

Family Nurse Partnership

Delivered by Bradford District Care Foundation NHS Trust from June 2016 – March 2019

Family Nurse Partnership (FNP) is an evidence-based, preventive programme for vulnerable first-time parents under the age of 24, providing primary prevention and early intervention for babies and young children. It offers supportive home visits from the first maternity booking until the child is aged 2.

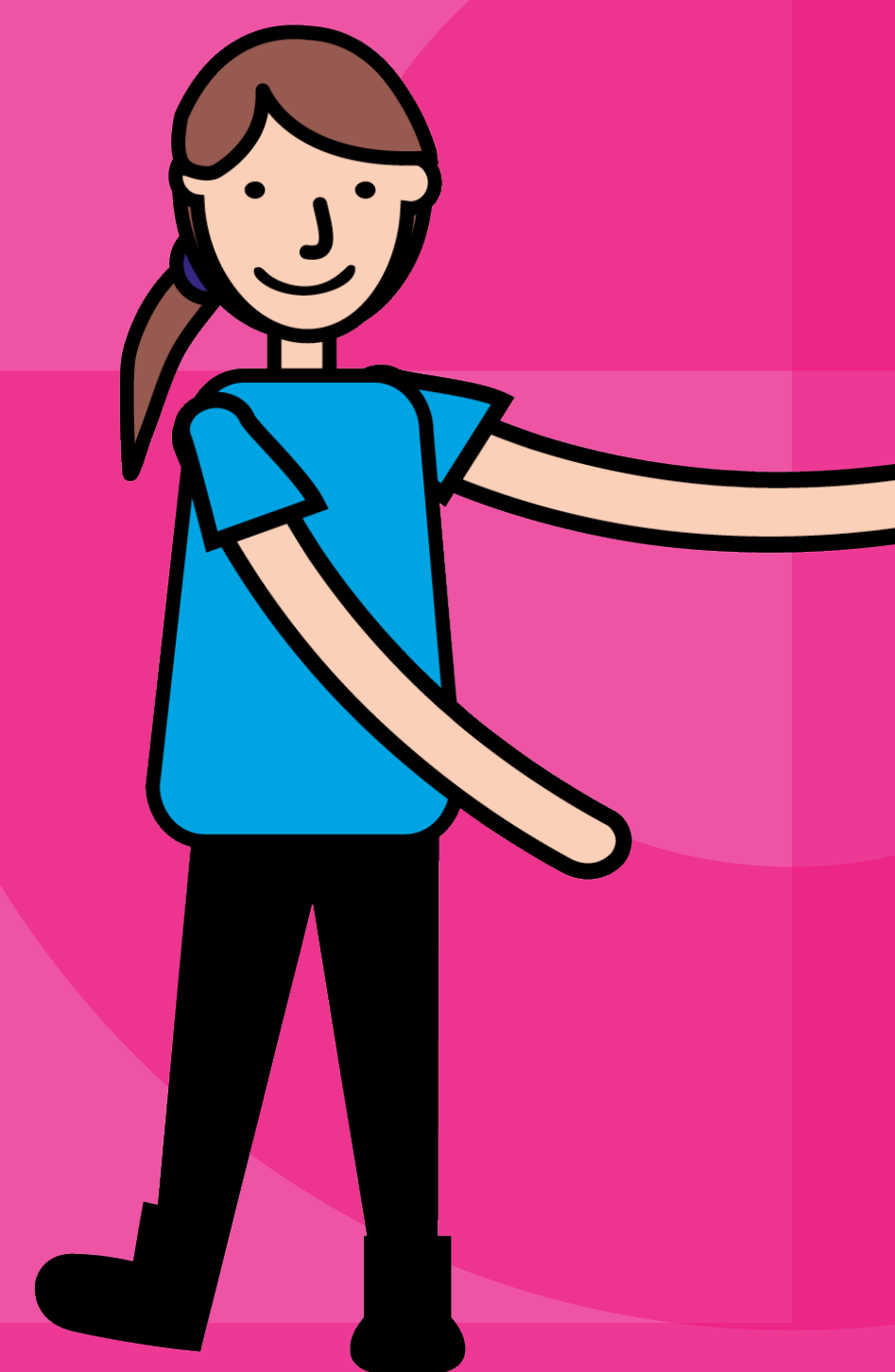
How it was delivered

During home visits, pregnant women and mothers received support to understand their child's development needs as well as their own needs. Family nurses worked with the parents and wider family networks, thereby strengthening the mother's support network, while also supporting her physical and psychological needs. Families received 5 to 6 additional visits compared to a standard offer.

Visits lasted approximately one hour and covered the following:

- **Personal health** – women's health practices and mental health
- **Environmental health** – adequacy of home and neighbourhood
- **Life course development** – women's future goals
- **Maternal role** – skills and knowledge to promote health and development of their child
- **Family and friends** – helping to deal with relationship issues and enhance social support
- **Health and human services** – linking to other services

It ceased delivery in 2019 due to poor take-up and the cessation of the district offer.



101
women
accepted the
FNP offer

82
women
received
ongoing
support

Referrals
came from a
wide range of
organisations

Why this project was developed

Evidence tells us that teenage mothers are more likely to have an economically or socially deprived background. Young mothers are more likely to be in receipt of benefits, be living in social housing, experience partnership breakdown, and have poor mental and physical health. Children of young mothers experiencing these vulnerabilities are more likely to have emotional and behavioural problems, poorer health, suffer more accidents and injuries and have poorer cognitive skills and are more likely to suffer abusive harm, have a lower IQ and problem behaviour. (Hall & Hall).

It can be expected therefore that women experiencing such vulnerabilities are less likely to display sensitive parenting leading to a poor parent-infant relationship and higher risk of insecure or disorganised attachment.

The project aimed to:

- Improve the outcomes of pregnancy by helping young women improve their antenatal health and the health of their unborn baby
- Improve children's subsequent health and development by helping parents to provide consistent, competent care for their children
- Improve women's life course by planning subsequent pregnancies, finishing their education and finding employment

Impact and findings*

- FNP was a well-received programme with low attrition rates. This is linked to the ability of the FNP nurses to develop therapeutic relationships with their clients.
- ASQ (Ages & Stages Questionnaire) and ASQ:SE (Ages & Stages Questionnaire: Social Emotional) scores suggest that at 20 months all children within the FNP cohort were on track with both growth and development and social and emotional development to be school ready. This is particularly significant when the ACEs (Adverse Childhood Experiences) scores of the parents are taken into consideration.
- The FNP team delivered the adaptations as per the ADAPT model, allowing the programme to be delivered to need. There were 7 early graduations from the programme representing improved value for money as the places were filled to maximise caseloads.
- FNP delivered training packages across wider children's services and offered to provide core packages as part of the 'workforce passport' for prevention and early help.
- FNP has a particular supervision model that effectively supports nurses, which means that nurses are less likely to leave, and this was evident in the team in Bradford.

*This section includes information from both the evaluation report/s and project