

# Development of the Family Nurse Partnership in Derby City

**Sue Perkins – Supervisor**

**Debbie Nash – Family Nurse**



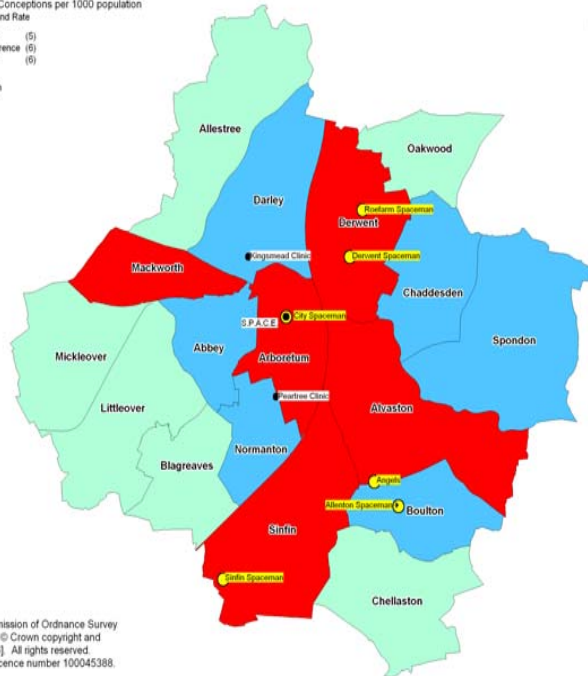
# Family Nurse Partnership Recruitment

Teenage Conception Rates 2001-2003 by CAS Ward

Under 18 Teenage Conceptions per 1000 population  
In comparison to England Rate

- Significantly Higher (5)
- No Significant Difference (6)
- Significantly Lower (6)

- Outreach location
- Clinic location



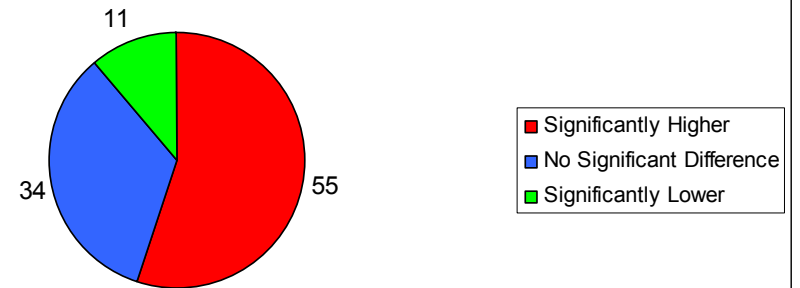
**NHS**  
Derwent Shared Services

Ward Name	IMD 2004*
Arboretum	62.19
Normanton	50.69
Stiffn	44.46
Derwent	41.90
Alvaston	35.85
Abbey	32.51
Boulton	31.84
Mackworth	30.22
Chaddesden	25.19
Darley	23.44
Spondon	17.39
Blagreaves	15.75
Chellaston	15.50
Littleover	13.16
Oakwood	11.81
Allestree	6.12
Mickleover	5.88

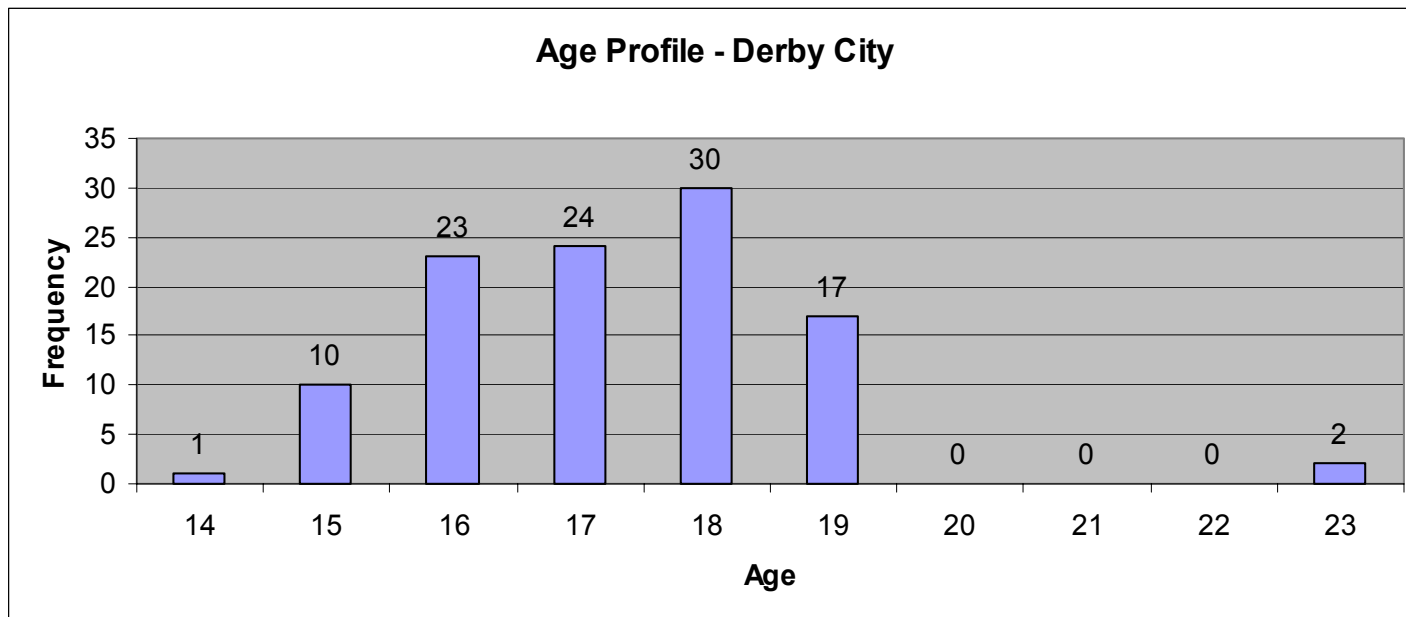
\*Highest Score is Most Deprived

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Recruitment of Pregnant Teenagers in Derby City  
(Out of 100 Clients)



# Recruitment Age



## How is the FNP Different?

- Research based programme
- Focuses on strengths and goals, not problems
- Starts in early pregnancy until 2 years of age
- Structured programme
- Universal service (with criteria) rather than referral based
- Regular supervision for the family nurses
- Therapeutic relationship
- Motivational interviewing techniques used to facilitate behaviour change
- Training programme
- Difference noticed by family nurses after baby is born

## What Families Receive

- Each client is visited from pregnancy until the child's second birthday
- Enrolment is between 12 and 28 weeks of the pregnancy
- Antenatal visits occur once a week for the first 4 weeks after enrolment in the programme, then every other week for the rest of pregnancy
- After the baby is born, visits are increased again to once a week for the first 6 weeks, then every other week until the child is 21 months old
- Visits then continue once a month until the child's second birthday

# The Content of the Visits Cover 6 Domains

- **Personal Health** – Women’s health and mental health
- **Environmental Health** – Adequacy of home and neighbourhood
- **Life Course Development** – Women’s future goals
- **Maternal Role** – Skills and knowledge to promote health and development of their child
- **Family and Friends** – Helping to deal with relationship issues and enhance social support
- **Health and Human Services** – Linking to other services

*The Relationship Between the Home Visitor and the Family Lies at the Heart of the Programme*

## Client Centred, Strength Based and Solution Focused

A Family Nurse has a maximum caseload of 25

- The client is the expert in her own life
- Follow the client's heart's desire (develop a detailed description of the client's goal)
- Focus on strengths and resources that apply to that goal (capabilities, opportunities and successes)
- Focus on solutions and small steps
- Evaluate progress
- Provide feedback and 'homework' tasks

# Strength Based Programme



## Fidelity to the Researched Model

- Programme outcomes are dependent on faithful replication of the original research
- A number of fidelity measures are used to ensure that this is the case
- The programme is under license
- Manualised programme, content prescribed but delivery tailored

# Supervisors Role Within the Family Nurse Partnership

## There are 4 elements of supervision

**Clinical** – Support with casework

**Educative** – To deepen learning and understanding

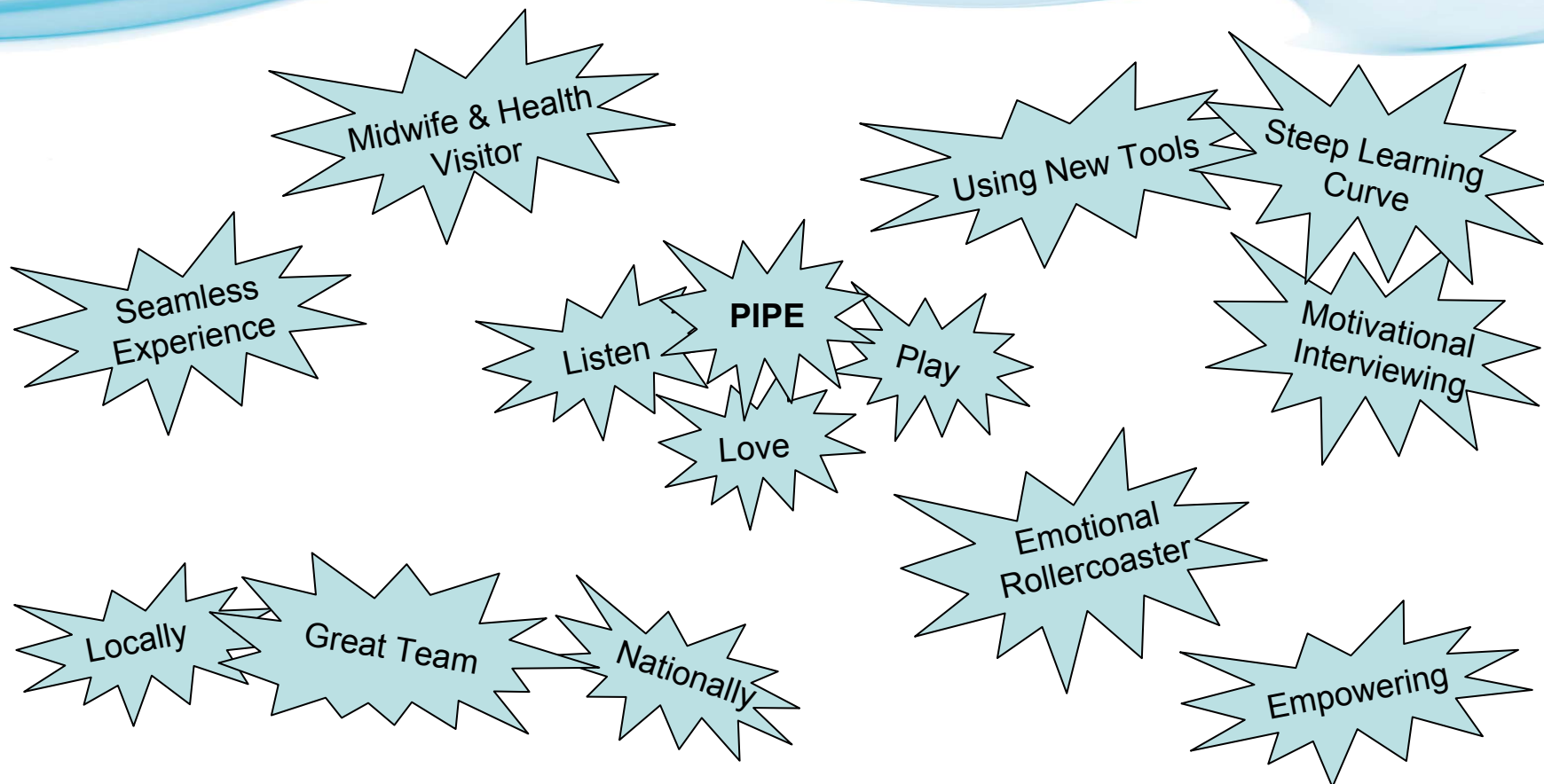
**Managerial** – Ensure good quality delivery of the  
programme

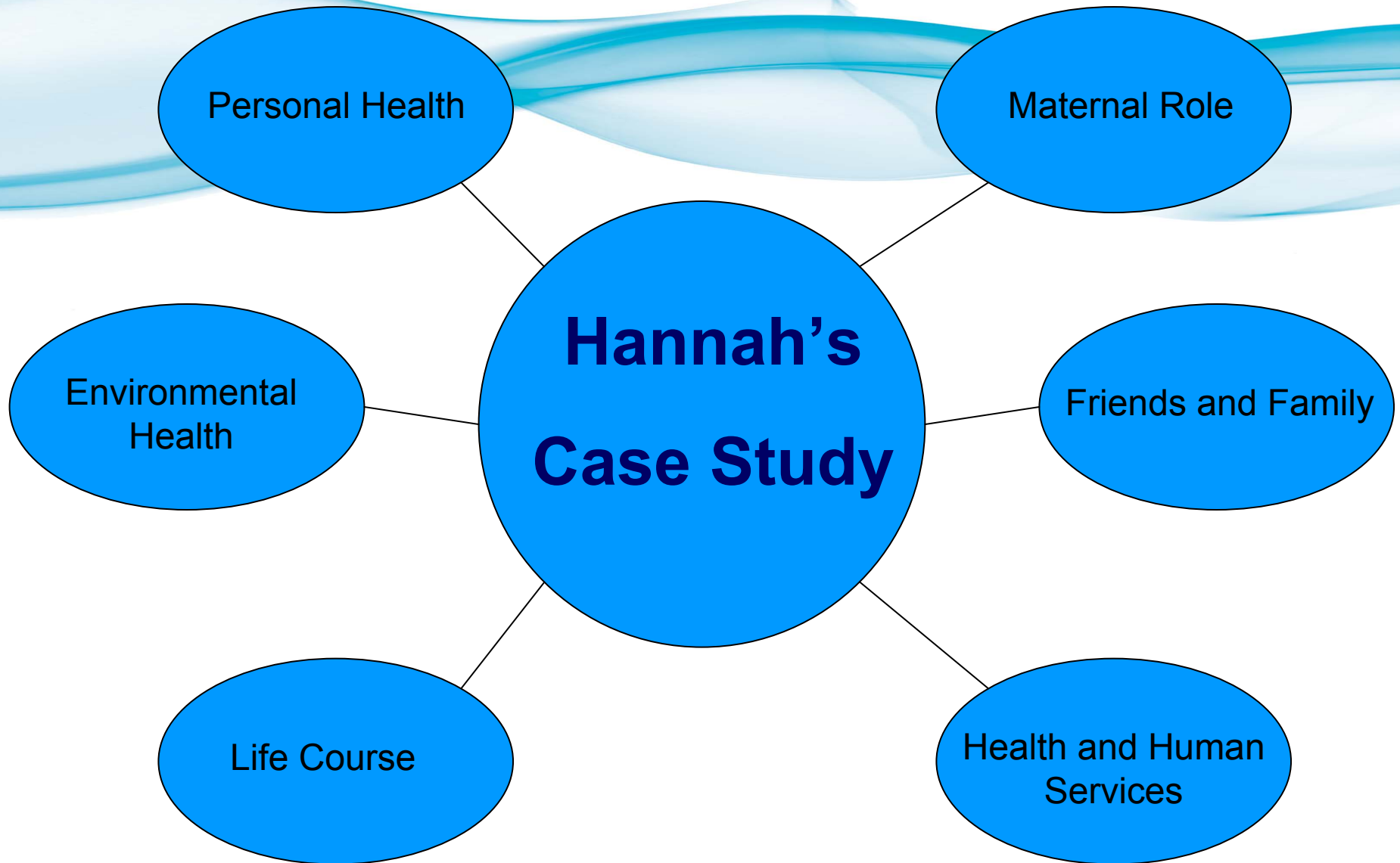
**Supportive** – Space for nurses to explore the personal  
impact of their work and training

## Methods of Supervision

- One to One
- Team Case Meetings
- Joint Home Visits

# The Experience of Being a Family Nurse



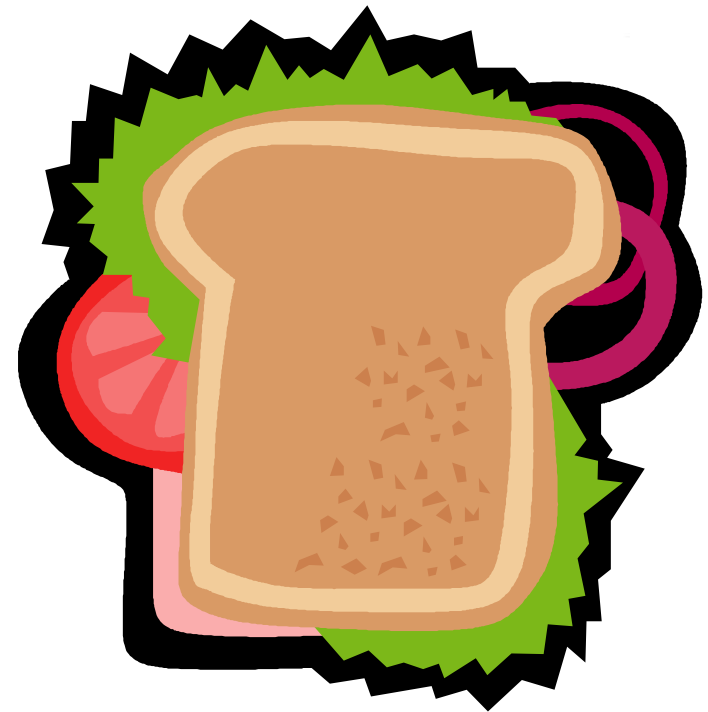


## Family Background

- 14 years old
- Asian with a White boyfriend
- Rejected by her family
- Pressure to have a termination
- Client's Mum- addiction to alcohol, previously heroin, sexually abused by her grandfather
- Client's Dad- history of domestic abuse, previous addiction, has a new family in another town

## Personal Health

- Eats a varied diet
  - Gave up smoking and alcohol
  - Attends antenatal appointments
  - Baby has good growth
- 
- Urine infections x2
  - Bleeding in pregnancy x2
  - Stress



## Environmental Health

- Social services agreed to let her live at her boyfriend's mother's house
- Visits her mother's home daily
- Attended school throughout pregnancy

## Life Course

- Planning to return to school
- Using 'Care to Learn' for nursery fees



## Maternal Role

- Engaged in FNP programme
- Intends to breastfeed
- Speaks lovingly about the baby- shows attachment
- Understands the importance-  
for baby's brain development
- Looking forward to baby's arrival-  
preparing
- Kept her baby against family pressure



## Friends and Family

- Partner, his mother and grandparents are supportive
- Resumed support from sister
- Resumed but variable support from mother

# Example of Pipe Activity: Rocky Road



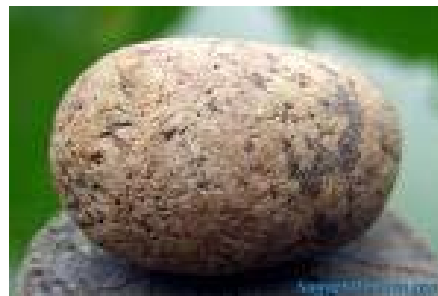
# What Makes a Good Relationship?

- Trust
- Talking
- Sharing
- Spending time together

## How Can We Deal With the Rocks?

- Do we need to confront them- **SMASH**
- Can we dissolve them- **by talking**
- Avoid them- **get around**
- Climb over them- **with help**
- **Show me the rocks in your road-**

**How big are they in relation to each other ?**



# Rocks

- Labour
- Mother
- Returning to school
- What will happen if her boyfriend does not want her anymore



## A Great Start

- Baby born mid December
- Short labour - forceps under GA
- Big baby boy- 8lbs 3oz
- Breastfeeding
- Mum and Dad handling baby confidently, in tune with baby's needs and interacting with baby well
- Empowering support from Dad's family
- Appointment made for contraception
- Enjoying being a Mum

## Results So Far

- The project is well accepted by teen-age parents with very few drop-outs so far. 100 recruited in 6 months (achieving the national target set)
- An increase in the number of young mothers and fathers who stop smoking in pregnancy
- An increase in self-esteem of young parents in the programme
- A greater involvement from young fathers and other family members in the programme, with 83% of fathers being involved in the upbringing of their child.
- A willingness to develop a long term therapeutic relationship with their Family Nurse
- A willingness to learn about and try breast feeding
- A willingness to learn about the development of babies and health related issues.

# How Families Have Responded

