

FAMILY NURSE PARTNERSHIPS DEBATE 25 JUNE 2015

Background to Family Nurse Partnerships

There is growing cross-party political and evidential support for early interventions, particularly in the early years. The Family Nurse Partnership (FNP), as a programme of structured home visits by specially trained nurses to young first time mothers, is a clear example of this type of policy. The first test site was in Edinburgh, starting in 2010, and the programme has now been rolled out to other sites across Scotland.

While an initial positive evaluation of Scotland's FNP test sites found more work needs to be done to establish the impact FNP is having¹, there is a strong evidence base for the programme².

Universal health visiting services

While FNPs support mothers who meet certain criteria, the universal health visiting service is designed to provide a service to all families regardless of circumstances. Health visitors are nurses with additional specialist qualifications in child health. However, this service is extremely overstretched. In a recent feedback exercise with health visitor members, concerns were raised about capacity in at least five health boards, with some using community staff nurses to carry out some health visiting activity because they do not have sufficient health visitors. From next year, health visitors will be further stretched by the planned introduction of the Named Person role, as a result of the Children and Young People (Scotland) Act (2014). This is in addition to further visits being introduced by the new health visitor pathway over the next three years.

The FNP service is potentially placing even more pressure on the health visiting service. This is because many over-stretched health visitors are seizing the opportunity to fill FNP roles: the prospect of a small, but challenging caseload which allows a nurse to support significant change within families, with the back-up of intensive professional supervision, new development opportunities and increased financial reward is attractive to many.

Health boards were due to complete work last month to identify shortfalls in their health visiting workforce. Plans are now being developed to fill gaps in the workforce, including identifying the number of new students to be trained over the next 2-3 years.

We welcome the Scottish Government's funding for training of additional health visitors, announced last year. However, with all of the pressures that Scotland's health visitors are grappling with, we question whether this will be enough to fully resource the health visiting workforce so they can genuinely deliver the service that they are supposed to.

RCN position

For FNPs to build on their early successes, planning of their future sustainable delivery is now becoming urgent. For instance, in NHS Lothian, over 40% of FNP nurses are over 50 and therefore heading towards retirement. And clear evaluation of the impact of the FNP service over and above the universal health visiting service for young first time mothers must now be carried out, to ensure wise spending of public funds.

There is no doubt that an early intervention policy approach is well evidenced³, as health and wellbeing in a child's early years are determinants in a child's future prospects. However, we believe an emphasis on FNP expansion must be balanced with the need to provide a high quality and safe health visiting service for other families, some of whom will be vulnerable.

So that no children fall through the gaps, the RCN believes that the Scottish Government should ensure Scotland has adequate health visitors, in addition to FNP nurses.

- 1 Evaluation of the Family Nurse Partnership Programme in NHS Lothian, ScotCen & Scottish Government, 2014
- 2 FNP Evidence Summary Leaflet, UK Department of Health, July 2011
- 3 Growing Up in Scotland: The impact of children's early activities on cognitive development, Catherine Bromley, Scottish Government, 2009