



WELCOME

Family Nurse Partnership Plymouth

Fay Cook FNP Supervisor

Guest speakers - former FNP clients

Vicki Hepburn & Emily Quick

We support people to lead independent, healthy lives

ABOUT US

We are a social enterprise, formed in 2011 as a Community Interest Company, registered at Companies House as limited by guarantee



How are we regulated?

CIC regulator
Care Quality Commission
Licence to operate from
Monitor

Good



We support people to lead independent, healthy lives

Multi-speciality community provider in health and social care with more than 3,000 staff

£110 million turnover

Strong focus on getting the basics right and improving the quality and safety and experience of people receiving and delivering services

CQC rated 'Good' with 'Outstanding' for inpatient mental health (Glenbourne unit) and community learning disability services

OUR CITY, OUR PEOPLE, OUR PARTNERSHIP



FNP city wide service

Family Nurses

Early identification and intervention -

We work with a large network of partners from health social care, children's centres, wellbeing centres, Family Hubs, SHiP, education, and the voluntary sector

FNP HISTORY

Developed in the USA – evidence-based programme

Underpinned by attachment, self efficacy and human ecology theories.

Licensed programme

Delivered in UK since 2007 and began in Plymouth in 2008

Plymouth is one of the longest running national sites

Targeted support

KEY BENEFITS

Improved maternal self efficacy and life course

Parents are better attuned to their babies – early building blocks to building positive attachment

Consistent support

Family Nurses skilled in building positive therapeutic relationships and modelling behaviours

Better Access to services

Plans made in collaboration with parents

FNP supports sensitive responsive caregiving using bespoke material

Children are more school ready

Intergenerational Impact

HOW FNP WORKS IN PRACTICE

Notification of pregnancy

Home visits – parents meet with Family Nurses in early pregnancy for recruitment to programme

Partnership and reflection

Broader support and safeguarding

Partner Involvement

Goals and aspirations

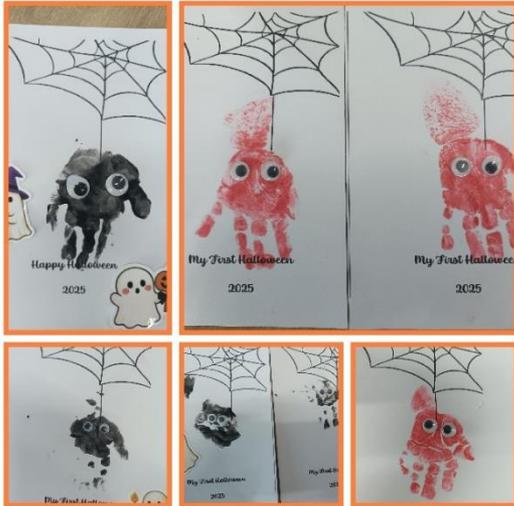
Individualised care, Pregnancy, Infancy and toddlerhood

Trusted relationships

17 YEARS OF FNP



LITTLE BLOOMERS PARENT AND FAMILY GROUP



The story of Mary and Holly



Mary had a chaotic childhood due to parental substance misuse.

Mary was close to her older sister who she saw occasionally but her strongest attachment was to her Gran

Mary had been removed from her mother and placed with her Gran. She went into foster care when Gran became unwell and was moved into a residential care home





Mary was 15 when she became pregnant

She had a long history of substance misuse and antisocial behaviour

She chose to engage with FNP after the first recruitment visit

The Family Nurse had reviewed Marys records and in two years she had been assigned different 21 allocated workers from health and social care.

Mary did not understand who was who



Hearts Desire

Mary spoke of her dream future

She wanted a little house
for her and her baby,
ideally with a little garden
and room for her Gran to
come and stay sometimes.



Mary delivered baby Holly

Her foster placement broke down
and she moved into alternate mother
and baby foster placement

Mary's Gran died and Mary began to disengage with services

The Family Nurse remained in touch visiting when able



Baby Holly was being primarily cared for by Paternal Grandmother

She raised concerns about Marys emotional presentation and reported that Mary had confirmed to being in a relationship with a 31-year-old male – MALE X



Mary – now 16 had reconnected with her mother and had left baby Holly.

Baby Holly was placed with paternal grandmother, who later reported she could no longer care for her. Holly went into foster care.

Mary had been arrested for antisocial behaviour, and it was later revealed she was a victim of child sexual exploitation

Mary was using Crack Cocaine, Heroine, and drinking heavily



SWAST report stated Mary had been found naked and unresponsive with Male X



She was transported to hospital where she was stabilised, she absconded before police could interview her

Her whereabouts were again unknown

Multi agency services involved and were concerned for her welfare

Family Nurse met her by chance in town, – Mary agreed to meet for a hot chocolate - took her to SHiP



Mary disengaged from everyone for several weeks

Later she presented at ED with deep cuts to her arms – thought – but not proven to be to be self harm

She required plastic surgery – a joint agency plan was formulated with the aim being to detain Mary at the hospital following her operation and transfer her out of county to a secure therapeutic unit

Mary absconded from hospital. CCTV footage was obtained of her being collected by her mother and MALE X. Police traced the license plate of the vehicle and tracked Mary to Male X's home where she was removed and taken to a place of safety

Mary remained in the unit for 6 months – Family Nurse maintained telephone contact and delivered the Healthy Child Programme to Holly in foster placement



Family Nurse remained in contact with Mary and Holly. Mary moves into a mother and baby foster placement.

Holly joins her 3 days later

FNP recommences face to face contacts

Holly thrives in her placement with Mum, meeting all her developmental milestones

Mary and Holly move into their own accommodation.

Graduated from FNP

The Family Nurse still gets the occasional text from Mary



This is an example of the intensive support FNP offers young parents.

Mary and Hollys journey is one of many. It demonstrates the importance of preventative relational working and continuity of care.
Relationships working at their best

Plymouth Parents who have been supported by the FNP programme

Vicki Hepburn & Emily Quick



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