

Nurse-Family Partnership Model Elements

Revised February 2017

Introduction: Nurse-Family Partnership® (NFP) nurse home visitors and nurse supervisors implement the program with fidelity to the NFP model. Fidelity is the extent to which there is adherence to the model elements. Applying the model elements in practice provides a high level of confidence that the outcomes achieved by families who enroll in the program will be comparable to those achieved by families in the three randomized, controlled trials and outcomes from ongoing research on the program. In addition to applying the model elements to implementation, fidelity includes agency and nurse uptake and application of new research findings and new innovations, as well as adjusting NFP practice to the changing context and demographics of NFP clientele.

Element 1 Client participates voluntarily in the Nurse-Family Partnership program.

Description Nurse-Family Partnership services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and her nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that agencies may receive referrals from the legal or welfare system, health care providers and others that could be experienced by the client as a requirement to participate. It is essential that the decision to participate be between the client and her nurse without any pressure to enroll.

Element 2 Client is a first-time mother.

Description A first-time mother is a nulliparous woman, having no live births. Nurse-Family Partnership is designed to take advantage of the ecological transition, the window of opportunity, in a first-time mother's life. At this time of developmental change, a woman is feeling vulnerable and more open to support. Women who have experienced neonatal death, loss of custody or relinquishment within the neonatal period (first 30 days after baby's birth) may be eligible after thoughtful consideration from the Nurse Supervisor and Nurse Consultant. Note: Requirement for variance removed.

Note The Prevention Research Center at the University of Colorado collaborated with a variety of tribal programs and organizations to implement and evaluate enrollment of American Indian and Alaska Native (AI/AN) multiparous clients in NFP in a manner that met the NFP eligibility requirements and honored tribal traditions. As a result, multiparous tribal members living in proximity to their tribal lands and those that are a part of a tribal designated organization and meet other enrollment eligibility may enroll in NFP.

Note Clients are much more inclined to enroll when follow-up on referrals occurs within 48-72 business hours. This exceptional customer service immediately establishes the value of the program to a prospective client.

Element 3 Client meets low-income criteria at intake.

Description The Elmira study was open to women of all socioeconomic backgrounds. The investigators found that higher-income mothers had more resources available to them outside of the program, so they did not get as much benefit from the program. From a cost-benefit and policy standpoint, it is better to focus the program on the most vulnerable low-income women. Implementing agencies, with the support of the Nurse-Family Partnership National Service Office, establish a threshold for the most vulnerable low-income clients in the context of their own community as their target population, with the understanding that vulnerable at risk women show the greatest benefit from the program.

Element 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.

Description A client is considered to be enrolled when she receives her first visit and all necessary forms have been signed. If the client is not enrolled during the initial home visit, the recruitment contact should be recorded in the client file according to agency policy. Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child, and allows time to address prenatal health behaviors which affect birth outcomes and the child's neurodevelopment. Additionally, program dissemination data show that earlier entry into the program is related to longer stays during the infancy phase, increasing a client's exposure to the program and offering more opportunity for behavior changes.

Note The Nurse-Family Partnership National Service Office (the "NFP NSO") has activated advertising and outreach programs that reach moms directly. This outreach will result in clients contacting NFP agencies directly.

Note The comment regarding pre-enrollment visits has been removed. Pre-enrollment visits are currently being evaluated in a review of what supports or diminishes client retention over time. Early enrollment improves the probability of positively impacting pregnancy outcomes and also improves client retention.

Element 5 Client is visited one-to-one: one nurse home visitor to one first-time mother/family.

Description Clients are visited one nurse home visitor to one first-time mother. The mother may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. In particular, fathers are encouraged to be part of visits when possible and appropriate. The nurse home visitor engages in a therapeutic nurse-client relationship focused on promoting the client's abilities and behavior change to protect and promote her own health and the well-being of her child. It is important for nurse home visitors to maintain professional boundaries within the nurse-client relationship.

Some agencies have found it useful to have other nurses on their team accompany the primary nurse home visitor at times for peer consultation. This helps the client to understand that there is a team of nurse home visitors available and that this second nurse home visitor could fill in if needed. This may reduce client attrition if the first nurse is on leave or leaves the program. Other team members, such as a social worker or mental health specialist, may also accompany nurses on visits as part of the plan of care.

The addition of group activities to enhance the program is allowed, but cannot take the place of the individual visits and cannot be counted as visits. It is expected that clients will have their own individual visits with their nurse, and not joint visits with other clients.

Element 6 Client is visited in her home as defined by the client, or in a location of the client's choice.

Description The program is delivered in the client's home, which is defined as the place where she is currently residing or as otherwise defined by the client. Her home can be a shelter or a situation in which she is temporarily living with family or friends. Visiting the client and child in the home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges within the home situation, however, the client makes the choice of visit location. It is understood that there may be times when the client's living situation or her work/school schedule make it difficult to see the client/child in the home and the visit needs to take place in other settings. In addition, a client and nurse may agree based on client strengths and risks and context that some visits could be made through a telehealth approach.

Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.

Description Clients in the randomized controlled trials were seen on a planned schedule that allowed flexibility. Recent NFP studies have shown increased client retention when the visit schedule is adjusted to client needs. In the standard NFP visit schedule, prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits are monthly. To meet the needs of the individual family, the nurse home visitor may increase or reduce the frequency of visits, and is encouraged to visit in the evening or on weekends based on nursing assessment and client request. A significantly decreased schedule over the course of the program or a "vacation" from the program may be used to meet the client's needs and retain the client in the program when the nurse and client collaborate to establish an "Alternate Visit Schedule" that is approved by the NFP supervisor. An expectation that a home visitor is available for regular contact with the family over a long period of time, even if families do not use the home visitor to the maximum level recommended, can be a powerful tool for change.

Element 8 Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.

Description When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on the individual nurses' background and levels of knowledge, skills and abilities, taking into consideration the nurses' experience and education. A Baccalaureate degree in Nursing is considered to be the standard educational background for entry into public health and provides background for this kind of work. For nurse supervisors, a Master's degree in Nursing is preferred. It is understood that both education and experience are important. Agencies may find it difficult to hire Baccalaureate-prepared nurses or may find well prepared nurses that do not have a Baccalaureate degree in Nursing. In making this decision, agencies need to consider each individual nurses' qualifications, and as needed, provide additional professional development to meet the expectations of the role. Non-Baccalaureate-prepared nurses should be encouraged and provided support to complete their Baccalaureate degree in Nursing. Agencies and supervisors can seek consultation on this issue from their nurse consultant.

Element 9 Nurse home visitors and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation-required by NFP NSO.

Description Nurse-Family Partnership National Service Office (NFP NSO) requires all nurse **home visitors, supervisors and at least one administrator** employed to provide NFP services to participate in and complete all NFP education required for their position in a timely manner. The NFP NSO may modify its education requirements from time to time, as it determines necessary to implement the program with fidelity to the NFP Model based on its current research and study.

Element 10 Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.

Description A strengths and risks framework, approved screening and assessments, and the NFP Visit-to-Visit Guidelines guide nurse home visitors in the delivery of the intervention. Nurse home visitors apply client-centered

principles and use strength-based approaches and communication techniques in working with families to individualize the program to meet the client's needs within the NFP domains. The domains include:

1. Personal Health (health maintenance practices; nutrition and exercise; substance use; mental health)
2. Environmental Health (home; work; school and neighborhood)
3. Life Course (family planning; education and livelihood)
4. Maternal Role (mothering role; physical care; behavioral and emotional care of child)
5. Friends and Family (personal network relationships; assistance with childcare)
6. Health and Human Services (linking families with needed referrals and services)

Element 11 Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.

Description The underlying theories are the basis for the Nurse-Family Partnership program. The clinical methods that are taught in the education sessions and promoted in the NFP Visit-to-Visit Guidelines are an expression of these theories. These theories provided the framework that guided the development of the NFP Visit-to-Visit Guidelines, Nurse Home Visitor and Supervisor Competencies, and Nurse-Family Partnership Education. They are a constant thread throughout the model and Nurse-Family Partnership clinical nursing practice. Application of nursing theory, nursing process and nursing standards of practice are foundational to quality NFP nursing practice and program implementation.

Element 12 A full-time nurse home visitor carries a caseload of 25 or more active clients.

Description Full time is considered 35-40 hour workweek. Agencies with a different definition for full time should prorate the nurse's caseload accordingly. At least half-time employment (20-hour workweek) is necessary in order for nurse home visitors to become proficient in the delivery of the program model. Existing teams that already are in place but do not meet these expectations should consult with their nurse consultant.

A caseload of 25 or more supports the goals of reaching more clients that need the program and helping them improve their lives and the lives of their children. Several tools have been introduced (alternate visits and the STAR framework, telehealth, outreach support) that support the nurse home visitor's ability to maintain a higher caseload, thereby reducing the cost of the program per family and enabling more families to receive the NFP program. Entities that fund the program expect caseloads of 25 and fulfilling that expectation helps sustain the program. It is understood that caseload size will vary from time to time for various anticipated reasons. Supervisors work with the team to maintain 85-100% caseload after the ramp up period. Caseloads may exceed 25 when a nurse home visitor carries clients on reduced schedules or telephone visits resulting in fewer home visits per month. Caseload may not exceed 30 without approval from the NSO.

Active clients are those who are receiving visits in accordance with the NFP program or with the visit schedule, location and content plan established by the client and the nurse. In practice, clients are considered participating if they are having regular visits per the standard NFP visit schedule. Clients are also considered active if they are participating according to an "Alternate Visit Schedule," developed by the client and nurse and approved by the nurse supervisor, and they have been seen within 90 days. New Nurse Home Visitors build up a caseload of 25 over the first 9-12 months of service.

Element 13 NFP agencies are required to employ a NFP nurse supervisor at all times.

Description A NFP nurse supervisor is a registered nurse with a license in good standing. The supervisor must possess a Bachelor's degree in Nursing, and a Master's degree in Nursing is preferred. Full time is considered 35-40 hour workweek. It is expected that a full-time nurse supervisor provides supervision for no more than eight individual nurse home visitors, given the expectation for one-to-one supervision, program development, referral management and other administrative tasks. It also is assumed that other administrative tasks may be

included in time dedicated to NFP, including the supervision of some additional NFP administrative, clerical and interpreter staff. The minimum time for a nurse supervisor is 20 hours a week with a team of no more than four individual nurse home visitors regardless of how the agency defines full time. Though NFP discourages smaller teams, even teams with fewer than four nurse home visitors still require at least a half-time supervisor.

Element 14 Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.

Description To ensure that nurse home visitors are clinically competent and supported to implement the Nurse-Family Partnership Program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include:

1. One-to-one clinical supervision: A meeting between a nurse and supervisor in one-to-one weekly, one-hour sessions for the purpose of reflecting on a nurse's work including thoughts, feelings, insights about what is motivating about the work; reviewing clients on the caseload through the strengths and risks framework; discussing challenges in order to prevent or address job stress, burnout and compassion fatigue; as well as addressing quality improvement and professional development. Supervisors use the principles of reflection as outlined in NFP supervisor education. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.
2. Case conferences: Meetings with the team dedicated to joint review of clients, using reflection for the purposes of solution finding, problem solving and professional growth. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours.
3. Team meetings: Meetings held for administrative purposes, to discuss program implementation issues, and team building twice a month for at least an hour or more as needed. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.
4. Field supervision: Joint home visits with supervisor and nurse. Every four months the supervisor makes a visit with each nurse to at least one client and additional visits on an as needed basis at the nurse's request or if the supervisor has concerns. At a minimum, time spent should be 2 – 3 hours per nurse every four months. Some supervisors prefer to spend a full day with nurses, enabling them to observe comprehensively the nurse's typical day as well as her home visit, time and case management skills and charting. After joint home visits with a supervisor and nurse, a joint visit observation form is completed and discussed.

Element 15 Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.

Description Data are collected, entered into the NFP data collection system and subsequently used to address practice. If data are entered into a third party data system, data must be transferred to the NFP NSO in a form and format and on a schedule that meets NFP specifications.

Element 16 NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.

Description Data are utilized to guide improvements in program implementation and nursing practice within the model and demonstrate fidelity. The reports are tools with which nurse home visitors and supervisors assess and manage areas where system, organizational, or operational changes are needed in order to enhance the overall quality of program implementation and operations and inform reflective supervision of each nurse. It is expected that both supervisors and nurse home visitors will review and utilize data.

Element 17 A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.

Description An implementing agency is an organization committed to providing internal and external advocacy and support for the NFP program and is dedicated to addressing community needs by reaching families in need. This agency also provides visible leadership and passion for the program in their community and ensures that NFP staff members are provided with all tools necessary to assure program fidelity.

Element 18 A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.

Description A Community Advisory Board is a group of committed individuals/organizations who share a passion for the NFP program and whose expertise can advise, support and sustain the program. The agency builds and maintains community partnerships that support quality implementation, provide resources, promote visibility of program successes and advocate for ongoing funding. If an agency cannot create a group specifically dedicated to the Nurse-Family Partnership program, and existing groups are in place that have a similar mission and role dedicated to supporting services for low-income mothers, children and families, it is acceptable to participate in these groups in place of a NFP dedicated group. However, it is essential that NFP be a standing agenda item and issues important to the implementation and sustainability of the NFP program are brought forward and addressed on a routine basis.

Element 19 Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

Description Support includes the necessary infrastructure to support and implement the program with fidelity. This includes the necessary physical space, desks, computers, cell phones, filing cabinets and other infrastructure to carry out the program. A person primarily responsible for key administrative support tasks for NFP staff is also required. This resource addresses the paperwork, copying, ordering, phoning, data entry, report review and other administrative processes necessary to ensuring accuracy of data entry and allowing nurse home visitors to focus on their primary role of providing services to clients. NFP implementing agencies shall employ at least one 0.5 FTE general administrative staff member per 100 clients to support the nurse home visitors and nurse supervisors and to accurately enter data into the Nurse-Family Partnership National Service Office data collection system on a timely basis, and perform other administrative duties to support program implementation. NFP agencies shall designate at least one senior leadership/administrative level person (“the NFP administrator”) from the organization to dedicate time and attention to NFP implementation and sustainability. This person will attend NFP administrator orientation.

References

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