2 years of age
5. Implement a refreshed communication strategy
6. Sustainability of FNP funding and future hosting of FNP in Scotland
7. Carried Forward (C/F) Report on the 10 year analysis and data linkage study
8. C/F Expand to offer the programme in the remote and rural boards
9. C/F Systematic review of the clients voice within the programme
10. C/F Workforce challenges

Measures planned for evaluating our success:

Analysis of site self-assessment and meeting our planned objectives.

Any plans/requests for program expansion?

Yes: Expansion to Argyll and Bute (a remote and rural part of NHS Highland)

FEEDBACK FOR UCD INTERNATIONAL TEAM:

The most helpful things we have received from the International team over the last year have been:

- Sharing of early learning internationally regarding COVID
- International research meetings - sharing presentations
- Discussions at CAG meetings
- International website for sharing of documents

Our suggestions for how NFP could be developed and improved internationally are:

- International online conference for all FNP colleagues
- Regular international newsletter which would might include
  - blogs from staff and stakeholders
  - shared learning

This what we would like from UCD through our Support Services Agreement for next year:

To consider the outcomes from our Data Linkage Study which will be used to identify areas for improvement, along with our complimentary pieces of work (10 year analysis and Annual Site Self-Assessment findings) and support our communications piece.

Very keen to hear more about research on multi-parous clients.

Please note: with permission, all completed annual reports are uploaded to the restricted pages of the international website so that every implementing country can mutually benefit in sharing their progress and achievements.

Please indicate your country's willingness to share this report in this way by checking one of the boxes below:

I agree to this report being uploaded onto the restricted pages of the international website ☐

I do not agree to this report being uploaded onto the international website ☐

PART SIX: ANNUAL REPORT FROM UCD

(To be completed by UCD following annual review meeting)

Brief summary of services/support provided by UCD over the last year:

- Monitoring of license, oversight of fidelity and agreement of quality improvement plans
- Completion of the COVID-19 project, in which resources and learning has been rapidly shared between countries and shared principles for continued use of telehealth within NFP/FNP have been developed.
- Updating and maintaining the international NFP website, including creating opportunities for accessing international program resources, educational materials, and NFP news updates.
- Access to the international website forum for discussion of issues with leads in other NFP implementing countries
- Development and dissemination of international guidance documents on program content and implementation that draw on the experiences of all NFP implementing countries.
- Sharing and updating the international data collection manual and program guidelines.
- Provision of the international Clinical Leads' Advisory Group meetings.
- Sharing new program innovations developed and researched by PRC and all implementing countries
- Developing additional opportunities for international collaboration and networking, such as the data analytic and research-leads forum, the PIPE education group and the international meetings regarding DANCE implementation and use of data.
- Access to expert consultation re IPV from Dr Susan Jack and learning from other countries adapting and testing the intervention
- Facilitating the sharing of good practice between countries on particular topics.
- Sharing new NFP international research outputs from all countries via the website and through the international research seminars.
- Promoting NFP internationally as an example of a program that ensures high quality replication in all contexts and maintains its international reputation for effectiveness and quality.

Identified strengths of program:

- The ability of the leadership and local teams to adapt to the challenging environment created by the COVID pandemic and to continue to provide a service to clients in times of

great challenge, whilst at the same time continuing to undertake a wide-ranging program of quality improvements
- The ability of the nurses to develop and maintain purposeful therapeutic relationships with clients, as exemplified by the outstanding retention rates set out in this report
- The continued progress towards full integration of FNP within local systems, enabling FNP families to easily access other services
- The strength of the education program and the flexibility of education providers, enabling high quality nurse and supervisor education to be maintained and new initiatives developed
- The continued development of the Information system and the high-quality analysis of data evident in the annual data report
- The scale of ambition for the program – as evidenced by the continued expansion and planned QI projects
- The continued political and policy support for the program and the enduring commitment to provide the best service possible to FNP families

Areas for further work:
- It is expected that further sub-analyses of data will be planned following the publication of the data linkage study
- Further exploration to understand the population of women who choose not to enrol on the program and ways in which enrolment rates could be improved even further
- Exploration of the potential to collect additional client health baseline data

Agreed upon priorities for country to focus on during the coming year:
- As detailed in part 5, with consideration of the additional areas above

Any approved Core Model Element Variances:

The temporary variance to CME #4 continues

Agreed upon activities that UCD will provide through Support Services Agreement:
- Monitoring the license and oversight of fidelity
- Respond to ad hoc queries
- CME variance monitoring
- Support for clinical lead role and new clinical developments
- Support for embedding system change and site QI approaches
- Expert input into evaluation and research

Appendix 1: Additional data analyses and /or graphic representations of the data

Breastfeeding

The breast feeding rates for the whole of Scotland have risen by 3% and have a decreasing attrition rate of almost 2%. We are delighted that the national statistics show that for any breastfeeding for women under the age of 20 years has steadily increased since 2017 by 5%. Partnered with a 5% decrease in attrition rates by 6-8 weeks. Although this cannot be exclusively attributed to FNP we believe that we must have had a significant impact on these figures particularly as this was also during the most rapid period of expansion of the service and the introduction of a bespoke BF FNP training module. It is vital to take into account the fact that this has occurred despite increase in complexity and vulnerabilities.

<20	2017/18	2018/19	2019/20
Number of first visit reviews with valid current infant feeding data and linked to delivery data	1,663	1,478	1,334
Number ever breastfed (recorded at First Visit)	605	566	564
Percentage ever breastfed	36.4	38.3	42.3
Exclusive Breastfeeding at Health Visitor First Visit	14.0	13.6	15.1
Overall Breastfeeding at Health Visitor First Visit	20.7	21.7	25.7
Number of 6-8 week reviews with valid current infant feeding data and linked to delivery data	1,509	1,298	1,139
Exclusive Breastfeeding at 6-8 Week Review	7.6	8.9	9.7
Overall Breastfeeding at 6-8 Week Review	11.9	12.9	15.7
Drop-off between birth and First Visit	43.0	43.3	39.2
Drop-off between birth and 6-8 week review	67.3	68.0	62.1

Appendix 2: Evaluation of temporary CME variances

Please complete the table below for each variance agreed for your country.

CME #: 4
Cumulatively there has been 113 recruited beyond 28+6 gestation since the introduction of this CME# variance.
Temporary Variance to CME agreed:
We have developed 3 categories to classify clients who were enrolled beyond 28+6 gestation Did not access any healthcare before 28+6: 92 Moved to Scotland beyond 28+6: 5 Enrolled postnatal prior to midwife discharge: 16
Brief description of approach taken to testing the variance:
The agreed CME was shared and discussed with FNP SV's, Leads and Data managers who completed in house training based.    CME#4 agreed.pdf  CME#4 - guidance.docx
Methods for evaluating impact of variance:
• Review of data • Feedback from FN's and SV's • Feedback from client
Findings of evaluation to date:
Although small numbers, it appears that the uptake rate is high and attrition rates are low. SV's and FN's believe that this is a crucial group to target due to increased complexities in their lives and the need to offer support to increase the likely hood of behaviour change. It is felt that the clients are getting benefit from the programme.

Appendix 3: Additional Approved Model Element (AAME)

AAME agreed:
 Core Model Element - AAME - Sc
Reflections and findings in relation to use of the AAME
This AAME is part of the core offer for all children from birth to school entry. Ensuring that the FNP service delivers this content alongside the FNP programme is vital for individual and population level data recording. It provides a sense of clarity to FNP teams on the cross over between the work they carry out and that of health visiting, but continues to help differentiate the FNP programme as more than just HV+.