1. **Introduction and purpose of the report**

1.1 Family Nurse Partnership (FNP) was established in Stockport in 2014. It is an intensive programme for first time mothers aged 19 and under.

1.2 This report provides an overview of the local programme including
   - The background to the local programme
   - The evidence base
   - The eligibility criteria
   - The delivery of the local programme and support provided
   - Key strengths and challenges.

2. **Background to the programme in Stockport**

2.1 FNP is an evidence-based, preventive programme for first time mothers aged 19 and under. The programme was developed in the USA over 30 years ago. The first ten sites began testing FNP in England in 2007 and there are now FNP teams in over 130 areas in England. FNP is a targeted programme which complements the Healthy Child Programme (HCP), the universal clinical and public health programme for all children and families from pregnancy to 19 years of age. It can also be an integral part of a local authority’s early help offer.

2.2 As part of the national development of FNP those areas of Greater Manchester which did not already have the programme were offered the opportunity to develop FNP in 2013. The programme is now operational in all 10 Greater Manchester Local Authority areas.

2.3 The FNP team was established within Stockport NHS Foundation Trust in June 2014 and started taking referrals in August 2014.

2.4 Responsibility for commissioning the local programme was passed from NHS England to Stockport Local Authority in October 2015.

2.5 A local FNP Advisory Board is in operation which monitors the performance of the local programme. The Board has strong representation from a range of local services and organisations and it is recognised as a model of good practice by the national FNP team.

3. **Evidence base for the programme**

3.1 High quality research into FNP in the USA over the last 30 years has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:
   - improvements in antenatal health
   - reductions in childhood injuries, neglect and abuse
   - improved parenting practices and behaviour
   - fewer subsequent pregnancies and greater intervals between births
improved early language development, school readiness and academic achievement
increased maternal employment and reduced welfare use
increases in fathers’ involvement.

In a review by the Lancet in 2009 (1), FNP was cited as one of only two programmes shown to prevent child maltreatment.

3.2 An evaluation of the programme in England using a Randomised Control Trial method was published in October 2015 (2). This considered short term evidence using data from the early sites and comparing outcomes for FNP clients with those using mainstream services. The study highlighted the high levels of vulnerability amongst first time mothers in England. It also identified that there are some positive and promising affect from FNP in the England. There is evidence that the programme improves early child development and may protect children from serious injury, abuse and neglect by identifying vulnerability and ongoing safeguarding surveillance. The results show that the programme has been delivered well and that there is very good engagement between Family Nurses and vulnerable families. The programme is valued by young mothers who feel that it helps them to be good parents. There were also some disappointing results on some short term health outcomes. There was no evidence of impact, compared with usual services, on outcomes such as smoking cessation at time of delivery and subsequent pregnancy at 24 months.

3.3 Evaluating a programme such as this is complex. Many of the outcomes of the programme are long term and further follow up is needed as benefits may become more apparent in later life.

3.4 The FNP national team is working with local teams to develop the programme in response to the evaluation. It has several workstreams in progress aimed at developing different approaches to address the areas of impact where the programme has not been shown to make a difference. These include:

- A toolkit to help understand local impact – this will initially focus on how FNP improves safeguarding
- Development of new clinical e-learning and provision of guidance on critical areas (e.g. smoking cessation in pregnancy and preventing obesity).

3.5 Due to the early stage and the limited number of clients on the programme so far it is not meaningful to analyse outcome data from the local programme due to concerns about statistical significance. However as the programme progresses we will be able to gain better intelligence. The local FNP Advisory Board is considering further ways of evidencing the impact of the local programme. FNP is a key part of Stockport Family. Stockport Family is being evaluated in partnership with a local university. It is proposed that as part of this evaluation the role of FNP in meeting Stockport Family’s objectives will be considered.

4. Eligibility criteria for the programme

4.1 The programme is delivered under licence and eligibility criteria are nationally set. The current eligibility criteria for FNP in England are:

- Enrolment and participation in the programme are voluntary
- All first time mothers aged 19 and under at last menstrual period are eligible
- All women must be enrolled by 28th week of pregnancy
- Women are eligible if previous pregnancies ended in miscarriage, termination or still birth
• Women expecting multiple births are eligible
• Women are excluded if they plan to have the baby adopted or plan to leave the area for an extended period of time before the baby reaches 2 years of age.

4.2 Following publication of the national evaluation the national team have reviewed the eligibility criteria and have introduced more flexibility for local areas to adjust eligibility to reflect local need. This includes options to:
• Extend eligibility to include vulnerable women up to age 24
• Restrict eligibility to those who are most vulnerable.

4.3 The local team, the FNP Advisory Board and colleagues in Stockport Family are currently considering how to respond to the increased flexibility in the eligibility criteria.

5. Delivery of the local programme

5.1 The FNP team is based at Abacus Children Centre and consists of an FNP Supervisor, 4 Family Nurses and administrator. The local programme can take a maximum of 103 clients. There are currently 93 clients on the programme with 10 pending. Family Nurses visit from early in pregnancy until the child reaches 2 years of age. Visits are delivered according to nationally set fidelity criteria. Each day a nurse can do 4-5 visits, each visit lasting 1 hour to 1.5 hours. This supports building a therapeutic relationship with clients that promotes trust and consistency. The content of each visit has a specific framework and includes domains such as, personal health, environmental health, life course development, maternal role and family and friends.

5.2 The clients come from all areas of Stockport although there are proportionately more from Stockport’s more deprived areas. In particular there are a comparatively high number on the programme from Offerton and Brinnington. Ages of clients on the Stockport programme range from 15 to 19 but the majority are 17 and 18 years old. Intake characteristics of those on the programme demonstrate a high level of complexity. For example:
• 22% clients had been abused by someone close to them - note this data will not reflect the true level of abuse, since the team asks this in the early stages and clients often reveal abuse later when more they have developed more trust in the Family Nurse
• 50% were NEET at intake.
• 41% of all clients had lived away from their parents for more than 3 months
• 58% of clients smoked
• 8% were LAC or care leavers

6. Key strengths of the local programme

6.1 There is a robust notification pathway and excellent links with midwives and we are confident that the programme captures all eligible clients within in the Stockport area. The programme is part of Stockport Family and has excellent relations with other aspects of the service such as social care. A recent case study highlighted strong partnership working between a Family Nurse and social worker who led to improved outcomes for the family. There is also a strong Family Nurse Partnership Board with representation from a range of stakeholders.

6.2 The local programme performs strongly in relation to the fidelity criteria for the number and frequency of visits. The programme works with some of the most vulnerable
families in Stockport and there is a high level of client engagement with the programme. The engagement with these families provides them with a consistent, reliable health professional from early pregnancy to 2 years. Modelling boundaries and trust may be the turning point for clients who have never engaged with services before. The skills and experience of the Family Nurses enables the building of a trusting relationship. This provides a forum for clients to disclose significant difficulties they may have encountered in their lives and thereby start to address these issues. Views of the clients are intrinsic to the success of the programme. Family Nurses regularly ask clients their views of ‘how’s it going between us?’ Family Nurses also work closely with fathers/partners who provide an opportunity to support them with parenting and develop their confidence. Family Nurses also work with other members of the family to support their role in supporting the family.

6.3 Family Nurses gather information about the child’s development through working with parents. Developmental delays can be identified early and interventions can be offered in partnership with the family to help address the issues. This has the potential to impact significantly on school readiness.

7. Challenges

7.1 The programme is now full and there will be a period when access to the programme is very limited. This will be the case until clients start finishing the programme in 2017 when their children are 2 years old. Stockport Family is developing a pathway for families with high level of need and it is planned to develop a specialist health visitor role for teenage parents. In the meantime where eligible families are unable to access FNP there is discussion within Stockport Family about how their needs are best met. There is also a specialist midwife for teenage parents who provides focussed support during the antenatal period.

8. Next steps and areas for development

8.1 The FNP team will develop its approach to prioritising clients for available places in conjunction with the FNP Advisory Board and other stakeholders.
8.2 The FNP team will continue to share learning from the programme within Stockport Family.
8.3 The FNP team will further develop its approach to addressing maternal smoking with its client group.
8.4 The FNP team will further develop its links with the range of services in Stockport in order to improve the outcomes of clients (e.g. Contraceptive and Sexual Health service, smoking cessation services, social care).
8.5 Stockport Family will consider how it can best support those who are eligible for the programme but are unable to access it due to the limited number of places. This will include development of an antenatal pathway for teenage parents which is being developed by health visiting.
8.6 The FNP Advisory Board will consider the revised national guidelines on eligibility criteria and will clarify its local approach.
8.7 The FNP Advisory Board will further consider the data which is collected by the local and national teams in order to further develop the local evidence base for the programme.
8.8 The FNP Advisory Board will continue to meet quarterly to ensure that the local FNP programme continues to deliver to a high standard.

9. Conclusion and recommendations
9.1 We feel that FNP has made an excellent start to its work in addressing the needs of some highly vulnerable families in Stockport. We also feel that it is an important service within the context of Stockport Family

9.2 We are not complacent about the challenges faced and need to ensure that we:
- Continue to develop the local evidence base for the service
- Ensure that the use of available resource is optimised in order to meet the needs of vulnerable families
- Work with the national team to develop the approach to key impact areas such as maternal smoking and 2\textsuperscript{nd} time conceptions.

9.3 We welcome all and any comments or suggestions about the content of this report from Members.

10. References


BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Donna Sager on telephone number on 474 3928 or alternatively email donna.sager@stockport.gov.uk