The Family Nurse Partnership: next steps

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When the Family Nurse Partnership (FNP) was introduced to England in 2007, it came with an impressive evidence base from the US, which has continued to grow with studies in the Netherlands, England and a formative evaluation in Scotland. Findings from Building Blocks, the England randomised control trial (RCT), increased understanding of the programme's effect in a UK context – not only of what it did improve (such as early child development), but what it didn't. The FNP National Unit is now returning to a cycle of adapting the programme and testing a series of innovations and improvements to strengthen outcomes, increase cost effectiveness, ensure greater flexibility and share learning with other services.

Family Nurse Partnership
National Unit
Changing the world one baby at a time

What is FNP?

FNP is an intensive home visiting programme, delivered by specially trained family nurses and family nurse supervisors to first-time young mothers up to the age of 24, although most 'clients' are aged 19 and under. FNP begins during early pregnancy continuing until a child is two, and aims to enable young mums to:

- have a healthy pregnancy
- ensure their child's health and development
- plan their futures and achieve aspirations.

FNP was developed in the US by Professor David Olds and a team at the University of Colorado. The Nurse-Family Partnership (NFP), as it is known in the US, is based on 35 years of high-quality research showing that NFP intervention can lead to a wide range of positive outcomes for vulnerable young mothers and their children.[1] By helping to improve health, education and job prospects, NFP created significant financial benefit for young mothers and their children, and substantial cost saving for the state and society.[2]

In 2007, NFP was introduced in England as FNP. Initial testing began in 10 test sites across England, which became the subject of a formative evaluation by Professor Jacqueline Barnes of Birkbeck, University of London. The evaluation showed that FNP could be delivered well in the UK; that families liked it; and the potential for positive outcomes was good.[3-5]

There are currently around 145 supervisors and 690 family nurses delivering the programme in England. A large proportion of supervisors and family nurses are from a health visiting background or midwifery. However, some have backgrounds in mental health, school health, sexual health and safeguarding. This professional mix and variety of nursing skill and perspective has always been seen as a strength of the programme.

National delivery of FNP is led by the FNP National Unit. The role of the unit is to:

- provide strategic direction for the programme
- oversee research and development
- provide learning, support and clinical guidance to family nurses and supervisors
- support local and national quality improvement
- lead adaptations so the programme remains relevant and effective in the UK context.

FNP is a home visiting programme for vulnerable young mothers.

Human ecology theory (Bronfenbrenner, 1976)[6]

This theory emphasises the importance of social context and environment as an influence on human development. It centres on the many ecological transitions in a person's life and these transitions are a focus for FNP, namely adolescence and parenthood.

Attachment theory (Bowlby, 1969)[7]

This theory suggests that children are biologically driven to seek nurturing from their primary caregiver and explores how this relationship becomes the blueprint by which a child engages with others. It emphasises the importance of sensitive, responsive caregiving and how these responses form an attachment between caregiver and child.

Self-efficacy theory (Bandura, 2002)[8]

This theory looks at an individual's ability to achieve their goals and attempts to change, and how this is related to their personal beliefs. It discusses how supporting the growth of self-efficacy is key to behaviour change and focusing on a person's strengths is the foundation for this growth.

FIGURE 1 The three theories underpinning the design and delivery of FNP.

There are three theories that underpin both the design and delivery of FNP (**FIGURE 1**). These are:

1. Human ecology theory[6]
2. Attachment theory[7]
3. Self-efficacy theory[8]

Therapeutic relationships

A fundamental element of FNP is the therapeutic relationship formed between a family nurse and a client. 'Engagement' is the term we use when a young mum is making the most of this relationship and because a relationship is not static, it needs regular attention from a family nurse.

The first step is to build up a trusting alliance between the family nurse and client. This is essential to the second step, when a mum begins to engage in the programme itself, learning from the nurse, using specific FNP materials. The final step is when a mother begins to make changes, both for herself and her child. This isn't always easy for either mum or nurse, and can only be achieved by the two working together.

By showing respectful curiosity into family life, a family nurse can begin to gain an understanding of clients' goals, aspirations and internal motivations. She/he is then able to skilfully align the FNP programme's delivery and outcomes to build on the client's strengths and support positive behaviour change. During this process, nurses weave between the anticipatory guidance that is the hallmark of a preventative programme, and intervening early if a mum's behaviour raises concern for her or her child's safety. We call this agenda matching and it can help to ensure a mum is fully engaged.

Supervision in FNP

Supervision is an essential component of FNP and takes place weekly between each supervisor and their family nurses. The supervisory approach mirrors the therapeutic relationship between nurse and mother and ensures each family nurse's practice is developed and stretched.

The 'seven-eyed model', designed by Hawkins and Shohet,[9] is the supervisory model used to guide this process (**FIGURE 2**). The model facilitates the three identified functions of supervision for FNP (educative, restorative and normative). Good supervision will involve all areas of the seven-eyed model but not necessarily in every session.

The justification for this model was firstly due to the innovative way in which the programme works. Family nurses are doing complex work to contain and assess clients, plan visits and provide effective interventions that are supported through reflection.

Secondly, each family nurse works with a caseload of up to 25 parents and their infants. Clients often have complex family backgrounds, with many experiencing mental health problems or domestic abuse, which can evoke feelings of uncertainty and anxiety. An independent review of safeguarding arrangements in FNP recognised that family nurses are managing higher levels of risk 'in house' than they would have as health visitors and midwives working in universal services.[10] Supervision allows for a space to both explore and contain any feelings of concern or anxiety.

Finally, a real-time information system provides data to support the monitoring of progress in programme delivery and reaching programme goals with the client. It is important that a family nurse can objectively consider the impact and quality of his/her work with the client and baby, and adjust methods and future plans for work accordingly with their supervisor.

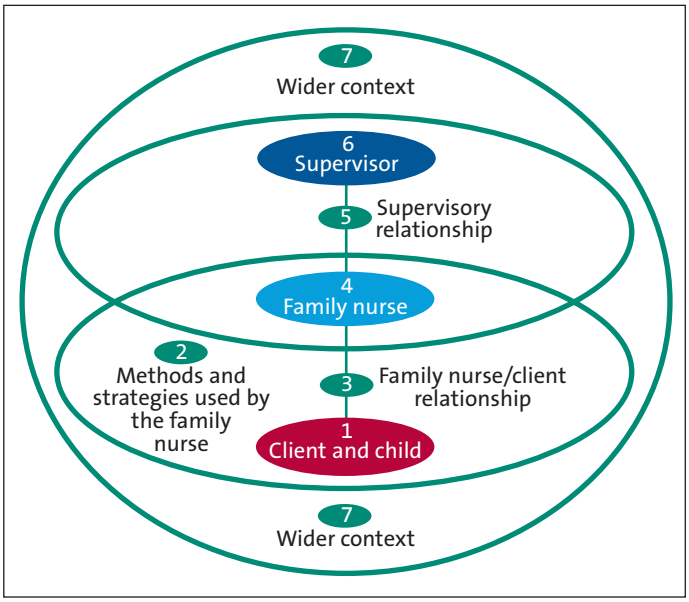

FIGURE 2 The seven-eyed model: the supervisory model used to guide the FNP approach. Based on Hawkins and Shohet.[9]

1. Universal improvements to the programme for all FNP areas (such as increasing the age criteria to young mums up to 24 years of age)
2. Knowledge and skills exchange (to support local FNP teams to share knowledge within their local social care and health systems)
3. Evidencing impact (using data to support monitoring and improvement at a local and national level)
4. ADAPT (intensive rapid-cycle testing of a variety of potential improvements to the programme, co-developed and delivered in 11 FNP areas, working with Dartington Social Research Unit)

FIGURE 3 FNP Next Steps: the four key areas of work.

Building Blocks and FNP Next Steps

In October 2015, the first findings from the Building Blocks RCT[11] showed there was no difference between mothers and children who received FNP compared with those who received universal care services for four primary outcomes (smoking in late pregnancy, birth weight, child accident and emergency attendances and hospital admissions, subsequent pregnancy within 24 months). However, some encouraging secondary outcomes were noted in the FNP intervention group, including positive child cognitive and language development at 24 months; good maternal self-efficacy; higher intention to breastfeed; good maternal relationship quality and social support. The RCT also showed that FNP was implemented well and that client engagement/retention was good.

In response to these results the FNP National Unit, together with the FNP community, experts and academics, is embarking on an exciting development programme in England called FNP Next Steps. FNP Next Steps (**FIGURE 3**) aims to build on the

excellent practice and good outcomes achieved already by FNP by focussing on areas for improvement. It seeks to ensure FNP can:

- achieve greater outcomes for vulnerable families, with clear evidence of cost effectiveness
- be more flexible to allow the programme to be more responsive to the needs of individual families and local service contexts
- support the exchange of good practice between services to improve outcomes for all families.

ADAPT, a significant project within FNP Next Steps, is using an 'improving, not proving' approach to test adaptations to the FNP programme, working hand-in-hand with clinicians, clients and researchers. Clinical adaptations will include topics such as smoking cessation, breastfeeding, domestic violence, perinatal mental health, attachment and safeguarding. The project's co-development and rapid-cycle testing approaches in participating areas aim to ensure the most promising innovations can be released to FNP teams across England as quickly as possible.

The FNP National Unit leads national delivery of the FNP programme and supports local organisations with implementation. It is commissioned to do this by the Department of Health and Public Health England. To contact your local FNP team, or to find out more about commissioning the service in your area, please visit www.fnp.nhs.uk. You can also follow @FNPNationalUnit on Twitter for regular updates.

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