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# BUILDING BLOCKS: 2-6

Routine data-linkage follow-up to the trial of  
the Family Nurse Partnership (FNP) in England

**Study results**



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## SETTING THE SCENE...

Helping all children to get the best start in life is a priority for the government. Some families may require additional support, including teenage mothers.

Therefore, in 2007 the Government in England introduced a specialist home visiting programme, called the Family Nurse Partnership or FNP.

In our earlier Building Blocks trial we studied how the FNP programme had helped families by the time children were two years old.



### FNP aims to help first-time young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own future



## THIS FOLLOW-ON STUDY

We have followed the same families until the child was aged 7 years old.

We did this by bringing together information from routine educational, social services and healthcare records. We added this to information we had already collected from the families in our trial.

This has helped us answer important questions about whether the programme made a difference for families over a longer period of time.

We followed children until the end of their key stage 1 which is Year 1 and Year 2 in schools in England.



## WHAT WE FOUND

FNP made no difference to how many children were referred to social services or needed additional support once they had been assessed.

FNP made no difference to the number of children who went to hospital with an injury or after having swallowed something.

Children from families with FNP support were better prepared to start school in their reception year.

When children reached Key Stage 1, children from families with FNP support did better at reading.

The effect of FNP was greater for some families than others at Key Stage 1. For example, FNP improved the writing of boys and girls born when their mother was very young. FNP also improved the writing of boys and girls whose mother wasn't studying or working when referred to the programme.

There were no other differences between families that received FNP support and those that did not.

Apart from the costs of providing FNP in the first place, there was no difference in the overall cost of health care used by families who did and did not receive FNP.

## WHAT DO THE RESULTS MEAN?

It was hoped that FNP would reduce the chance of children being referred to social services. Our results show that this is not the case.

FNP does help children do better when they reach school and in their first couple of years in education.

By using information that had already been collected when providing public services, we have been able to understand much more about how FNP has made a difference to families.

FNP has been studied in other countries too. There are important differences between England and these other countries, for example, how health care is normally provided to families. That means that our results will be most relevant to what happens in England but still of interest elsewhere.

## WHAT WILL HAPPEN NEXT?

Continuing to find out what happens to mothers and their children as they grow up will be important. We plan to follow up these families for even longer to see if FNP continues to help these children.

We have given our report to our funders. It will be for the government to decide how best to support young families in England.



## HOW WE WORKED WITH THE PUBLIC IN OUR STUDY

We used a new way of bringing information about families together in this study. Therefore, we spent time working with groups of mothers and children and young people. They helped us to find better ways to describe the study to families and members of the public.

### What they helped us with:

- The wording of letters sent to participants about this study
- Animations about what routine data is and how it can be used for research
- Highlighting the key concerns and benefits of using routine data for public health research

# WE WANT TO THANK EVERYBODY INVOLVED IN THE BUILDING BLOCKS: 2-6 STUDY



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