Better Start Bradford Innovation Hub

Family Nurse Partnership

The following report has been produced by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB) and the project team, to aid BSB in decision-making regarding re-commissioning. This is in line with the Evaluation Plan Summary which was approved by key stakeholders from the BSBIH and BSB, and provides an overview of the project's performance and findings from the implementation evaluation including an interpretation of these findings.

Version 1.0; 22nd November 2018

Approved by:

Role	Name	Date
BSBIH Programme Manager/ Principal Research Fellow	Josie Dickerson	22/11/2018
BSBIH Social Emotional Development Lead	Tracey Bywater	22/11/2018
BSBIH Fidelity and Implementation lead	Maria Bryant	22/11/2018
BSB Head of Programme	Gill Thornton	
BSB Implementation Manager	Jill Duffy	

Better Start Bradford Innovation Hub

Family Nurse Partnership

Executive Summary

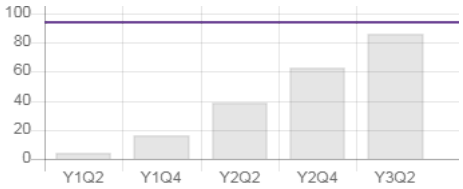
FNP ADAPT is a programme which provides 1-to-1 support by a family nurse to women from pregnancy to up to two years after birth. The adaptations to the FNP model in Bradford include: offering VIPP, eligibility up to age 24, a gestation of 32+6 weeks (or birth for concealed pregnancies), dial up / down of visits and flexing of content, and an option for early graduation.

At the end of the first commissioning period, an extension of 12 months was agreed to collate further data and to be informed by the second phase results of the FNP National Unit (NU) RCT. This report provides a picture of the recruitment, reach and delivery of FNP ADAPT over the first 2 years and 5 months of service provision (May 2016 to Sept 2018). Progression Criteria were not agreed and so are not included in this report.

As the programme lasts up to 2 years, very few clients have completed the programme; this means that it is not possible to report meaningfully on any outcomes. As there is an on-going RCT of FNP, and FNP NU is leading rapid cycle testing of the ADAPT model, it was agreed that the IH wouldn't look at effectiveness. The evidence base for FNP in the UK remains uncertain and the release of NU results for school readiness has been delayed until 2019. The findings may be helpful, in particular in understanding why few women were offered and received the agreed adaptations of VIPP or early graduation.

Key findings

Number of women on FNP caseload



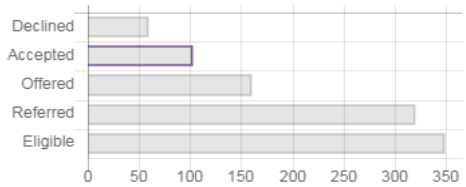
The anticipated number of women on the FNP caseload at any one time was 94; the maximum number of women on the caseload was 86 (cumulative number above).

Number of staff available to deliver

4

The anticipated number of whole time equivalent staff required to deliver FNP was 4; this was the minimum number available at any point. The target was achieved throughout the delivery period.

Number of women referred and accepted



Of an estimated 347 eligible, 159 (46%) were offered. Of those offered, 101 (64%) accepted the offer.

Data quality

Data has been collated by the FNP team rather than via an independent data extract. There is therefore a risk of potential errors and bias in the data provided to us. A number of inconsistencies were found when comparing data captured in multiple systems and it has not been possible to resolve these; reporting is therefore limited. Additionally, we were unable to establish representativeness by comparison of those referred to the eligible population due to inconsistencies in recording of age and ethnicity. At the time of the last report (07/12/2017) consent for data sharing had not been taken from women meaning that identifiable data was not available. Consent has now been gained for 75% of women accepting the service, and the FNP team have provided demographics for all referred.

Reach

Of all women eligible* for FNP ADAPT, 46% were offered it. Of all referrals, 147 (46%) were aged less than 20 years; 106 (66%) of those were offered FNP ADAPT, and 71 (48%) of those accepted the service. Levels of uptake varied by ethnicity with Pakistani and White Other women more likely to decline. The number of women referred were similar across the key ethnic groups, but fewer Pakistani women were offered (n=43 (42%)) and accepted (n=19 (18%)) FNP ADAPT. Take up was also lower in White Other women (n=31 (27%)). White British women were least likely to decline FNP (n=9 (10 %)). 36% (n=36) of women who took up FNP ADAPT had no known vulnerabilities during pregnancy, and very few women had more than 2 vulnerabilities. 26 of 82 (32%) eligible women with language needs were recruited into FNP ADAPT.

Fidelity

Six women were offered VIPP of whom three took up the offer. Two nurses delivered VIPP in the report period. Five women graduated early; no women have yet participated for the maximum length of time. Visits were intended to last for one hour, and the average length of visits overall was 65 minutes. The average number of visits in pregnancy was 7.

Recommendations

Recommendation 1

If FNP is re-commissioned, consideration must be given to the processes to ensure that all eligible women are offered the intervention, and the number of declines is reduced. The eligibility criteria could be revised based on findings around uptake (over page); for example, the Partnership Board should consider if there is a need for FNP in the BSB population aged 20-24 years.

Recommendation 2

Support for young and vulnerable mothers is crucial but uptake of FNP ADAPT demonstrates inequalities in ethnicities and language ability; some groups of women are therefore missing out, or are receiving support through other statutory services. A service offered within statutory provision (e.g. health visiting) may reduce the number of women declining and enhance the reach and potential impact of any such service.

NATIONAL LOTTERY FUNDED
Better Start BRADFORD
INVESTING IN THE FUTURES OF OUR CHILDREN
bibbs
BORN IN BRADFORD'S BETTER START
We are family
BORNINBRADFORD

Better Start Bradford Innovation Hub

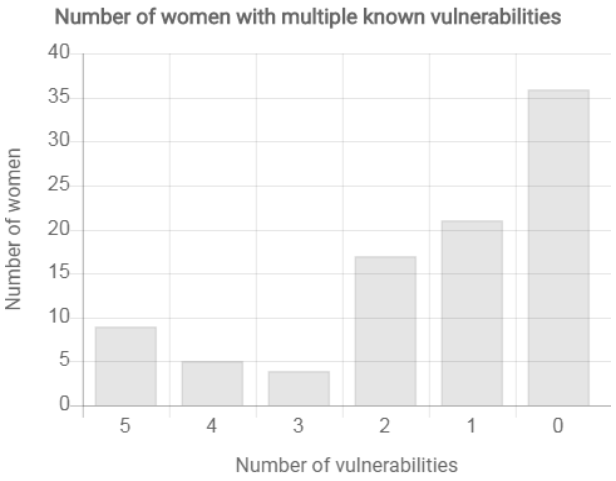
Family Nurse Partnership

Additional findings

Reach

	Characteristics n (%)						
	Total	< 20 yrs	20-24 yrs	Pakistani	White British	White Other	Other
Referred	319	147	171	103	87	81	48
Offered	159 (50)	106 (72)	52 (30)	43 (42)	47 (54)	48 (59)	21 (44)
Accepted	101 (32)	71 (48)	29 (17)	19 (18)	38 (44)	31 (38)	13 (27)
Declined	58 (18)	35 (24)	23 (13)	24 (23)	9 (10)	17 (21)	8 (17)

Proportions are calculated from the number referred; it is not possible to present eligibility data due to inconsistency between eligible and referred
Age categories (<20 yrs; 20-24 yrs) reported are based on estimates of age at conception; this was missing for one woman
**Women were considered eligible if booked at BRI (between 1st May 2016 and 30th Sept 2018) for their first pregnancy while aged 19 and under in the first six months of service, or 24 and under in the rest of the contract period; women also had to book before 28+6 weeks gestation in the first six months of service, or before 32+6 in the rest of the period. Changes to eligibility criteria were made following review with BSB.*



Women accepted support only; 18 (18%) women had more than 2 vulnerabilites.

14% of referred women were migrants (n=45) **1/4** of those were supported by FNP (n=12)

35% of referred women had language needs (n=82) **1/3** of those were supported by FNP (n=26)

	Vulnerability (n)		
Category	Referred	Offered	Accepted
None recorded	165	70	36
16 yrs & under	31	26	18
Alcohol or substance misuse	8	5	< 5
Allegations of abuse	21	13	7
Client on a safeguarding plan	< 5	< 5	0
Difficult parenting history / low warmth	18	12	7
Disabled client - highly complex needs	< 5	< 5	0
Domestic violence to client	28	16	15
Indicators forced marriage, HBV / FGM	7	< 5	< 5
Isolation – no support from family / others	14	10	8
Looked after / leaving care	17	13	10
Main carer for a family member	< 5	< 5	< 5
Managed by CSE hub (sexual exploitation / abuse) CSE risk	24	16	13
Partner >2 years older and there are concerns	12	9	8
Permanently excluded from school /risk of / long term non-attendance	< 5	< 5	0
Poor / inappropriate presentation of self	< 5	< 5	0
Pre-birth assessment taking place	10	9	8
Serious mental health history	55	39	29
Youth offending team working with client	< 5	< 5	< 5

Total reported vulnerabilities for all women referred (n=319); multiple were recorded per woman where applicable

Participant flow