

To: Children and Young Person's (C&YP) Thematic Board

On: 10th November 2016

**Report by: Mandy Ferguson, Head of Health and Social Care Services (West
Renfrewshire
Family Nurse Partnership (FNP) Update 2016**

1. Summary

- 1.1 The purpose of this report is to provide the C&YP Thematic Board with and update on the progress of FNP in Renfrewshire (East Renfrewshire and Inverclyde) and follows a previous report in January 2015. The report will outline the data gathered to date in relation to specific core model elements and fidelity goals. This report also seeks to provide information on FNP going forward across NHS Greater Glasgow and Clyde (NHSGGC) and to what extent FNP is embedded within the local authority area.

2. Recommendations

- 2.1 The C&YP Thematic board are asked to note the content of the report and to share the content as appropriate across member's service areas.

3. Background

3.1 Overview of FNP

FNP had already been identified as one of 5 evidence based programmes by this local authority and former CHP, in relation to improving outcomes for children and families. This has resulted in a high level of commitment at a strategic level and has undoubtedly resulted in a strong infrastructure and positive culture on which to build FNP into existing services and a concomitant high functioning team to deliver the programme.

FNP is a preventive, intensive home visiting programme offered to first time young mothers (aged 19 and under) and their families. Young women are offered the programme in early pregnancy (before 28 weeks gestation) and are visited by a specially trained Family Nurse until the baby is two years old. The programme is voluntary and is designed to tap into the client's intrinsic motivation for change. Through a partnership approach each Family Nurse enrolls 25 clients and embarks on an attachment based therapeutic relationship in order to achieve the goals of the programme to:

- Improve pregnancy outcomes;

- Improve child health and development and future educational readiness and achievement and;
- Improve parents' economic self-sufficiency

The programme is delivered using an evidence based manual that the Family Nurse uses as a basis for the visits whilst constantly agenda matching to the needs of the client. Family Nurses are all trained at Masters Level and undertake advanced communication skills training.

During the pregnancy phase the Family Nurse is in addition to routine antenatal care delivered by the midwife. Following the birth of the baby the Family Nurse replaces the Health Visitor, delivering the FNP programme alongside the Healthy Children's Programme and will be the Named Person. The programme is licensed and must be delivered according to specific fidelity requirements and core model elements. The license is held between the Scottish Government, NHS Boards and Professor David Olds' (University of Colorado, Denver). High quality delivery and replication of the programme is ensured at site level by the FNP Supervisor, reporting to the Local Steering Group which is chaired by Jackie Dougall, Children's Services Manager. At NHS Board level there is an overarching FNP Advisory Board (FAB) which is attended by the Scottish Government representative, who holds the license for FNP and the FNP National Unit who are hosted within NHS Education for Scotland (NES). Renfrewshire HSCP is represented by Mandy Ferguson Head of Health and Social Care.

3.2 Current Picture

The team are now in the 27th month of operation of what is called the Learning Phase (first cohort) and the vision is to move to the next phase of the programme – Small Scale Permanence - once we have graduated around a third of our clients and babies in May 2017. Our first client will graduate in November 2016. The table below outlines our current numbers and associated fidelity goals.

Table 1

	Total		Renfrewshire	
No of Referrals	179	95% from Maternity Services	108	93%
Initial No of Clients	152	90% Engagement Rate	92	94% Engagement Rate
Average age at enrolment	18 Yrs	FNP Scottish average 18.3	18 Yrs	FNP Scottish average 18.3
SIMD Q1 and Q2	82%	FNP Scottish average 75%	83%	FNP Scottish average 75%
Current No of Clients	137	Initially each nurse had 25 clients	79	Initially each nurse had 25 clients
Attrition	10%	Attrition includes pregnancy loss, infant death, transfers out of area, permanency (only 5 (3.2%) voluntarily left programme)	11%	Only 4 (4.4%) voluntarily left programme)

Age Breakdown at Recruitment

Table 2

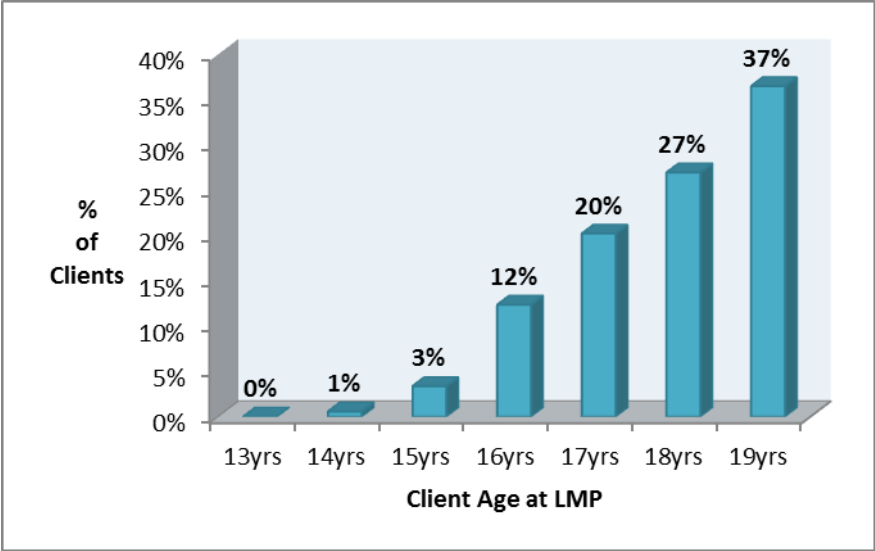
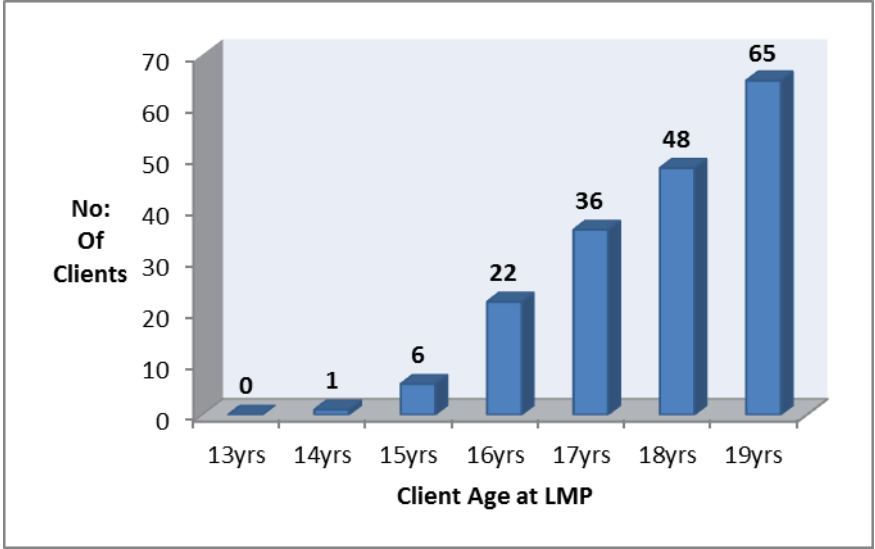


Table 3



Infants

Table 4

Total Number of Infants	139	
Average Birth Weight	3271 grams	FNP Scottish Average = 3276 grams
Current LAAC Infants	6	
Current Infants on CPR	3	

Child Protection (CPR)

Table 5

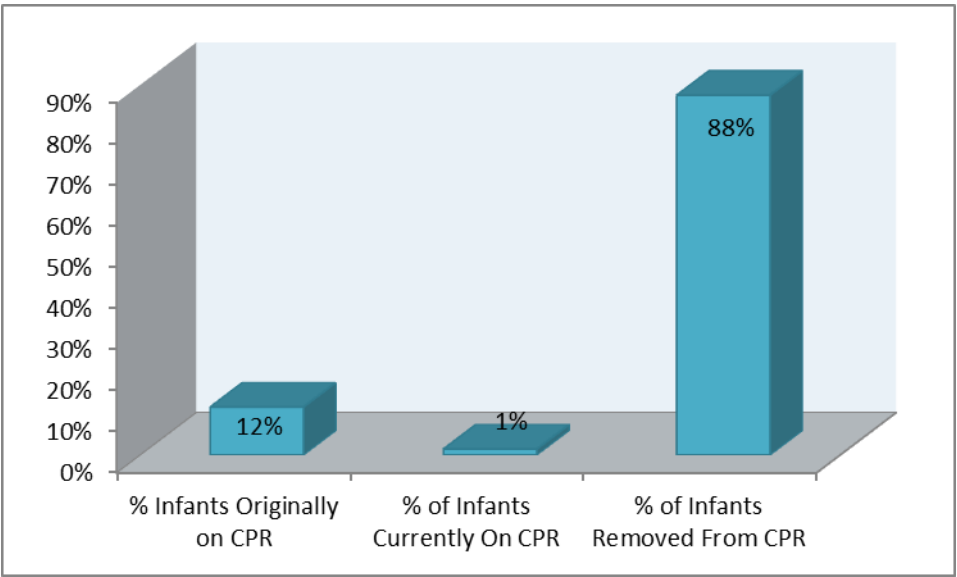
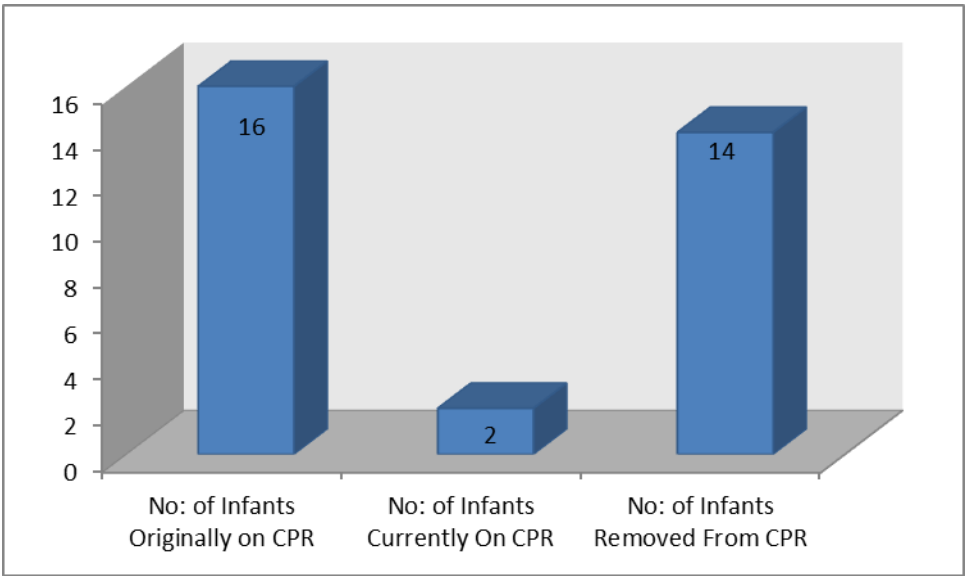
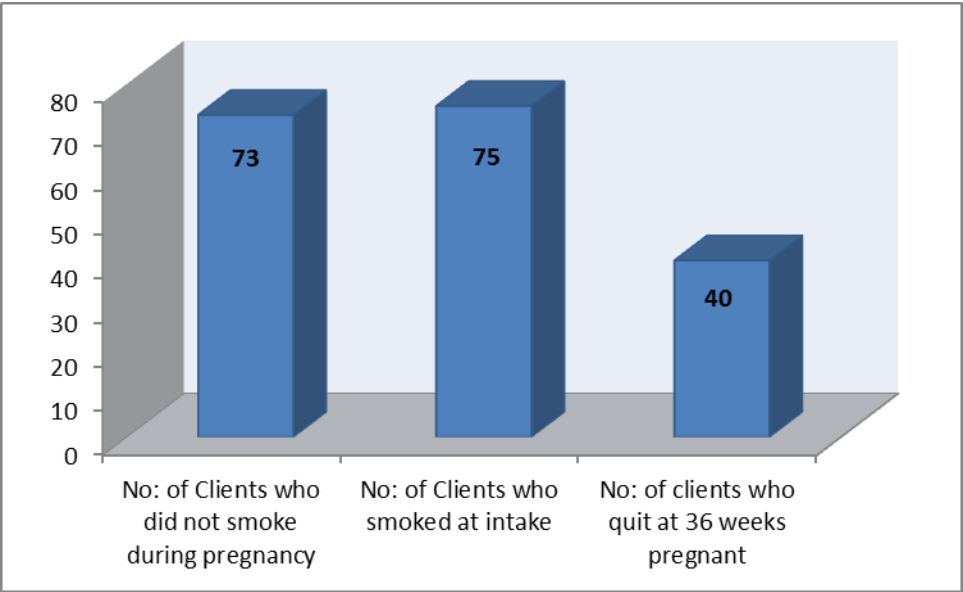


Table 6



Smoking in Pregnancy Data

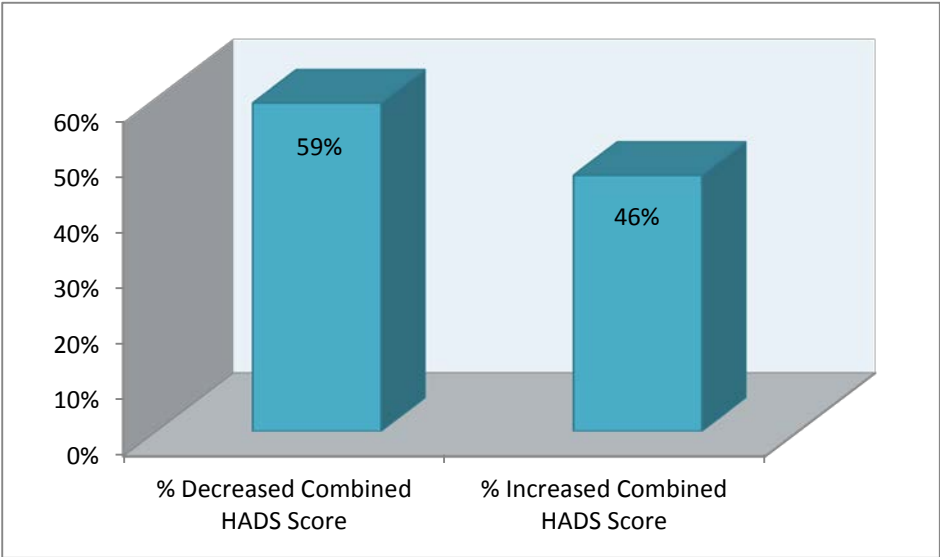
Table 7



Hospital Anxiety and Depression Scale (HADS)

Combined scores measuring client’s anxiety and depression taken at intake and when baby is 6 weeks old. This demonstrates improvements in mental health and wellbeing.

Table 8



3.3 Key Successes overview

There is a high level of scrutiny at national, site and team level and since inception we have engaged in the agreed cycle of quality improvement which comprises of bi-annual reviews. We have received excellent feedback from the FNP National Unit (Scotland) and we are achieving high levels of programme quality and meeting our fidelity goals. Recently the Clinical Director for FNP in Scotland – Gail Trotter shadowed the team in both supervision and in home visits and has fed back that this was one of the most inspirational and worthwhile experiences of her career.

3.3.1 Client centred

In FNP the client voice is paramount and we have had clients talking about their FNP journey at the reviews which has been extremely powerful and positive experience for all involved. One young mum attended our steering group in May 2016 and shared her experience of moving on from adverse childhood experiences and how FNP has helped her achieve her goals for her and her son. We have produced a DVD that was collated at our 1st Birthday celebration and this is available to partners on request. Furthermore FNP is underpinned by 5 client principles that are outlined below:

- The client is the expert in her own life
- Focus on strengths
- Follow the clients heart's desire
- Client's identify solutions that work for them
- Small steps of change (leading to an upward trajectory)

3.3.2 Client Success

As we progress towards graduating the first of our clients to the Health Visitor (when the child reaches 2 years) we are able to see tangible outcomes for our clients which reflect the existing evidence base:

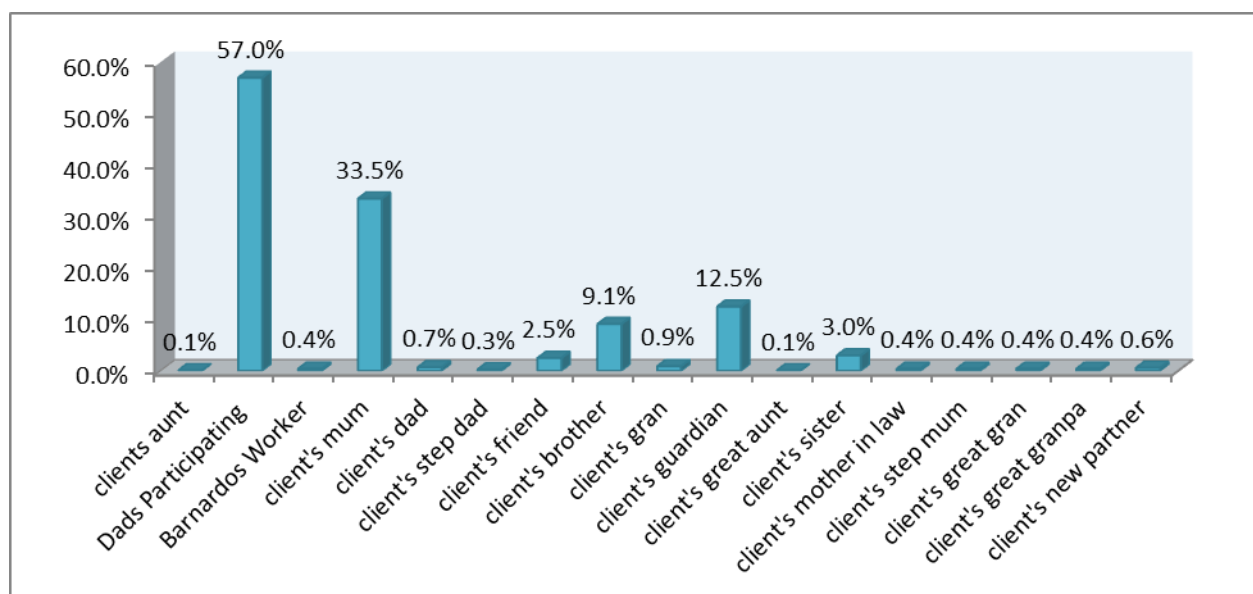
- Infant development is excellent as evidenced by observation and Ages and Stages Questionnaires (ASQs)
- Warm, responsive parenting observed where clients are able to understand their infant's cues, scaffold their development, set limits and create safe learning environments
- Client confidence and self-efficacy improved evidenced by the uptake of community resources, accessing training and further education and gaining employment. This may also be something very simple for example making a phone call to the GP that was hitherto not possible due to confidence levels.
- Significant reduction in smoking during pregnancy and creating smoke free environments for infants and toddlers
- Breastfeeding initiation rate higher than national average for same age group
- Improved mental health evidenced by validated measures
- Client "mastery" improving in relation to new learning and learning how to learn particularly for clients with little or no formal educational attainment

3.3.3 Dads in FNP

One of our key successes is the engagement of fathers in the programme and how the dad's respond to the programme materials. Reach in FNP has been interesting and a key success of the programme is the impact on wider family members as FNs use human ecology approach and work alongside who is in the clients "Village of Support" as a way of addressing relationship issues and helping family members to achieve their goals and aspirations for the benefit of the whole family unit. Although we have had 152 clients enrolled the reach is much wider as the FNP influence extends beyond the client and her baby to partners, families and friends

Breakdown of Other Household Members Participation in FNP Visits

Table 9



3.3.4 Child Protection

There is clear evidence that FNP protects children and this has been further highlighted in a recent Dutch study that shows the success of FNP in relation to primary prevention in child protection – see link below

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0120182#abstract0>

This is in line with what we are experiencing in the team in relation to breaking the cycle of abuse which was the theme of a recent workshop presentation at the Renfrewshire Child Protection Conference. Social Work area managers are giving us positive feedback in relation to the difference FNP is making to the clients that we are working with. Unfortunately a very small number of clients will not be able to parent their infant and have already had parental rights relinquished (n=3 (2%)). However we are certain that each client has had the best possible chance within FNP and the Family Nurses have been working proactively to deliver Partnership in Parenting Education (PIPE) with the client and baby during contact time.

3.3.5 Working in Partnerships

FNP is underpinned by human ecology theory and we work in partnership with the client and their family where appropriate to access other services and community resources as required in order to help them build social capital and achieve their goals. We have worked collaboratively and developed positive partnerships with Maternity Services, Sandyford, Social work pre-birth and the area teams. There has been excellent co-working with Barnardos and Families First and Education both early years and secondary sector -the former in terms of supporting our clients with nursery placements and latter in relation to working together to achieve the best outcomes where the young person is still at school whilst pregnant working together to plan for return to education. We have also worked very closely with Skills Development Scotland, Community Learning and Development, Housing, Perinatal Mental Health Services and Child and Adolescent Mental Health Service (CAMHS). There has also been some exciting developments based on client need and we have worked with Bookbug, Active Communities, Homestart and the Health Improvement Team in relation to delivering Eat Better Feel Better 6 week cookery programme for our clients and some development work on second hand smoke exposure (see next section).

3.3.6 Programme improvement and Building the Scottish Evidence Base

The Scottish Government, NES and FNP sites have developed a Framework for Programme Improvement following on from the last Randomised Controlled Trial commissioned by the Department of Health (DH) in England. The results tell us that family nurse engagement with vulnerable families is very good, that the mothers feel that FNP supports them to be good parents, that FNP improves early child development and may protect children from serious injury, abuse and neglect. The DH research has helped us in Scotland to focus on how this programme impacts particularly on the child. Areas of particular interest are around; child health and development, life course trajectory for young parents, how the programme protects children from serious harm and changing public health behaviours such as ante natal smoking.

Young parents with limited family support and low educational achievement are those most likely to benefit from this intense support, therefore in Scotland the programme will be offered to some clients aged 20-24 with additional vulnerabilities.

It is an exciting time, developing a robust evidence base for FNP in the Scotland and in turn contributing to the international learning that the programme brings.

In Renfrewshire we are contributing to the wider body of research in a number of areas. One of these is in relation to second hand smoke exposure. The Dylos (air particle monitor) Project is underway and we are currently using improvement methodology to test this out with clients with the aim of developing a programme augmentation. We are also writing case studies to tell the client's story and the significant impacts that it has made to their lives.

3.3.7 Next Steps

The aspiration of the Scottish Government is to be able to offer a place to every eligible first time mother aged 19 and under and also eligible clients aged 20-24 where capacity allows by 2018. This will mean that the programme will provide between 6,500 and 8000

places across Scotland. There is work underway in NHSGGC to progress towards a 3rd team that would allow 100% coverage across the board area at the same time as this team starts recruiting the next cohort of clients in May/June 2017.

Author

Anne Burns Family Nurse Partnership Supervisor
(Renfrewshire, East Renfrewshire & Inverclyde)
Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew, PA4 8RU
Tel: 0141 207 7448 Short Code 27719 Mobile: 07580410685 E-mail:
Anne.Burns3@ggc.scot.nhs.uk

Further reading

- <http://www.nursefamilypartnership.org/>
- <http://fnp.nhs.uk/>
- <http://www.scotland.gov.uk/Topics/People/Young-People/early-years/parenting-early-learning/family-nurse-partnership>
- [m.youtube.com/watch?v=kX2R8IEOBZc](https://www.youtube.com/watch?v=kX2R8IEOBZc)