

Family Nurse Partnership programme

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“Changing the world – one baby at a time”

The Child Health Promotion Programme *Pregnancy and the first five years of life*

The Family Nurse Partnership is part of the Child Health Promotion Programme



Need, knowledge and evidence for FNP

- Poor outcomes for 2-5% of children with multiple disadvantages
- Evidence of what works
- Advances in neuroscience and infant development
- The need for a powerful intervention to bring about change
- The need for innovation rather than incremental change

“The brain is a social organ that is built through experience.”

The Neuroscience of Human Relationships: Cozolino, L 2006



FNP at the heart of government policy

- Health Inequalities – progress and next steps
- The Children's Plan
- Child Health Promotion Programme
- Health Weight Healthy Lives: Cross Government Obesity Strategy
- Think Family
- Excellence and Fairness: achieving world class services
- Youth Crime Action Plan *“Expanding Family Nurse Partnerships to support vulnerable families in the early years, something we know has positive effects in terms of reducing crime, as well as improving life chances. We will set out next steps later this year through the Children's Health Strategy.”*
- Child Health Strategy

Family Nurse Partnership programme

- A preventive programme through pregnancy until child is aged 2 years
- Benefits children and families who have the poorest outcomes i.e. mothers with low psychological resources (low educational achievement, limited family support and poor mental health)
- A structured, intensive home visiting programme delivered by Family Nurses (mainly drawn from health visiting and midwifery)
- Licensed programme with fidelity measures to ensure replication of original research – developed over 30 years in the US
- High degree of intensity and depth and skill
- National experts and the 30 sites are building a UK model
- Testing it as part of our universal services

FNP is:

- A programme with power
 - Nurses visit first time parents from pregnancy until child age two
 - Makes sense to parents
 - Solid clinical & theoretical underpinnings
- Has been rigorously tested
 - 30 years of development and 3 large scale trials
 - Synergy of science and service



FNP GOALS

- Connecting with families to:**
1. Improve pregnancy outcomes
 2. Improve child health and development and future school readiness and achievement
 3. Improve parents' economic self-sufficiency



The programme

- Based on theories of human ecology, attachment and self-efficacy
- Each visit covers 6 domains and uses materials and activities on relationships, attachment, life goals, care giving, behaviour change, social resources
- In depth relationship between nurse and client supported by ...
- ...Intensive supervision



Programme 'dosage'

- From early pregnancy until the child is 2 years old
- Weekly – fortnightly – monthly home visits
- Each visit 60-90 minutes



Trials of the NFP in USA

| Elmira, NY 1977 | Memphis, TN 1987 | Denver, CO 1994 |
|---|--|--|
| | | |
| N = 400 | N = 1,138 | N = 735 |
| <ul style="list-style-type: none"> • Low-income whites • Semi-rural | <ul style="list-style-type: none"> • Low-income blacks • Urban | <ul style="list-style-type: none"> • Large portion of Hispanics • Nurse versus paraprofessional visitors |

Status of the Trials

| Elmira, NY | Memphis, TN | Denver, CO |
|---|---|---|
| | | |
| N = 400 | N = 1,138 | N = 735 |
| <ul style="list-style-type: none"> • Just finished – re-visiting the children of the intervention mothers (28-years old) | <ul style="list-style-type: none"> • Beginning data collection with the young adults age-17-years (2008) | <ul style="list-style-type: none"> • Completed collection at age-9-years • Planning the age-15-years (2010) |

Consistent results across 3 trials in USA

- Improvements in women's antenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare dependency
- Reduced substance use initiation and later problems
- Improvements in school readiness



Program effects greatest among those most susceptible

Memphis Program Effects on Childhood Injuries (0 - 2 Years)

- 39% Reduction in health-care encounters for injuries & ingestions (low-resource mothers)
- 78% Reduction in days hospitalised for injuries & ingestions (low-resource mothers, $p=.07$)



Growing Effects on Child Development Memphis 6-Year

- Higher IQs
- Better language development
- Better school readiness in Maths
- Fewer mental health problems



ELMIRA sustainable results: Benefits to children

- Abuse & Neglect ↓ 48%
 - Arrests ↓ 59%
 - Adjudications as PINS* ↓ 90%
- (Person In Need of Supervision) for incorrigible behavior

* Based upon family-court records of 116 children who remained in study-community for 13-year period following end of program.



15-YEAR FOLLOW -UP

ELMIRA sustainable results: benefits to mothers

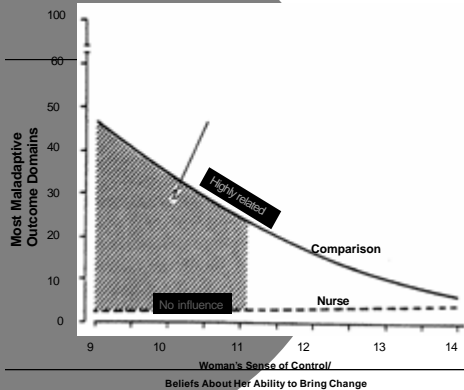
- Arrests ↓ 61%
- Convictions ↓ 72%
- Days in Jail* ↓ 98%

* Impact on days in jail is highly significant, but the number cases that involved jail-time is small, so the magnitude of program effect is difficult to estimate with precision



15-YEAR FOLLOW -UP

General Truth for the program: IT HELPS THE MUMS, WHO NEED IT THE MOST



FINDINGS:

Engagement and level of need

- 87% of those offered the FNP enrolled (1217) (FNP objective 75%)
- 80% without 5 or more A*-C GCSEs
- 78% not employed
- 67% not living with partner
- 75% below poverty line
- 24% report physical abuse in past 12 months, 11% during pregnancy
- 50% BMI < or > recommended range

Indicates simple selection system, under 20, and first time mother will identify appropriate group cf. those in USA trials



Views of clients

- Appreciated difference to other services (non-judgemental, informative, strength-based, paced to suit individual needs, has structure but this also allows for flexibility)
- Did not perceive the offer as pejorative or stigmatising
- Clients identified the nurses, the positive way they talked and responded, as the main strength of the service:

"I was expecting someone to come and treat me like I was thick, because of my age, like I didn't know nothing, but she was quite understanding about it really, you don't get a lot of people like that. She let me ask the questions."

"I thought she was going to be really nosy and look down at me because I'm a teenage mum. But no she was really, really nice. Nothing like I expected her to be. I expected it to be really bad. I get on really well with her".

Father involvement high

- Young fathers show high levels of interest in FNP, and many want to be present for visits or complete the activities
- Out of 7500 visits, father present for 1820 visits
- 49% of clients, father present for at least one visit, most commonly for one to two thirds of visits

"I did not expect to be involved I thought it would be more for my girlfriend's benefit but when I turned up she said she would help me as well. I've learned about being a parent and that's helped a lot. I don't mind doing the worksheets; I find them really useful."



Can FNP make a difference?

- Many clients reported changes in their understanding of pregnancy, labour, delivery and their infant
- Clients had strong recall of the nutritional advice they had received
- 17% relative reduction in smoking (41% to 34%) during pregnancy
- Breast feeding initiation rate higher than national rate for same age group (UK under 20s=53%, FNP = 69%)

But we need an RCT



Implications of potential impact for the cycle of disadvantage

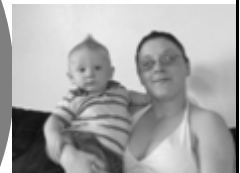
- Many clients reported planning to return to education
- Closer involvement of fathers with infants
- Clients more confident as parents, doing activities with children likely to enhance cognitive and social development
- Health related changes should enhance child health (e.g. smoking – asthma)
- Feel less judged and excluded, thinking about the future with more optimism, gives them an expectation that formal services could be helpful.

Some comments from year one evaluation

- *"Now I know what breast feeding is and how it helps, before I thought it was nothing. It's good for the baby and I want the best for my child."*

- *"I now know all the baby's noises for when he's got wind or is constipated."*

- *"She gives you that extra bit of support, confidence that you are doing things right with your child. She makes you feel better."*



Enjoying parenthood

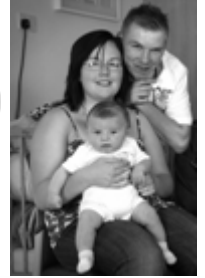
"The best thing the nurse has done for me is she said that if my baby is crying and I can't cope to put her down and leave her. Because if I put her down I can go away and calm down."



"I think we have bonded more, because of the activities we do. I take time out with her and try those things. I wouldn't have thought to do that (pulling faces at the baby) if I didn't have a Family Nurse."

NHS

"We used to do nothing but argue but we have both calmed down, we don't argue because we know the baby can hear everything."



"When I talk to her I can tell her things I can't tell anyone else, so I am not so depressed."

"It's like she cares about my situation [partner in prison]; she's doing her job but she actually goes a step further."

NHS

Photographs used with kind permission of families in County Durham and Darlington and Derby City FNP sites

