

# Family Nurse Partnership programme

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*"Changing the world - one baby at a time"*

# Family Nurse Partnership programme

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- A preventive programme through pregnancy until child is aged 2 years
- Benefits children and families who have the poorest outcomes i.e. mothers with low psychological resources (low educational achievement, limited family support and poor mental health)
- A structured, intensive home visiting programme delivered by Family Nurses (mainly drawn from health visiting and midwifery)
- Licensed programme with fidelity measures to ensure replication of original research – developed over 30 years with 3 RCTs in the US
- Three goals - to improve antenatal health, child health and development and economic self-sufficiency
- Testing it as part of our universal services

# Trials of the NFP in USA

## Elmira, NY 1977



**N = 400**

- Low-income whites
- Semi-rural

## Memphis, TN 1987



**N = 1,138**

- Low-income blacks
- Urban

## Denver, CO 1994



**N = 735**

- Large portion of Hispanics
- Nurse versus paraprofessional visitors

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# Status of the Trials

## Elmira, NY



**N = 400**

- **Just finished – re-visiting the children of the intervention mothers (28-years old)**

## Memphis, TN



**N = 1,138**

- **Beginning data collection with the young adults age-17-years (2008)**

## Denver, CO



**N = 735**

- **Completed collection at age-9-years**
- **Planning the age-15-years (2010)**

## Consistent results across 3 trials in USA

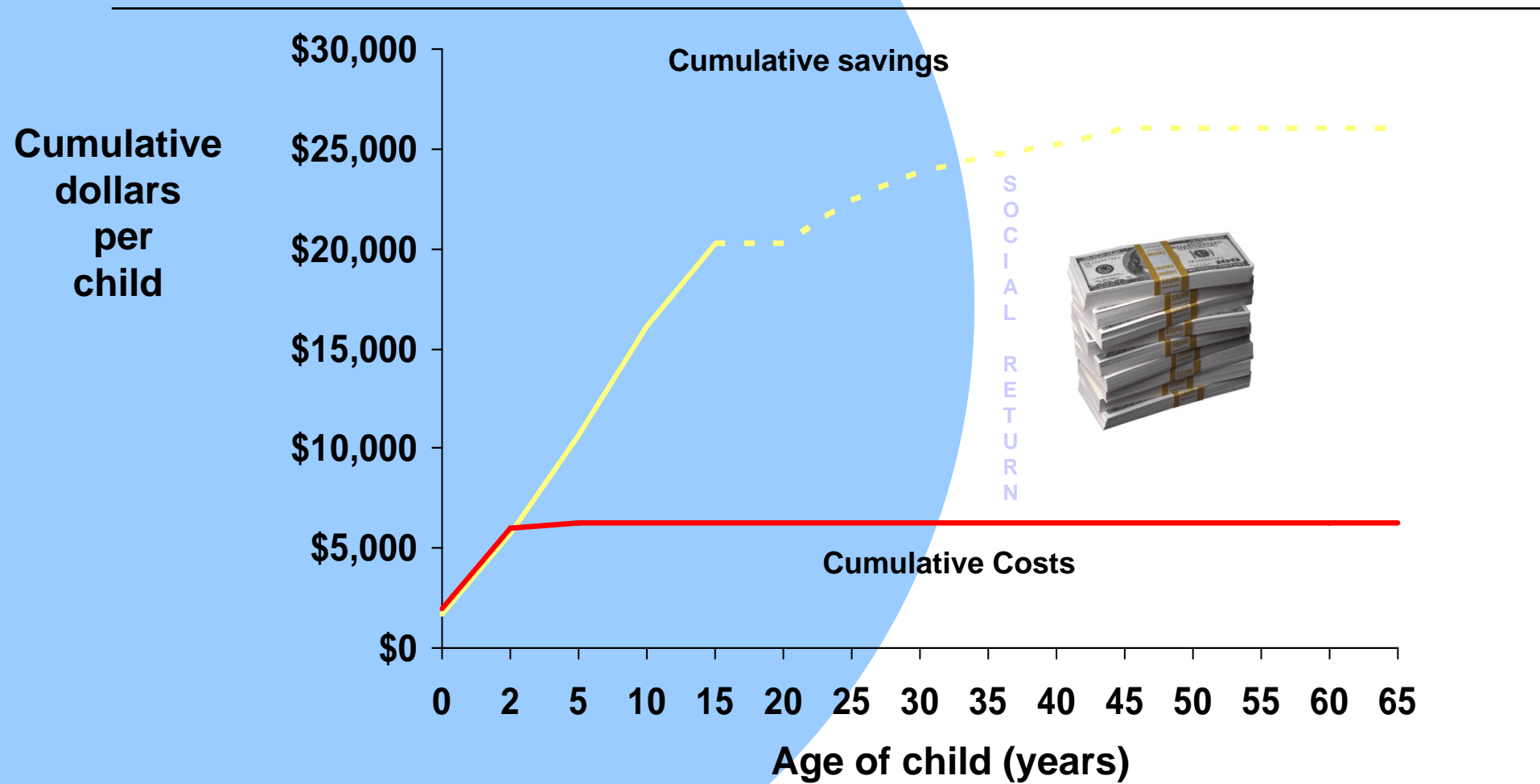
- Improvements in women's antenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare dependency
- Reduced substance use initiation and later problems
- Improvements in school readiness

**Program effects greatest among those most susceptible**



# Cumulative Cost Savings: Elmira

## High-Risk Families



# Benefits Minus Costs of Child Welfare & Home Visiting Programs

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<b>Nurse Family Partnership</b>	<b>\$17,180</b>
<b>Home Visiting for at-risk mothers/children</b>	<b>\$6,197</b>
<b>Parent-child interaction therapy</b>	<b>\$3,427</b>
<b>System of care/wrap around programs</b>	<b>-\$1,914</b>
<b>Family Preservation Services Programs</b>	<b>-\$2,531</b>
<b>Healthy Families America</b>	<b>-\$4,569</b>
<b>Comprehensive Child Development Program</b>	<b>-\$37,397</b>
<b>Infant Health and Development Program</b>	<b>-\$49,021</b>

Summary Report:

<http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

# Testing the FNP in England

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- **Wave 1** – 10 test sites Barnsley, Derby, Durham/Darlington, Manchester, Slough, Somerset, SE Essex, Southwark, Tower Hamlets, Walsall
  - Formative Evaluation, Birkbeck College, London. First year evaluation published June 2008.
- **Wave 2a** – September 08 – 10 test sites Blackpool, Calderdale, Hastings and Rother, Islington, Milton Keynes, Nottingham, Plymouth, Southampton, Stockport, Stoke
  - also testing and developing FNP for 20 – 22 year olds, using interpreters, service users involvement.
- **Wave 2b** – April 09 – Cumbria, Cornwall, Coventry, Hull, Lambeth, Leeds, Liverpool, South Birmingham, Northamptonshire, Sunderland.
  - 10 randomised control trial sites

## FNP research activities

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- Scientific approach to replication
- Formative evaluation: year 1 and 2 in 10 wave 1 sites
- Database development: for monitoring the programme delivery
- Small-scale projects: exploring FNP delivery, adaptations to FNP in other populations
- **Randomised controlled trial** across up to 20 sites (waves 1 and 2b): start April 09 – end Dec 2012

*“Good science is disciplined passion”*

*(Urie Bronfenbrenner)*

# Rationale for a randomised control trial

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- The FNP requires **significant investment** (financial, workforce, time and emotional) by commissioners, practitioners and families
- Need a **scientific approach** to identify anticipated outcomes from investment in first years of life
- Successful replication depends on understanding the situated programme effects and **refining the FNP for this country**
- We cannot assume that the programme will produce the same outcomes as in the US
- It is not possible to **attribute changes to the FNP** in parents, children and families without a randomised controlled trial
- It is a **licensing condition**

## Questions for RCT

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- **What is the effectiveness of the FNP in England compared with existing universal services**, in achieving its stated objectives:
    - to improve pregnancy and birth outcomes
    - to improve child health and development
    - Improve parents' economic self-sufficiency?
  
  - **Does the FNP contribute to delivering government priorities** eg on breast feeding, obesity prevention, smoking, inequalities, emotional well being, school achievement and uptake of wider services?
  
  - **Is it worth investing in?** What are the costs (financial and workforce) and what are the savings compared with the services that would otherwise be delivered to this client group?
  
  - **How does the impact of the FNP vary?** What are the reasons for variations between sites/subpopulations/nurses?
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## RCT design

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- Individual randomisation into FNP or 'usual services'
- 17 sites (Primary Care Trusts/Local Authorities)
- Aiming for sample size of 2000
- Small number of primary measures
- Economic evaluation
- Process evaluation

## Progress to date

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- Putting a clear case for an RCT to officials and ministers
- Identifying funding
- Engaging wider research community prior to tendering
- Robust procurement process by DH and NIHR-CCF
- User feedback on bids
- Securing service commitment to participate in RCT
- Preparing sites for the RCT
- University of Colorado advice

## Key learning points

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- Timetable, balancing short term expectations with long term outcomes
- Other research and data collection needed to meet immediate expectations of service and Ministers
- Complexity of design in particular recruitment and retention strategies
- Choosing primary outcomes and negotiating different priorities and measures between US and England
- Integrating health, social and economic research
- Incentives for the service to participate in RCT
- Cross-govt research
- Need for theoretical and scientific basis for public services
- Partnership between FNP central team, sites and research team

And not forgetting why  
we are doing this...



Photographs used with  
kind permission of  
families in County  
Durham and  
Darlington and Derby  
City  
FNP sites

