



Overview 2: Health Visiting and Family Nurse Partnership Services

The Healthy Child Programme

The Healthy Child Programme (HCP)¹ is a prevention and early intervention public health programme offered to all families that lies at the heart of the universal service for children and families. It aims to support parents, promote child development, reducing inequalities and thus contribute to improved child health outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest opportunity. It also supports the [Joint Strategic Needs Assessment](#) for children.

It is underpinned by an up-to-date evidence-base such as set out in Health for All Children (Hall and Elliman, 2006) and is aimed at children up to the age of 19 and their families. The evidence for children aged 0-5yrs has recently been reviewed and will be published by PHE shortly.

Core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change.

Health visitors lead delivery of the Healthy Child Programme for under 5s.

The role of health visitors

Health Visitors are qualified nurses and/or midwives who have undertaken a year of graduate or post graduate study and registered with the Nursing and Midwifery Council as Specialist Community Public Health Nurses.

Health Visitors lead the local delivery of the Healthy Child Programme providing all families with crucial evidence-based support, expert advice and intervention in the first years of life ([National Health Visiting Service Specification 2014/15](#)), as well as referring or directing them to other support services when required.

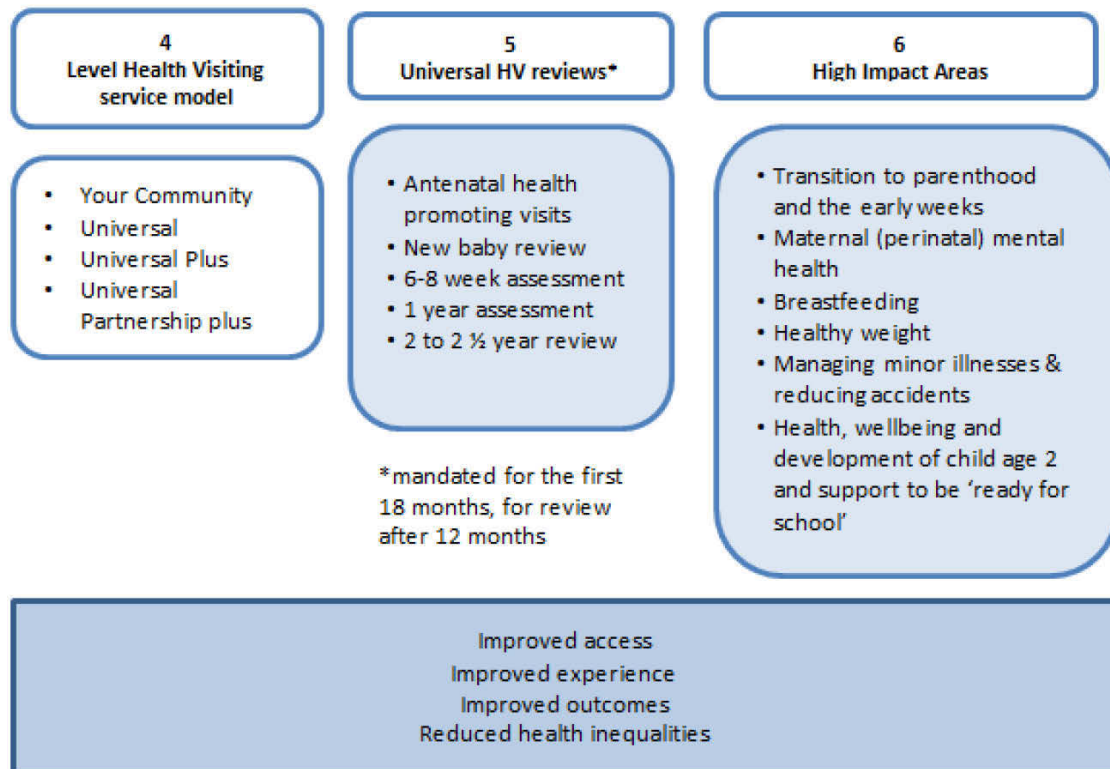
As public health practitioners, they work alongside other health professionals including early years practitioners, voluntary organisations, peer supporters, Family

¹ The Healthy Child Programme (HCP) publication can be found here: <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

Nurse Partnership teams, GPs and primary and secondary care providers, as well as children’s centres and early years’ staff to ensure a holistic service focused on improving health outcomes and reducing inequalities at individual, family and community level. Health Visitors thus provide a link between individual and population approaches and between health and early years services.

The Health Visiting service model is shown below. This framework and the national service specification support local commissioners, providers and professionals in designing services which improve health and wellbeing outcomes in local communities. It shows how the evidence on supporting families can be used in practice and enables measurement of impact and progress against improving outcomes, you can find more information on early years profiles [here](#).

Health Visiting Services



Health visitors make a real difference to the lives of young children and their families. Research has proven that through the interventions of health visitors – such as more relaxed mothering², improved mother-child interactions³ or early identification of

² Wiggins, M., Oakley, A., Roberts, I., Turner, H., Rajan, L., Austerberry, H., et al. (2005).

³ Puura, K., Davis H., Mäntymaa M., et al. (2005). The Outcome of the European Early Promotion Project: Mother-Child Interaction. International Journal of Mental Health Promotion, 7(1), 82-94.

post-natal depression⁴ - there is a long-term positive impact on young children and their families.

A range of documents about the [High Impact Areas](#) has been developed to show where health visitors have a significant impact on health and improving health outcomes. These are:

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'

The Family Nurse Partnership (FNP)

The Family Nurse Partnership programme (FNP) is an evidence-based, preventive public health home visiting programme for vulnerable first time young mothers aged 19 and under. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. FNP aims to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. Participation is voluntary.

The evidence about FNP

FNP was developed in the US on the basis of 30 years of rigorous testing and evaluation that shows it improves a range of health and development outcomes for vulnerable young mothers and their children in the short, medium and long term. Outcomes from US and Dutch trials of FNP include:

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increased maternal employment
- Improved school readiness

For more information see <http://fnp.nhs.uk/research-and-development>

FNP service are part of the Healthy Child Programme. When a mother enrolls on FNP, the HCP is delivered by the family nurse instead of by health visitors. This means that for FNP clients the family nurse delivers the mandated elements of the HCP. The family nurse also plays an important role in any necessary safeguarding

⁴ Brugha, T. S., Morrell, C., Slade, P., and Walters, S. (2011). Universal prevention of depression in women postnatally: cluster randomized trial evidence in primary care. *Psychological Medicine*, 41(4), 739.

arrangements, alongside statutory and other partners, to ensure children are protected.

License

FNP is a licensed programme. It therefore has a well-defined and detailed service model, which must be adhered to. The licence for FNP sets out the programme model including the number of visits nurses should make and the topics they should cover; the structure of the team, their qualifications and supervision requirements; monitoring and data collection requirements; and provides access to copyrighted materials, clinical methods and tools.

The licence also includes a requirement that FNP should be funded until children on it reach the age of two.

The purpose of the licence is to ensure that the programme is implemented so as to maximise the likelihood that good outcomes will be achieved.

For more information please see www.fnp.nhs.uk or contact the FNP National Unit at enquiries@fnp.nhs.uk

For more information about supporting the transfer of FNP commissioning to LA, please see www.fnp.nhs.uk/fnp-information-pack