Opportunities for Workforce Development Among Nurses in the Nurse-Family Partnership Program

Background

The Nurse-Family Partnership (NFP) is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time low-income mothers and their children. In a series of randomized-controlled trials, the NFP program had consistent effects in improving prenatal health, child health and development, and maternal life-course, as well as decreasing childhood injuries and the incidence of child abuse and neglect. In Colorado, the NFP currently serves over 3,500 families in 61 of Colorado's 64 counties, operating through a variety of local implementing agencies. Strengthening the NFP's ability to reduce child abuse and neglect requires continuous improvements in the implementation of the program model and better collaboration with local Child Protective Services (CPS). To strengthen collaboration efforts between local teams of NFP nurses and CPS workers, there was a need to understand the types of collaborative efforts currently existing in the state of Colorado and examine factors that facilitate or create challenges towards collaboration. Through CDHS funding from the state's enhanced Child Welfare Plan, a partnership involving the University of Colorado (CU), Invest in Kids (IIK), and the NFP NSO conducted a quality improvement project of the NFP program, with goals aimed to prevent child maltreatment through improved organizational collaboration, enhanced nurse education, and increased enrolment of clients in the NFP program.

Methods

A multiple case study approach was used to explore how collaboration could be improved between NFP and CPS to prevent child abuse and neglect. A grounded theory approach was adapted and used to gather qualitative data through focus groups and key informant interviews. Through a snow-ball sampling method, a total of 130 qualitative interviews were conducted over seven NFP sites serving 15 counties in Colorado. (Table 1) Interviews conducted were digitally recorded with the consent of participants, transcribed by a contracted transcriptionist, and validated by CU research members to ensure accuracy. Data analysis was conducted using NVivo 10, with the development of a codebook through an iterative process. The codebook informed the development of a thematic interview guide that was used to approach qualitative interviews. Coding consistency was assessed using percent agreement, kappa statistics, and expert validation. After each transcript was coded, vertical memos were written for each interview to capture key findings. Horizontal memos were then written based on themes generated from the interview data across all seven participating sites. Thematic horizontal memos were then integrated to form the results of the multiple case study report.

Table 1: Number of Participants and Interviews

	Initial Interviews	Follow-Up Interviews	Total Interviews
NFP Nurses	42	2	44
NFP Nurse Supervisors	8	2	10
CPS Caseworkers	32	1	33
CPS Supervisors	30	2	32
Community Partners	11	0	11
TOTAL	123	7	130

Results

The findings indicated that organizational collaboration between NFP and CPS varied tremendously within and among sites and the majority of NFP and CPS staff perceived a need to strengthen local organizational collaboration. The report concludes that organizational collaboration has led to successes in effectively serving high-risk clients. It is recommended that the Colorado Department of Human Services (CDHS) and the NFP National Service Office (NSO) consider policy and programmatic changes to facilitate stronger organizational collaboration between the NFP and CPS.

Specifically around their education and training experiences, nurses and nurse supervisors shared about varying opportunities for their professional development. Many nurses stated that they struggled with adapting the curriculum to fit cultural norms, considering potential cultural differences when conducting assessments, and building trust with culturally diverse communities and that they relied on informal opportunities to learn about cultural norms around post-pregnancy traditions. Many nurses and nurse supervisors also felt that they lacked an understanding of CPS terminology and procedures which limited their ability to effectively collaborate with Child Welfare. For these reasons, several nurses and nurse supervisors indicated a desire for additional ongoing education on topics including:

- Strengthening Client Relationships
- Assessing Risk and Neglect
- Substance Use
- Intimate Partner Violence
- Mental Health
- Mandatory Reporting
- Child Welfare

Implications

These findings highlight areas of improvement to strengthen education and training opportunities for NFP nurses and nurse supervisors as well as organizational collaboration among local teams of NFP nurses and CPS workers. The results have contributed to several practice-integrated elements within the larger NFP quality improvement project funded by CDHS to prevent child maltreatment. The research helped to inform education for Colorado NFP nurses and nurse supervisors based on needs identified from the qualitative data. Topics included in the nurse education were strength and risk assessments, mandatory reporting, approaching marijuana use, maintaining the nurse-client relationship, and intimate partner violence. The data also contributed to the development and implementation of regional trainings and Lunch and Learns between teams of NFP nurses and CPS workers to strengthen local collaboration by offering a venue for knowledge and information sharing. Finally, the research findings have informed the development of key recommendations to CDHS and the NFP NSO related to policy and programmatic changes towards strengthening organizational collaboration.

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The executive summary, recommendations report, final multiple case study, and model for collaboration fact sheet can be found at: http://www.iik.org/programs/nurse-family-partnership/