

Implementation of FNP in 10 pilot sites in England

National evaluation of the first year

Professor Jacqueline Barnes
Birkbeck, University of London

Overarching questions for the evaluation

Delivery of the programme

Can FNP be implemented with fidelity?

- **Who** should be offered the programme?
- **How** best to access them?
- **What will help or hinder programme delivery?**
 - Selection and training of FNs and supervisors
 - Management
 - Systems
 - Workforce
 - Commissioning

Target population

USA guidelines

- “An evidence-based community health program that helps transform the lives of VULNERABLE mothers pregnant with their first children.”
- Key element of implementation is “Enrolling first-time, LOW-INCOME mothers early in pregnancy”

Accepted programme offer

- More than 3,500 names received
- 42% (1403) definitely eligible
- 87% enrolled (1217) (objective 75%)
- More than half (51%) recruited at or before 16 weeks gestation (Objective 60%)
- Average age 17-18 weeks

Identified vulnerable population

- 80% without 5 or more A*-C GCSEs
- 78% not employed
- 67% not living with partner
- 75% below poverty line
- 24% report physical abuse in past 12 months, 11% during pregnancy
- 50% BMI < or > recommended range

Indicates simple selection system, under 20 and first time mother will identify appropriate group cf. those in USA trials

FNP acceptable to clients

- Appreciated difference to other services (non-judgemental, informative, strength-based, paced to suit individual needs, has structure but this also allows for flexibility)
- Did not perceive the offer as pejorative or stigmatising

Nurse behaviour valued

Clients identified the nurses, the positive way they talked and responded, as the main strength of the service:

"I was expecting someone to come and treat me like I was thick, because of my age, like I didn't know nothing, but she was quite understanding about it really, you don't get a lot of people like that. She let me ask the questions."

"I thought she was going to be really nosey and look down at me because I'm a teenage mum. But no she was really, really nice. Nothing like I expected her to be. I expected it to be really bad. I get on really well with her".

Programme delivered with fidelity

- Average visit length 73 minutes (60+ recommended)
- Recommended coverage of the 5 domains
- Dosage lower than that recommended by the USA
- Dosage influenced by difficulty with recruitment pathways, training requirements, and concentration of new clients

Father involvement high

- Young fathers show great interest in FNP, and many want to be present for visits or complete the activities
- Out of 7500 visits, father present for 1820
- 49% of clients, father present for at least one visit, most commonly for one to two thirds of visits

Comments from fathers

"First off I thought 'this is going to be boring' and I did think I knew everything [had child already with another mother] but when she [FN] did come there is so much more that I have found out and so much more that I can still find out from her."

"I did not expect to be involved I thought it would be more for my girlfriend's benefit but when I turned up she said she would help me as well. I've learned about being a parent and that's helped a lot. I don't mind doing the worksheets; I find them really useful."

Professionals find it acceptable

- FNs enjoy the new work and the challenge of working in a new way
- Enthusiastic about the potential of FNP to help clients and families
- Value the training and the materials
- Value having more time with vulnerable families and the extended contact period
- But report strain in terms of achieving dosage

Conclusions:

Delivery with fidelity is possible

- Appropriate clients can be recruited
- FNP delivered effectively in all sites
- Acceptable to clients
- Acceptable to fathers and other family members
- Acceptable to practitioners delivering the programme
- Organisational infrastructure and support impacts on successful delivery

Non FNP professionals

- Not all conversant with the approach (e.g. Children's Centres)
- More support from NHS colleagues than other services
- Some anxieties about overlap
- Wanted more multi-agency working
- Concerned about who would take over when infant was 2 years old

Can FNP make a difference?

- Many clients reported changes in their understanding of pregnancy, labour, delivery and their infant
- Improved nutrition
- 17% relative reduction in smoking (41% to 34%) during pregnancy
- Breast feeding rate better than national rate for age group. 69% initiated, 41% at 2 weeks (nationally 34% at one week)

Implications, the cycle of disadvantage

- Many clients reported planning to return to education
- Closer involvement of fathers with infants
- Clients more confident as parents, doing activities with children likely to enhance cognitive and social development
- Health related changes should enhance child health (e.g. smoking – asthma)
- Feel less judged and excluded, thinking about the future with more optimism, gives them an expectation that formal services could be helpful.