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**FAMILY PARTNERSHIP PROGRAMME – FIRST YEAR PILOT SITES IN ENGLAND**

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**SUMMARY REPORT****Purpose of the Report**

1. To share with Members the findings of the national first year evaluation.

**Summary**

2. In ‘Reaching Out: An Action Plan on Social Exclusion’ (Sept 2006) the Government announced a proposal to establish 10 projects to test a specific model of intensive home visiting for vulnerable first time young mothers. This is the Family Nurse Partnership (FNP), developed over 25 years in the USA by Professor David Olds, University of Colorado. In the USA, it has produced impressive short and long term results improving the health and well being of both children and their families, including fewer subsequent pregnancies and improved school readiness, with \$5 saved over childhood for every \$1 invested over the two years.
3. The three year FNP pilot began in April 2007 and is being delivered in Darlington and Durham through a partnership involving: Darlington PCT; Darlington Borough Council; County Durham PCT; CYPS, Durham; and Children Services Department.

**Recommendation**

4. It is recommended that Members continue to support the FNP pilot project.

**Murray Rose,  
Director of Children's Services**

**Background Papers**

The Family Nurse Partnership was developed and tested in the USA by Professor David Olds, University of Colorado, during 25 years of on going longitudinal, randomized trials in different population groups and staff groups.

This scientifically proven programme has achieved consistent and impressive benefits for first time low-income mothers and their children and has a clear invest-to-save application.

See **attached** Executive Summary of National Evaluation.

Jan Finn, PCT :

S17 Crime and Disorder	
Health and Well Being	
Sustainability	
Diversity	
Wards Affected	
Groups Affected	
Budget and Policy Framework	
Key Decision	
Urgent Decision	
One Darlington: Perfectly Placed	

## MAIN REPORT

### Purpose of the Project

5. To conduct a benefit analysis of the intensive parenting programme currently tried and tested in the USA within County Durham and Darlington through the Family Nurse Partnership (FNP). The FNP is expected to deliver the following outcomes.
6. By working with vulnerable first time young mothers over a 3 year period the Family Nurse Partnership aims to:
  - (a) Improved prenatal health
  - (b) Reduce childhood injuries
  - (c) Reduce mental health problems
  - (d) Reduce subsequent pregnancies
  - (e) Increase intervals between births
  - (f) Increase maternal education, training and employment
  - (g) Improve child health and development
  - (h) Improve school readiness
7. Sustained improvements over 10years will see:
  - (a) A reduction in child abuse and neglect
  - (b) A reduction in arrests
  - (c) A reduction in borderline criminal behaviour
  - (d) Improvements in educational attainment
  - (e) Improvements in health, mental health and well-being

### Information and Analysis

8. The Nurse-Family Partnership (NFP), is an evidence-based nurse home-visiting programme designed to improve the health, well-being and self-sufficiency of young first-time parents and their children. It involves weekly or fortnightly structured home visits by a special trained nurse from early pregnancy until children are 24 months old.
9. The programme is designed for low-income mothers who have had no previous live births and starts in the second trimester of pregnancy.
10. The main goals are:

- (a) To improve the outcomes of pregnancy by helping women improve their prenatal health;
  - (b) To improve the child's health and development by helping parents to provide more sensitive and competent care of the child;
  - (c) To improve parental life course by helping parents plan future pregnancies, complete their education and find work.
11. Research evidence has shown it to have positive effects from pregnancy through to the time children are 15 years old. The most pervasive effect are those relating to maternal life course (such as fewer and more widely spaced pregnancies) and better financial status. The likelihood of child abuse and accidents is reduced, the children are likely to have improved developmental outcomes as they reach school age. There is clear evidence for reduced ASB in children in their teens.
12. Key Messages:
- (a) The FNP focuses on prevention and early intervention;
  - (b) Family nurses working within integrated services for children and families, linked to Children Centres, are delivering the program;
  - (c) Family nurses are recruited from Health Visiting and Midwifery and undergo specialist training in motivation interviewing, self-efficacy, attachment, bonding and engaging with your baby, to prepare for this role;
  - (d) The programme builds on client's strengths and focuses on solutions;
  - (e) The FNP uses evidenced based theories (attachment, human ecology, self-efficacy).

### **How the FNP is being delivered in Darlington**

13. The service is being delivered by a Family Nurse, with a caseload of up to 25 families, based in a Children's Centre. The families are from a range of wards, however, the majority (12/14) reside in the poorest wards (Super output areas or SOAs)
14. Mothers are supported by the same Family Nurse from early pregnancy until the child is aged 2, establishing continuity.
15. The programme consists of three parts: Pregnancy (14 visits); Infancy (28 visits); and Toddler-hood (22 visits) and involves delivering a structured programme of home visits.
16. The Family Nurse worked closely with community midwives to ensure that all first time mothers aged 20 years and under were referred to the project.

### **What we have learnt so far**

17. The programme in Darlington is in its early stages, but we are already seeing the positive effects of an intensive early intervention programme of this nature. The Family Nurse is reporting:
- (a) An increase in the self esteem of young parents on the programme;
  - (b) A willingness from young parents to learn about the development of their child and health related issues; excellent attendance for antenatal appointments and 99% of babies have been born full-term and all the babies have been of normal weight;
  - (c) A greater interest from dads/partners and improved communication with other family members; The majority of partners are in work or training, therefore have difficulty being present during visits, but are supportive of family nurse involvement;

- (d) An interest from young parents to complete things that they start;
- (e) A willingness from young parents to develop long term therapeutic relationships; clients tend to cancel their visit and rearrange rather than not being in, resulting in very few DNAs;
- (f) A willingness from young parents to learn about and try breastfeeding 59% initiated breastfeeding at birth and continued to do so at 48hrs, with 50% continuing until 6weeks;
- (g) Mothers are reported to be “reading their baby’s cues” and providing a stimulating environment for their babies;
- (h) Babies are developing very well and some appear to be reaching milestones earlier
- (i) There is evidence of a change in dietary intake with the majority moving from take-away food to an increase in healthier options including fruit and vegetables, and positive attempts to homemade food;
- (j) Immunisation uptake has been excellent, with all parents attending their appointments;
- (k) 50% of clients/partners were smoking when recruited with 22% stopped during pregnancy and continue to be non-smokers and 89% choosing to have a smoke-free home;
- (l) Clients/partners have reduced their alcohol intake and have a more responsible attitude to alcohol;
- (m) Most of the clients have positive attitudes towards returning to education/employment within the near future, with 50% intending to attend college in September 08 (this appears to be due to the Care to Learn scheme).

18. The project has gained national publicity:

*“Went to a great Children’s Centre in County Durham/Darlington and saw the future! Children’s Centre manager is an ex Health Visitor – there is a Family Nurse, Health Visitors (with large case loads) and lots of excellent early years and outreach staff safely managed by the Children’s Centre Manager”*

*Kate Billingham, Deputy Chief Nursing Officer, Department of Health*

*“The new roles outlined in ‘Facing the Future’ are beginning to take shape on the ground.....where the manager is a health visitor by background. The Children’s Centre provides fully integrated services to local children and their families and has excellent links with local GPs. The team includes midwives, health visitors, a Family Nurse piloting the Family Nurse Partnership programme, nursery nurses and a range of early years and family support staff. The centre is busy with local families taking up a wide range of services and activities that are on offer. This means that the health visitors can focus on primary assessment and use the rest of the team to provide a package of support to families who need it.”*

*Ann Keen, Minister for Health*