

## FAMILY NURSE PARTNERSHIP

### What is it?

The Family Nurse Partnership (FNP) is a preventive programme offered to young mothers, 19 years and under, having their first baby. It begins in early pregnancy and is oriented to the future health and well-being of the child. The Family Nurses who deliver the programme come mainly from health visiting and midwifery and they receive extra training to equip them for the new role.

The FNP is based on the theories of human ecology, attachment and self-efficacy and has three overarching goals:

- To improve antenatal health
- To improve child health and development
- To improve economic self-sufficiency

*“When I talk to her I can tell her things I can’t tell anyone else, so I am not so depressed.”*

### Testing



Your local area is testing the FNP in England with other PCTs and Local Authorities to find out if the programme benefits children and families in this country. The programme has had 30 years of development and three large scale research trials in the US. These have shown consistent short and long term benefits for children and families which include:

- ✓ reductions in smoking in pregnancy
- ✓ greater intervals between and fewer subsequent births
- ✓ fewer accidents
- ✓ reduction in child abuse and neglect
- ✓ better language development in children
- ✓ increases in employment
- ✓ greater involvement of fathers

The programme is most effective with young parents who have low psychological resources, limited family support and low educational achievement.

### How does it work?

The programme works with the strengths of the client and encourages them to fulfil their aspirations for their baby and themselves. A pattern of weekly and fortnightly visits begins early in pregnancy that continues until the child’s second birthday. The visits do not replace midwifery care but do deliver most of the Child Health Promotion Programme (CHPP). The nurses use programme guidelines, materials and practical activities to work with the mother, as well as the father and wider family, on understanding their baby, making changes to their behaviour, developing emotionally and building positive relationships.

## Programme fidelity

Because the FNP has been shown to be effective through research, it is very important to reproduce the same research conditions when delivering the programme to clients and avoid diluting or changing the programme. For this reason it is a licensed programme and we have to meet a number of requirements that will ensure fidelity to the programme. These include gestational age at enrolment (60% by 16 weeks and none later than 28 weeks), the number, frequency, content and duration of visits in pregnancy, infancy and toddler-hood, attrition rates, caseload size, weekly supervision, and training of the nurses and supervisors. By meeting these conditions we can be more confident that the positive outcomes for children and families will be achieved.

## Evaluation and research

Parents, nurses and tax-payers invest time, effort and resources in the FNP. We need to learn how to deliver the programme well and to know whether it makes a difference to the outcomes for children and families in this country. Birkbeck, University of London, have been evaluating the first wave of ten pilot sites since April 2007 and from April 2009 a large scale research trial begins in 18 test sites. We also collect data on the clients and the programme which gives us an idea of how well we are delivering the programme and some of the short term impacts.



*"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."*

The first year evaluation showed that we can deliver the programme in this country and that it seems to be acceptable to the clients and the nurses. We saw some promising signs that it may make a difference in areas such as smoking and breastfeeding. However, it is a different way of working, and demanding for both clients and the nurses. It is early days and we still have much to learn.

*"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."*