Shropshire Community Health NHS
NHS Trust

Appendix 1

Family Nurse Partnership Case Study

Telford and Wrekin Health & Wellbeing Board

The following is a case study completed by the Family Nurse to reflect the work with a young mother who was at relatively increased high risk of her child going into care. The case study is based on reflections through working with the Client, ongoing FNP supervision of the Family Nurse, discussions at FNP case reviews with the team's Psychologist and Named Nurse, observations made during joint visits between the Family Nurse and Family Nurse peers to the Client in addition to discussions with and feedback from the Client.

1. Overview of the Client

Kelly was 15 and living at home with her mother, step father, sister and younger half brother. Kelly has several older siblings who had left home with various vulnerabilities such as substance misuse and antisocial behaviour. The house was an 'open house' for friends and neighbours and Kelly reported she was often unable to go to sleep until 2-3am. Although on first impressions Kelly lived in a fairly clean and comfortable home, Kelly complained that she could not eat properly as there was limited food and that which was available was of very poor nutritional quality. Kelly reported her mother went to bingo 3-4 times per week, as she had a compulsion to gamble, and this meant money for essentials was very limited.

Kelly had very poor school attendance throughout her life, often truanting and never finished school. Kelly had an ankle tag due to an offence of assault. Kelly also had a YOT worker and a social worker. Kelly's family had moved house (and area) approximately 15 moves in as many years. The family had a long history of social services involvement. As a child, Kelly and her sister were sent out to beg by their mother and, as they got older, they started to burgle houses, of which some of the proceeds their mother took.

Kelly had a history of domestic violence with her partner (baby's father).

Kelly struggled to engage with other professionals such as social workers.

2. Intervention

Initially it was very difficult to engage Kelly with and in the visits. Kelly was mistrustful of any professionals. However, with persistence and resilience on the

part of the Family Nurse (fuelled by the comprehensive supervision and psychology support provided to the Family Nurse within the FNP programme), the Family Nurse was able to develop and model a safe, secure and trusting therapeutic relationship with her, holding any prior knowledge or assumptions.

Engagement was facilitated by consistency in all of the following points:

- Length and frequency of visits in line with the original FNP model, affording time for clients and knowledge of and familiarity with the Family Nurse and client
- Flexibility by the Family Nurse with regard to time/ day of visits
- Predictability of visits for the client, modelling safety and routine to the client (same Family Nurse, visit schedule, visit structure and approach)
- Conducting visits at a venue most comfortable for Kelly
- Comprehensive, varied and interesting engagement and learning materials and resources within the FNP programme.
  E.g. the smart choices facilitators were used which are cartoon based 'lessons' around many varied aspects of managing healthy positive relationships, helpful to Kelly as she had some relationship difficulties in her life. Details of further resources are included in section 7.
- The Family Nurse's skills in guiding the client as opposed to directing and following. (Family Nurses are trained in Motivational Interviewing and other advanced Communication skills). Kelly felt properly listened to.
- The Family Nurse elicited Kelly's true 'heart's desire' which is to have a healthy child and be a good mother to her baby as she felt that she had not had that herself and to gain a job in the future to provide for Rianne as her own mother had not.
- Equally the Family Nurse was able to hear Kelly's anxieties, as she listened for 'change talk' (such as 'would she cope and be a good mother?') and help Kelly manage these with strategies such as compassionate minds so that her HADS (Hospital Anxiety and Depression Scale) were not adversely affected.
- True (not tokenistic) client focused, strengths based working
- True 'agenda matching' (as the programme allows time for delivery of the comprehensive content of the programme within the 6 holistic FNP domains whilst meeting the needs of clients (as the client sees them) as they arise
- Emotional and physical availability and appropriate self disclosure on the part of the Family Nurse (supported for example by robust supervision processes, team based work around client boundaries, limited caseload size, holding the client in mind in between visits, facilitated by varied communication media e.g. text messaging/ greetings cards)
- The Family Nurse advocating fully for Kelly due to her deep understanding of the client's perspective

After a while Kelly began to open up and tell the Family Nurse about her history and share her concerns about the home conditions and the poor influence that

she felt her family would have on her ability to parent her baby well. Kelly also shared concerns about her own ability to parent. She was highly aware of the poor level of parenting she had received and was keen to learn how to be a good mom. Kelly was receptive to information and advice provided by the programme.

3. Rationale for the Intervention

The FNP model is designed to be replicate the original NFP model tested in the 3 Randomised Controlled Trials (best possible evidence base) in the US, as this yields the best chance for the same varied short, medium and long term health and social outcomes for young parents and their children to be attained outside of research conditions. The Family Nurse performed well in striving to replicate this model with Kelly by embracing all aspects of the model in her work with Kelly, as the benefits of the programme are only found when the model is adopted and replicated in it's entirety. Kelly received the prescribed number of visits, at the right time, of the prescribed duration and content.

Attachment is an integral theory on which FNP is formulated. FNP uses the concept of 'parallel process' throughout the programme. Family Nurses 'model' components of a good attachment relationship with clients, so that they can provide this for their babies. The Family Nurse was able to provide Kelly with a consistent alternative role model figure to enable Kelly to parent effectively. The FNP programme is well thought out so that there is the infrastructure to support the parallel process concept and 'way of being' with clients *all* of the time. This ethos also continues up the system also with the same characteristics modelled to Family Nurses by the Supervisor and Psychologist with a mix of supervision processes for maximum value. Attachment was deeply assessed within the programme and areas for growth to further promote this continually were seized and worked with also by the various programme elements which complement each other to provide a total model for insight, celebration and change.

These approaches all promoted Kelly's sense of self efficacy (sense of self agency/ locus of control). A high level of self mastery is one of the measured outcomes of the FNP programme. The greater an individual believes they can achieve something is more of a predictor of success than the objective truth. The Family Nurse believes in Kelly and demonstrated this and Kelly's sense of self belief improved as her FNP journey progressed.

The approaches also acknowledged the wider determinants on health and wellbeing for Kelly and her baby, but worked with what systems Kelly could influence within her world. This is the basis of human ecology theory.

For a therapeutic relationship and also effective behavioural change, communication skills where a client's intrinsic motivators are sought and developed are known to be most effective. Family Nurses (and all other actors in the system) require high level motivational interviewing skills. Kelly responded

well to being asked and listened to deeply about what she thought and felt about all aspects of her life, in the context of a sustained relationship.

Social referencing enabled trust and engagement to be developed with others once a blueprint for a positive relationship was formed with the Family Nurse.

High anxiety in pregnancy is known to adversely affect cortisol levels which can then bear a negative influence on the architecture of the developing baby's brain at a very sensitive window of opportunity. Anxiety is also a strong predictor of postnatal depression. Depression is known to have negative outcomes for mothers and their babies, particularly with regard to attachment and communication the foundations for future learning. HADS are therefore completed in partnership with the client at various milestones within the programme and there is a pathway in place with resources to address client's ability to regulate their emotions for example relaxation CDs, compassionate minds.

4. Outcomes

Rianne was born normally at term of a good birth weight.

When Rianne was born Kelly completed a voluntary placement at a mother and baby unit, although she struggled with being out of area and her relationship with the staff, she completed the placement successfully. Soon afterwards, Kelly ended the abusive relationship she was in. However, she endeavoured to keep the baby's father informed of the progress of her pregnancy and he subsequently was enabled to be involved with care of the child. However, he no longer has any contact and has a child with someone else. Kelly's moods were regulated with help from the Family Nurse and FNP materials so that despite adversities there were no adverse outcomes for the child, despite stressors occurring in Kelly's life.

Kelly secured a tenancy in supported housing as soon as she turned 16. She has maintained this tenancy appropriately and plans to move out into her own rented property when she is 18.

Kelly has a new partner and they have been together for over 12 months. The relationship continues to go well, her partner is supportive and he has also developed a sensitively involved relationship with the baby.

During the programme, Kelly has made a number of changes in her life which include the following:

- Improved diet: Kelly has learned to cook home made meals regularly for her family
- Improved money management skills: Kelly is now able to budget and ensures her baby and she always have the essentials
- No longer partakes in antisocial/ risky behaviours

- No longer drinks alcohol
- Attended college for a while, however, she left for a while to spend more time with her baby, and is now returning to resit GCSE's a she wishes to undertake an Access Course
- Attended social groups with Rianne eg Bump to Baby group
- Has long acting reversible contraception in situ

Rianne is now approaching age 2. She is a content, sociable child who is bright- consistently attaining high scores in her Ages & Stages development questionnaires. Kelly ensures Rianne has a good routine, including regular good quality meals. Kelly attends all health appointments and seeks help and support appropriately. Kelly and her child share a secure attachment, which is highly evident when observing them together.

5. Conclusions

From early in the programme, Kelly began to develop a strong bond with her baby and was keen to ensure her baby had a good start to life. This bond has ensured that Kelly has always prioritised her child and also enabled Kelly to become a sensitive parent who meets all of her child's needs.

There have been some very challenging periods during the time the Family Nurse has worked with Kelly. However, the purposeful, therapeutic relationship that developed throughout enabled the Family Nurse to support the client through these challenges and facilitated the client to find her own solutions.

Kelly has found the Family Nurse to be a constant in her life, despite numerous changes she been involved with, some of which she has had some influence with and others she has not. The Family Nurse has found it a privilege to be Kelly's Family Nurse and observe the positive changes she has made in her life. Kelly has matured into an excellent mother and Rianne has grown into an intelligent, content and happy little girl who has definitely experienced the best start in life that her mother could provide.

Kelly has a sister who also has a young baby and the outcomes have not been similar to Kelly and her baby.

Before enrolling on FNP, Kelly was not engaging well with other agencies. There were a number of concerns and universal services would not have been able to provide the level or breadth of intervention to address or buffer the levels of risk, vulnerability and adversity facing this young person and her child. There was a high likelihood that Kelly's baby could have gone into care. It appears to be the synergy of the FNP intervention that seems to make a difference.

7. Resources used by the Family Nurse Programme to support the 6 FNP domains:

- Maternal Role
- Personal Health
- Environment
- Friends and Family
- Lifecourse Development
- Health & Human Services

7.1 Partners in Parenting Education (PIPE)

PIPE 'lessons' where development is promoted with a focus on building a strong attachment emotional development in an interesting and fun way.

7.2 Dyadic Assessment of the Care-giver Child Naturalistic Experience (DANCE)

A strengths based tool used in partnership with Kelly to affirm her areas of strength with regard to her interactions with her child and also assist the nurse to comprehensively assess and manage any risk illuminated from her deep observations,

7.3 Ages & Stages questionnaires (ASQ) and the Ages & Stages social and emotional ASQ SE questionnaires

Kelly enjoyed the strengths based ASQ/ ASQ SE developmental tool, which enabled her to anticipate Rianne's development requirements and equip her with the knowledge and skills to be able to help Rory meet his development needs.

7.4 FNP Guidelines contained information pitched on pertinent issues relevant to the client:

- on building attachment with baby,
- healthy and not so healthy relationships,
- many aspects of keeping baby safe,
- managing anger,
- healthy eating and weaning,
- looking after herself physically and emotionally,
- healthy pregnancy and labour,
- improving support networks,
- all aspects of caring for a baby,
- roles of a positive parent,
- aspiration work for the future and planning short medium and long term goals