

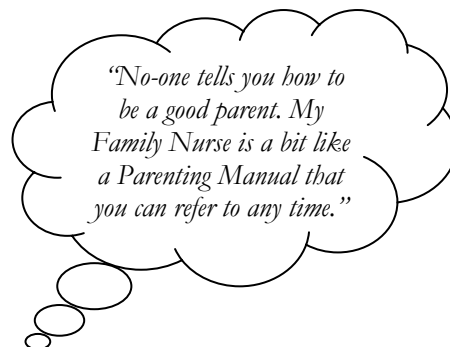
research trial began in 18 test sites in England. We in Scotland also collect data on the clients and the programme. This gives us an idea of how well we are delivering the programme and some of the short term impacts.



*"FNP means everything to me. Now I want to go back to school and do something with my life."*

The first evaluation showed that the FNP can be delivered well in England and that it seems to be acceptable to the clients and the nurses. We saw some promising signs that it may make a difference in areas such as smoking and breastfeeding. However, it is a very different way of working with clients and it is early days with much still to be learned, particularly as this is the first time the model is being tested in Scotland. The first report of the evaluation of FNP in Scotland was published on 27 July 2011 (<http://www.scotland.gov.uk/Publications/2011/07/28142203/0>). Additional reports are due out in 2012, with a final report in Spring 2013. We too are seeing signs that the model is transferable in the Scottish context, but still have a lot to learn about replicating the FNP model. Progress on FNP implementation in Scotland can be followed on the Scottish Government website

[www.scotland.gov.uk/family-nurse-partnership](http://www.scotland.gov.uk/family-nurse-partnership)



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## FAMILY NURSE PARTNERSHIP



## *What Is It?*

The Family Nurse Partnership (FNP) is a preventive programme offered to young mothers and their families, 19 years and under, having their first baby. It begins in early pregnancy and is orientated to the future health and wellbeing of the child. The Family Nurses who deliver the programme come mainly from health visiting and midwifery and they receive extra training at an advanced level to equip them for their new role.

The FNP is based on the theories of human ecology, attachment and self-efficacy and has 3 overarching goals:-

- To improve antenatal health and birth outcomes.
- To improve child health and development.
- To improve the economic self-sufficiency of the family

*"If I won the lottery, I would give it all to FNP to make sure it carried on!"*

## *Testing*

NHS Lothian & NHS Tayside are testing the FNP in Scotland, and the recent manifesto commitment will see FNP rolled out across Scotland, the next two areas being NHS Fife and NHS Greater Glasgow and Clyde. There are 88 Primary Care Trusts (PCTs) and local authorities implementing FNP in England to

find out if the programme benefits children and families in the UK. The programme has had 30 years of development and 3 large scale research trials in the US. These have shown consistent short and long term benefits for children and families which include:-

- ✓ reductions in smoking in pregnancy
- ✓ greater intervals between and fewer subsequent births
- ✓ fewer accidents
- ✓ reduction in child abuse and neglect
- ✓ better language development in children
- ✓ increases in employment
- ✓ greater involvement of fathers

The programme is most effective with young parents who have low psychological resources, limited family support and low educational achievement.



## *How Does It Work?*

The programme works with the strengths of the client and encourages them to fulfil their aspirations for their baby and themselves. A pattern of weekly and fortnightly visits begins

early in pregnancy and continues until the child's second birthday. The visits do not replace midwifery care but do deliver most of the Health for all Children (Hall 4) programme. The nurses use programme guidelines, materials and practical activities to work with the mother, as well as the father and wider family, on understanding their baby, making changes to their behaviour, developing emotionally and building positive relationships.

## *Programme Fidelity*

Because the FNP has been shown to be effective through research, it is very important to reproduce the same research conditions when delivering the programme to clients and avoid diluting or changing the programme. For this reason it is a licensed programme and we have to meet a number of requirements that will ensure fidelity to the programme. These include gestational age at enrolment (60% by 16 weeks and none later than 28 weeks), the number, frequency, content and duration of visits in pregnancy, infancy and toddlerhood, attrition rates, caseload size, weekly supervision, and training of the nurses and supervisors. By meeting these conditions we can be more confident that the positive outcomes for children and families will be achieved.

## *Evaluation and Research*

Parents, nurses and taxpayers invest time, effort and resources in the FNP. We need to learn how to deliver the programme well and to know whether it makes a difference to the outcomes for children and families in this country. Birkbeck, University of London, have been evaluating the first wave of 10 pilot sites since April 2007 and from April 2009 a large scale