Annual Report 2021
Nurse-Family Partnership®

International Nurse-Family Partnership® (NFP)

Ministry of Health

Country:	British Columbia, Canada
Phase:	Three
Report Year:	2021 (January 1, 2021 to December 31, 2021)
Date:	February 18, 2022
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Supported by:	

Artwork by NFP client and Indigenous artist, Diana Harris (Kitwanga, BC)

We acknowledge and give thanks to the Indigenous Peoples and communities throughout British Columbia for allowing us to live, work and play on their lands.

We make a commitment to implement the British Columbia Declaration on the Rights of Indigenous Peoples Act, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation Commission of Canada: Calls to Action, Métis Nation Relationship Accord II, and the Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples.

Artwork by Deborah Schwartz, Flourish Consulting, on behalf of the BC First Nations and Aboriginal Maternal and Child Health Promising Practices Working Group (2015)
Permission to use artwork for Annual Report granted February 28, 2020 (personal communication).

Testimonials

Diana Harris has drawn a Trust Flower to represent her baby and the start of a new generation of children after the Residential Schools/Indian Day Schools and to nurture her child in a way that Is both beneficial to her and her growing family as well as creating awareness to individuals who share somewhat of the same journey.

Within each part of the flower, they Indicate:

Artwork of Trust Flower by Indigenous artist Diana Harris, Kitwanga, BC (2021)

The Center, which resembles a family dog I loved deeply and was there for hard moments of life, when I found issues with communicating with others about how I truly felt and Logan played a much bigger role to me than just a family dog.

The Petals, Indicate my family, the trust is relayed towards each point, for each individual of my parents and siblings they've all taken a role in my life to create the independence and resilience I've been seeking longer than I could remember and that each of us hold different variations of breaking intergenerational traumas.

The outside leaves, are what's growing outside of my parents and siblings, Kade and I have created the life of half of him and I, our relationship, as well as our daughter is what grows outside of our parents and siblings into a new form of trust, sense of reliableness as well as a new perspective based on what's to come.

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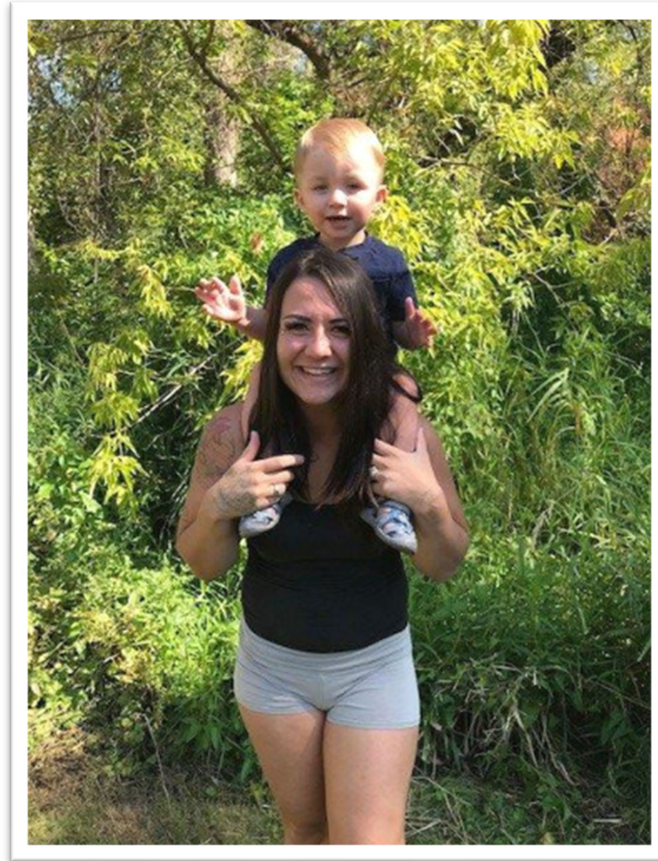

BC NFP graduate, Kristie, and her toddler Rylan

A little bit about my story:

I had moved provinces with my boyfriend to escape the bad lifestyle we were currently living. Shortly after we moved to BC I got pregnant with my son. Not knowing anyone nor having support/family or friends, my doctor recommended the Nurse Partnership Program to me.

I decided to accept and give it a chance and it was one of the best decisions I could've made for myself and my son. I not only got to learn so much about my son from the time he was born till now but I also built an amazing friendship and bond with my nurse.

Having her support and knowledge has helped me in more ways than I could imagine. I will forever be grateful.

I hope more women get the chance to experience this incredible program.

The Nurse Family Partnership program is something I would definitely recommend. I was able to learn so much and build an amazing connection ❤️

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PART ONE: PROGRAM OVERVIEW

The size of our program:

	Year	Regional Health Authorities Implementing NFP				Total for BC per year
		Fraser Health (FHA)	Interior Health (IHA)	Island Health (Island)	Vancouver Coastal Health (VCHA)	
Full-time NFP Nurses	**2021**	17	0	5	0	22
	2020	17	0	4	0	21
	2019	17	0	4	0	21
Part-time NFP Nurses	**2021**	7	12	2	6	27
	2020	7	12	2	7	28
	2019	7	11	2	7	27
Casual Relief Nurses	**2021**	3	2	0	0	5
	2020	3	3	0	0	6
	2019	4	0	0	0	4
Full-time NFP Supervisors	**2021**	3	2	1	0	6
	2020	3	2	1	1	7
	2019	3	2	1	1	7
Part-time NFP Supervisors	**2021**	0	0	0	1 (NFP nurse role modified due to pandemic response – 1 nurse shares the roles of a part-time supervisor and nurse caseload)	1 (NFP nurse role modified due to pandemic response – 1 nurse shares the roles of a part-time supervisor and nurse caseload)
	2020	0	0	0	0	0
	2019	0	0	0	0	0
Casual Relief NFP Supervisors	**2021**	0	0	0	0	0
	2020	0	0	0	0	0
	2019	2	0	0	1	3
Total	**2021**	**30**	**16**	**8**	**6** (NFP nurse role modified due to pandemic response – 1 nurse shares the roles of a part-time supervisor and nurse caseload)	**60**
	2020	**30**	**17**	**7**	**8**	**62**
	2019	**33**	**13**	**7**	**9**	**62**[1]

- **Mediators/Family Partnership Workers:** BC does not currently have any fulltime or part time NFP Mediators/Family Partnership Workers (FPW). The 2020 and 2019 Annual Report indicate there were 5 cultural mediator positions in FHA in 2019; however, this was an error.
- **Current number of NFP teams (supervisor-led groups of NFP Nurses):** 7
- **Average Supervisor to NFP nurse ratio (include Mediator/FPW positions if you have them):** In 2021, the provincial average NFP Supervisor to nurse ratio was about 1:7 and ranged from regional averages of 1:6 to 1:8. This is the same as 2020.

[1] Corrected from error made in 2020 Annual Report

- **Current number of implementing agencies/sites delivering NFP:** 33 health unit sites covering 69 communities in 4 health authority regions
- **Number of new sites over the reporting period:** 1
- **Number of new teams over the reporting period:** 0
- **Number of sites that have decommissioned NFP over the reporting period**: 0
- **Successes/challenges with delivery of NFP through our implementing agencies/sites:**
  Health authorities were challenged with providing home visits during the COVID-19 pandemic, and at times, needed to use alternative methods when Public Health Officer orders required (e.g., telehealth, walking meetings). Most regional health authorities (RHAs) were successfully able to continue delivering NFP during the COVID-19 pandemic despite the fact that some staff were redeployed to other Public Health programs. Supporting prenatal registration programs to recruit new clients was identified as a challenge for some. Pivoting to virtual technology and maintaining relationships with clients was also identified as a challenge for many RHAs. Despite these challenges, health authorities were able to successfully maintain fidelity to the program.

  Fraser Health Authority is the largest health region in BC, with 30 nurses and supervisors in 18 implementation units across 29 communities. Throughout the pandemic, Fraser Health Authority has faced the highest number of COVID-19 cases in the province and in October 2020, NFP was temporarily suspended in this region as all NFP trained nurses and supervisors were redeployed to support other programs, including COVID-19 contact tracing and immunizations. This period was challenging for nurses and their clients. In Aug/Sept 2021, Fraser Health reinstated NFP services at 50% capacity as the pandemic was still underway. As nurses began reengaging with the NFP clients after nearly nine months, nurses reported being positively surprised by the number of clients who were willing to come back to the program.

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

License holder name: The Ministry of Health is the license holder for Nurse-Family Partnership in BC. The License was signed in 2012 and revised in 2019. In 2018, there were 3 NFP licenses granted in Canada and in 2019 and 2020 there were two (with Ontario amalgamating two licenses into one).

Role and Organisation: The structure of NFP in BC is organized as follows:

- **Ministry of Health**: The Ministry of Health is the license holder for NFP in BC. The Executive Director of Public Health, Prevention and Planning Branch, Senior Provincial Manager, and the Policy Analyst for NFP are public servants employed by the Government of British Columbia (Ministry of Health, Population and Public Health Division). The Ministry of Health has worked with other Ministries in the implementation of NFP: Ministry of Children and Family Development, Ministry of Mental Health and Addictions, Ministry of Social Development and Poverty Reduction, Ministry of Education, and Ministry of Attorney General. The Ministry of Health is responsible for program oversight and support to implementing agencies and nursing staff working in RHAs by monitoring and reporting on fidelity, supporting governance and implementation committees, assisting with the coordination of required training, supporting the completion of the scientific evaluation, negotiating support, and services related to the NFP Program on behalf of the Province. The Ministry of Health also develops strategic direction and financially supports the scientific evaluation of NFP in BC.
- **Regional Health Authorities**: The RHAs signed a Memorandum of Understanding in 2012 to implement the NFP program and help support the scientific evaluation of NFP agreeing to adhere to the Licensing Agreement. The NFP nurses, supervisors, managers, and other leaders are employed by their RHAs.

- **Simon Fraser University**: Simon Fraser University (with the scientific evaluation team) is leading the evaluation of NFP in BC through randomized-controlled trial methodology to evaluate how NFP works in BC/Canada as required for Phase 3 (BC Healthy Connections Project). A Sponsored Research Agreement exists between SFU and the Government of BC to support data transfer from the regional health authorities and Ministries.
- **Community Stakeholders/Referral Partners:** Numerous collaborating committees struck in 2012, continue to exist to continuously support the implementation, adaptation, and evaluation of NFP in the context of BC and Canada. Ad hoc committees have also been struck and dissolved as per their deliverables.

Description of our National implementing capacity and roles:

1. **Clinical Leadership:** The Clinical Lead (CL) designated for BC, called the Senior Provincial Manager (renamed in 2021), attends the International Clinical Leads meetings to report on and represent the NFP program in BC, Canada. The CL started in the role in January 2021 and has a master's degree with focused education and experience pertaining to the social determinants of health, advancing needs and interests of vulnerable women, and other populations. She has worked at the Province of BC's Ministry of Health Population and Public Health and Indigenous Health areas in key leadership roles for approximately five years. In alignment with the guidance document[2], she has experience leading policy, program planning and implementation, strategic thinking, critical analysis and decision making, and collaborating with stakeholders, among other qualifications. The CL meets the key responsibilities of the role and develops an annual learning plan to further skills and knowledge. The CL works with numerous working groups specific to NFP in BC to provide regular leadership, support, and strategic guidance to NFP supervisors, managers, nurses, Steering Committee, Provincial Advisory Committee, Canadian collaborating committees, and community stakeholders.
   The NFP Policy Analyst has previous experience as a registered nurse and a master's degree in public health, helping to support the CL and NFP program responsibilities outlined in the guidance document. The NFP supervisors, through their complex roles in regional health authorities, also provide clinical nurse leadership, support, and guidance in their respective roles in NFP. In this regard, the NFP program is both centralized and de-centralized in our context with solid collaboration, knowledge exchange, and regular communication.
   Currently, there are two CL's in Canada to meet the needs of the two NFP licences – one in BC and one in Ontario (ON). Dr. Olds has supported the existence of two CL's in Canada due to the differences in contexts and expansive Canadian geography. However, there are many similarities and strong collaboration in Canada especially with the confirmation of an NFP Collaborative in Canada Committee (NFPCC) interim group on October 8, 2019.

2. **Data analysis, reporting and evaluation:** Initially when NFP was launched in BC in 2012, a paper record system was used by the NFP nurses for documentation until 2013. A Family Module was then added and/or adapted to the electronic documentation system aligned with other public health programs in the RHA. NFP nurses legally document client assessments and progress using the electronic data system available in their RHA for public health/family health programming and care planning. There are currently three systems in BC as of 2021:
   a) **VCH PARIS** (Vancouver Coastal Health Authority): VCH has been focused in 2021 on COVID-19 contact tracing. Although it is recognized there is a need for building extract reports/forms, due to pandemic requirements it has not been prioritized at this time.
   b) **Panorama** (Island Health Authority and Interior Health Authority): Provincial Panorama team has been building data extract reports for NFP-Enhanced Public Health clients throughout 2021.

[2] Nurse-Family Partnership® (NFP) International Guidance document: Clinical leadership and Nurse Family Partnership (NFP), March 2019.

c) **FHA PARIS** (Fraser Health Authority)**:** Launched in June 2019, FHA PARIS has been working to build Data Extract Reports, but has also been prioritizing COVID-19 work throughout 2021.

Note: These three systems do not share platforms (i.e., no information is shared between systems).

These three systems support the development of data extract reports to be generated for analysis. The data that is available on the extract reports is analysed by the supervisors and other health authority staff (such as data analysts) for the purposes of continuous quality improvement, annual reporting, and information sharing. In April 2021, the Panorama team deployed an extract report for Annual Report program impacts - maternal/child data "post-RCT". The Ministry of Health had multiple meetings with the Panorama team in 2021 to continue to improve and build extract reports for Annual Report data.

It is standard practice for the NFP nurse to have at least two records for each family: a record about the mother and a separate record about the baby. The NFP nurse typically charts on both records following a visit (and as appropriate). Any paper forms used by NFP nurses with clients are considered "transitory" – they are either scanned into the electronic record or charted as a narrative note.

Over 2021, nurse supervisors continued to report on their numbers monthly to the Ministry of Health through a secure SharePoint site. Reporting from the Ministry is also conducted via seasonal newsletters. The last of the demographic data was transferred from the health authorities to Simon Fraser University in October 2020. There have been some changes to data analysis this year because of COVID-19 impacting the capacity of the health authorities. Some health authorities have the support of a data analyst to assist with reporting on monthly numbers, which is acknowledged as a big help.

3. **Service development/site support:** NFP is currently being offered in 69 urban and rural communities/regions including some First Nations communities in BC. Due to the impacts of COVID-19, one health authority temporarily suspended the delivery of NFP in October 2020 as the team was pulled to help support COVID-19 work. As of Aug/Sept 2021, the health authority is back to delivering NFP at 50% capacity. To support nurses within reengaging with clients after several months, the Ministry of Health funded and helped coordinate a virtual, day-long *Welcome Back to NFP* session for NFP nurses that focused on grief and loss in professional practice and self-care and boundary setting for sustainable practice (see NFP Education section in Part Two for more detail).

   While there has been significant focus on COVID-19 related issues and impacts at Community of Practice and Operational Working Group meetings involving the Ministry and health authority supervisors and managers, we have made excellent progress on sustainable education and engagement on a strategic plan to enhance service development and site support.

4. **Quality improvement:** Quality in BC refers to the degree to which NFP program implementation occurs as designed, how interventions meet model fidelity, and the outcomes that are achieved (including measurement by the RCT). Continuous Quality Improvement (CQI) is an approach to analysis of performance and systematic efforts to improve effectiveness of the program. Within NFP in BC, analysis of program performance occurs through reflection, collaboration, and analysis on multiple levels. Annual fidelity reporting also provides a tool for data analysis, feedback, and action planning. The NFP teams use data to implement a high-quality and effective program. See Part Two: Program Implementation and appendices for an overview of BC's continuous quality improvement processes.

   Data analysis and transfer occurs in the following ways in BC:

   - RHAs provide monthly data to the Ministry of Health using a password protected SharePoint site. This data is collated and reported quarterly.
   - Regular seasonal newsletters to leadership include client data across regional health authorities.
   - RHAs also provide quarterly updates to the Provincial Advisory Committee (PAC).
   - Annual report data received from the RHAs via email.

5. **NFP Educators:** BC made the decision to adapt to virtual delivery for nurse education in 2020 because of COVID-19 and collaborated with Ontario (ON). BC has continued and deepened the collaboration and provided virtual delivery of NFP education for two cohorts (cohort 12 and 13) over 2021. Currently, the BC NFP education team consists of the Ministry of Health Clinical Lead and Policy Analyst for NFP, Fraser Health Authority supervisor as the IPV educator, and Interior Health Authority supervisor as the DANCE advanced practice lead. All NFP supervisors support new nurses in onsite training. In 2021, two other BC supervisors and three NFP nurses supplemented Units 1 and 2 education as assistant educators and/or guest speakers on various topics (see chart in subsequent section). Throughout 2021, BC education has also been supported by the Ontario Clinical Lead and education team, and Dr. Susan Jack.

   In May, after cohort 12 finished Unit 2, BC's key health authority NFP educator retired, and other contracted educators advised they were unable to continue to provide education. In September 2021, BC MoH arranged for four BC nurses (cohort 13) to join a US cohort for a 4-day Unit 2 session to enable the BC Ministry of Health team focus on strategic planning. Dr. Susan Jack and ON NFP educators virtually facilitated two IPV training sessions (June and October 2021) for both ON and BC nurses (BC cohorts 11 and 12). BC's IPV educator was redeployed during the time of nurse education.

   The Ministry of Health has commissioned a contractor to support the development of a Sustainable Education Plan, to help develop more sustainable NFP education for BC moving forward.

6. **Other (please describe)**

Description of our local and national NFP funding arrangements:
Funding for the BC RCT was provided by the BC Ministry of Health with support from the Ministry of Children and Family Development (MCFD) – with Fraser, Interior, Island, and Vancouver Coastal Health Authorities covering associated nursing costs. The BC Healthy Connections Project garnered donor support from the Djavad Mowafaghian and R. and J. Stern Family Foundations as well. The regional health authorities continue to implement NFP within their base budgets. The Ministry of Health provides the ongoing funding for the Licensing Agreement and Support Services Agreements with Colorado University Denver. Ministry of Health also provides additional funding to offset NFP health authority educator costs and occasionally supports special education sessions.

Current policy/government support for NFP:
Provincial policy support for NFP currently rests in the following policy frameworks for BC either directly or indirectly:

- Healthy Families BC Policy Framework[3] (2014)
- Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health (Goal 2 and 3)[4] (2017; Currently being revised for projected completion in 2022/2023)
- A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia (Priority Area #1, Pillar #1)[5] (2019)

The Community Health Nurses of Canada (CHNC) released revised Canadian Community Health Nursing Professional Practice Model and Standards of Practice[6] in 2019 and these now include NFP as an example of a service delivery model in Community Health Nursing.

[3] https://www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf
[4] https://www.health.gov.bc.ca/library/publications/year/2013/BC-guiding-framework-for-public-health.pdf
[5] https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf
[6] https://www.chnc.ca/standards-of-practice

Organisation responsible for NFP education:

In 2014, the Ministry of Health and RHAs were tasked with supporting NFP nurse education within BC to ensure the program remained sustainable and to reduce costs. Beginning in early 2015, a National Hamilton/BC/Canada Education Committee was struck in consultation with David Olds and with representation from Elly Yost. BC launched core NFP nursing education in the fall of 2015 and has since provided education to 10 (of 13) cohorts of new NFP nurses. In addition, BC began to provide the NFP Intimate Partner Violence (IPV) education to new NFP nurses in October 2017 in consultation with Susan Jack at McMaster University.

The DANCE education continues to be provided by the University of Colorado Denver but was put on hold in 2020 and 2021 due to COVID-19. DANCE reassessments and DANCE Fundamentals training is intended to resume Spring 2022 depending on health authority capacity. Prior to DANCE fundamentals, nurses work with supervisors to review Keys to Infant Caregiving education curriculum materials provided through Parent-Child Relationship Programs at the Bernard Center[7].

Cohort 12 completed their virtual education in the Spring of 2021 in collaboration with ON, and Cohort 13 completed their virtual education Fall of 2021 through the National Service office (NSO). IPV training was provided collaboratively with McMaster University and ON. In 2021, there were multiple provincial education opportunities provided in BC by virtual delivery to meet learning needs of new and existing NFP nurses. In 2021, the following education sessions were provided:

Date	Education	Cohort Attending	No. of Nurses
April-May, 2021	Unit 1 and Unit 2	Cohort 12	4 (BC) and 4 (Ontario)
June 2/3, 2021	IPV Virtual Education Part 1	Cohort 11 & 12	10 (BC) and 8 (ON)
Sept-Oct, 2021	Unit 1 and Unit 2 *Unit 2 via 4-day US virtual training with one half-day session on Canadian NFP visit guidelines	Cohort 13	4 (BC) (1 ON nurse attended the half-day session on Canadian NFP visit guidelines)
Oct 7/8, 2021	IPV Virtual Education Part 2	Cohort 11 – 13 (mandatory) and All NFP nurses(optional)	41 (BC) and 17 (ON)
Oct. 13, 2021	Welcome Back to NFP Session for Fraser Health Authority (Topics included: grief & loss, self-care & boundaries, overview of RCT, MoH updates)	All Fraser Health NFP nurses and supervisors	Approx. 31
Jan. 26 & April 28, 2021	Motivational Interviewing Study Group: Chapters 16 and 17 (45 mins each)[8]	All (Cohort 1 - 11)	Range of 8-19 nurses attended each session

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

Other relevant/important information regarding our NFP program: N/A

[7] https://www.pcrprograms.org/keys-to-caregiving-program/

[8] This study group reads and discusses chapters of the following book: Miller, W. , & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change* (3rd ed.). New York, NY: The Guildford Press.

PART TWO: PROGRAM IMPLEMENTATION

Clients

# of NFP clients participating in the program at any point over the last year: 612 clients received at least one NFP during the reporting period. A client is typically a young woman or girl. Children of mothers are not included in this data.

NFP CLIENTS (343 active clients on Dec 31, 2021)					
	FHA	**IHA**	**VCH**	**Island**	**BC**
Current clients as of December 31, 2021[9]: Pregnancy phase (n/%)	42 (25%)	9 (14%)	8 (16%)	8 (13%)	67 (20%)
Current clients as of December 31, 2021: Infancy phase (n/%)	43 (26%)	27 (43%)	17 (34%)	34 (54%)	121 (35%)
Current clients as of December 31, 2021: Toddler phase (n/%):	82 (49%)	27 (43%)	25 (50%)	21 (33%)	155 (45%)

Nursing Workforce

- **Average nurse caseload**: The average nurse-client caseload based on a 1.0 full-time equivalent (FTE) ranges from 1:11 to 1:15 between the health authorities (average caseload does not include casual/vacation relief nurses and is based on total number of nurse FTEs, not the total number of nurses). This is a slight decrease from 2020 (range of 1:12-1:15)

NFP Nursing Workforce in BC	**2020**				**2021**			
	Nurses	**SVs**	**Other**	**Total**	**Nurses**	**SVs**	**Casual nurses**	**Total**
# of staff at start of reporting year:	55	7	0	62	53	7	3	63[10]
# of staff who left during reporting period	8	0	0	8	9	2	2	13
% annual turnover	14.5%	0%	0%	14.5%	17.7%	28.6%	100%	21.8%
# of replacement staff hired during	8	0	0	8	5	1 (+ NFP nurse working part-time in	0	6

[9] Interpreted as the total number of *active* NFP clients on Dec 31, 2021.
[10] Of the 63 nurses/supervisors, approx. 30 were temporarily redeployed to support the pandemic at the start of the reporting year.

reporting period						supervisor role		
# of staff at end of reporting period:	55	7	0	62	49	6.5[11]	1	56.5
# of vacant positions	3	0	0	3	1	0	0	1

- **Reflections on NFP nurse/supervisor turnover/retention during reporting year:** In 2021, the BC NFP program saw two nurse supervisors retire or leave their role for personal reasons. A new supervisor was hired into the NFP program to fill one of the vacancies. As a response to the pandemic, the other health authority has temporarily modified the supervisor role and shared work responsibilities between an existing NFP nurse and a manager/practice initiatives lead. At 21.8%, staff turnover rate was slightly higher than previous years (14.5% in 2020, 3.2% in 2019, and 10.2% in 2018) although almost half of those positions have now been filled. This could be the result of the two supervisors retiring or leaving for personal reasons, NFP nurse retirements or leaving the program to pursue career advancement or to support COVID-19 pandemic work.

  Because many NFP nurses were redeployed throughout part of 2021 to support other public health efforts during the pandemic such as contract tracing and vaccinations, supervisors reported that some nurses are experiencing pandemic-fatigue and are dissatisfied as they are not able to practice NFP nursing (due to being redeployed), which is leading nurses to look for other opportunities. Additionally, many senior nurses are considering retirement in the near future. One health authority's nursing structure (for all public health nurses) was reorganized and caused some displacements/bumping of NFP nurses given the union contract – which was unavoidable.

- **Successes/challenges with NFP nurse/supervisor recruitment**:

  In general, the pandemic response of many health authorities has impacted public health programs, including NFP, requiring teams to balance pandemic response with NFP nurse and supervisor support and recruitment. One health authority had a fulltime supervisor retire during a challenging time but was able to pivot by successfully and seamlessly having an experienced NFP nurse transition to provide acting/temporary supervisor support to the NFP nursing team. Another health authority experienced a challenge with nurse/supervisor recruitment, especially after its nursing structure was reorganized and NFP nurses were displaced/bumped to other positions. In BC, NFP has a standard Public Health Nurse job description, and if nurses do not have sufficient public health requirements, they must go through basic public health training (provided by the health authority) which is time consuming – this delays nurses in starting NFP training and practice.

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

  BC is reviewing and contemplating feedback on workforce issues and is considering in relation to various strategic work. Health authorities report having no plans at this time to address workforce issues as their primary focus remains on COVID-19 response.

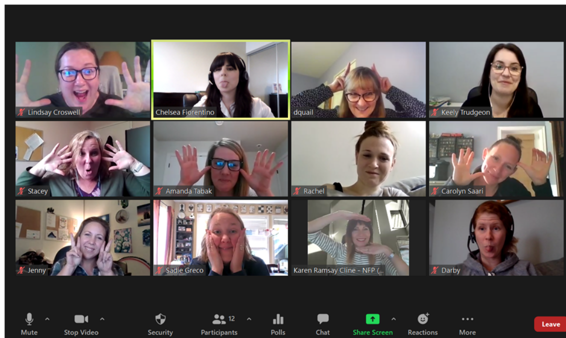
[11] After the retirement of one full time supervisor, one health authority is temporarily using an NFP nurse to provide part-time supervisory support to the NFP team and a manager/practice initiatives lead is also providing some guidance.

NFP education	
• **Briefly describe your NFP education curricula**	
Unit	**Content Covered**
Unit 1 – Day 1 [12](BC)	Chapter 1: History, Evidence and Theories Chapter 2: Excellence in Nurse-Family Partnership Nursing Chapter 3: Human Ecology Theory Chapter 4: Attachment Theory Chapter 5: Social Cognitive Theory and Self-Efficacy
Unit 1 – Day 2 (BC)	Chapter 6: Content domains Chapter 7: Client-Centred Principles Chapter 8: Maternal Role Chapter 9: PIPE
Unit 1 – Day 3 (BC)	Chapter 10: Therapeutic Relationships Chapter 11: Motivational Interviewing Chapter 12: Reflection in Practice Chapter 13: Structure of the Visit and NFP Visit-to-Visit Guidelines Chapter 14: Strategies for Initiating Successful Home visiting
Unit 2 – Day 1 (BC/ON)	- NFP in Canada and RCT update - Core Model Elements -Client-centred principles
Unit 2 – Day 2 (BC/ON)	- Trauma and violence informed care - Cultural safety and responsiveness
Unit 2 - Day 3 (BC/ON)	- Therapeutic relationships and boundaries - Maternal role
Unit 2 – Day 4 (BC/ON)	- Motivational interviewing - Communication skills
Unit 2 – Day 5 (BC/ON)	- Visit-to-visit guidelines - Structure and forms - First four visits
Unit 2 – Day 6 (BC/ON)	- Client retention - Reflective practice - Compassion capacity
Unit 2 – Day 7 (BC)	- NFP garden model - PIPE
Intimate Partner Violence Introduction – Self-study modules	- Defining IPV - Identifying and responding - Assessing level of risk - Process of leaving or resolving the abuse
Intimate Partner Violence Consolidation – Part 1 (BC/ON) *2 half-days	- IPV review - Tele-practice/virtual visiting - Building the foundation - University assessment of safety - Indicator based assessment / clinical IPV assessment - Risk assessment: Danger assessment

[12] New NFP nurses/supervisors work through Unit 1 at their own pace and meet three times via Zoom to discuss Unit 1 content and chapters.

Intimate Partner Violence Consolidation – Part 2 (BC/ON) *2 half-days	- Review of risk assessment - Stages of readiness to address safety - Mental health and substance use assessment and referral - Implementing nursing intervention
Dyadic Assessment of Naturalistic Caregiver–Child Experiences	DANCE Fundamentals and reassessments is provided through the University of Colorado Denver - Deferred to Spring 2022 Date TBD

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



BC and ON NFP Unit 2 Education – April 27, 2021

NFP education has continued to be delivered virtually and in collaboration with ON. Presentations were updated slightly. Due to recent challenges with primary educators retiring/leaving NFP, some small adjustments were made to ensure smooth delivery over 2021. For example, BC and ON arranged to permit BC's new nurses have access to ON's Learning Management System (Moodle).

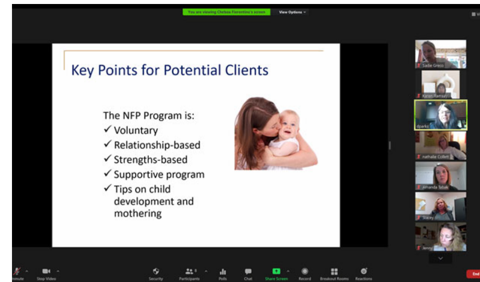
IPV consolidation was postponed in 2020 due to the pandemic. BC successfully brought past cohorts up to date with IPV education by coordinating with Dr. Susan Jack who facilitated a two-part, virtual IPV consolidation session for BC and ON NFP nurses over 2021. Cohorts 11 and 12 attended part one while part two was open to all NFP nurses in BC and ON. In previous years, new nurses would prepare for the IPV consolidation day by working through the IPV Nurse Education Manual. In 2021, BC had new nurses complete the IPV education modules through ON's Learning Management System (Moodle), prior to the virtual consolidation day.

In fall 2021, three new NFP nurses and one new NFP supervisor required Unit 2 education; however, due to additional strategic work and other corporate responsibilities, the Ministry of Health worked out a temporary arrangement to allow the four nurses to attend the US virtual cohort for Unit 2 free of charge in September through the NSO. This was a one-time agreement between BC and the NSO and was very much appreciated.

The fall cohort did not receive the usual PIPE education as US nurses complete PIPE through How to Read your Baby, and BC's PIPE educator had retired earlier in the year. As such, cohort 13 nurses have been reviewing previous PIPE education video recordings, reviewing education PowerPoints, and working with supervisors until a more sustainable solution for PIPE education is in place.

In addition to Units 1 and 2, the new supervisor also had the opportunity to complete the Supervisor Education modules via ON's Learning Management System (Moodle). This was the first time a BC supervisor completed these modules.

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



Cohort 12 BC NFP Nurse Education – April 21,

Success for the delivery of core NFP nurse education include the Ministry actively seeking innovative education solutions and deepening the partnership with ON for the delivery of virtual Unit 2, IPV education, and access to their Moodle Platform. The Spring 2021 Unit 2 virtual session was extended from four days to six days and scheduling adjusted (time zones) based on feedback from the first virtual Unit 2 education in fall 2020. Additionally, feedback was gathered after each education day from the nurses resulting in continued refinement of the learning sessions (see Appendix 5 for example of BC NFP Nurse Education: Cohort 11 – Unit 2 Evaluation Summary). Virtual adaptation of education has increased nurse accessibility (and reduced costs) in BC, which has been positive. This continued collaboration between ON and BC has also led to increased use of ON's Learning Management System (Moodle course) by new BC NFP nurses, increasing consistency in education for NFP nurses in both provinces. Supervisors report that nurses who have used ON's Moodle course have positive feedback about the curriculum and presentation. BC wants to acknowledge the positive collaboration and education support offered by ON and McMaster University that resulted in an excellent NFP education program overall for Canadian NFP nurses and supervisors this year.

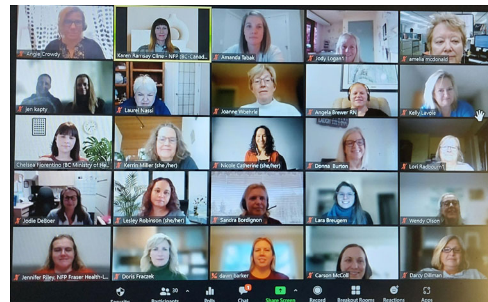
Challenges for the delivery of core NFP nurse education include the sudden attrition/retirement and changes in BC NFP educators without a succession plan in place. Turnover in Ministry NFP leadership and staff and planning for phase four has also meant education was delivered through a variety of methods this year and innovative approaches were required. Sustainable education delivery is a focus and the Ministry of Health NFP team is currently working to develop a sustainable plan for BC. Some supervisors report experiencing minor challenges with supporting new nurses who received US training. Although one supervisor would like to increase their participation in education delivery, pandemic and capacity is still a challenge. PIPE education has posed a particular issue after the retirement of the primary PIPE educator earlier in 2021. Although the NFP educator team faced significant capacity challenges, seven new nurses and one new supervisor were hired and trained over 2021, BC caught up previous IPV cohorts and held an additional special education session for Fraser Health staff returning to the program.

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

Additional education opportunities were available using virtual platforms. The Motivational Interviewing group met twice over 2021. The group decided to suspend meetings as a large proportion of nurses who were temporarily redeployed could not attend. There are plans to resume this study group in 2022. The Ministry coordinated two PIPE Working Group meetings, consisting of BC and ON PIPE nurse champions, to discuss PIPE updates and resources. Additionally, Dr. Susan Jack provided a two-day (half days) IPV case study session open to all BC and ON NFP nurses. This session was well received, and 41 nurses from BC attended.

Throughout the year, the Ministry of Health sent regular seasonal newsletters and email updates notifying NFP nursing teams of upcoming nursing/pregnancy/maternal/child virtual workshops, conferences or learning opportunities hosted by third-party organizations. NFP teams and individual nurses were able to carve out time to attend relevant webinars or additional virtual and in-person training opportunities/workshops that supported to their roles.

One health authority redeployed NFP nurses to support COVID-19 pandemic work from October 2020 to Aug/Sept 2021. The Ministry of Health collaborated with the health authority NFP managers and supervisors to plan and host a virtual *Welcome Back to NFP* session on October 13, 2021 in order to support the transition back to the program. The Ministry also provided funding to support this session. A registered social worker who specializes in wellness education for human service workers was invited to facilitate a 4.5-hour session on grief/loss and self-care/boundaries. These topics were chosen based on nurse and supervisor feedback given the challenges and stress nurses faced when redeployed and concerns about the disruption of the nurse-client relationship. The Simon Fraser University (SFU) scientific team was also invited to provide an update on the BC Healthy Connections Project and other recent international findings and were celebrated for their work on BC's RCT. The Ministry of Health concluded the day by provided an update from the Ministry. The *Welcome Back to NFP* session was a great success and Ministry staff and the entire Fraser Health Authority NFP nursing team of 31 nurses and supervisors attended the session.


Fraser Health Authority "Welcome Back to NFP" Session – October 13, 2021

Vague Boundaries

We have trouble seeing or respecting other people's boundaries – this can involve caretaking, giving advice, getting involved, problem-solving, and all forms of "helping" that involve doing for someone else what they are capable of doing for themselves.

Seven Sentences About Self-Care

Self-care is not necessarily self-improvement.
Self-care is not necessarily self-indulgence or self-coddling.
Self-care is not necessarily an activity.
Self-care doesn't necessarily improve your work or productivity.
Self-care isn't necessarily a special treat or extra luxury.
Self-care doesn't always feel good or make you feel better; self-care can be painful, difficult, uncomfortable or boring.

In order to practice self-care, you need to have a self.

Challenges for the delivery of ongoing NFP nurse education include DANCE training and Keys to Infant Caregiving. Approximately 14 nurses require Keys to Infant Caregiving and DANCE fundamentals. The Ministry has developed a plan and schedule for health authorities to resume DANCE in 2022 beginning with a refresh session. Although there are plans to resume DANCE in spring 2022, we are aware of challenges ensuring nurses receive the prerequisite Keys to Infant Caregiving training due to limited time with caseloads and increased expectations to support their public health teams with COVID-19-related work.

Additionally, some supervisor's report that the cancellation by some RHAs of multidisciplinary case conferences during the pandemic has had an impact on NFP teams; single-nurse sites are

experiencing feelings of isolation and limited opportunities to learn from one another through in-person mentioning or joint visitation.

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

N/A

Reflective Supervision

- **Successes/challenges with NFP nurse reflective supervision:**

Many challenges were noted among nurse supervisors for providing NFP nurse reflective supervision. For many, the practice of reflective supervision was interrupted while NFP nurses and/or supervisors were redeployed to support the pandemic throughout the year. To help overcome this challenge, one health authority adopted the practice of scheduling reflective supervision based on NFP FTE to accommodate competing priorities during the pandemic. While there were limited opportunities for in-person reflective supervision, nurses and supervisors were able to use virtual platforms to continue with this practice; however, some reported reduced privacy was a challenge experienced during the practice of reflective supervision virtually. Some health authorities with one supervisor struggled with managing coverage when their supervisor was on vacation or away; however, teams have successfully addressed this challenge by arranging peer reflection between team members when the supervisor is away.

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

The pandemic continues to pose challenges with providing reflective supervision to supervisors. Some supervisors found that the use videoconferencing technology enhanced connection and optimized time management. Supervisors also report that while there have been limited scheduled reflection for supervisors, managers continue to be supportive and check in frequently.

- **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:**

Three data systems are used in BC for delivering the NFP program (either VCH PARIS, FHA PARIS or Panorama). Nurses enter data after the home visit generally at the office and use laptops or portable devices outside of the office, which provides greater flexibility. The systems have NFP forms, other client assessment forms, and narrative note sections for documentation.

- **Commentary on data completeness and/ or accuracy:**

There were challenges this year with data reporting due to COVID-19, as many of the health authorities need to prioritize COVID-19 support and data analysis. The health authority that suspended NFP in October 2020 was also unable to report on any NFP data for the first seven months of the reporting period which resulted in some data gaps.

There has been continuous work to update and improve current health authority reporting forms/systems. Two new reports were created with support from BC's Provincial Health Authority BC Centre for Disease Control team in 2021 for those regions who use the Panorama data system. One report was created to improve data accuracy for CME 7 (number of program visits by program phase), and the other report was created to better capture program impact/maternal behaviour data. The team recognizes it requires time to refine inputs and ensure accuracy;

therefore, the data from these reports requires further analysis and work (see Program Impacts section for caveats). Data accuracy should improve each year through continuous verification efforts and refinements.

- **Reports that are generated, how often, and for whom:**

Data is pulled from client assessment forms to run reports. Some of the reports provide individual client data, aggregated data, and data by community. NFP supervisors and electronic data system leads run the reports. The report generation frequency varies depending on the report and need of the staff member. The annual report data is generated in January for the previous year, but it can be run more frequently if required. The Ministry of Health and regional health authorities continued to meet with the electronic documentation system leads in BC to develop new NFP data extract reports.

- **Our reflections on our information system - what we need to do to improve its functionality, usefulness and quality:**

We will continue to advocate for NFP forms to be inputted into the two PARIS systems as soon as pandemic priorities are addressed. The information system could also greatly benefit from a quality improvement initiative. It has been highlighted that many of the resources available for nurses are often on different sites and it can be challenging to track them all down. The NFP nursing assessment/documentation form for BC is outdated, posing a challenge many of the newer nurses. Some progress has been made this year as a small working group of NFP supervisors have come together to review, improve, and update the BC Documentation Manual as it is an important reference tool for nurses. Another challenge is making changes to the public health reporting systems. This is a very time-consuming process and the NFP changes need to be prioritized with other requests (often more urgent) and therefore it can take a lot of time for changes to be implemented.

Continuous Quality Improvement (CQI) Program

- **Brief description of CQI processes:**

See Appendix 4: Nurse-Family Partnership (NFP) in British Columbia Continuous Quality Improvement Summary.

Many of our CQI processes over 2021 built on previous years as we recognized that CQI efforts and expectations shifted due to the significant impact of the pandemic. We needed to pivot and reduce in-person home visits and field supervision (joint visits) and make other adjustments. The Ministry successfully held strategic planning engagement sessions and one-on-one meetings with key partners and stakeholders internal and external to NFP over 2021 that provided excellent CQI information. BC is also piloting a gestational age variance this year, which could be considered a CQI initiative. Nurses and supervisors continue to be innovative, adaptable, flexible, caring, and responsive.

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

Qualitative information is used through ongoing engagement, discussions, and reflection to help improve the program. For example, conversation and reflection at regular Community of Practice meetings with nurse supervisors provide opportunities to adjust practice and to support challenging situations. Information collected from strategic planning engagements is currently being analysed and will be used to develop a strategic plan (which is expected to have CQI as one of its key principles) as the BC NFP program implementation transitions from phase 3 to 4. Quantitative data, such as enrolment, graduation and attrition numbers are reported on a monthly basis and used to help observe any trends or areas of change or of concern.

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

Success	Challenges
• Monthly and annual reports are completed and received on time • NFP teams use local data reports to support client care • Current work underway to ensure nursing assessments/data collection forms are up to date • NFP team utilizing virtual practices to continue client interactions and program implementation where in-person interactions not possible • Positive nurse feedback from collaborative virtual NFP education	• Data extract reports need to be built, especially for both PARIS systems (beyond the control of Ministry of Health – there are long queues with health authority data analytics team, especially during the pandemic) • Updating assessment forms impacts with running reports • No client survey currently in place • Three different electronic data systems in BC • Tracking and addressing missing data and incomplete data as nurses are busy providing service during pandemic

Also see Part Four: Program Improvement & Evaluation for details of CQI improvement program and findings.

Any other relevant information:

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 explain any missing data or analyses.

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 Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
1. Client participates voluntarily in the Nurse-Family Partnership (NFP) program.	100% voluntary participation	**____% voluntary participation.**	**2021**	100%	100%	100%	100%	100%	
	Monitored /assured by: signed informed consent form.		**2020**	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	
2. Client is a first-time mother	100% first time mothers enrolled	**____% first time mothers.**	**2021**	100%	100%	100%	100%	100%	
	Monitored/assured by: Maternal health assessment form.		**2020**	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	

[13] Due to the temporary suspension of NFP services in Fraser Health Authority, as agreed with UCD, FHA data is for September to December 2021 unless otherwise stated.

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
3. Client meets socioeconomic disadvantage criteria at intake	The eligibility criteria for inclusion in the program in our country are: • 24 years or younger • Expecting first child This includes the socio-economic criteria of: • Homeless • 19 or younger • 20-24 and meets 2 of 3: 1) lone parent, 2) <grade 12, 3) low income (See appendix 6) Application of these criteria are assured and monitored by: GREAT Monitoring Form	**____% clients enrolled who meet the country's eligibility criteria.**	**2021**	100%	100%	100%	100%	100%	
			2020	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	
4. Client is enrolled in the program early in her pregnancy and receives her first home visit no later than the	a) 100% of NFP clients receive their first home visit no later than the 28th week of pregnancy.	**_____% of NFP clients receive their first home visit no later than the 28th week of pregnancy.**	**2021**	85% (58/68) *10 variances due to temporary suspension of NFP*	95% (36/38)	100% (33/33)	100% (34/34)	93% (161/173)	In November 2021, BC began trialing a variance to CME 4 allowing a small number of clients to enroll after the 28th
			2020	n/a[14]	92%	90%	100%	94%	

[14] n/a = not able to report as data was not able to be extracted and analysed in 2020.

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
28th week of pregnancy.			2019	95%	95%	92%	100%	92%-100%	week of pregnancy but before birth.
	b) 75% of eligible referrals who are intended to be recruited to NFP are enrolled in the program.	**____ % of eligible referrals who are intended to be recruited to NFP are enrolled in the program.**	2021	n/a	67 % (38/57)	98%	Unable to report	82.5%	Explore updating or expanding screening tools.
			2020	92%	66%	92%	84%	83.5%	
			2019	81%	50%	n/a	87%	50%-87%	
	c) 60% of pregnant women are enrolled by 16 weeks' gestation or earlier	**____% of pregnant women are enrolled by 16 weeks' gestation or earlier.**	2021	28% (19/68)	26% (10/38)	Unable to report	30%	28%	
			2020	12%	28%	30%	30%	25%	
			2019	39%	41%	23%	25%	32%	
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.	**____% clients are assigned a single NFP nurse.**	2021	100%	100%	100%	100%	100%	
			2020	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	
6. Client is visited face-to-face in the home, or occasionally in another setting	National benchmark set is: > 50% visits take place in the home	**____% visits take place in the home.**	2021	n/a	50% (Total: 1254 encounters)	n/a	63% (Total: 1,197 encounters)	56.5%	
			2020	n/a	37%	n/a	62%	49.50%	
			2019	79	47%	n/a	57%	61%	

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
(mutually determined by the NFP nurse and client), when this is not possible.		**% breakdown of where visits are being conducted other than in the client's home:**	**2021**	n/a	20% clinic, 20% virtual (video/phone/ etc.) 10% community setting	n/a	19% clinic, 17% virtual (video/phone/ etc.) 18% community setting	19.5% clinic 18.5% virtual 14% community setting	
			2020	n/a (mostly outdoors)	35% alternate location 19% virtual 9% phone	n/a	13% clinic, 25% community setting	~36% in alternate location (clinic, community setting, etc.), ~28% virtual + phone	
			2019	n/a	n/a	n/a	n/a	n/a	
7. Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current standard NFP visit schedule or an alternative visit schedule agreed		**_____% of clients being visited on standard visit schedule.**	**2021**	BC doesn't differentiate between standard and alternate visit schedules as the program is flexible to meet the client's needs. All clients are offered a standard visit schedule upon enrolment and supported throughout the program depending on needs and client preference.					
			2020						
			2019						
		Average number of visits by program phase for clients on standard visit schedule.	**2021**	n/a	Pregnancy: 8 Infancy: 23 Toddler: 21	n/a	Pregnancy: 10 Infancy: 26 Toddler: 12*	Pregnancy: 9 Infancy: 24.5 Toddler: 16.5*	* Island Health was not able to verify the number of Toddler Phase visit; therefore, data could be

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
upon between the client and nurse.			**2020**	n/a	Pregnancy: 16 Infancy: 19 Toddler: 18	Pregnancy: 5 Infancy: 13 Toddler: 7	Pregnancy: 8 Infancy: 20 Toddler: 13	Pregnancy: 9.6 Infancy: 17.3 Toddler: 12.6	inaccurate. Average number of visits by program phase is based on clients who have completed the program phase.
			2019	Pregnancy: 10 Infancy: 16 Toddler: 14	Pregnancy: 11 Infancy: 21 Toddler: 15	Pregnancy: 5 Infancy: 12 Toddler: 9	Pregnancy: 8 Infancy: 16 Toddler: 11	Pregnancy: 8.5 Infancy: 16.3 Toddler: 12.3	
	a) Length of visits by phase country benchmarks are: (not determined)	**Length of visits by phase (average and range):** **Pregnancy phase: ____ (minutes)** **Infancy phase: ____(minutes)** **Toddler phase: ____(minutes)**	**2021**	n/a	Pregnancy: 61 min., range 28-92 min. Infancy: 57 min., range 11-94 min. Toddler: 53 min., range 11-94 min.	n/a	Pregnancy: 72 min., range 10-160 min. Infancy: 65 min., range 10-240 min. Toddler: 63 min., range 0-120 min.	Pregnancy: 67 min., range 10-160 min. Infancy: 61 min., range 10-240 min. Toddler: 58 min., range 0-120 min.	
			2020	n/a	Pregnancy: 71 min. Infancy: 57 min. Toddle: 96 min.	n/a	Pregnancy: 65 min., range 0-140 min. Infancy: 62 min., range 10-150 min. Toddler: 69 min., range 0-170 min.	Pregnancy: 68 min. Infancy: 59.5 min. Toddler: 82.5min.	
			2019	n/a	n/a	n/a	n/a	n/a	

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
	b) Client attrition by program phase country benchmarks are: (not determined)	**Client attrition by phase and reasons: ____% attrition in Pregnancy phase ____% attrition in Infancy phase ____% attrition in Toddler phase .**	**2021**	Pregnancy 1.8%; Infancy 12.6% Toddler 47.3%. Reasons: child services, miscarriage, lost to follow up, moved, client-initiated discharge.	Pregnancy 12.7% Infancy 9.5%; Toddler 14.3%. Reasons: adoption, lost to follow up, moved, client-initiated discharge.	Pregnancy 8.2 Infancy 20.4% Toddler 4.1%. Reasons: lost to follow up, moved, client-initiated discharge	Pregnancy 1.6%; Infancy 6.3%; Toddler 19%. Reasons: miscarriage, lost to follow up, client-initiated discharge.	Pregnancy 7.4% Infancy 11.4% Toddler 13.1% *(excluding FHA data)*	Note: Fraser Health suspended all NFP visits until Sept 2021; therefore, attrition data may not be accurate. **108 clients graduated from NFP in 2021**
			2020	Pregnancy 7.9% Infancy 11.8% Toddler 7.5%	Pregnancy 6% Infancy 9% Toddler 6%	Pregnancy 3.7% Infancy 11.1% Toddler 14.8%	Pregnancy 4.9% Infancy 6.9% Toddler 7.8%.	Pregnancy 8% Infancy 13% Toddler 10.6%	
			2019	n/a	n/a	n/a	n/a	n/a	
8. NFP nurses and supervisors are registered nurses or registered nurse-midwives with a minimum of a baccalaureate /bachelor's degree.	100% of NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate /bachelor's degree. Monitored/assured by (e.g., standardized job description)	**____% NFP nurses are registered nurses or registered midwives with a minimum of a baccalaureate /bachelor's degree**	**2021**	100%	100%	100%	100%	100%	
			2020	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
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 nurses and supervisors complete the required NFP educational curricula and participate in on-going learning activities**	**2021**	87% (26/30)	71% (10/14)	66% (4/6) of	50% (4/8)	76% (44/58)	14 out of 58 nurses awaiting DANCE Fundamentals. Three of those nurses are also awaiting PIPE training. DANCE Fundamentals will recommence in Spring 2022. PIPE education to be addressed in 2022.
			2020	nearly 100% (some require DANCE)	73%	57%	83%	78% (some require DANCE/IPV)	
			2019	81%	100%	100%	100%	95.2% (some require DANCE)	
	(Benchmark not determined) % of NFP team meetings, case conferences and team education sessions are completed (against expected for time period)	**______% completion of team meetings.**	**2021**	100%	88%	50%	92%	77% *(excluding FHA data)*	In 2021, team meetings reduced due to redeployments and COVID response priorities.
			2020	100%	96%	95%	100%	98%	
			2019	100%	92%	79%	88%	79%-100%	
		_______% completion of case conference.	**2021**	100% (Nov-Dec only)	0%	50%	100%	50% (*excluding FHA data)*	In 2021, case conferences reduced or cancelled due to redeployments and COVID response priorities.
			2020	100%	12.5%	50%	100%	65.6%	
			2019	100%	88%	88%	81%	81%-100%	
			2021	100%	100%	80%	100%	95%	

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	**Fraser Health Authority (FHA)**[13]	**Interior Health Authority (IHA)**	**Vancouver Coastal Health Authority (VCHA)**	**Island Health Authority (Island)**	**BC Total (average)**	
		______% completion of education sessions.	**2020**	100%	100%	80%	100%	95%	
			2019	n/a	n/a	n/a	n/a	n/a	
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			**2021**	See section at the end of this table for benchmarks and data.					
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**	**2021**	0% (due to temporary program suspension most of year)	36% (12/33)	0% (0/15)	43% (6/14)	29% (18/62) *(excluding FHA data)*	In 2021, joint home visits were reduced or stopped due to COVID-19 protocols and/or client's request. Virtual visits were often completed via phone, making joint home visits a challenge. Joint home visits will resume when appropriate.
			2020	52%	23%	4%	13%	23% (impacted by pandemic)	
			2019	76%	87%	67%	100%	82.5%	
12. Each NFP team has an assigned NFP Supervisor who leads and	100% of NFP teams have an assigned NFP Supervisor	**_______% of NFP teams have an assigned NFP Supervisor**	**2021**	100%	100%	100%[15]	100%	100%	
			2020	100%	100%	100%	100%	100%	
			2019	100%	100%	100%	100%	100%	

[15] In VCH, the supervisor role is modified due to pandemic response. One NFP nurse shares the roles of a part-time supervisor and nurse caseload.

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	**Fraser Health Authority (FHA)[13]**	**Interior Health Authority (IHA)**	**Vancouver Coastal Health Authority (VCHA)**	**Island Health Authority (Island)**	**BC Total (average)**	
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 nurses).	**______% of reflective supervision sessions conducted**	**2021**	78%	84%	50%	80%	71% *(excluding FHA data)*	
			2020	88%	100%	102%	78%	92%	
			2019	85%	72%	58%	n/a	72%	
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. Although there are no objectives that relate to the collection and use of data, all the NFP benchmarks for the program are measured through use of regular standardized data collection. Monitored/assured by: Chart audits, fidelity reports, etc.	**Progress:**	**2021**	**IHA:** In absence of supervisory home visits, IHA continued to utilize a chart audit tool to assess adherence to the program standards. **VCH:** In 2021, public health resources in VCH were focused on COVID-19 related services (contact tracing and for vaccine administration) as well as examining ways to strengthening overall enhanced public health services for women and their families living with complex determinants of health. These priorities meant there were few IMITS resources directed toward NFP data collection, analysis, and quality improvement initiatives. In order for data collection and analysis to be sustainable, the documentation forms need to be revised and there need to be resources and expertise provided to the health authorities to align NFP data requests with the data that is collected. **Island:** In 2022, Island Health NFP program will request regular support from an Informatics public health nurse to pull quarterly NFP reports. This will allow remediation of data and quality assurance activities prior to year-end.					

Core Model Element	National Benchmarks and how these are being monitored	Indicator	Progress against Benchmarks						Challenges + suggested actions to address these
			Year	Fraser Health Authority (FHA)[13]	Interior Health Authority (IHA)	Vancouver Coastal Health Authority (VCHA)	Island Health Authority (Island)	BC Total (average)	
14. High quality NFP implementation is developed and sustained through national and local organized support	No national benchmark for % Advisory Boards or equivalents held in relation to expected. Monitored/assured by (including other measures used to assure high quality implementation):	**_____% of Advisory Boards or equivalents**	**2021**	100% of Provincial Advisory Boards or equivalents (3 meetings throughout the year)					
			2020	100% of Advisory Boards or equivalents					
			2019	Provincial Advisory Committee; quarterly					
		_____% attendance at Advisory Boards	**2021**	33% (1/3 meetings) attendance at Advisory Boards	66 % (2/3 meetings) attendance at Advisory Boards	100 % (3/3 meetings) attendance at Advisory Boards	66 % (2/3 meetings) attendance at Advisory Boards	66% attendance at Advisory Boards (approx. 6/10 health authority reps. would attend meetings)	
			2020	80-100 % attendance at Advisory Boards	80-100 % attendance at Advisory Boards	80-100 % attendance at Advisory Boards	80-100 % attendance at Advisory Boards	80-100% (11-13 people) attendance at Advisory Boards	

Domain coverage*

Please complete with your 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%	**40%**	14-20%	**20%**	10-15%	**18%**
Maternal Role (My Child and Me)	23-25%	**26%**	45-50%	**50%**	40-45%	**48%**
Environmental Health (My Home)	5-7%	**9%**	7-10%	**10%**	7-10%	**11%**
My Family & Friends (Family & Friends)	10-15%	**14%**	10-15%	**12%**	10-15%	**11%**
Life Course Development (My Life)	10-15%	**12%**	10-15%	**10%**	18-20%	**13%**

CME 10 Commentary: (please identify any successes and challenges highlighted for CME 10 and any suggested actions to address these here): The domain totals in the table above are based on data provided from two health authorities (Island Health and Interior Health). Domain data is not complete by Fraser Health and Vancouver Coastal Health Authority, as their data systems do not have reports available to extract this data.

Health authorities that were able to pull data for CME 10 found that the benchmarks for content by domains in each program phase were at the high end for most domains, and exceeding benchmark percentages for maternal role. There may be an opportunity to improve time spent in Life Course Development (My Life).

COVID-19 has provided many challenges, especially for health authorities who were redeployed to support pandemic work, including: interruption to NFP delivery and visits with clients, more focus on finding resources for clients, clients needing more mental health support, significantly more IPV, and other community services were not available. Some clients were left with no support at all when NFP was suspended in Fraser Health that may have resulted in some trust issues. Fraser Health had returned to delivering NFP at 50% of their workload and were positively surprised at the number of clients preferring to return to NFP; however, it meant some challenges delivering content while redeployed.

General Commentary:

Overall, BC met national benchmarks for majority of CMEs despite the challenges the pandemic has posed for program delivery. Over 56% of nurse visits took place in the home which is exceeds the national benchmark of 50%. Completion of team meetings, case conferences, supervisor joint home visits, and reflective supervision were impacted the greatest in some health regions as a result of pandemic challenges. The number of completed visits remained stable and consistent with previous years despite competing demands on NFP workforce. There is slight decrease in the length of visits vs 2020, most notably in toddler phase, possibly due to virtual visits and visit location. The small number of clients (7%) enrolled later in pregnancy (after the 28th week of pregnancy) did impact the number of pregnancy visits for some regions; however, the average number and length of pregnancy visits was consistent with previous years. For RHAs able to provide reports, there were good rates of eligible referrals who were intending to be recruited and were enrolled. Time in each domain was within benchmarks for CME 10.

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/or 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.

Characteristics of our clients at enrolment		
Health, Social and economic Conditions at enrolment	**Previous year(s) (n/%)[16]**	**Current Period (n/%)**
Age (range and mean)	**IHA**: Range 14-24, Average age 19.3 **Island**: Range: 16 years-24 years; Average: 19 years	**IHA**: Range 16-24, Average age 21.5 **Island**: Range: 13 years-22 years; Average: 20 years **FHA:** Range: 15-24, Mean: 20.6
Race/ethnicity distribution	**IHA**: Average 30% Aboriginal **Island**: N=36 39% First Nations 47% White 3% Filipino 3% Syrian 8% no response	**IHA**: Average 40% Aboriginal **Island**: N=30 63 % White (European Caucasian) 26% Indigenous <10% Arab/West Asian <10% Black (African, Haitian, Jamaican) <10% White + Indigenous <10% Black + White **FHA:** 11/68= 16.2% Aboriginal
Home visits where father/partner is present	**IHA:** N=29 from info collected on intake forms 1 married 17/29 single 11/29 common law 3/29 FOB not involved **Island:** N=38; 76% report father involved at enrolment	**IHA:** 18/32 or 56% families were common-law/married 14/32 single <10/32 families had no father involved **Island:** N=30; 77% report partner involved at enrolment (25 reported that current partner is father of baby)
Home visits where other family members are present:		
Income (please state how this is defined)	**IHA**: Only 21/38 enrolments reported income level at intake 6/21 reported no income (28.5%) 6/21 reported income up to $10,000 (28.5%) 5/21 reported income between $10-20,000 (24%) 4/21 reported income over $20,000 (19%) **Island**: N=35 29% report no income 9% report income <$5,000 14% report income $5,000-$9,999 20% report personal income $10,000-	**IHA**: 20/38 enrolments reported income level at intake 25% reported NO yearly income 10% reported yearly income under $5k 35% reported annual income $5k-$15k 25% reported annual income 30% reported annual income over $15k **Island**: N=25 28% reported NO yearly income <10% reported yearly income under $5k 12% reported yearly income $5k-9.9K 24% reported yearly income $10k-14.9k 16% reported yearly income $15k-19.9k 16% reported yearly income over $20k

[16] Data from the 2020 Annual report unless otherwise specified

	$14,999 14% report income $15,000-$19,999 3% report income $20,000-$24,999 11% unwilling/unable to answer	**FHA**: 9% report income <$5,000 14% report income $5,000-$9,999 14% report income $15,000-$19,999 <10% report income $20,000-$24,999 11% unwilling/unable to answer
Inadequate Housing (please define)	**IHA:** None homeless at intake **Island:** N=38; 86% reported living in apartment/house **RCT clients**[17]: Lifetime homelessness (47%) Housing instability (52%)	**Island:** N=30; 83% reported living in rental apartment/house, <10% homeless, 13% other arrangements (transitional housing, shelter, etc.)
Educational Achievement	**IHA:** 9/23 Gr 12, 8/23 still in high school **Island:** N=29; 48% reported they have not completed high school; 35% have completed high school	**IHA:** N=32; <10 enrolled in school, 20 completed high school. **Island:** N=30; 27% enrolled in middle/high school or community college (73% not enrolled).
Employment	**IHA:** 6/23 currently working part time **Island:** N=31; 74% reported not currently working; 13% working full time; 13% working part-time	**IHA:** 11/27 (41%) working full time or part time **Island:** N=26; 31% working full time or part-time, 69% reported not working
Food Insecurity (please define)		
Ever In the care of the State (as a child or currently)	**IHA:** 6/23 in foster care/group home (26%)	
Obesity (BMI of 30 or more)		
Severe Obesity (BMI of 40 or more)		
Underweight (BMI of 18.5 or less)		
Heart Disease	**RCT clients**: cardiovascular disease (including high blood pressure) (1.8%) (Catherine et al., 2019)	**Island:** N=28; 0% report heart disease
Hypertension	**RCT clients**: cardiovascular disease (including high blood pressure) (1.8%) (Catherine et al., 2019)	**IHA:** <10 **Island:** N=28; 0% report hypertension
Diabetes – T1		**Island:** N=28; 0% report T1DM
Diabetes – T2		**Island:** N=28; 0% report T2DM
Kidney disease		**Island:** N=28; 0% report kidney disease
Epilepsy		**Island:** N=28; 0% report epilepsy
Sickle cell Disease		**Island:** N=28; 0% report sickle cell
Chronic Gastrointestinal disease		**Island:** <10% report chronic GI disease
Asthma/other chronic pulmonary disease	**RCT clients**: Regular use of puffers (18.8%) (Catherine et al., 2019)	**IHA:** <10 **Island:** N=28; 14% report asthma/other
Chronic Urinary Tract Infections		**IHA:** <10 **Island:** N=28; 11% report chronic UTIs

[17] Catherine et al. (2019). The British Columbia Healthy Connections Project: findings on socioeconomic disadvantage in early pregnancy. BMC Public Health. 19(1161), 1-11.

Chronic Vaginal Infections (e.g., yeast infections)		**IHA:** <10 **Island:** <10% report chronic vaginal infections
Sexually Transmitted Infections		**IHA:** <10 **Island:** <10% report chronic STIs
Substance Use Disorder	**RCT clients**: Any cannabis, alcohol, or street drug use (past month) (23.5%) Cannabis use (past month) (21.0%) Alcohol use (past month) 2.3% Street drug use (past month) (1.5%) Nicotine/cigarette use (past 48h) (26.6%) Second-hand smoke exposure (past week) (39.7%) (Catherine et al., 2019)	**Island:** 11/29 report smoking during pregnancy, <10/31 report using alcohol during pregnancy, 10/31 report smoking using marijuana during pregnancy, <10/21 report using other street drugs during pregnancy.
Mental Illness	**RCT clients:** Severe anxiety or depression regularly (46.8%) Diagnosed mental disorder (e.g., bipolar disorder or attention problems) (21.7%) Diagnosed developmental conditions (e.g., autism spectrum) (Catherine et al, 2019)	**IH:** 13/32 forms completed reported MH concerns **Island:** N=28; 61% report mental health illness (e.g. severe anxiety, depression, behaviour, attention/learning problem, substance use problem, eating disorder, psychosis)
Other (please define)		**Plans to breastfeed - Island**: N=30; 80% yes, 17% possibly/not certain, <10% no.

Please comment below on the vulnerability of your client population, including analysis of STAR (or equivalent) data and reviewing trends over time.

- BC's NFP client population is considerably vulnerable. Early baseline data findings most clients served reported having low income (84%), having limited education (52%) and being single (91%). In addition, all clients experienced substantial *added* adversities – at higher rates than other Canadians. These included: housing instability (52%), severe anxiety or depression (47%), prenatal nicotine and cannabis use (27% and 21%), and recent intimate partner violence (50%). More than two thirds (70%) were experiencing four or more forms of adversity. Also, despite available public programs, these pregnant girls and young women were not being adequately reached by social services (e.g., income assistance).
- 2021 client demographic information at enrolment was reported by up to three health authorities, and shows over 16%-40% are Indigenous, up to 35% of clients in some regions report having an annual income less than $5,000, 59%-69% are not currently employed, and 40-61% report mental health concerns.
- As RCT data is still being released, BC not yet unable to provide a full picture of trend analysis.
- BC Does not use the STAR framework at this time and are unable to include an analysis.

Alterable Maternal Behaviour/ program impacts for clients (please complete for all the time periods where the data is collected) **NOTE: This data is not necessarily representative of BC NFP clients – this data is from ONE of the four health regions (unless otherwise stated). This data does not follow one client (i.e., this doesn't follow one cohort of clients through timeframes but rather it is a point in time). Data does not include clients that declined to answer or were not eligible to answer. Therefore, we can't draw strong interpretations/analysis from these data.**					
	Intake	**36 Weeks of Pregnancy**	**Postpartum**	**12 months**	**18 months**
Anxiety (n, % moderate + clinical range)	N/A	25% in Pregnancy (only one RHA)		21% in infancy (only one RHA)	

Depression (n, % moderate + clinical range)	(intake/36 weeks) N=21 EPDS Average Score: 8 (Range 2 to 18)	N/A	(day 21-273) N= 55 EPDS Average Score: 10 (Range 1 to 26)	(day 353-392) N=11 EPDS Average Score: 8 (Range 0 to 20)	(18-24 months) N=0 EPDS complete
Cigarette Smoking (n, % 1+ during pregnancy, mean number /48 hours)	N=29 38% reported smoking during pregnancy. Mean 3 cigarettes/48 hours	N=15 40% reported smoked at all during pregnancy. (N/A mean number /48 hours)	N/A	N=<10	N/A
Alcohol (n, % during pregnancy, units/last 14 days)	N=31 23% reported using alcohol during pregnancy (including before they knew they were pregnant), N/A units in last 14 days	N=15 0% reported alcohol use during pregnancy	N/A	N=10 30% reported using alcohol in last 14 days. (N/A units in last 14 days)	N/A
Marijuana (n, % used in pregnancy, days used last 14 days)	N=31 32% report using marijuana during pregnancy N/A days used in last 14 days	N=13 31% reported using marijuana during pregnancy. (11 days used in last 14 days) On average 6 pipes or joints smoked per day in last 14 days	N/A	N=<10	N/A
Cocaine (n, % used in pregnancy, days used last 14 days)	N=23 0% report using cocaine during pregnancy	N=13 0% reported using cocaine in last 14 days	N/A	N=<10	N/A
Other street drugs (n, % used in pregnancy, days used last 14 days)	N=21 14% reported using other street drugs during pregnancy N/A days used in last 14 days	N=13 0% report using other street drugs in last 14 days	N/A	N=<10	N/A
Excessive Weight Gain from baseline BMI – Pregnancy (n, %)	N/A				
Mastery (n, mean)		53%		53%	60%
IPV disclosure (n, %)		**Pregnancy visit 5**: N=20 30% experienced physical abuse by partner. 50% experienced emotional abuse by partner 15% currently worried about safety. (Another RHA reported 28%	**Infancy visit 6-8 weeks:** N=15 53% experienced physical abuse by partner. 60% experienced emotional abuse by partner. <10% currently worried about Safety. (Another RHA reported 22%	**Toddler visit 16 months**: N=10 60% experienced physical abuse by partner. 50% experienced emotional abuse by partner 0% currently worried about Safety. (Another RHA reported 10%	

		disclosure in pregnancy.)	disclosure in infancy.)	disclosure in toddlerhood.)	
	6 Months	**12 Months**	**18 months**	**24 Months**	
Reliable Birth Control use (n, %)	N=23 30% every time	N=13 62% every time	N=14 64% every time	N=11 55% every time	
Subsequent pregnancies (n, %)	N=15 7% additional pregnancy	N=11 0% additional pregnancy (another health authority reported 6%)	N=10 0% additional pregnancy	N=<10 (another health authority reported 17%)	
Breast Feeding (n, %)	N=22 <10% exclusively breastfeeding 36% Non-exclusive breastfeeding 55% No breastfeeding	N=13 38% Non-exclusive breastfeeding 62% No breastfeeding	N=<10	N=10 30% Non-exclusive breastfeeding 70% No breastfeeding	
Involvement in Education (n, %)	N=27 30% Involved in any type of education 88% enrolled in middle/high school	N=11 18% involved in any type of education (another health authority reported 38% in infancy phase)	N=<10	N=<10 (another health authority reported 39% in toddler phase)	
Employed (n, %)	N=26 31% working (either part-time or full time)	N=11 27% report currently working (another health authority reported 29% in infancy phase)	N=10 40% report currently working	N=<10 (another health authority reported 30% in toddler phase)	
Housing needs (n, %)	N=10 100 % were housed in apartment/house/care home	N=10 100% housed in apartment/house/ Care home	N=<10	N=<10	
DANCE (or equivalent) (mean - 2, 9, 15, 22 mos.)	Unable to report. In one health region, 37 DANCE assessments completed in 2021				
Father's involvement in care of child (n, %) (Frequency of father caring for baby)	N=27 41% Every day	N=16 50% Every day	N=16 50% Every day	N=12 42% Every day	
Other (please define)					

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 equivalent populations etc)**:**

A new data extract report was built in 2021 for two RHAs to report on program impact and characteristic data; early testing showed the report was sound however, at the time of the annual report, RHAs reported some challenges and indicated need further analysis and validation over 2022.

When reporting on available data, one RHA observed the following outcomes (note: data doesn't necessarily reflect a trend as clients may have been different at each period when assessed):

- A fewer number of clients reported tobacco use from 19% in pregnancy to 13% in infancy phase
- Mental health concerns, fewer clients reported anxiety and depression in pregnancy (25%) compared to infancy phase (21%)
- Clients reported higher rates of IPV in pregnancy phase (28%) compared to clients reporting IPV in toddler phase (10%)
- 39% of women reported being involved in education and 30% reported working during toddler phase
- Clients reported high rates of maternal mastery in pregnancy (53%) and toddler phases (60%)

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

- One health region suggests having nurses educated in the IPV Intervention and access to the IPV pathway may have had positive outcomes for Mothers experiencing IPV in their region.
- Delay in subsequent pregnancies in one RHA has possible correlation to maternal mastery and increased self-efficacy as noticeable increased reported from infancy to toddlerhood in their region.

Which are the areas of challenge?

There is not yet enough data to provide a full picture of program impacts on maternal behaviours. Additionally, data accuracy and incomplete data sets has posed a significant challenge as a result of the pandemic. This challenge could be a result of shortened visits to accommodate workload, or walking visits in parks, playgrounds, coffee shops and alternate locations. BC will discuss with NFP teams to support improving data entry completion rates and identify significance for annual reporting and assessing program outcomes. BC will also work on testing and improving the new Panorama data extract report.

Birth data[18]		
	Number	**% of total births for year**
Extremely preterm (less than 28 weeks gestation)	**0**	**0%**
Very preterm (28-32 weeks gestation)	**<10**	**<10%**
Moderate to late preterm (32-37 weeks gestation)	**9**	**26%**
Low birthweight (please define for your context)	**Lowest 2.4 kg**	
Large for Gestational Age (LGA) (please define for your context)	**Largest 4.16 kg**	**9.4 %**
Other (please define)		

Please comment below on your birth data:

No extremely preterm births and a very small number of very pre-term births were reported from the few health authorities who were able to report this data.

[18] Birth data is from 2 out 4 health authorities due to challenges with data reporting systems.

Child Health/Development NOTE: This data is not necessarily representative of BC NFP clients – this data is from ONE of the four health regions (unless otherwise stated). This data does not follow one client (i.e., this doesn't follow one cohort of clients through timeframes but rather it is a point in time). Data does not include clients that declined to answer or were not eligible to answer. Therefore, we can't draw strong interpretations/analysis from these data.				
	6 months (% of total)	**12 months (% of total)**	**18 months (% of total)**	**24 months (% of total)**
Immunizations Up to Date	N=26 96% imms up to date	N=17 94% Imms up- to date	N=12 75% Imms up to date	N=12 100 % Imms up to date
Hospitalization for Injuries	N=25 100% report NO	N=16 94% report NO	N=12 92% report NO	N=12 92% report NO
ASQ scores requiring monitoring (grey zone)	N=16 completed 38% requiring monitoring	N= 18 39% required monitoring	N=<10	N=<10
ASQ scores requiring further assessment/referral	N=16 6% referral	N=18 0% referral	N=10 20% referral	N=10 0% referral
ASQ-SE scores requiring monitoring (grey zone)	N/A			
ASQ-SE scores requiring further assessment/referral	N=14 0% referrals	N=<10 0% referrals		
Child Protection (please define for your context)	N= 23 0%	N=14 7%	N=10 0%	A different health authority reports 3.4% clients reported accessing voluntary MCFD services in toddler phase
Other (please define)				

Please comment below on your child health/development data:

Most RHAs are not able to report on child health/development data as they do not have the ability to extract and analyse the data at this time. One of the health systems (Panorama) has built a data extraction report in 2021 to better capture this data; however, it was discovered this data may not be accurate and that the data extraction report will require more testing for next year. The numbers between 6 month and 25 months do not follow the same clients; therefore, it is difficult to analyse the program impacts on child/health development.

Additional analyses
Please insert here any additional analyses undertaken to further explore program impacts: • One RHA reviewed how many clients were lost to contact or declined to resume after the suspension of the program as follows: o Waiting room for new clients (while NFP suspended) when program resumed at 50%: 15 assigned to NFP, 48 timed out, 2 declined, 1 lost to contact.

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. **Testimonial from Recent NFP Grad:** • See Testimonials Section of the Annual Report:

- NFP Graduate, Kristie: “The Nurse Family Partnership program is something I would definitely recommend. I was able to learn so much and build an amazing connection.”
- NFP Nurse, Donna: “It was an honour to work along side Kristie and support her in making significant changes in her life and becoming a wonderful Mother. The Nurse Family Partnership Program provided me with all the resources and for that I am truly grateful.”

Sentinel / Significant events that deserve review:

Event	Number	What was the learning?
Child death	**2**	**Infant contracted Covid in the early perinatal period.** **SIDS: Safe sleep: crowded housing**
Maternal death	**0**	
Other	**1**	**Miscarriage/Stillbirth**

Any other relevant information or other events to report:

PART FOUR: PROGRAM IMPROVEMENT & EVALUATION

Continuous Quality Improvement (CQI) program

- **Briefly describe your system for monitoring implementation quality**:

Monitoring implementation quality is conducted through ongoing reflection and collaboration on multiple levels, chart audits, and through the use of fidelity reports to provide a tool for data analysis. This data is then used to ensure a high-quality program is being delivered. A CQI logic model was created. Please see Appendix 4 for more detail.

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

There are three primary focus areas for CQI including client interaction, program implementation, and outcome achievement.

- **Focal CQI Area: Client Interaction**
  - Home Visit Plan every visit
  - Facilitator: How is it going between us
  - Client exit survey
- **Focal CQI Area: Program Implementation**
  - One-to-one clinical supervision weekly, 1 hr
  - Case conferences twice a month, 1½ - 2 hrs
  - Team meetings at least twice a month or weekly, 1 hr
  - Field supervision (joint visits) every 4 months, minimum 2-3 hrs & 1 client
  - Nurse consultation
  - Education evaluation
  - HA/Provincial CoP twice a month
  - Fidelity/attrition reports (Panorama/Paris)
  - Annual Implementation Plan
  - Annual fidelity report (Dr. Olds)
- **Focal CQI Area: Outcome Achievement**
  - Fidelity outcomes
  - Pregnancy outcomes
  - Maternal outcomes
  - Child health & development outcomes
  - RCT results

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

Client Interaction: Despite COVID-19 challenges and provincial public health orders, overall home visiting for two RHAs able to report was strong at about 56% on average throughout 2021 and helped maintain positive therapeutic relationships between nurses and clients.

Program Implementation: Evaluation of NFP education showed it was positively received despite being delivered virtually. Clinical and field supervision along with regular online Community of Practice meetings were also very consistent. Nurses experienced challenges to build in time for reflections/reflective supervisions due to COVID but found creative solutions and completed 73% overall. There is a 14% decrease in the total number of clients served from 2020 (612 clients in 2021 and 712 in 2020), and a 24% decrease in the number of new enrolments from 2020 (173 new enrolments in 2021 and 228 in 2020). In 2020 there was an average of 19 clients enrolled monthly in BC compared to an average of 15 clients per month in 2021. This is likely a direct results of BC's most populous health authority with the largest proportion of NFP nurses suspending NFP delivery (including new enrolments) from October 2020 to August 2021. It may also have been a result of reduced referrals from community organizations

that had reduced staffing or closures, as well as a delays in visits (and corresponding referrals) to physician/midwives/healthcare providers due to concerns about COVID-19 transmission.

Outcome Achievement: Baseline data shows experiences of substantial added adversities (housing instability, mental health disorders, experiences of child maltreatment when younger, intimate partner violence) at higher rates than other Canadian, and inadequate access to social services. Early evidence from RCT maternal outcomes show reductions in substance use (cannabis) and smoking. RCT child outcome data also shows promising preliminary results.

- **Lessons learned from CQI initiatives and how these will be applied in future:**

BC will continually work to improve NFP in order to provide positive outcomes despite the pandemic (e.g., virtual solutions, flexible practice).

- **Goals for CQI in next year:**
  - Work to update data collection tools, including nursing assessment forms and enrolment data collection tools.
  - Refinement and/or refresh of education based on the Sustainable Education Plan (or where needed).
  - Continue to support hybrid approaches to program delivery.

Program innovations tested and/or implemented this year (this includes both international and local innovations) (Please attach the materials used for the innovations)

- **Program innovations tested:**
  - Hybrid of in-person and virtual NFP delivery with clients
  - Deepening collaborative virtual education with ON - utilizing ON's Learning Management System (Moodle) and CaNE Curriculum
  - IPV virtual Health
  - PIPE virtual health
  - New data extract reports from Panorama
  - Refreshed / expanded communications to support nurses and enrolment (e.g., newsletter, birth registry letter) (see appendix 7 for materials used for program innovations)
  - Two RHAs participated in the BC Farmer's Market Nutrition Coupon Program[19]. One RHA provided coupons to approx. 95 NFP clients per week through the summer and fall. Another RHA distributed $19,300.00 worth of coupons to regional NFP families. This health authority also applied for a transportation subsidy grant and distributed $500 in bus passes and gas cards to families who had difficulty accessing their local Farmer's Markets due to transportation challenges.
  - Interior health authority continues to partner with the University of BC and the Interior Health Research Department for Virtual Care Research Project and impact of Virtual Care on the Nurse Client relationship.
- **Program innovations implemented:**
  - Hybrid of in-person and virtual NFP delivery with clients
  - Virtual education using Zoom and ON's Learning Management System (Moodle)
  - Deepening collaborative virtual education with ON
  - New data extract reports from Panorama
- **Findings and next steps:**

Hybrid approaches and flexibility in approaches (e.g., walking visits) to delivery of NFP helped maintain the therapeutic nurse-client relationship during the challenges of COVID-19. Virtual care has shown to valuable tool but has its share of challenges (such as small screens, varying bandwidth in some areas, lack of internet, etc.) and therefore could have a place in the future as a hybrid option or tool to complement in-person care (using nurse's clinical judgement) but not as a full replacement. Depending on the region and health authority regulations,

[19] The Farmers' Market Nutrition Coupon Program (FMNCP) is a healthy eating initiative that supports farmers' markets and provides coupons to lower-income families, pregnant people and seniors participating in their food literacy programs. Each household enrolled in the program is eligible to receive a minimum of $21/week for purchase of healthy food. The program runs throughout the summer and fall months.

many, if not most nurses have transitioned to a hybrid model of in-person and virtual care. As the province begins post-pandemic recovery planning, BC will consider working with NFP nurses and supervisors to develop guidelines for telehealth care in NFP moving forward.

Virtual education has continued to be effective for the delivery of nurse education. BC is currently developing a sustainable education plan which will consider a range of options to ensure sustainability and continual improvement of BC's education moving forward. Additionally, the use of ON's Learning Management System has proven quite effective and useful for new nurses. BC will consider options for future/continued collaboration between BC and ON.

Temporary Variances to CMEs

CME 4: Client is enrolled early in her pregnancy and received her home visit no later than the 28th week of pregnancy

- BC has a trial six-month variance to offer, in individual circumstances, a small, infrequent number of clients (e.g., no more than 5-10% of all new enrolments) the ability to enrol in the NFP past 28 weeks + 6 days gestation but before birth. These late enrolment opportunities will be reviewed on a case-by-case basis by NFP Nurse supervisors/managers.

For each variance agreed please attach a report of the variance evaluation methods and findings to date in Appendix 2 for more information on the CME variance.

Additional Approved Model Elements (AAMEs) – Not Applicable

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

RCT or equivalent commissioned Research

Research team and their institutions:

In 2010, the BC Ministry of Health and Ministry of Children and Family Development (MCFD) invited the Children's Health Policy Centre (CHPC) at Simon Fraser University (SFU) to explore the options for evaluating NFP in BC, in consultation with the McMaster-Hamilton team and with David Olds. At the same time, BC convened a Provincial Advisory Committee (PAC) comprising senior representatives from RHAs and other relevant organizations to seek province-wide consensus on proceeding with an NFP RCT. The BC Healthy Connections Project (BCHCP) was then launched in early 2012 – comprising a large, province-wide RCT led by Charlotte Waddell, Nicole Catherine (and formerly Debbie Sheehan) at SFU, together with Harriet MacMillan and Susan Jack at McMaster University. A larger scientific team was also formed to support the RCT including members from the University of BC (Ron Barr and Colleen Varcoe); the University of Victoria (Lenora Marcellus); McMaster University (Michael Boyle, Amiram Gafni, and Andrea Gonzalez); and the Public Health Agency of Canada (Lil Tomyr). Members also include Hui Xie (since 2018) and Lawrence McCandless (2014–2021) at SFU. RCT participants were enrolled between 2013–2016 and RCT data collection was completed in 2019 with 739 mothers and 737 children. Multiple reports on RCT findings have been published to date, including positive findings on reducing prenatal substance use (see below for more detail). SFU has provided numerous presentations on the findings to leaders and practitioners in all RHAs, Senior Executive Committee for Public Health in BC, the BC First Nations Health Authority, and via the International NFP webinar series. Some of the sessions were in collaboration with the Ministry of Health. As RCT results continue to be analysed and published throughout 2022 and beyond, CHPC-SFU plans to present on these findings at various committee meetings, a policy briefing with Ministry of Health leadership, as well as a second child presentation at the International NFP webinar series. See Appendix 1 for operational timeline.

Two complementary adjunctive studies have been conducted in parallel with the BCHCP RCT. The Nursing Process Evaluation, completed in 2018, documented how NFP was implemented and delivered in select rural and remote Local Health Areas across the four participating health authorities; funded by the Public Health Agency of Canada, and led by Susan Jack. A biological evaluation of NFP is underway, utilizing RCT research interview data and non-invasive biological samples to investigate NFP's effect on children's physiological stress response systems. Results are expected in 2022–2023; funded by the Canadian Institutes of Health Research and led by Andrea Gonzalez.

Brief outline of research methodology:

The BC Healthy Connections Project involves a randomized-controlled trial evaluating NFP's effectiveness in comparison with BC's existing health and social services[20]. Beyond a McMaster pilot study in ON, NFP has never been tested in Canada; therefore, it is unknown whether the same benefits observed in three trials in the United States will be found in BC– given the differing baseline services, population served, and geography. In 2010, BC decided to evaluate NFP under the auspices of 'Healthy Minds, Healthy People, a 10-year mental health plan' featuring promotion and prevention early in life. BC is demonstrating significant child health and public health leadership through this NFP evaluation.

Details of progress to date:

- CHPC-SFU has reported sustained engagement with the RCT families during the 2.5 years of their participation; intensive resources were invested to reach this underserved population ranging from 85-99% retention.
- Final sample size was reached successfully on Dec. 16, 2016.
- 739 pregnant participants were recruited into the RCT through the four participating RHAs; a robust sample size to examine NFP program effects on our main outcomes and reflects a remarkable policy-practice-research collaboration.
- 157 clients were enrolled in the select rural and remote process evaluation sites in BC (including in Northern Health who did not participate in the RCT).
- All RCT clients completed research data collection interviews as of late 2019.
- CHPC-SFU released a report on the RCT participant characteristics at baseline (policy report was released in October 2018) confirming that RHAs reached a cohort of pregnant girls and young women experiencing socioeconomic disadvantage—for whom NFP is designed to support[21].
- In 2019, an academic report building on these baseline findings [22] showed that RCT clients were experiencing multiple associated adversities, at higher rates than other female Canadians and most were not being adequately reached by social services.
- Positive trial findings on prenatal substance use were published Oct. 27, 2020 and showed NFP led to reductions in number of cigarettes smoked, as well as reduced prenatal cannabis use[23].
- In December 2021, CHPC-SFU also published a report on 'Reaching Underserved Children and Families' involving a synthesis of BCHCP participant tracking data. They identified strategies and resources needed to sustain long-term engagement with disadvantaged families who we "need-to-reach" yet are typically labelled as "hard-to-reach".

2021 Publications include:

- Catherine NLA, Hjertaas K, Cullen A, Zheng Y, Amhaz H, Lever R, Gray-Grant D, & Waddell C. (2021). *Reaching Underserved Children and Families: Lessons from the British Columbia Healthy Connections Project.* Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University.
- Jack, S. M., Gonzalez, A., Marcellus, L., Tonmyr, L., Varcoe, C., Van Borek, N., ... & Waddell, C. (2021). Public health nurses' professional practices to prevent, recognize, and respond to suspected child maltreatment in home visiting: An interpretive descriptive study. *Global qualitative nursing research*, *8*, 2333393621993450.

[20] Waddell C, Catherine NLA, Sheehan D, for the BC Healthy Connections Project Scientific Team. *The BC Healthy Connections Project: A Scientific Overview.* Vancouver, BC: Children's Health Policy Centre, Simon Fraser University; 2016.
[21] Waddell, C., Catherine, N., MacMillan, H., Lever, R., Wallis, P., Sheehan, D., ... & Marcellus, L. (2018). *Preparing to Parent in British Columbia*: *A profile of participants in the BC Healthy Connections Project*. Vancouver, BC: Children's Health Policy Centre, Simon Fraser University, 2018.
[22] Catherine, N. L., Lever, R., Sheehan, D., Zheng, Y., Boyle, M. H., McCandless, L., ... & Waddell, C. (2019). The British Columbia Healthy Connections Project: findings on socioeconomic disadvantage in early pregnancy. *BMC Public Health, 19*(1), 1-11.
[23] Catherine, N.L.A., Boyle, M., Zheng, Y., McCandless, L., Xie, H., Lever, R., Sheehan, D., Gonzalez, A., Jack, S.M., Gafni, A., Tonmyr, L., Marcellus, L., Varcoe, C., Cullen, A., Hjertaas, K., Riebe, C., Rikert, N., Sunthoram, A., Barr, R.G., MacMillan, H., Waddell, C. (2020). Nurse home visiting and prenatal substance use in a socioeconomically disadvantaged population in British Columbia: Analysis of a prenatal secondary outcomes in an ongoing randomized controlled trial. *Canadian Medical Association Journal Open*, *8*, E667-E675.

Expected reporting period and consultation with UCD prior to publication:

- Prenatal findings are complete and are published in a peer-reviewed academic journal (2020);
- Child outcome findings are being submitted to a peer-reviewed academic journal; the BCHCP Steering Committee and David Olds, UCD will be consulted prior to publication (2022);
- Maternal outcome analyses will be completed by March 31, 2022 (RCT contract end date) and the BCHCP Steering Committee as well as David Olds, UCD will be consulted prior to the findings being submitted to a peer-reviewed academic journal; and
- A final report will be submitted by CHPC-SFU to the BC Ministry of Health by March 31, 2022 with RCT findings on the pre-stipulated main outcome indicators, thus meeting SFU's contract deliverables.

PART FIVE: ACTION PLAN

LAST YEAR:
Our planned objectives for last year: **Planning for Phase 4** - Strategic planning is a priority for 2021 as BC is planning for Phase 4 and preparing for RCT findings. We will explore objectives such as: sustainability of NFP, enhancement and possible expansion and have identified several areas for possible exploration (e.g., Indigenous clients/families and/or communities, expanding to populations with multiple vulnerabilities, diversity and inclusion in governance, digital/innovative solutions {e.g., NFP adapted materials refresh, improvements in data collection/analysis}, among others). Maintaining strong collaborative partnerships. **CME #4** – BC will aim to enhance and/or refine strategic communications about NFP over 2021 and explore NFP website updates. BC will also continue to explore ways to increase referrals and enrolments. **CME #9** – BC will develop a plan for sustainable education (e.g., that could include updated NFP education with potential combination of virtual and in-person, if possible) **COVID** – BC will develop plans and approaches to continue NFP during COVID and make plans for nurses who have been redeployed so we are prepared for their transition back to NFP. BC will also ensure clients reconnect with nurse partners so the relationship is strong and continue to support clients to access the services for which they are entitled to and would benefit from.
Progress against those objectives: **Planning for Phase 4 –** To help develop and strategic plan and identify/develop pilot and initiative approaches, the BC Ministry of Health worked to collect information through a number of engagement strategies. One of these engagement strategies was to draft the BC Nurse Family Partnership: 7 Key Pillars for Strategic Expansion Concept document and engagements to generate discussion and inform the strategic plan. We received feedback from 10 government partners and key NFP stakeholders (March - June). BC also implemented a series of engagement sessions in collaboration with another Ministry unit on the topic of Enhanced Perinatal Services (including NFP) in British Columbia. This engagement series included seven one-on-one meetings and three larger workshops involving RHAs, Indigenous partners, and a range of agencies engaged in perinatal services (June - Sept). The CL and BC NFP team has also engaged with and/or presented at various NFP committees and community agencies/programs to seek input on NFP. The data collected from these engagements along with RCT data and other information is currently being analysed to inform the strategic plan for NFP. **CME #4 –** In an effort to increase client enrolment, BC amplified efforts to update and distribute the Prenatal Registry Letter signed by Provincial Public Health Officer and Executive Director of Public Health Prevention and Planning at the Ministry of Health. This letter is an effective way to communicate to physicians, nurse practitioners, midwives, and other community partners about referring pregnant clients to public/community health services, including NFP. The Prenatal Registry Letter was sent out April 2021 and significantly broadened its reach. It was sent through the Ministry's Population and Public Health Division, Chief Nursing Office and RHA to various provincial and regional pregnancy outreach associations, nurse and midwives associations, physician associations, Indigenous agencies, healthy living /healthy child development alliances, Provincial Health Services Authority, BC Council for families, Primary Care network, and more. Additionally, the NFP Clinical Lead has been engaging in one-on-on meetings with various Ministry partners and community organizations throughout the year to identify synergies and opportunities for collaboration to enhance program enrolment. **CME #9 –** In September 2021, the Ministry of Health hired a contractor to develop a sustainable education plan. This contractor reviewed education content, materials, licencing requirements, literature/research, and examples

from other countries, conducted key information interviews with content experts, analysed data, and developed a document with recommendations for a sustainable education for BC moving forward.

COVID – To support nurses transitioning back to NFP after being redeployed to support the pandemic, the Ministry of Health collaborated with NFP managers and supervisors to plan and host a virtual *Welcome Back to NFP* session on October 13, 2021. A registered social worker who specializes in wellness education for human service workers was invited to facilitate a 4.5-hour session on grief/loss and self-care/boundaries. These topics were chosen based on nursing feedback given the challenges and stress nurses faced when stepping away from NFP and disrupting the nurse-client relationship. The *Welcome Back to NFP* session was a great success and the entire NFP nursing team of 31 nurses and supervisors attended the session.

Reflections on our progress: Despite the continued challenges of the COVID-19 pandemic, transition in Ministry staff, and the loss of key educators, BC is proud that we generated a solid enrolment rate over the year (with just a slight drop), developed strong partnerships, and maintained fidelity of the program. As well, we achieved the previous years planned program objectives and goals and critical strategic planning engagement work was completed. BC even held special education sessions and launched a new NFP location/site!

NEXT YEAR:

Our planned objectives for next year:

Planning for Phase 4: BC will create a strategic plan for NFP in BC that provides key direction for the transition to Phase 4 of program implementation. BC will begin a range of work arising from the strategic plan that may include exploring program enhancements, pilots, and other actions over the next few years. This process will also involve increasing and maintaining strong collaborative partnerships.

CME #4 – BC will aim to enhance/improve data collection or monitoring efforts around enrolment data to capture data for the variance to CME 4 (allowing a minimal number of clients to enrol in the program after 28 weeks gestation but before birth). BC will also continue to explore ways to increase referrals and enrolments and consider improvements to screening tools.

CME #9 – BC will work to enhance/improve NFP education for nurses and supervisors. This work will begin by prioritizing and implementing some recommendations from the sustainable educations plan (e.g., this could include collaborating with ON, planning and designing a more sustainable approach to PIPE education in Canada, creating visuals/tools, etc.). BC will also focus on improving supervisor sustainability through education and recruitment and retention strategies) as a number of supervisors are nearing retirement.

CME # 13 – BC will continue to utilize data to guide and improve program implementation. BC will work to improve data by working to address missing data/incomplete data sets, and update existing tools (e.g., enrolment data spreadsheets, refine new data extraction reports, etc.). BC will analyse qualitative and quantitative data arising from strategic planning engagements to support continuous improvement, plan and/or pilot program enhancements, and to improve guidance for clinical practice.

Measures planned for evaluating our success:

Planning for Phase 4 - Measures to evaluate success include the development of a strategic plan for NFP in BC and entering discussions/negotiations with UCD. Discussions will also occur with other relevant entities.

CME #4 – Measures include creating a tool/strategy/approach to capture data for BC's variance to CME 4 and exploring other strategic opportunities or mechanisms to support client enrolment.

CME #9 – Measures include beginning to implement prioritized recommendations from the sustainable education plan and providing education opportunities for BC NFP supervisors and nurse "guest trainers".

CME # 13 – Measures include updated forms and instructions within the NFP Documentation Manual and updated documentation tools such as data extraction reports, etc. Measures could also include a plan and/or pilot project for program enhancements.
Any plans/requests for program expansion? BC and Ontario have received queries from other provinces (e.g., Alberta) in Canada. We are having a range of discussions as we review the evidence and information from engagements (internal, external). We also aim to seek advice from UCD and other jurisdictions. We may explore potential over the next few years for expanding/deepening work with Indigenous communities, for example.
FEEDBACK FOR UCD INTERNATIONAL TEAM:
The most helpful things we have received from the International team over the last year have been: Access to a range of materials on the website, including published articles, guidance documents, and access to PIPE videos have been extremely helpful. The shared support from other countries has also been very informative. Support when developing our first variance and guidance on shifting to phase 4.
Our suggestions for how NFP could be developed and improved internationally are: Stronger guidance and resources for NFP education curriculum and shifting to phase 4. Continue to connect Canada with USA and international contacts.
This is what we would like from UCD through our Support Services Agreement for next year: Support the achievement of the above plans for 2022, contract discussions and advice on moving to phase 4.

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

Completed by UCD following annual review meeting

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

- 1:1 International Consultancy with NFP Clinical Lead
- Ad hoc guidance and consultancy as required
- Clinical-Advisory Group, Analytic, and Data Groups
- Specialist guidance and input to RCT team, Simon Fraser University by Dr Olds
- International Project (COVID and impact)
- Contribution to Canada wide Collaboration group

Identified strengths of program:

- High quality support and continuity in supporting sites by Leadership Team
- Close working with Ontario NFP colleagues and joint education strategy progression. Use of an external educational reviewer really helpful. Recommendations to follow
- High uptake and receptiveness for the program by clients
- Excellent support for NFP nurses re-entering NFP post COVID re deployment
- An appreciation of the importance for an effective Information system and plans to improve current approach in quality improvement through robust data
- Careful planning for the possible outcomes of RCT and potential next stages

Areas for further work:

- On-going improvement of information system, specifically addressing issues relating to missing data
- Multi agency response, communications strategy and planning for outcome of RCT and any subsequent plans to expand NFP or to de-commission

Agreed upon priorities for country to focus on during the coming year:

- As above

Any approved Core Model Element Variances:

- CME#4 Client enrolment extension post 28 weeks. Review date to review progress is required

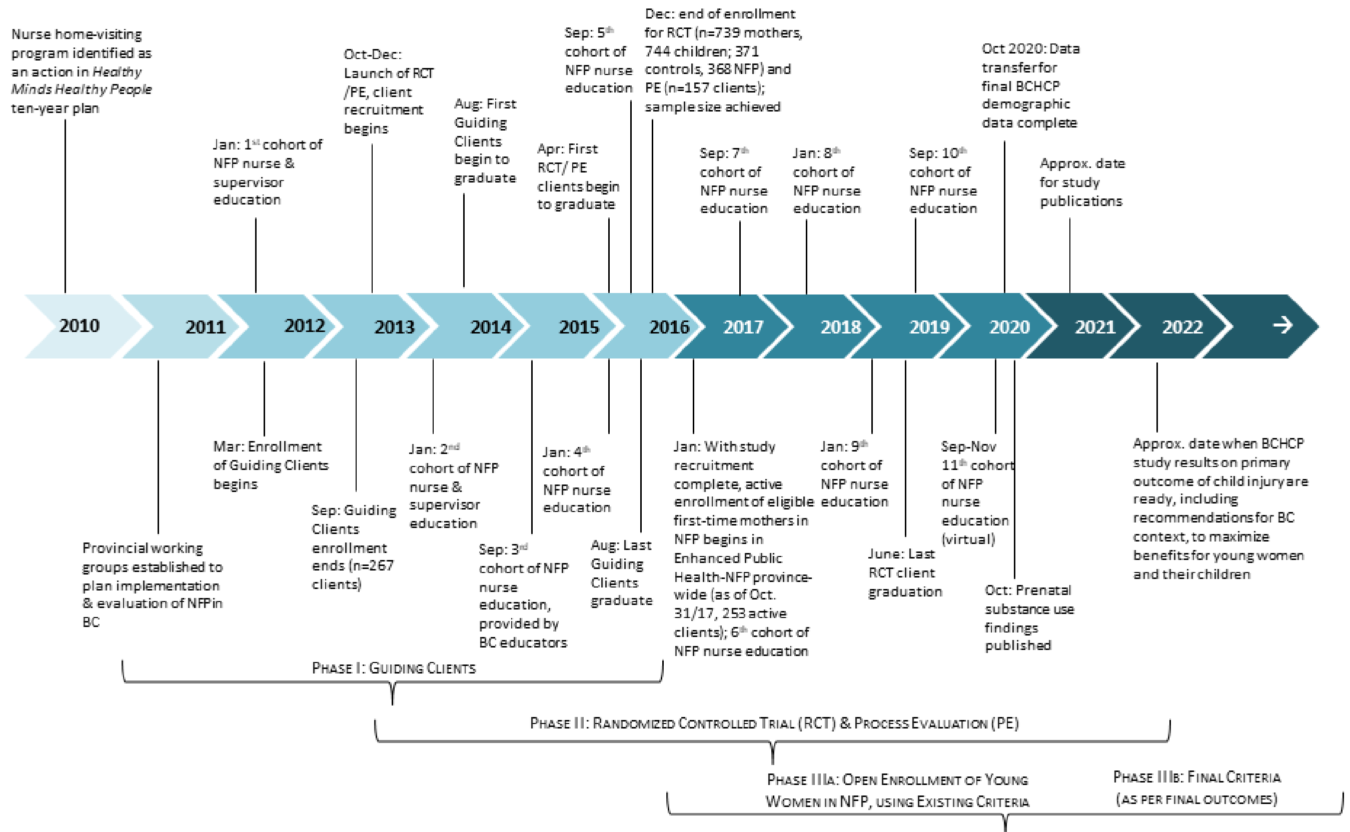
Agreed upon activities that UCD will provide through Support Services Agreement:

- Continued 1:1 International Consultancy with Clinical Lead
- Specialist input by Dr Olds and GRT to support Communication strategy and specialist support in response to RCT results and Government decisions re NFP
- Ad hoc guidance and consultancy as required
- Clinical-Advisory Group, Analytical and Data Groups
- International Project

APPENDICES

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

B.C. Nurse-Family Partnership Timeline



RHA	Communities Offering NFP as of Dec 2021			First Nations Communities (by RHA)
FHA	• Abbotsford • Agassiz-Harrison • Anmore • Belcarra • Burnaby • Chilliwack • Cloverdale	• Coquitlam • Delta • Hope • Langley • Maple Ridge • Mission • New Westminster	• North Surrey • Pitt Meadows • Port Coquitlam • Port Moody • South Surrey • White Rock • Surrey	• Katzie First Nation • Kwikwetlem First Nation • Seabird Island First Nation • Soowahlie First Nation • Squiala First Nation • Sto:lo First Nation • Peters First Nation • Cheam First Nation
IHA	• Armstrong • Castlegar • Cranbrook • Creston • Enderby • Kamloops/vicinity • Kelowna	• Keremeos • Kimberly • Lake Country • Lumby • Nelson • Oliver • Osoyoos	• Penticton • Salmo • Trail • Vernon • West Kelowna • Williams Lake & District	Clients visited in First Nations communities in: • Central Okanagan • South Okanagan • North Okanagan • Thompson-Cariboo-Shuswap • East Kootenay/Kootenay Boundary
VCHA	• Gibsons • Pender Harbour	• Powell River • Richmond	• Sechelt • Vancouver	
Island Health	• Campbell River • Cowichan • Greater Victoria	• Ladysmith • Lake Cowichan • Nanaimo	• Saanich • Sooke • Comox Valley	

Appendix 2: Evaluation of temporary CME variances

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

CME #:

CME 4: Client is enrolled early in her pregnancy and received her home visit no later than the 28th week of pregnancy.

Temporary Variance to CME agreed:

Temporary variance for six months to offer, in individual circumstances, a small, infrequent number of clients (e.g., no more than 5-10% of all new enrolments) the ability to enrol in the NFP past 28 weeks + 6 days gestation but before birth. These late enrolment opportunities will be reviewed on a case-by-case basis by NFP Nurse Supervisors/Managers.

Brief description of approach taken to testing the variance:

The BC NFP Team will prioritize efforts to improve outreach to early prenatal clients and support enrolment into the NFP program as early in pregnancy as possible, recognizing that program effectiveness improves with earlier engagement.

For the small number of women anticipated to be enrolled beyond their 28th week of pregnancy, efforts will be made to enrol and complete the first visit with clients as soon as possible before birth, recognizing the importance of regular prenatal care and the impacts on fetus development. To be considered for enrolment past the 28th week of pregnancy, Supervisors/Managers will ensure clients will meet all other eligibility criteria, show evidence of experiencing barriers to accessing the program in early pregnancy, and/or experience multiple adversities/vulnerabilities. Barriers to accessing the program may include: clients living in rural locations (late referrals, limited access to health services, NFP nurse away), late referrals from referral agencies and partners, late knowledge of pregnancy, clients are highly mobile/difficult to locate, clients have limited access to telecommunications. Supervisors/Manager will also consider the client's capacity to benefit from the program and receive sufficient visits to achieve the pregnancy goals.

Methods for evaluating impact of variance:

Currently, NFP supervisors keep track of the number of clients enrolled in the program before the 28th week of pregnancy. BC and the health authorities are working on updating current enrolment data reporting tools and data extraction reports to expand client enrolment information related to gestation. If the variance is extended beyond 6 months (April 2022), BC and the RHAs will work to set up monitoring systems in client enrolment reports and/or extraction reports to better understand client impacts.

Findings of evaluation to date:

7% (161/173) of new clients have been enrolled in the NFP program after the 28th week of pregnancy in 2021. The percent of clients enrolled after 28 weeks by each of the four RHAs ranges from 0%-15%. All clients were enrolled before birth; however, at this time, we are unable to report on gestational age for late enrolments. The BC NFP team continues to prioritize efforts to improve outreach to early prenatal clients and support enrolment into the NFP program as early in pregnancy as possible.

Clients enrolled into the program later in pregnancy fit all other eligibility criteria, demonstrated evidence of access challenges, and/or have multiple adversities arising from structural or systemic disadvantages, including:

- Both parents experiencing cognitive/learning challenges.
- On waitlist while NFP delivery suspended
- Late pregnancy diagnosis
- Delayed referral times from maternity care providers (due to COVID)

We also noted that some late clients were Indigenous. Using clinical judgement, NFP supervisors/managers determined all clients had the capacity to benefit from the program and receive sufficient visits to achieve the pregnancy goals.

Appendix 3: Additional Approved Model Element (AAME)

AAME agreed:
N/A
Reflections and findings in relation to use of the AAME

Appendix 4: Nurse-Family Partnership (NFP) in British Columbia Continuous Quality Improvement Summary

Draft dated July 22, 2014; Updated January 2022

Quality refers to the degree to which program implementation occurs as designed, interventions meet model fidelity and outcomes are achieved. Quality Improvement is not an evaluation of the program, but is instead a formal approach to analysis of performance and systematic efforts to improve effectiveness of the program. Within NFP, analysis of program performance occurs through reflection and collaboration on multiple levels, and fidelity reports provide a tool for data analysis. The NFP teams use data to implement a high-quality and effective program. In BC, the NFP program is currently available through the BC Healthy Connections Project (BCHCP).

Comprehensive Tools and Reports to Assure NFP Program Quality

Quality is monitored at every phase of Nurse-Family Partnership and focuses on client interactions, program implementation and outcome achievement.

Pre-Implementation 2010 to 2011	**Step I: Guiding Clients 2012 to 2015**	**Step II: RCT and PE (PHASE III) 2013- 2016 (Recruitment Window) to 2019 (last RCT client graduates)**	**Step III+: Ongoing Enrolment* Starts December 17, 2016 (RCT enrolment closed Dec. 16, 2016)**	**Phase IV: Replication and Expansion 2022 and beyond**
Implementation Plan Feasibility Assessment Project Charter Licensing Agreements	Focal CQI Area: **Client Interaction** • Home Visit Plan every visit • Facilitator: How is it going between us Focal CQI Area: **Program Implementation** • One-to-one clinical supervision weekly, 1 hr • Case conferences twice a month, 1½ - 2 hrs • Team meetings at least twice a month, 1 hr • Field supervision: joint visits every 4 months, minimum 2-3 hrs & 1 client • Nurse consultation • Education evaluation • Dialogue sessions with nurses/supervisors	Focal CQI Area: **Client Interaction** • Home Visit Plan every visit • Facilitator: How is it going between us • RCT client interviews Focal CQI Area: **Program Implementation** • One-to-one clinical supervision weekly, 1 hr • Case conferences twice a month, 1½-2 hrs • Team meetings at least twice a month or weekly, 1 hr • Field supervision (joint visits) every 4 months, minimum 2-3 hrs & 1 client • Nurse interviews every 6 months • Nurse consultation • Education evaluation • HA/Provincial COP twice a month • Quarterly fidelity/attrition reports (Panorama/Paris)	*ongoing enrolment of clients who meet study criteria (upon reaching study sample size) Focal CQI Area: **Client Interaction** • Home Visit Plan every visit • Facilitator: How is it going between us • Client exit survey Focal CQI Area: **Program Implementation** • One-to-one clinical supervision weekly, 1 hr • Case conferences twice a month, 1½ - 2 hrs • Team meetings at least twice a month or weekly, 1 hr • Field supervision (joint visits) every 4 months, minimum 2-3 hrs & 1 client • Nurse consultation • Education evaluation • HA/Provincial COP twice a month • Quarterly fidelity/attrition reports (Panorama/Paris)	Focal CQI Area: **Client Interaction** Focal CQI Area: **Program Implementation** Focal CQI Area: **Outcome Achievement**

	• HA/Provincial COP twice a month • Quarterly attrition reporting • Quarterly fidelity reports (Panorama/Paris/Paper) • 1st year Implementation Plan • Annual fidelity report (Dr. Olds) Focal CQI Area: **Outcome Achievement** • Fidelity outcomes (paper records)	• 2nd year Implementation Plan • Annual fidelity report (Dr. Olds) Focal CQI Area: **Outcome Achievement** • Fidelity outcomes • Pregnancy outcomes • Maternal outcomes • Child health & development outcomes	• Annual Implementation Plan • Annual fidelity report (Dr. Olds) Focal CQI Area: **Outcome Achievement** • Fidelity outcomes • Pregnancy outcomes • Maternal outcomes • Child health & development outcomes	

Appendix 5: BC NFP Nurse Education: Cohort 11 – Unit 2 Evaluation Summary

Nurse-Family Partnership Virtual Education Unit 2: Evaluation Summary

April 26 – May 7, 2021

Day 1: April 26

- Topics included:
  - Introduction/welcome/NFP in Canada and RCT overview
  - Core Model Elements
  - Client centered principles
- Presenter(s):
  - Lindsay Crosswell
  - Karen Ramsay Cline (Introduction/welcome/NFP in Canada and RCT overview)

4 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. Eight out of eight nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly Disagree**
The Educators are relating new information to my existing knowledge	3 (37.5%)	5 (62.5%)	0	0	0
The teaching style of the Educators motivates me to learn	4 (50%)	4 (50%)	0	0	0
The material is being presented in a logical order	4 (50%)	4 (50%)	0	0	0
There is a good balance between lecture and learning activities	3 (37.5%)	5 (62.5%)	0	0	0
I am encouraged to actively participate in discussions	4 (50%)	4 (50%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	3 (37.5%)	4 (50%)	1 (12.5%)	0	0

	Participant Responses				
	Very helpful	**Somewhat helpful**	**Neutral**	**Somewhat not helpful**	**Not helpful at all**
How did you find the use of breakout rooms for discussing key concepts?	4 (50%)	4 (50%)	0	0	0

Additional comments: none

	Participant Responses		
	Too many	**Right amount**	**Not enough**
How did you find the number of breaks today?	0	7 (87.5%)	1 (12.5%)

Additional comments: none

	Participant Responses		
	Too long	**Right amount of time**	**Not long enough**
How was the length of time for the breaks?	0	5 (71.4%)	2 (28.6%)

Additional comments:

- "would have been nice to have the full 15 minutes away from the computer to take a breather".

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "breakout rooms were helpful, larger group could allow for more open discussion (3-4 people)"
- "The breakout rooms for discussion were most helpful and following up with sharing with the larger group"
- "group discussions"
- "Great start to learning and information. Good to have the foundation to build on our knowledge and skills. Lindsay is such a fantastic speaker and very engaging."
- "that was great"
- "5 client centered principals"
- "examples and case studies"

Day 2 – April 27

- Topics included:
  - Trauma and Violence Informed Care

  - Cultural Safety and Responsiveness
- Presenter(s):
  - Donna Quail

4 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. **Seven out of eight** nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly Disagree**
The Educators are relating new information to my existing knowledge	1 (14.3%)	5 (71.4%)	1 (14.3%)	0	0
The teaching style of the Educators motivates me to learn	1 (14.3%)	5 (71.4%)	1 (14.3%)	0	0
The material is being presented in a logical order	2 (28.6%)	4 (57.1%)	1 (14.3%)	0	0
There is a good balance between lecture and learning activities	2 (28.6%)	4 (57.1%)	1 (14.3%)	0	0
I am encouraged to actively participate in discussions	2 (28.6%)	5 (71.4%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	1 (14.3%)	5 (71.4%)	1 (14.3%)	0	0

	Participant Responses				
	Very helpful	**Somewhat helpful**	**Neutral**	**Somewhat not helpful**	**Not helpful at all**
How did you find the use of breakout rooms for discussing key concepts?	3 (42.9%)	4 (57.1%)	0	0	0

Additional comments:

- "Breakout rooms are great to get to know the other staff and hear their points of view."

	Participant Responses		
	Too many	**Right amount**	**Not enough**
How did you find the number of breaks today?	0	7 (100%)	0

Additional comments: none

	Participant Responses		
	Too long	**Right amount of time**	**Not long enough**
How was the length of time for the breaks?	0	7 (100%)	0

Additional comments: None

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "sharing of stories and others experiences"
- "It would have been beneficial to have a few cases studies for this topic and the ability to discuss this in smaller groups. It would have helped to break up the lecture style format."
- "Breakout rooms are definitely my favourite. I enjoy human connection."
- "No"
- "Specific NFP application stories"
- "stories shared"
- "Great information provided by Donna, love the interactive pieces during the session. Love the examples and would love to hear more about wording around specific situations in how to present ideas or suggestions from the presenter."

Day 3 – April 30

- Topics included:
  - Therapeutic Relationships and Boundaries
  - Maternal Role
- Presenter(s):
  - Lindsay Croswell

4 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. **Five out of eight** nurses completed the survey. Their responses are as follows:

Participant Responses

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The Educators are relating new information to my existing knowledge	2 (40.0%)	3 (60.0%)	0	0	0
The teaching style of the Educators motivates me to learn	3 (60.0%)	2 (40.0%)	0	0	0
The material is being presented in a logical order	3 (60.0%)	2 (40.0%)	0	0	0
There is a good balance between lecture and learning activities	3 (60.0%)	2 (40.0%)	0	0	0
I am encouraged to actively participate in discussions	3 (60.0%)	2 (40.0%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	2 (40.0%)	3 (60.0%)	0	0	0

	Participant Responses				
	Very helpful	Somewhat helpful	Neutral	Somewhat not helpful	Not helpful at all
How did you find the use of breakout rooms for discussing key concepts?	1 (20.0%)	4 (80.0%)	0	0	0

Additional comments:

- “Let’s try 6-7 min”

	Participant Responses		
	Too many	Right amount	Not enough
How did you find the number of breaks today?	0	5 (100%)	0

Additional comments:

- “Can we try just one break?”

	Participant Responses		
	Too long	Right amount of time	Not long enough
How was the length of time for the breaks?	0	5 (100%)	0

Additional comments:

- “As above as there less disruptions to the materials”

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- “Today’s work with the facilitators and how they integrate into our practice”
- “discussing facilitators”
- “Discussions in break rooms and clinic examples have been very helpful”
- “Love the examples and sharing of team members experiences.”

Day 4 – May 3

- Topics included:
  - Motivational Interviewing
- Presenter(s):
  - Lindsay Croswell
  - Jenn Proulx

4 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. **All eight** nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The Educators are relating new information to my existing knowledge	2 (25.0%)	5 (62.5%)	0	1 (12.5%)	0
The teaching style of the Educators motivates me to learn	2 (25.0%)	6 (75.0%)	0	0	0
The material is being presented in a logical order	3 (37.5%)	5 (62.5%)	0	0	0
There is a good balance between lecture and learning activities	2 (25.0%)	5 (62.5%)	0	1 (12.5%)	0
I am encouraged to actively participate in discussions	4 (50.0%)	4 (50.0%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	1 (12.5%)	7 (87.5%)	0	0	0

	Participant Responses				
	Very helpful	Somewhat helpful	Neutral	Somewhat not helpful	Not helpful at all

How did you find the use of breakout rooms for discussing key concepts?	2 (25.0%)	5 (62.5%)	1 (12.5%)	0	0

Additional comments:

- "Time was short, but helped keep us focused on topic."
- "there was not enough time for the final activity"

Participant Responses

	Too many	Right amount	Not enough
How did you find the number of breaks today?	0	8 (100%)	0

Additional comments: none

Participant Responses

	Too long	Right amount of time	Not long enough
How was the length of time for the breaks?	0	8 (100%)	0

Additional comments: None

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "ratio reflections: questions. summary = bouquet"
- "It was a good variety of learning styles today with videos, break out rooms and discussion. MI can be a bit of a challenging topic to introduce in an engaging format but Lindsay and Jenn did a great job. The information is very relevant to our practice in NFP and although role modeling can be a bit uncomfortable at times it is a good opportunity to learn and practice."
- "the 'real play' activities are so valuable, more time for this especially with experienced group would have been ideal"
- "coming up with OARS for DARN statements"

Day 5 – May 5

- Topics included:
  - Visit to Visit Guidelines
  - Structure and Forms
  - The First four Visits
- Presenter(s):
  - Lindsay Croswell
  - Jenn Proulx

3 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. **Five out of the seven** nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The Educators are relating new information to my existing knowledge	2 (40.0%)	2 (40.0%)	0	1 (20.0%)	0
The teaching style of the Educators motivates me to learn	2 (40.0%)	2 (40.0%)	1 (20.0%)	0	0
The material is being presented in a logical order	1 (20.0%)	4 (80.0%)	0	0	0
There is a good balance between lecture and learning activities	1 (20.0%)	4 (80.0%)	0	0	0
I am encouraged to actively participate in discussions	2 (40.0%)	3 (60.0%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	1 (20.0%)	3 (60.0%)	1 (20.0%)	0	0

	Participant Responses				
	Very helpful	Somewhat helpful	Neutral	Somewhat not helpful	Not helpful at all
How did you find the use of breakout rooms for discussing key concepts?	1 (20.0%)	3 (60.0%)	0	1 (20.0%)	0

Additional comments:

- "It was challenging for the Ontario participants to find the information today. It would be helpful moving forward if virtual sessions continue to have a printed workbook with numbers to facilitate being able to find program materials easier."
- "all from Ontario had difficulty finding the content they required to participate in tasks/wonder if booklets could be printed such as BC has for easy access. Due to case load as well as course unable to preview all docs before class"

Participant Responses

	Too many	Right amount	Not enough
How did you find the number of breaks today?	0	5 (100%)	0

Additional comments:

- "Loved the one 30 min break. Great idea to whoever suggested that :) Happy to complete the home visit encounter form information at the start of next session"

	Participant Responses		
	Too long	Right amount of time	Not long enough
How was the length of time for the breaks?	0	5 (100%)	0

Additional comments:

- "enjoyed 30 mins over the two 15 min"
- "30 min break was great!"

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "It would be beneficial for ontario/bc to have the same materials. Sometimes confusing where to find activities"
- "It would be helpful if both the BC nurses/ ON nurses had the same handouts. The ON nurse had some difficulty finding the script we used for the breakout rooms today"
- "Good topic coverage, would have been helpful to have a bit more time for this content material as the V2V guidelines are so important for the work we do. Would be great to talk more about form introduction, wording of presentation etc."
- "I feel this would have been very helpful in the beginning of joining NFP team rather than later"
- found it difficult to find all of the material without having a booklet. might be helpful for ontario to also have some sort of booklet made up."

Day 6 – May 7

- Topics included:
  - Client Retention
  - Reflective Practice
  - Compassion Capacity
- Presenter(s):
  - Lindsay Croswell
  - Jenn Proulx

4 nurses from BC and 4 nurses from Ontario attended the above session. All nurses completed the same survey as they attended the above session together. **Five out of eight** nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
The Educators are relating new information to my existing knowledge	2 (40.0%)	3 (60.0%)	0	0	0
The teaching style of the Educators motivates me to learn	2 (40.0%)	3 (60.0%)	0	0	0
The material is being presented in a logical order	2 (40.0%)	3 (60.0%)	0	0	0
There is a good balance between lecture and learning activities	2 (40.0%)	3 (60.0%)	0	0	0
I am encouraged to actively participate in discussions	2 (40.0%)	3 (60.0%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	2 (40.0%)	3 (60.0%)	0	0	0

	Participant Responses				
	Very helpful	Somewhat helpful	Neutral	Somewhat not helpful	Not helpful at all
How did you find the use of breakout rooms for discussing key concepts?	1 (20.0%)	4 (80.0%)	0	0	0

Additional comments:

- "short"
- "not enough time to finish reading seniors and answer questions."

	Participant Responses		
	Too many	Right amount	Not enough
How did you find the number of breaks today?	0	5 (100%)	0

Additional comments:

- "Loved the lunch in the middle"

	Participant Responses		
	Too long	Right amount of time	Not long enough
How was the length of time for the breaks?	0	5 (100%)	0

Appendix 7a) Prenatal Registry Letter

March 2021

Dear Physician/ Midwife/Community Partner:

Important message re: self-referral/referral of pregnant clients to Public/Community Health Services

This note is to advise how you can access Public/Community Health services for your prenatal clients *as early in pregnancy as possible*. You can refer by phone, fax or on-line as available (see attached for referral details). *Pregnant clients can also self-refer*.

How will clients benefit from public health and community health prenatal services? Why refer?

- Public /Community Health prenatal services complement the multi-disciplinary healthcare services to support pregnant clients universally with:
  - ✓ Preventative health screening;
  - ✓ Health promotion;
  - ✓ Finding a primary care provider;
  - ✓ Navigating accurate information;
  - ✓ Referral to other health/community services; and
  - ✓ Access to evidence-based resources such as Baby's Best Chance.
- Public/Community Health can also offer clients who are coping with health-related social needs, more intensive follow-up and enhanced support services including Nurse-Family Partnership (as available) and other evidence-based programs that can be of benefit for maternal and child health.

What happens after public health receives the referral? Once a public health nurse (PHN) receives a referral, they will assess the client's needs and offer them public health and community services to support the healthiest pregnancy possible, starting as early in pregnancy as possible. This information becomes part of the confidential health record and provides nurses with a good starting point to establish a relationship with the client and their family. Health concerns identified in the perinatal period also represent an opportunity for Public/Community Health to develop a plan of care with the client and family.

When is the best time to refer? *Early referral by you to public/community health services or encouraging clients to self-refer at the* ***first prenatal contact*** *is very important*. Early prenatal care and support result in better outcomes.

How does a physician, midwife, community program refer? How does a client self-refer? Please see the attached detailed referral information.

Thank you for referring pregnant clients to public health services to promote team-based care.

Sincerely,

Dr. Bonnie Henry
Provincial Health Officer
Ministry of Health

Bernard Achampong
Executive Director, Public Health
Prevention and Planning
Ministry of Health

Additional comments: None

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "bird seed activity"
- "Really know the NFP supports are built in"
- "I would like to see another 30min to 1 hour added to these sessions to allow for conversation around the concepts. There just wasn't enough time to fully immerse in activities. Otherwise great program - excited to use my new skills"
- "more time on the intake forms and ways to use them in an MI fashion, perhaps this could be done in a separate BC day. I also feel like there is a gap with learning about the documentation of NFP."
- "Today and all the days were such a great addition to my learning for NFP. I appreciate the time that the program and our individual health units have committed to give us the opportunity especially during a pandemic to ensure we are delivering the content in the best possible way to support our clients. I learned a lot about process but even more so about self reflection and what I bring to my visits and my clients which I think will help guide my practice as I move forward. Huge thanks to all the facilitators you did an amazing job keeping us all engaged."

BC/PIPE Day – May 4

- Topics included:
  - BC NFP model
  - PIPE
- Presenter(s):
  - Donna Quail

4 nurses from BC attended the above session. **Three out of four** nurses completed the survey. Their responses are as follows:

	Participant Responses				
	Strongly Agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly Disagree**
The Educators are relating new information to my existing knowledge	0	3 (100.0%)	0	0	0
The teaching style of the Educators motivates me to learn	0	3 (100.0%)	0	0	0
The material is being presented in a logical order	0	3 (100.0%)	0	0	0
There is a good balance between lecture and learning activities	0	3 (100.0%)	0	0	0
I am encouraged to actively participate in discussions	0	3 (100.0%)	0	0	0
I felt comfortable participating in the Zoom sessions either via the chat function or verbally	0	3 (100.0%)	0	0	0

	Participant Responses				
	Very helpful	**Somewhat helpful**	**Neutral**	**Somewhat not helpful**	**Not helpful at all**
How did you find the use of breakout rooms for discussing key concepts?	3 (100.0%)	0	0	0	0

Additional comments: none

	Participant Responses		
	Too many	**Right amount**	**Not enough**
How did you find the number of breaks today?	0	3 (100%)	0

Additional comments: none

	Participant Responses		
	Too long	**Right amount of time**	**Not long enough**
How was the length of time for the breaks?	0	3 (100%)	0

Additional comments: None

Which learning activities have you found most beneficial? Please provide any other feedback you feel would help to improve NFP Fundamentals education or to enhance your understanding of today's topics:

- "case with concept delivery practice"

Appendix 6: BC's Eligibility Criteria – Detailed Information

1. Age 24 years or younger

2. Expecting first child
   - The client is eligible if she has no prior live births.
   - The client is eligible if previous pregnancy ended in termination, miscarriage or still birth.
   - The client is eligible if she is (or was) a step-parent.
   - Individual circumstances may be considered on a case-by-case basis.

3. Gestational age
   - The first home visit must occur before 29 weeks gestation.
   - Individual circumstances may be considered on a case-by-case basis.

4. Socioeconomic Disadvantage
   4a. Homeless ➡ eligible
   4b. Age 19 years or younger ➡ eligible
   4c. Age 20 to 24 years ➡ eligible if meets 2 of the 3 indicators below

4a. Homeless
- A client who is homeless (and aged 24 or under) is eligible for NFP, as they automatically meet the low income criteria and the lone parent criterion does not apply.
  - A client who is homeless cannot be considered to be in a common law relationship, no matter the length of the relationship, as they do not have a fixed place to live.
- A person is considered homeless if they:
  - are living on the streets, or
  - are living in a place not meant for people to live in (e.g., car or tent), or
  - are staying in an emergency/homeless shelter, or
  - are couch surfing (ie. do not have a fixed place to live where they can expect to stay for more than 30 days (consecutively), or
  - do not pay rent.

4c. Indicators (eligible if meets 2 of the 3 indicators below):

i. Lone Parent
- To be a lone parent, the client cannot be legally married or in a common law relationship.
- The definition of common law is having lived with current partner for 1 year or more.
  - To be common law, the client must live with her partner now and have lived with her partner for the 12 consecutive months prior to the eligibility assessment.
  - In turn, if the client or her partner moved out (as defined by the client) during the 12 months prior to the eligibility assessment, they are not common law.

ii. Less than grade 12 education
- The client meets this criterion if her highest educational attainment is less than grade 12.
  Certificates that equate to a grade 12 education:
  - Dogwood Diploma/ BC Certificate of Graduation
  - BC Secondary School Equivalency or General Educational Development Certificate
  - Adult Dogwood / BC Adult Graduation Diploma

  Certificates that are less than grade 12 education:
  - School Completion Certificate
  - Evergreen Certificate
- Residents of BC are able to enroll in a degree/college program at a BC university or college as a Mature Student without grade 12 education, provided they meet other institution specific requirements. In these unique situations, consider the details of the post-secondary education and make an individualized determination as to whether the client meets this criterion.

iii. Low Income ("yes" response to ONE or more of the following)

a. Low Income – Assistance

The client meets this criterion if they receive one (or more) of the following three types of assistance: MSP Premium Assistance, Disability Assistance, or Income Assistance.
- The client may state that she receives, "social welfare", "welfare" or, "social assistance"
- To determine if a client receives MSP Premium Assistance, she may call the office for Medical Services Plan (Monday to Friday, 8:00 am to 4:30 pm PST, except statutory holidays. Metro Vancouver: 604-683-7151 or Toll-free: 1-800-663-7100).
- Client will be asked to provide her care card number, date of birth, name and current address.

b. Low Income – Household Income

The client meets this criterion if they have difficulty living on their household income with respect to food and/or rent

Appendix 7: Materials for Program Innovations

7a) Prenatal Registry Letter

7b) NFP Seasonal Newsletters

Appendix 7b) NFP Seasonal Newsletter

IMPLEMENTATION OF NURSE-FAMILY PARTNERSHIP IN BC

Helping First-Time Parents Succeed

Progress Notes and Status updates: Spring 2021

A message from our NFP Team

We are open for business! Amid the COVID-19 pandemic, Nurse-Family Partnership (NFP) and other perinatal public health services delivered through health authorities* are continuing to serve pregnant clients. NFP has been temporarily adapted (i.e. some virtual visits) to continue to provide support while maintaining COVID-19 safety protocols. Stay healthy and well!

Karen Ramsay Cline – A/Senior Provincial Manager and Clinical Lead, Ministry of Health

*We recognize that in FHA, NFP has been temporarily suspended as NFP nurses have been redeployed to support COVID-19, but they look forward to resuming NFP soon.

YEAR IN REVIEW: NFP 2020

Number of NFP clients participating in the program over the last year: 712 (January 1 – December 31, 2020).

CLIENT GROUP	Regional Health Authorities					
	Year	Fraser Health	Interior Health	Island Health	Vancouver Coastal Health	Total for BC
ENHANCED PUBLIC HEALTH (OPEN ENROLMENT)	2020	408	124	102	78	712
	2019	401	112	95	56	664
	2018	261	87	77	51	476

On February 22, BC submitted the 2020 NFP Annual Report to Dr. David Olds to highlight our successes and opportunities and fulfill our NFP licensing requirements. At the meeting with Dr. Olds and Gail Radford-Trotter (International Consultant to Canada) we learned Dr. Olds was particularly impressed with our ability to quickly pivot and maintain the fidelity of the program throughout the pandemic.

Key highlights from the annual report: 139 graduates, total enrollment increased over last year, BC pivoted to virtual education to train six new NFP nurses, maintained a strong NFP program overall with 68 sites, approx. 62 staff (49 NFP nurses), and nurse to supervisor ratio of 1:7 that ensured a strong program over 2020.

THANK YOU!

While 2020 has been a challenging year for everyone, we want to thank you for your dedicated efforts to ensure that NFP continues to thrive during this unprecedented time and provide support and care to new parents and their babies. Congratulations on a job well done and we look forward to making recovery plans together and continuing/renewing our strong therapeutic relationships with clients in 2021!

Photo by Photo by Tim Mossholder on Unsplash

FOR NFP NURSES

Current NFP Education:

- Unit 1 (Cohort 12): March/April – Complete!
- Unit 2 (Cohort 12): April 26, 27, 30, May 3, 4, 5, 7 – Complete!
- IPV (Cohorts 11 and 12) - June 2-3 – If you need to complete IPV consolidation, please contact Chelsea at Chelsea.fiorentino@gov.bc.ca
- MI Study Group - Ch 15-17 Complete – Currently paused until October where we will conduct a review and cover Ch 18.
- DANCE Reassessment – Postponed due to COVID-19

Professional Development Opportunities and Helpful resources:

- Gender-Based Violence (free!): https://learninghub.phsa.ca/Courses/17362/gender-based-violence
- PIPE worksheets: https://www.howtoreadyourbaby.org/wp-content/uploads/2020/03/Planning-Worksheet.pdf

  https://www.howtoreadyourbaby.org/wp-content/uploads/2020/03/Homade-Toys-for-Parents.pdf

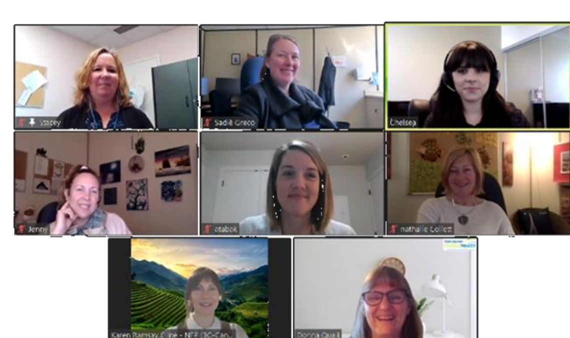


Photo of Unit 1 Training with Cohort 12 Nurses, the MoH NFP Team and Donna Quail – April 20, 2021

ARTICLES, EVIDENCE, AND RESEARCH UPDATES

Publication of Building Blocks 2-6 study - England (Feb 2021): https://fnp.nhs.uk/news/publication-of-building-blocks-2-6-study/

- In conclusion, "the advantage for FNP children at age 5 persisted into early education outcomes at age 7. More FNP children achieved the expected level in reading at Key Stage 1 compared to disadvantaged pupils in national datasets for comparative years."

BCHCP Process Evaluation team published "*Public Health Nurses' Professional Practices to Prevent, Recognize, and Respond to Suspected Child Maltreatment in Home Visiting*" (Feb 2021): https://pubmed.ncbi.nlm.nih.gov/33628866/

- The findings highlighted that public health nurses have an important role in the primary prevention of child maltreatment and play a central role in working with families to develop safe and competent parenting skills.

Randomized Clinical Trials of NFP – An International Seminar Series: An international online seminar series focused on the most recent results of randomized clinical trials of NFP conducted in varied contexts throughout the world. View link for past and future seminar recordings: https://nfpinternational.ucdenver.edu/seminar-series

- Future seminar: Andrea Gonzalez, PhD, McMaster University, Hamilton Ontario, Canada "*The Impact of Nurse Family Partnership on Biomarkers in Mothers and their Infants: Preliminary Findings from the Healthy Foundations Study*" (date TBD)

NFP PROGRAM UPDATES

Warm Welcome:

Sadie Greco (VIHA)
Stacey Rumball (VIHA)
Jenny Pringle-McAllister (VIHA)
Amanda Tabak (FHA)
Karen Ramsay Cline (MoH NFP Senior Provincial Manager)
Chelsea Fiorentino (MoH NFP Policy Analyst)

Fond farewells and all the very best:

Jane Wismer (VIHA)
Catherine Saunier (VIHA)
Donna Quail (VCH)

Donna Quail has been with NFP since it began in BC! An example to many, as a nurse supervisor and a dedicated educator, Donna has attained an incredible depth of knowledge and has helped others by training many cohorts of new NFP nurses over the years. Donna has been an integral part of the NFP family and will be sincerely missed. Thank you for your time and dedication to the NFP team and the clients you have impacted through your amazing work over the years.

EXCITING NEWS!

Island Health is expanding Public Health Perinatal Services-Nurse-Family Partnership to the Comox Valley this spring! The Comox Valley (population 66, 527, 2016 Census) located on the traditional territory of the K'omoks First Nation stretches from the calm waters of the Salish Sea, to the majestic peaks of the Beaufort Mountains and Strathcona Park. Jenny Pringle-McAllister, public health and NFP nurse will connect with pregnant girls and young women in the community to offer an NFP care relationship with hopes of improving Pregnancy Outcomes, Improving Child Health and Development and Improving Economic Self-Sufficiency for this vital population. The Comox Valley is the seventh NFP site on Vancouver Island.

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IMPLEMENTATION OF NURSE-FAMILY PARTNERSHIP IN BC

Helping First-Time Parents Succeed

Winter 2021 Update

Welcome Back Fraser Health Nurses!

NFP nurses and supervisors in the Fraser Health region have been working hard to support COVID-19 since October 2020. After nearly 10 months, Fraser Health nurses are back to delivering NFP in their communities!

To support reengaging with clients and transitioning back to NFP, the FHA nursing team participated in a workshop on grief and loss, self-care, and professional boundaries. Thank you to social worker and psychotherapist Jodie McDonald for facilitating this amazing session.

The Ministry of Health and global NFP nursing team are thrilled to have you back!

Karen Ramsay Cline – Senior Provincial Manager and Clinical Lead, Ministry of Health

NFP Program Enrollment Data (January – September 2021)

CLIENT GROUP	Regional Health Authorities					
	Year	Fraser Health	Interior Health	Island Health	Vancouver Coastal Health	Total for BC
New Enrollments (# of clients)	2021	44	32	29	28	133

Data source: NFP GREAT Reporting Tool

Updates from the Ministry of Health

Over 18 months have passed since the start of the COVID-19 Pandemic, and the Nurse-Family Partnership Program continues to practice resiliency and flexibility during these challenging times. During 2021, we continued virtual education with two new cohorts of BC NFP nurses successfully completing Units 1 and 2. A big thank you to our educators, guest speakers, NFP friends in Denver Colorado, and an especially huge thank you to our NFP partners in Ontario for helping to make this year's virtual education a success!

As we excitedly await all of the results of the RCT, the Ministry of Health has been engaging with a range of NFP partners to discuss program strengths and opportunities. This information will inform a strategic plan for NFP and enhance how we reach and serve young families experiencing vulnerabilities in BC. We are also assessing our current NFP education to develop a plan to support the sustainability of education for new and existing NFP nurses.

Warm Welcomes & Fond Farewells!

Three new nurses and one new supervisor completed their NFP education this fall. Congratulations Laura McDonald (VIHA), Rae-Ann Timm (IH), Kaley York-Pearce (IH), and Lesley Robinson (FHA)!

A fond farewell to those nurses and supervisors who have retired or moved on in their nursing career this year – The BC NFP team will sincerely miss you and wishes you the best of luck in your new endeavors!

BC Healthy Connections Project

Photo by Photo by Tim Mossholder on Unsplash

FOR NFP NURSES

Current NFP Education:

- Unit 1 (Cohort 13): Complete! *Aug/Sept (thank you Nathalie).*
- Unit 2 (Cohort 13): Complete! *Sept (with support from the University of Colorado Denver).*
- IPV (Cohort 13): In progress - *October session complete! Second session TBD in new year.*
- MI Study Group: Currently paused but will resume with Ch 18 in the new year so stay tuned!
- DANCE – DANCE refresh session on January 18, 2022 in preparation for reassessments in February. DANCE fundamental training for Cohorts 9-13 will likely take place March/Apr 2022.

Professional Development Opportunities and resources:

- New PIPE Resources can be found online!
- Professionals Serving Young Parents is a provincial network of young parent program staff who connect, share best practices, and collaborate via email, conference calls, in-person meetings and training.
- Information and resources for parents from the Canada Paediatric Society on screen time and young children.

Photo of some of the FHA nurses and supervisors attending the Welcome Back to NFP session – October 13, 2021

ARTICLES, EVIDENCE, AND RESEARCH UPDATES

The BCHCP trial (prenatal to age two years) is coming to a close and the main child and maternal findings will be available later in 2022. The Scientific Team are securing funds for the long-term follow up across childhood and adolescence. Recent findings from the England trial showed improved school readiness and reaching achievement by ages 5-7 years (Robling et al., 2021).

2021 Canadian NFP Publications (links):

- Nurse-Family Partnership nurses' attitudes and confidence in identifying and responding to intimate partner violence: An explanatory sequential mixed methods evaluation
- Nurse-Family Partnership and Geography: An Intersectional Perspective
- Public health nurses' professional practices to prevent, recognize, and respond to suspected child maltreatment in home visiting: An interpretive descriptive study

2021 International NFP Publications (links):

- A case study of care co-ordination between primary care providers and nurse home visitors to serve young families experiencing adversity in the Northwestern United States
- National survey of nurse home visitor collaboration with health care and social services
- A qualitative study of mothers' perspectives on enrolling and engaging in an evidence-based nurse home visiting program
- Maternal and child mortality: Analysis of nurse home visiting in 3 RCTs

SELF-CARE RESOURCES

Working through the pandemic has been challenging for many healthcare professionals. Caring for ourselves, our families, and vulnerable clients have led to compassion fatigue and burnout for many.

See below for a list of self-compassion and self-care resources:

Virtual workshop: Compassion Fatigue: Caring for Ourselves while Caring for Others - presented by Dr. Gabor Maté *(January 18, 2022, 9 am – 12 pm PST)*

Website: www.selfcompassion.org

TED Talk: The Difference Between Self-Esteem and Self-Compassion

Guided Meditations and Writing Exercises: https://self-compassion.org/category/exercises/#guided-meditations

Videos: Vagus Nerve Exercises To Rewire Your Brain From Anxiety

Books:

- *Connect: Before Birth and Beyond,* by Randine Mariona
- *Burnout: The Secret to Unlocking the Stress Cycle*, by Emily and Amelia Nagoski
- *Self-Compassion: The Proven Power of Being Kind to Yourself, by Kristin Neff*
- *The Mindful Self-Compassion Workbook, by Kristin Neff and Chris Germer*
- *Set Boundaries, Find Peace: A Guide to Reclaiming Yourself, by Nedra Glover Tawwab*

Special Farewell

Carmen Wentland has been with NFP from the early days and has helped shape the program into what it is today! Carmen worked as a dedicated supporter of the BCHCP, introducing NFP and enrolling some of the first participants into the program back in 2012. Her experience as a PHN and connection with families served her well in her Supervisory role. She has been a mentor, colleague, and friend to many cohorts of NFP nurses in Interior Health since 2016. Thank you, Carmen, for your dedication to the program. You have shared your incredible depth of knowledge and passion over the years and have been an essential part of the NFP Family! You will be sincerely missed!