



# A Better Start case study



**NATIONAL  
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Family Nurse Partnership - ADAPT



# A Better Start

A Better Start is funded by the Big Lottery Fund using National Lottery funding. It is a ten-year programme focused on developing and testing new approaches to promoting Early Childhood Development (ECD). The A Better Start partnerships have developed locally tailored strategies to promote ECD, focusing on three key child development outcomes: diet and nutrition, social and emotional development, and speech, language and communication.

The Family Nurse Partnership National Unit's ADAPT project is an ambitious and cutting-edge collaboration that aims to rapidly adapt, test and improve the Family Nurse Partnership (FNP) programme in England. The five A Better Start partnerships are part of ADAPT, alongside FNP teams in 14 other local authority areas, working with the FNP National Unit and Dartington Service Design Lab.

A Better Start early childhood development outcomes the service aims to improve are **social and emotional development**, **diet and nutrition**, and **communication and language**.



## What are the key aims of the service?

FPN aims to improve outcomes for mothers and their children in a range of areas, including physical and mental health, life chances, parenting skills for the mother, and positive cognitive, emotional, social and physical development for the child.

The ADAPT project seeks to develop and test research-informed clinical and system adaptations to the FNP programme, with the aim of better meeting the needs of families and responding to ongoing changes in the local and national context.

FPN. *Next steps*. Available from [www.fnp.nhs.uk/fnp-next-steps/adapt](http://www.fnp.nhs.uk/fnp-next-steps/adapt)

‘ADAPT’ refers to the methodology used for this project - Accelerated Design and Programme Testing. This rapid cycle innovation process is designed to allow for testing and refining of adaptations to FNP in an iterative and agile way, informed by quantitative and qualitative data. Adaptations include changes to both the way in which the programme is delivered (termed ‘systems adaptations’) and the clinical content of the programme.

## Who is the service for?

The FNP programme in England is typically offered to first-time mothers (termed ‘clients’) aged under 20 who are less than 28 weeks pregnant, with support offered up until their child’s second birthday.

One system adaptation being trialed through ADAPT is a change to the eligibility criteria. This includes clients who present at later gestation, including those who have concealed their pregnancies, and those who are older, if they display specific risk factors such as being a care leaver or having special educational needs.

## What is the evidence base for the service?

FPN was developed in the US. The evidence base includes three US-based large-scale Randomised Controlled Trials (RCTs), which found the programme to be effective in

- Improving pregnancy health and behaviours;
- Reducing child abuse and neglect;
- Improving school readiness;
- Increasing maternal employment and economic self-sufficiency; and
- Reducing closely spaced subsequent pregnancies.

Olds, D.L. (2006). The Nurse-Family Partnership: an evidence-based preventive intervention. *Infant Mental Health Journal*, 27(1), 5-25.

The programme has also been rigorously evaluated in England through a large-scale [RCT](#). This study found that FNP promoted cognitive and language development up to 24 months, and helped protect children from serious injury, abuse and neglect through

early identification of safeguarding risks. However, FNP was not found to have an impact across the study's four main health: reducing smoking in pregnancy; improving birth weight; reducing rates of subsequent pregnancy by 24 months postpartum; reducing rates of A&E attendances and hospital admissions in the first two years of life.

Robling, M. (2015) *The Building Blocks Trial: Executive Summary*. Cardiff University. [http://www.cardiff.ac.uk/\\_\\_data/assets/pdf\\_file/0006/500649/Building-Blocks-Executive-Summary-Report.pdf](http://www.cardiff.ac.uk/__data/assets/pdf_file/0006/500649/Building-Blocks-Executive-Summary-Report.pdf)

A [follow-up study](#), funded by National Institute of Health Research, will examine child outcomes to age six.

## How is the service run?

Structured, manualised home visits are delivered by highly trained nurses. As far as possible, women have the same family nurse throughout the programme, until the child is 2 years old.

As well as trialing changes to the eligibility criteria, FNP ADAPT includes the following system adaptations to personalise the programme according to individual client need:

- **Dialling down/up:** The FNP programme best serves those clients who are vulnerable and in need of intensive support/work. During programme delivery, where there is increased self-efficacy for some clients, it may mean that less visiting is appropriate. However, there are also times when clients may need additional support and, if really needed, this means nurses can visit more frequently for short periods.
- **Early graduation:** Where clients have shown confidence and self-efficacy, nurses may feel a client is ready to graduate early from the programme (i.e. before the child's second birthday); they can then go on to have continued support from universal services.
- **Flexing the content:** This means that nurses will deliver programme content at differing times and stages after a robust assessment with the aim of better addressing client needs and improving outcomes, orientating the programme content around the client and the child's needs.

## Core content of the service

FNP is based in a psycho-educational approach and is focused on positive behaviour change. It is a relational model, built on the therapeutic alliance between mother and nurse. The content of the home visits varies in relation to the developmental needs of participants during the programmes phases. The content covers:

- personal health;
- environmental health;
- life course development;
- maternal role;
- family and friends; and
- use of other services.



In ADAPT, family nurses are able to ‘flex’ the visit content from the previous set schedule. This occurs according to client need and priority, as identified through a newly developed assessment tool, the [New Mum Star](#).

In addition to delivering a more personalised FNP programme, the following clinical adaptations have been tested in the A Better Start partnerships:

In **Blackpool**, the focus of the clinical adaptation has been to increase the number of clients who initiate sustain breastfeeding. Materials and activities have been designed to share further information with clients about the benefits of breastfeeding, to increase the client’s capacity for decision-making and to support her further once this decision is made as well as the important role of fathers and family members in supporting it. A peer support element is also planned.

In **Bradford**, a clinical adaptation has been tested to promote maternal sensitivity and responsivity using Video Intervention to Promote Positive Parenting (VIPPP). The interactions between clients and their babies are filmed over a number of visits, and the film was used to highlight and reinforce the sensitive parenting that is taking place. A number of new materials have been used particularly in pregnancy, aiming to support clients to begin thinking about their unborn child as a separate person with their own personality, thoughts and feelings.

In **Lambeth**, there is a focus on the promotion of health relationships and a reduction and prevention of intimate partner violence and the promotion of healthy relationships. Family nurses are using new materials that have been developed to enable clients to consider healthy and unhealthy relationships, the impact on children and to consider what kind of relationship they might be in. The nurses have received additional training to help them with this work. The new materials have been tested with clients in focus groups and have been positively received.

In **Nottingham**, a perinatal mental health intervention has been tested. Family Nurses have been equipped with a locally developed toolkit which is used to raise parents’ awareness of mental health and wellbeing, its impact on infants and allows early identification of issues and provides appropriate strategies to manage mental health problems.

Other FNP teams participating in ADAPT (not part of A Better Start) have tested adaptations on quitting smoking and neglect.

## Further information

<https://www.blackpoolbetterstart.org.uk/news/FNP/>

<http://abetterstartsouthend.co.uk/fnp/>

<https://betterstartbradford.org.uk/families-get-involved/our-projects/family-nurse-partnership/>

### **Better Start Blackpool**

“I love being involved, like at the appointments (GP/hospital) I was just sat there [before]. My Family Nurse talks to me and makes me feel included..... it’s about the dad as well”. **Client, Blackpool**

“They helped me learn how to be the best mum I could. The care was for both me and my child. My family nurse was trustworthy and I always knew what I said was confidential.” **Client, Blackpool**

“Guiding my team to reflect on what is happening for clients in sometimes complex and chaotic lives, being able to challenge thinking and decision making in a strength based way, being curious yet respectful to support nurses to identify their own way forwards is a most satisfying and rewarding aspect of the role.”  
**Family Nurse Partnership Supervisor, Blackpool**

### **Small Steps Big Changes**

“Most clients seem receptive to the new materials even though in general the client group of young people we work with seem reluctant to admit they may have mental health issues, as they fear what this will mean for them and their babies. One of the aims of the toolkit is to remove stigmas and encourage our clients to seek help and be open about their feelings”. **Family Nurse Partnership Supervisor, FNP ADAPT Nottingham**



Blackpool  
Better Start



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