Family Nurse Partnership
Belfast HSCT

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(Family Nurse)
**What is Family Nurse Partnership?**

- FNP is an evidenced based, licensed programme established by Prof David Olds in the USA.
- FNP is a voluntary, preventative programme for vulnerable young first time mothers.
- It offers intensive and structured home visiting, delivered by specially trained nurses.
- The programme runs from early pregnancy and ends when the child reaches 2 years.
- FNP was introduced to 10 sites in the UK in 2006 and currently there are over 300 sites providing the service to 13,000 families.
Aims of FNP

- Improve pregnancy outcomes for vulnerable young mums
- Improve children’s health and development
- Improve parent’s economic self-sufficiency

How does FNP work?

- The FNP model draws from three distinct strands of theory. Human Ecology, Self-efficacy and Attachment. These theories are woven together within a professional nursing framework to produce a unique, preventative programme.
- FNP uses in-depth methods to work with young parents, on attachment, relationships and psychological preparation for parenthood.
- FNP has a focus on Infant Mental Health. Various activities and tools are used to help ‘build baby’s brain’ with the aim that these young parents will gain a deeper understanding of what this means for their baby.

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Research

- 3 large RCTs, involving participants across different areas (USA), ethnicities and age ranges have been conducted.
- One RCT also trialled using professionals outside of nursing to deliver FNP.
- This has led to the FNP programme being licensed for use as it is today.
- Long term outcomes for these families currently being observed.

30 years of high quality US research into FNP has shown consistent benefits such as:
- Improvements in antenatal health
- Improved parenting practices and behaviour
- Reductions in children’s injuries, neglect and abuse
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increases in father’s involvement

**Achieving these outcomes depends on successful replication of the original programme – Data Collection and monitoring for Quality Assurance/Improvement**
What does FNP involve?

Clients are visited at home (usually) for 1-1.5 hours by their Family Nurse, structured as follows:

- Weekly for the first four weeks
- Fortnightly until birth
- Weekly for six weeks postnatal
- Fortnightly until 21 months
- Monthly until 24 months

14 pregnancy visits and 49 visits from birth to 2 years

Visits are structured using the following domains:

- **Personal health**
- **Environmental health**
- **Life course development**
- **Maternal and paternal role**
- **Family and friends**
- **Health & Human services**
“The relationship between the Family Nurse and the client/family lies at the heart of the programme”

- Very intensive working relationship between FN and client
- A lot of training and supervision carried out to aid the FN in the achievement of a therapeutic working relationship
- Family Nurses need to be ‘emotionally available’ for their clients
- Modelling behaviours and encouraging positive parent/child interactions and relationships
- Psychology consultation to assist with this process
**FNP Approach**

- Therapeutic relationship
- Strengths based, positive and hopeful – a belief that the client will succeed
- Client is the expert in her own life
- Small steps – Positive affirmation
- Respectful agenda matching to align the clients aspirations with the programme goals – guiding rather than directing
- Utilises the client’s intrinsic motivation as an expectant mother
- Focus on bonding, attachment and emotional availability of the care givers
- Focus on Infant Mental Health
Challenges

- Strict eligibility criteria (LAC within BHSCT eligible)
- Embedding a new service / raising and maintaining awareness
- Voluntary nature of FNP (protection plans)
- Transient nature of the client group
- Data Collection
- Ensuring the focus remains on the baby is critical and calls for a high degree of professional skill and expertise with robust supervision for FNs and Supervisor.
- High level of emotional involvement given the intensity and depth of the programme – contained within supervision to ensure sound professional judgements are made to safeguard children and families
FNP Resources

- FNP Guidelines – materials used to structure every visit
- Books / Toys / Breast Feeding Resources / Dolls / Arts & Crafts

DANCE (Dyadic Assessment of the Naturalistic Caregiver Experience)
- A tool which facilitates in-depth exploration and analysis of the interactions/responses between parent and child
- Used to identify positive and negative interactions and will assist in planning further interventions i.e. psychology

PIPE (Partners In Parenting Education)
- Demonstration and reflection of interactions
  - Baby cues
  - States of Awareness
  - Attachment
  - Cribside Communication
  - Play
  - Emotional Refuelling

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Family Nurse Learning Programme  
(takes around 18 months to Complete)

- Three modules 1) FNP in Pregnancy 2) FNP in Infancy 3) FNP in Toddlerhood
- PIPE (Partners In Parenting Education)
- Communication skills in FNP (MI Skills)
- DANCE (Assessment tool for care giver/child interactions)
- Learning Needs Assessment and FNP Competency Framework
- FNP Learning Programme is accredited at Masters level via Liverpool JMU with completion of a Module in FNP Learning

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Eligibility Criteria
(Based on the programme licence)

- ≤19 years at LMP
- Gestation on later than 28 weeks (60% before 16 weeks)
- First baby (previous miscarriage, termination or still birth are still eligible)
- No planned adoption

**BHSCT Criteria:**
- Living in North Belfast

**Current Situation:**
56 clients enrolled and 44 babies born
(2 clients have opted out and have returned to HV services)
Belfast HSCT FNP Team

- 5 Family Nurses
- 1 Supervisor (weekly supervision)
- 1 Administrator
- Safeguarding Nurse (*providing monthly supervision*)
- Psychologist (*providing monthly consultation*)
- Midwifery care is delivered alongside FNP
- HCHF Programme is delivered by FNs (with the child handed over to HV at 2 years old)

FNP aims to work closely with other services:

*Social Services; GPs; Mental Health; Community groups*  
*Surestart; HV; MW; NIHE; Education; Voluntary groups*
Notifying the FNP Team

Notification FNP Supervisor (via email/telephone/post)
Notification Forms include Name, Address, DOB, EDD, LMP, Are family aware of pregnancy?*, Contact numbers (as many as possible), GP Name and Address

If you would like any further information please contact:

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Case Presentation
Dymphna Eaton
(Family Nurse)
Notification to FNP

- Kacey was enrolled in Family Nurse Partnership following a notification from social services 16+/transition team
- First visit (recruitment) took place in Women’s Aid Hostel
- Explanation of the programme content and identification of goals the client would like to meet was discussed.
- With the aim to establish a therapeutic working relationship led by the client.
Timeline of Kacie’s life

**Birth to 10yrs**
- Kacie’s parents separated when she was 3yrs following a history of domestic violence and class A substance misuse. She lived with her mother and new partner in England for a short period.

**10 yrs to 18yrs**
- Kacie was initially in kinship and then short term foster placements. And then finally lived in residential accommodation until aged 18 years.

**18yrs to present**
- Kacie met and married her husband Damien who she met within the care system. Their relationship deteriorated due to sustained and escalating violence which culminated in a violent assault on Kacie. Kacie moved away from her marital home to the women’s aid hostel.
Enrolment onto FNP

- Kasey enrolled on the programme at 14 weeks gestation.
- She had multiple health concerns relating to her pregnancy: smoking, obesity, raised blood pressure, gestational diabetes, rhesus negative blood type.
- She has very limited support from family having been in the care system since age 10 yrs.
- Kacie was ambivalent about being pregnant but was willing to engage with the FNP programme.
During her pregnancy, Kacie developed gestational diabetes. This necessitated her having to learn how to self-administer insulin, which was a major challenge for her.

Kacie was living in an upstairs flat – which she secured with the help of the NIHE Homeless Unit.

Kacie had no family support in pregnancy, and due to safeguarding concerns she was prohibited from having contact with Damien.
FNP in Pregnancy
FNP in Pregnancy

Becoming a mum
Finding out

Finding out you are pregnant is a big thing.  
What did you say to yourself when you found out?

Some women are surprised, some are relieved, some are happy, some are afraid. Some feel all of it! How did you feel?

Becoming a mum is a big deal! Most women say their feelings change a lot at first: one day happy, then the next day upset. Part of this is due to lots of hormone changes in the first 12 weeks.

Becoming a mum means you will need to give some things up or make some changes, sometimes in hard ways. It might mean you have to wait longer to have some things you hoped for. What will you lose or have to wait for?

Becoming a mum also might mean having some great dreams come true. 
What dreams might be coming true?

Welcoming your baby:
Take a few quiet minutes to slow down. Place your hand on your tummy. Imagine your baby, comfortable and at home in your womb. Notice how safe your baby feels with you. Smile, send your love, and welcome your baby.
Some of Kacie’s thoughts expressed during our visits

“I think I have feelings for my baby”

“I want my husband to be part of my baby's life although I know the risk he poses”

“I don’t know how to do it right but I know how people do it wrong”

“How can I do it right after all I've been through”

“I want to learn how to do it right”
FNP in Infancy

- Baby Amy was born by emergency caesarean section at 33 weeks gestation
- Following a brief period in the neonatal unit she was discharged home with Kacie.
- Kacie found herself at home, alone with a premature baby, with no family support – this obviously put Kacie and Amy in a very vulnerable position
- Kacie was continuing to engage well with FNP and was/is very receptive to advise and information shared as well as being accepting of the need to engage with community services.
Mum's memo:
My baby is 4 months old!

Baby likes to mimic and copy you.
When I make 'oos' with my mouth, my baby ___oo___.
When I stick out my tongue, my baby ___oo___.
When my baby mimics me, I feel ___happy___.
This is how I know my baby is getting ready to fuss.

Baby's face:

This is how I help my baby avoid a 'meltdown'.

Baby enjoys babbling, cooing and squealing at this age.
This is how I am teaching my baby language.

The sound I like to hear most from my baby is ___oo___.

At first, the mum job seems too big, but then it starts to feel more natural.

How is it more natural? ___I'm in control! I know exactly what to do to help her___.

How do you feel about being a mum now? ___It's better than I thought___.

What happened to help you feel like a real mum? ___I knew she wants me more than other people___.
**FNP in Infancy**

**Having a second baby – is the time right?**

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<thead>
<tr>
<th>Benefits of having a second child now</th>
<th>Drawbacks of having a second child now</th>
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<tbody>
<tr>
<td>For me...</td>
<td>For me...</td>
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<td></td>
<td>I'm not back at my healthy self yet after this baby. I wouldn't have time to spend on her.</td>
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<td>For my baby...</td>
<td>For my baby...</td>
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<tr>
<td>Having a brother or sister near the same age for company.</td>
<td>She would have to shave me. I couldn't do the things I do coz I would be too busy.</td>
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<td>For others...</td>
<td>For others...</td>
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<tr>
<th>Benefits of having a second child later</th>
<th>Drawbacks of having a second child later</th>
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<tbody>
<tr>
<td>For me...</td>
<td>For me...</td>
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<tr>
<td>I would be more healthy and have more time to spend on a new baby.</td>
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<td>For my baby...</td>
<td>For my baby...</td>
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<td>My baby will have time to develop properly.</td>
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<td>For others...</td>
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Using PIPE

- A teaching method which uses the family nurse as exemplar in the exploration of a concept - **Trust**
- Exploring what this means to the client, how they have experienced this, how it made them feel, how trust feeds their baby’s growth and development and finally through modelling a practical demonstration, indicates activities which will promote this with their baby.
- Using visuals and trust flower activity.
Working in Partnership with other services

- Transition team/16+team
- Barnardos
- Family and child care team
- Named Nurse for Safeguarding
- Surestart
- NIHE
- GP
- Family Centre (parenting assessment)
- Psychology
Where we are now...

- Kacie and Amy are still living in their upstairs flat, which we are currently reviewing. Kacie is engaging really well with the programme and continues to complete some valuable work through using the FNP materials. Kacie has been able to make some really positive changes and shows a real protective instinct regarding Amy.

- Kacie has a very strong bond with Amy and now feels very positively about motherhood. Kacie, although is aware of the challenges she faces, feels more equipped to move forward and make a future for her and her daughter.