

**The Family Nurse
Partnership**

Family Nurse Partnership

Moving Forward

C4EO

February and March 2011



Why the government is committed to vulnerable children

- Early experiences strongly influence whether a child's developing brain architecture provides a strong or weak foundation for future health, learning and behaviours
- Estimated that 3-5% of children have multiple problems and poor outcomes
- The costs incurred are high
- It is possible to make a difference for these children and their families.



Without an evidence based programme these outcomes are more likely:

- Poor social-emotion and behavioural outcomes leading to anti-social and criminal behaviour
- Engagement in risky behaviours
- Mental health problems
- Increased infant and childhood mortality and greater risk of accidents and injury
- Low school attainment and educational achievement
- Delayed language development and not ready for school
- Low self-esteem
- Relationship breakdown
- Greater risk of child abuse and neglect
- Unemployment and poverty
- Become teenage parents
- Transmission of intergenerational disadvantage

Why these poor outcomes can happen

- Negative pregnancy and early childhood experiences – poor antenatal health, maternal stress, exposure to hazardous substances and poor infant-mother attachment
- Parents ability to provide competent care is hampered by their own lack of knowledge and adversities such as poverty, disadvantage, mental health, behaviours, own childhood parenting experiences
- Low aspirations and economic self-sufficiency, short spacing between births
- Low psychological resources, mental health problems, low self esteem and sense of mastery
- Lack of support and resources to draw on, especially in crises
- Problems are cumulative, getting worse over time and compounding poor outcomes

What is the Family Nurse Partnership?

- FNP is an evidenced based, preventive, early intervention programme for vulnerable young first time mothers
- It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two
- The programme developed in the US over 30 years
- Testing in England began in 2007.



How Does FNP work?

- Family nurses build supportive relationships with families and guide first-time teenage parents
- Nurses use behaviour change methods so that young parents adopt healthier lifestyles for themselves and their babies, provide good care for their babies and plan their futures
- The programme uses in-depth methods and tools to work with young parents on attachment, relationships and psychological preparation for parenthood helping them to overcome adverse life **experiences.**



FNP in the UK

- Over 6500 families
- 55 sites
- Over 300 family nurses and supervisors
- Scotland and Northern Ireland
- Third year evaluation published
- Research trial underway
- Projects on eligibility criteria, interpreters, safeguarding, fathers
- Universal applications for health visiting and the Healthy Child Programme.



FNP has consistent results in outcomes across 3 scientific trials in USA

- Improvements in women's antenatal health and behaviours
- Reductions in children's injuries, child abuse and neglect
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in maternal employment
- Reductions in welfare dependency
- Better parenting
- Improves children's cognitive development, school readiness and academic achievement
- Improves children's emotional and behavioural development
- Reduces children's involvement in crime and anti-social behaviour later in life
- Reduced substance use initiation
- Substantial cost savings – up to \$5 for every \$1 invested by age 15.



Evidence in England (1)

FNP can be delivered well in England

- Programme can be delivered with fidelity to the US model.
- Successfully engages with hard to reach families from early in their pregnancy - 87% of women offered programme enrol.
- Retention of clients in the programme was good.
- The materials work in this country and are well received by families.
- Clients like and value the programme and have high regard for their family nurses.
- Engagement with fathers is good. Almost half the fathers and partners had been present for at least one FNP visit.
- Family nurses are highly satisfied with their roles especially as they have become more experienced in delivering the programme The programme has the enthusiastic support of the nurses who are seeing changes take place in health behaviour, relationships, parental role and maternal well-being.

Evidence in England (2)

Families like FNP and think it is making a difference

- Many clients reported positive changes in their understanding of pregnancy, labour, delivery and their infant
- Clients more confident as parents, doing activities with children likely to enhance cognitive and social development
- Closer involvement of fathers with infants
- Feel less judged and excluded, thinking about the future with more optimism, gives them an expectation that services could be helpful
- Fathers remained involved in the programme through toddlerhood, many getting more involved as they enjoyed play and other activities with children
- Family nurses see clients as empowered, confident and making good life choices.

Evidence in England (3)

Potential for impacts is good

- There are early signs that clients now have aspirations for the future and cope better with pregnancy, labour and parenthood
- Reduction in smoking during pregnancy - 40% to 32% (20% relative red.)
- Breast feeding initiation rate higher than national rate for same age group (FNP = 63% UK under 20s=53%)
- They also had significantly improved mastery, a form of self esteem linked to positive behaviour change, at the end of the programme compared to the start.
- Clients were returning to education and employment, making regular use of effective birth control methods and spacing subsequent pregnancies.
- FNP children also appear to be developing in line with the population in general which is very promising as this group usually fare much worse.
- Graduates of the programme very positive about their parenting capability reporting high levels of warm parenting, low levels of harsh discipline and levels of parenting stress similar to that in the normal population.

Learning to improve delivery

- Importance of the organisational context:
 - Culture and behaviours
 - Commitment
 - Systems and structures
 - Community collaboration
- Supervisor role
- Aspects of programme delivery
- Local integration – SSCC, HV and social care
- Safeguarding



Next phase for FNP

- To double capacity to at least 13,000 places at any one time by 2015
- By sustaining existing places, expanding in existing sites and new sites
- FNP and universal services (HV)
- One of SSCC Early Intervention programmes
- LA and NHS leadership
- Safeguarding and child protection

Further information

For further information and queries contact:

familynursepartnership@dh.gsi.gov.uk

To find out more about the programme and for contacts in your region of existing sites who are happy to share their experience of implementing FNP visit

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123238



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