

Family Nurse Partnership – improving parenting capacity

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What is FNP?



Nurse led

Parenting

**Evidence (35 years)
and data**

Public health

Strengths

**Impacts on babies, mums,
dads, families**

**Learning and
improving**

**Prevention
and early
intervention**

Intensity

**85+ local
Authorities**

Consistency

**Early
pregnancy – 2**

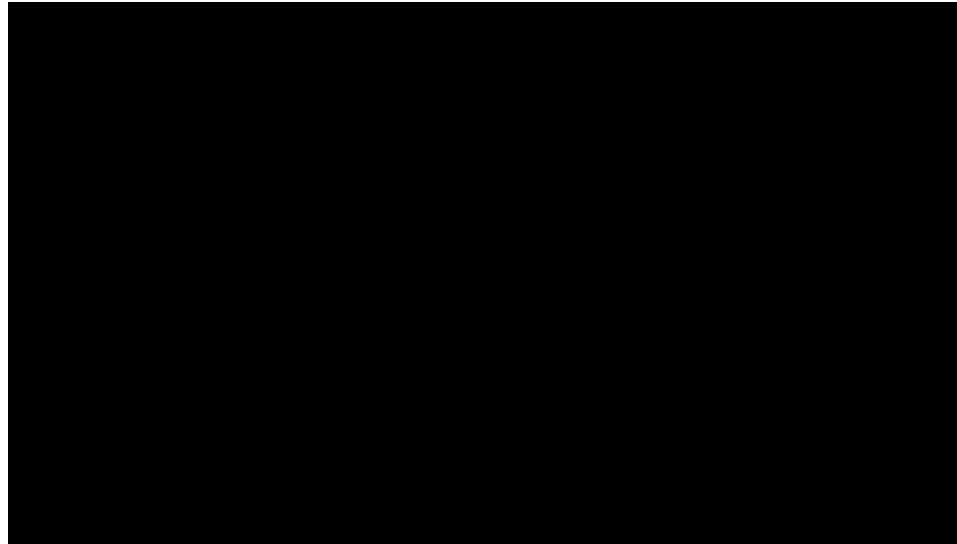
**Therapeutic
relationships**

International

System-wide benefits

**First time, vulnerable
mothers**

Stacey's story



FNP Goals



Connecting with families:

- 1. To improve pregnancy outcomes** by helping women improve their prenatal health
- 2. To improve children's subsequent health and development** by enabling parents to provide more competent care for their children
- 3. To improve women's life course** by planning subsequent pregnancies, finishing their education and finding employment.

How vulnerable are FNP clients?

FNP Randomised Control Trial found that:

- Half were NEET
- One fifth had been homeless
- A third had been arrested
- Half had been suspended/excluded/expelled from school
- Vast majority of current pregnancies were unplanned
- 40% experienced intimate partner violence
- A third had depressive symptoms at any one time point

(Robling et al 2015)

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Recent FNP research tells us..

Clients highly disadvantaged, great engagement, highly valued, feel it makes them better parents

Four primary outcomes (smoking in late pregnancy, birth weight, child A&E attendances/hospital admissions, subsequent pregnancy) **FNP = usual services**

FNP benefits in secondary outcomes including:

- child development (lower levels of developmental concern and improved language development at age 2 and increased child safeguarding surveillance and identification)
- maternal self-efficacy, quality of partner relationship and social support.



Why is good parenting so important?

- Significant variable implicated in:
 - childhood illnesses and accidents
 - substance misuse, truancy, school disruption
 - Underachievement in school and later socio-economic activity
 - child abuse, juvenile crime, and mental illness(Hoghughi 1998)
 - Good parenting can close the inequality gap in child development
 - Involvement of fathers improves outcomes, is protective factor
- (ESRC 2012)

Theoretical basis

- Human ecology theory



- Attachment theory



- Self efficacy theory



Human ecology theory:

- Involvement of wider family
- Exploration of social and material context in which the mother and child are living.
- Exploration of relationships and improving communication skills
- Consideration of child's wider community and potential impact on child – making changes where necessary
- Engaging with other services to support the family

Attachment theory

- Nurses develop an empathic and consistent relationship and become a “safe base”
- Modelling reliability, structure, containment, warmth, compassion
- Exploration of caregivers own childrearing histories so that they can appreciate the impact of their history on their “natural” way of responding and interacting.
- Promoting sensitive, responsive, nurturing caregiving
- Includes exploration of theoretical concepts such as attachment and love, modelling caregiving responses and structured observation of dyads

Self efficacy theory

- Strength based , positive and hopeful – focus on clients strengths, talents, skills and resources, expectation that client will succeed
- Client as expert in her own life with a ‘hearts desire’
- Collaborative, with emphasis on client as decision maker
- Use of motivational interviewing methods
- Setting goals with small steps and positive feedback
- Enabling clients to ‘reframe’ experiences and believe in own success
- Building skills and confidence helps build hope

Clinical elements

- Visit by visit guidelines
- Relational emphasis - trust to establish a safe base for exploration
- Structure for regulation
- Methods emphasise collaboration and autonomy
- Content educational and facilitative
- Retrospective, current and anticipatory
- Process of 'agenda matching' to align programme goals with client's innate motivations and personal goals
- Collecting and analysing data – being curious!
- Supervision
- Initial and ongoing learning

Specialist areas of practice

DANCE (Dyadic Assessment of Naturalistic Caregiver child Experience)

- A framework to guide developmental observations
- Information and resources to support work with families

PIPE (Partners in Parenting Education)

- Curriculum and educational model designed to draw on parent's strengths to help them become more emotionally available.
- Listen, love, play. Concepts, interactive sessions with practical tools, reflection



FNP now

- Passionate, highly skilled, committed national workforce of 600+
- Delivered in over 80 areas
- High engagement with vulnerable families
- Experience of delivering an evidence-based programme at scale, nationally, with fidelity, over 10 years
- Infrastructure and system to allow rapid feedback and development
- Scope for sharing learning.

BUT: a perfect storm

- Funding cuts
- Shift to LA commissioning
- RCT findings.



Ambitions

- Improve outcomes – and how they are demonstrated
- Make FNP more cost-effective
- Make FNP more flexible (contexts and client needs)
- Improve connections with other local services.

And:

- Build on strong foundations – evidence, skills, theoretical integrity, national infrastructure and networks
- Explore new ways of working, testing, improving.

FNP Next Steps

Universal improvements

Improve quality and efficiency across all sites to better meet local priorities.

- New eligibility criteria
- Updated smoking cessation and nutrition guidance
- Revised FNP data dashboard

Knowledge & Skills Exchange

Collaborate with other services to improve local systems overall through knowledge and skills exchange. Sharing local FNP team's skills and knowledge to build capacity in their wider workforce and support quality improvement to benefit a wider local population

Evidence impact

Review data and new research to confirm effectiveness. Look at where we can measure impact, do further research to determine impact.

- ASQ Impact & Improvement Tool
- Safeguarding tool
- Quality Improvement

ADAPT

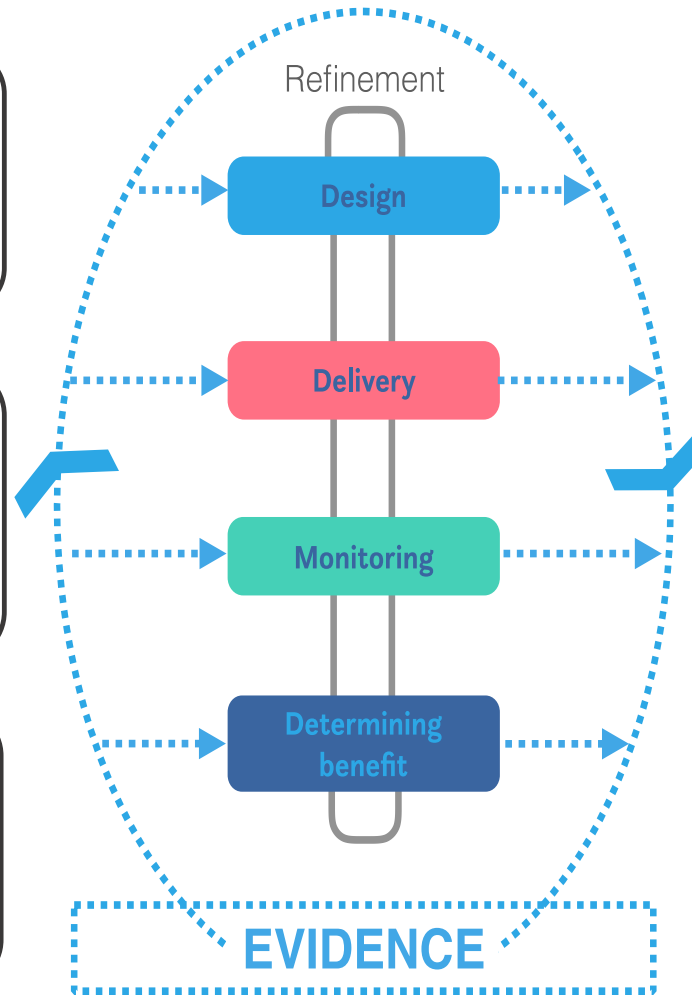
Work with 11 sites co-design clinical and personalisation adaptations to the current FNP. Test these adaptations rapidly, roll-out positive improvements. Aim for the learning to be more widely applicable than FNP.

ADAPT

In consultation with users, experts, practitioners, managers and commissioners. And by drawing on published, high quality science and research.

Design materials, develop and deliver training, purchase equipment, map and develop new processes, model overall system flow.

Mixed methods approach, rapid and iterative. Examining acceptability, contextual factors, unintended consequences, process and outcomes.

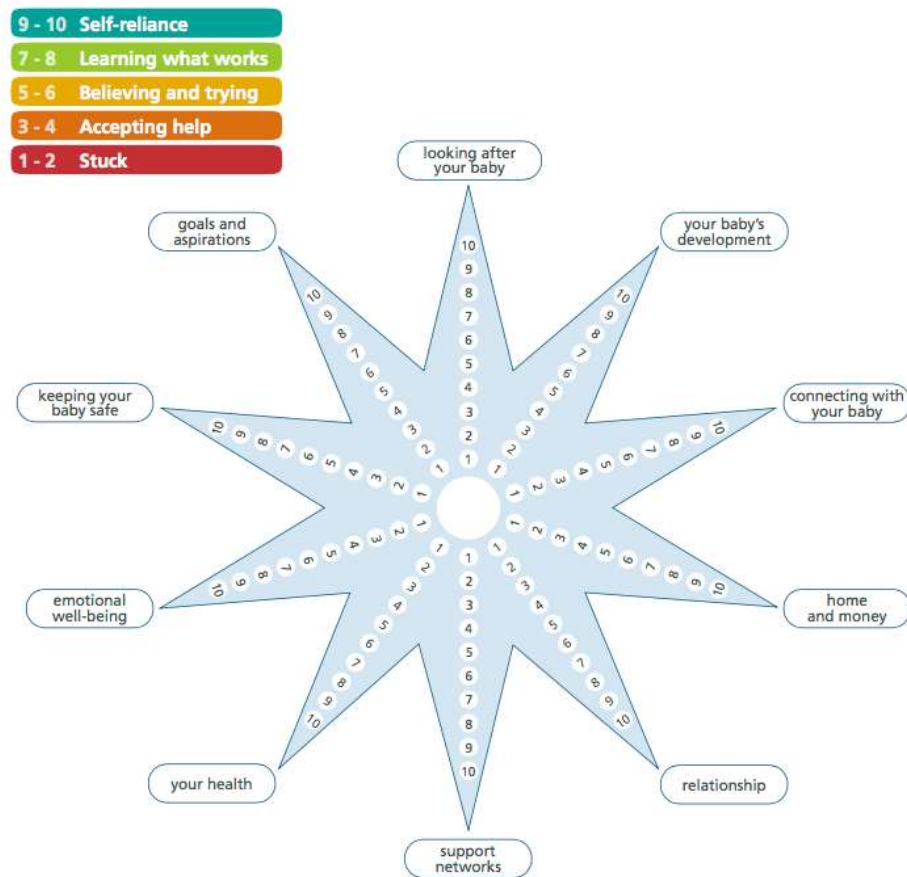


Outputs
Logic model, innovation description, dark logic, context map.

Qualitative data on client and nurse experience, quantitative data on outcomes and process.

System adaptations: personalisation

- Purpose
 - Rationalise resources
 - Target resources more effectively
- Nature
 - Change eligibility criteria
 - Flex the content to match need
 - Increase and decrease the schedule of visits
 - Early graduation



Clinical adaptations

- Clinical areas
 - Breastfeeding
 - Smoking cessation
 - Maternal mental health
 - Attachment
 - Neglect
 - Intimate partner violence
- Innovations
 - New materials
 - Improving training
 - New assessment tools
 - Graded Care Pathway; CO monitoring
 - Specialised care pathway
 - New approaches
 - Peer mentors; VIPP

Letting the light shine in



Thank you

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