

The Family Nurse Partnership

**A programme of prevention and
early intervention**

*Be healthy
Stay safe
Enjoy and achieve
Positive contribution
Economic well-being*

Southwark Family Nurse Partnership

The Family Nurse Partnership

An intensive preventive programme through pregnancy until child is aged 2

Benefits children and families who have the poorest outcomes

To improve antenatal health, child health and development and parents economic self-sufficiency



What families get:

- Weekly, fortnightly, monthly home visits by Family Nurses
- Each visit delivered using motivational interviewing techniques and activities to improve self efficacy, change behaviour and build attachment
- Based on nurse/client relationship - experts in reaching the most excluded clients locally

The Family Nurse
Partnership

The case for prevention and early intervention has never been stronger

- Advances in neuroscience and infant development demonstrate the critical impact of just how important early life is for the emotional and cognitive development of children and prevention of adult onset diseases. Pregnancy and early life is a sensitive period when adversities become biologically embedded – fetal programming
- Increasing evidence that effective health promotion and disease prevention interventions in early life can produce measurable benefits in health, later educational achievement, economic productivity and responsible citizenship. Increasing evidence of savings along a range of dimensions, e.g. Social Care, health
- Pregnancy and birth a key time – mothers have an instinctive drive to protect their young and first time parents in particular want their child to be healthy and happy and do well in life
- FNP focuses on early intervention and prevention at this critical time utilising this ‘window of opportunity’ to focus on ‘doing’ and addresses difficult issues so that change happens in families – much more than ‘support’.
- Recognised in Marmont Review (2010) and Early Intervention documents (DCSF 2010)

Teenage pregnancy in Southwark

- Southwark's teenage conception rate is consistently high and one of highest in UK.
- There were 220 births to women aged < 20 in 2007
- Southwark can offer up 105 FNP places to eligible young women on a 2 ½ year cycle. High uptake and retention rates locally.
- **Who are we reaching? The overall picture...**
- Southwark FNP is reaching the most vulnerable clients. 27% of clients have more than 4 significant stressors such as poor mental health (44%), hostile/neglectful relationship with own mother (45%), serious loss or trauma (39%), homelessness (30%) for example.
- 25% of the current case load are 'looked after' or leaving care
- 61% have less than 5 GCSE's at recruitment
- Clients range from 13 – 19 years of age, ethnicity 14% mixed, 36% white, 41% black
- 30% of original and 45% of current cohort recruited < 16 weeks pregnant. We are aiming to reach 60% of cohort < 16 weeks gestation.

(all figures from caseload audit March 2010)

Local impact so far - audit results

- **Recruitment & retention of clients**
 - Excellent results throughout programme and USA stretch objectives exceeded (90% uptake, 18% attrition). Main reason for leaving= moved away.
- **Breast feeding**
 - 86% of clients initiated breast feeding
 - 80% of these clients were still exclusively breast feeding at 2 weeks
 - 53% were still breast feeding at 6 weeks, 23% exclusively
 - 27% of cohort still breast feeding at 6 months
- **Contraception**
 - 80% of clients use regular contraception. Pill, implant and condoms most popular choices
- **NEET**
 - 42% of clients have returned to education
 - 32% of clients have returned to work
 - 44% of clients were NEET at intake, around 26% NEET currently (original cohort).

• (all figures from caseload audit March 2010 & OE reports)

CLA caseload audit results

- 25% of mothers on caseload are 'looked after' or leaving care
- Client age range from 13 – 21 years old
- 50% of clients were placed out of borough for varying periods during FNP involvement and had multiple changes of social and key workers. The Family Nurse is often the only consistent professional in client's life as able to follow the client within reasonable distance.
- FNP involvement has significantly influenced the decision not to remove several children into foster care due to level of client engagement with FNP. For example, one child removed from care of mother and placed in care of father due to father's involvement and continued work with Family Nurse. Child remained on a child protection plan for monitoring, but with support passed a parenting assessment and has become engaged with Children Centre activities locally.
- The FNP programme is delivered from very early pregnancy until the child reaches 2 years of age. The programme focuses on building self efficacy and esteem, promoting bonding and attachment behaviours and improving life chances for the mother and baby.

Audit results CLA clients

- 25% of caseload CLA or leaving care
- 86% of CLA clients belong to Southwark, 2 other clients placed in SWK by Greenwich and Croydon .

- **Identified client vulnerabilities**
 - 50% of clients disclosed domestic violence in their own childhood
 - 86% had a hostile/neglectful relationship with mother or father
 - 36% were bullied at school
 - 71% disclosed serious loss or trauma
 - 7% has alcoholic mother
 - 64% disclosed depression, anxiety or OCD
 - 36% have experienced homelessness
 - 21% disclosed domestic violence within current relationship
 - 14% disclosed self harm/ eating disorder
 - 14% disclosed drug misuse by parents
 - 7% disclosed being sexually abused

Pregnancy, contraception and breast feeding

- 79% of pregnancies were unplanned.
- One repeat pregnancy (1st child 23 months old, planned pregnancy, mother aged 21).
- **Post natal contraception**
 - 14% reported using oral contraceptive pill
 - 57% reported using implant
 - 21% reported abstinence
 - 7% reported using condoms
- **Breast feeding**
 - Only one client decided not to breast feed her baby, her family were not supportive of breast feeding.
 - 29% breast fed for 2 weeks
 - 22% breast fed for 6 weeks
 - 43% breast fed for longer than 4 months, 14% breast fed for > 1 year.

Father involvement

- The vast majority of fathers are reported as not being involved with the family and therefore not present at FNP visits (64%).
- An additional 7% of father's reported as involved with family, but working and no FNP contact although appropriate materials left for them.
- 29% of fathers are reported as having significant involved with the FNP visits. One father became sole carer for the baby during the programme. The Family Nurse continued to visit both parents separately and contributed to child being placed with father, rather than being removed into foster care when the mother was unable to parent safely.

Return to work or education

- 64% of clients have successfully returned to education
- 36% of clients have neither returned to education or work.
- Of the clients that have not returned to work or education:
 - 1 client very keen to return to education, but unable at time of audit as no recourse to public funds
 - 1 client planned to have a second baby and decided to stay at home to care for her child (also moved into a refuge out of borough).

Child in need / child protection plans

➤ Social care involvement

- 43% of CLA clients had no social care referrals during FNP programme

➤ Child Protection – pre-birth

- 29% of clients were referred to FNP with a pre-birth child protection plan already in place.
- Case 1 on CP plan due to risk of neglect as client no recourse to public funds, sofa surfing and failure to disclose details of contact with father of child. Became a CLA aged 16, baby remained on CP plan for duration of FNP.
- Case 2 on CP plan due to high risk family history, risk of physical abuse. Mother 14 years old. Baby now 5 months old and remains on CP plan. Client engaging well with FNP and making good progress.
- Case 3 on CP plan due to risk of physical harm related to high risk family history. Client had been on CP plan herself due to risk of physical and emotional harm. Case closed after 3 months, no further social care involvement.
- Case 4 on CP plan due to mother's chaotic lifestyle, volatility and unsafe home environment. Mother 15 years old at time of birth. Continued on CP plan and child eventually successfully placed with father who has continued to be supported by FNP.

Audit results for children

➤ A& E attendance

- No A & E attendances for accidents or ingestion

➤ Ages and Stages Developmental Assessments

- Ages and Stages questionnaires (ASQ) are comprehensive developmental reviews completed with parents. They are completed every 2 months from 4 months of age and cover communication, gross motor, fine motor, problem solving and personal social. 60 is the highest normal score achievable, scores around 25-30 require referral.
- The overall average score at 4 months was 55
- The overall average score at 10 months was 55
- The overall average score for ASQ at 14 months is 55
- The overall average score at 20 months was 55

Post natal child protection/ child in need

- 21% of CLA clients were referred to Social Care in the post natal period. 14% of these referrals was initiated by the Family Nurse.
- Case 1 was referred for assessment as per protocol after the client was arrested by the Police when her mother was found to be in possession of drugs. Maternal grandmother known drug user. Case not opened by Social Care.
- Case 2 child in need referral was initiated by the Family Nurse due to concerns regarding the chaotic household (client living with her birth father again). The case was closed after initial assessment and monitoring after a period of 10 weeks.
- Case 3 was referred by CLA Social Worker due to mother's erratic behaviour and involvement in organising thefts with other school children. The client was well engaged with FNP during pregnancy, but poor engagement after return to school. Referral initiated when child aged 18 months old
- Case 4 was referred as CIN due to low mood and impact on parenting. Case closed after 3 months.

What difference does FNP make with 100 families?

For a cost of £3000/yr/family (around £300k/FNP team/yr) the outcomes attributable to the FNP could bring us the following cost benefits:

Year One:

- If we prevent 1 day in hospital for 10 pregnant women we save £10,000
- If we prevent one overnight stay in SCBU for 10 babies we save £4,500
- If we prevent a 10 day stay in intensive neonatal care for just one baby we save £10,000

Year One and Two

- If we prevent 5 emergency hospital admissions we save £3,750
- If we prevent 20 A&E attendances we save £2,000
- If we prevent 5 children going into foster care it will save £135,000 a year
- If we prevent the need for 10 core assessments by children's social care we save £6,500

Thereafter

- If we prevent 10 cases of serious conduct disorder we can save society £2.25m over their lifetime and £1.5m if we prevent 20 cases of moderate conduct disorder
- If we improve the outcomes of 50 children with multiple disadvantages we could help save local services over £5m by the time these children are 16
- If we help 10 young women with no qualifications return to education and so gain employment we can save the state £70,000 in benefits alone
- If we contribute to improved literacy and numeracy in 80 children we could help save society up to

Where does FNP fit locally?

- FNP targets Southwark's most vulnerable families, but without stigmatisation. The service has been rated highly by users in terms of usefulness and acceptability (DCSF 2008).
- Contributes to Southwark Strategic Plan, NHS 'Vital Signs', CQUIN. NICE compliant.
- Could contribute to FIP and 'Think Family' strategies locally.
- Contributes to the Healthy Child Programme and fits within progressive universalism, providing skilled input to the most needy at the 'intensive care' end of the spectrum. Helps to move most vulnerable clients down spectrum by building resilience and skills in families.
- Contributes to safeguarding most vulnerable families and promotes integrated working with partner agencies, such as Social Care, Children Centres, Connexions, Midwifery etc.
- Helps to engage clients with midwifery services when not picked up by ordinary routes e.g facilitate booking with midwifery colleagues. Also have access to wider family.

NEXT STEPS.....

- Continue to contribute to UK RCT (due to report in 2013) on outcomes for FNP compared to universal services.
- Strengthen links with Children's Centres – recent joint Fun Day held at 1st Place. Continue to build on this by capturing client voice – focus group planned jointly with Children Centres. Additional aim to work with CC regarding integration of clients into CC in antenatal period onwards.
- Team have recorded 46% relative reduction in client smoking through use of motivational interviewing techniques and referral to local services. Family Nurses to become NRT prescribers – training planned for June 2010 – contribute to Smoking Cessation strategy.
- Continue to distribute condoms to clients- SRE large component of FNP programme.
- Sharing good practice – FNP Programme Supervisor commencing group supervision with newly qualified health visitors.