



Department of Pediatrics
Prevention Research Center for Family and Child Health
Mail Stop 8410
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**NFP Phase 3-4 Annual Review Meeting 2018-19 Report: Scotland
16 January 2020**

Note

Attendees: David Olds, Ben Jutson, John Froggatt, Carolyn Wilson, Pamela Murray, Debbie Balshaw, Helen Nettleship, Laura Tait, Kate Watson

Apologies: Ann Rowe, Val Alexander, Clare McGuire

1. Welcome and introductions

John welcomed everyone to the meeting with greetings and introduction of participants.

2. Review of Progress and celebrating successes

David his shared admiration for FNP Scotland and its implementation in health & social care. David recognised that the programme will need to be adjusted to support Scottish policy. David also shared that he is pleased to see FNP TURAS IT system launched and shared his interest in the data that will come from this. David is keen to monitor changes in participant risk characteristics as he noted that the risk profiles in US are going down and are not as pronounced.

New Data System

Carolyn shared that the team are transferring data from the Legacy System to the new system (FNP TURAS), all data has since been migrated. Carolyn also explained the system's ability for longitudinal trend analysis on historical and new data. Carolyn shared thanks for the FNP Data Managers for their hard work in moving the data over to the new system.

Pamela shared that there is an ongoing review of all data forms, older data forms have already been incorporated into Scottish context. Pamela is looking to update these in order to get better comparison to data collected nationally, for example drugs and alcohol data can be compared with data collected by the police and health services.

Vulnerability/ Complexity

Pamela shared that the number of clients terminating pregnancy was higher in the most affluent areas, compared to the more deprived areas where continuing with pregnancy is



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more common. Pamela shared that some of FNP Scotland's challenges going forward are around ensuring nurses have the correct experience and managing caseload with rising complexities. FNP Scotland follow the National Risk Assessment Framework which was felt to be of more value in the Scottish context but recognize there are some components of STAR that this does not cover.

David shared his concerns with data becoming tiresome and like a census. Pamela shared that she is looking to move away from calling them data forms, and change it to something similar to Canada's 'Clinical Assessment Forms'.

David shared that UCD have been revising how they ask substance abuse questions, and are looking into a 5P's approach as a method to introduce topics to enable them to comfortably expose their abuse. Pam shared that FNP in Scotland use the 5 P's approach in supervision for case discussion. This enables reflective supervision in team case discussions.

John shared that Scottish Government have added questions about ACE's in the Scottish Health Survey for the first time This survey takes place every 2 years. John also gave an update on the historic child abuse work ongoing in Scotland. There was a discussion around the plans to show how FNP is being integrated into the wider system.

3. Annual Report

Carolyn shared that due to FNP TURAS only going live in late 2019, the next UCD/Scotland Annual Report will be more consistently close to the reporting date.

Action: Scottish Government to send David generated reports once FNP TURAS is fully up and running.

Carolyn gave a presentation on the key points of FNP Scotland's progress. The presentation highlighted Scotlands move from implementation to thinking about sustainability. Many goals continued from the previous Annual Report because most are long-term and work continues. Carolyn shared that she is commissioning a piece of work to understand the learning from offering the FNP programme to 20 – 24 year olds. Debbie shared that NHS Tayside have had the most exposure to older clients.

FNP Scotland recognised that dosage rates have been decreasing and that there is a need to understand what is driving this and what needs to be done to address this.

There was also a discussion round staff turnover, more nurses are retiring but new nurses coming in might not have the experience needed to be a family nurse. Debbie shared that the climate around workforce and recruitment is changing. With less experienced nurses needing more containment and support, which has an impact on the supervisors to ensure



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necessary learning is undertaken. David shared that he is keen to nurture the interests of graduate and student nurses with deep appreciation of FNP. Pamela shared that FNP have been involved in the training of new nursing and midwifery staff, and that some Health Boards accept students. David shared that he was keen to discuss changing demographics and staffing at the next meeting.

Caseload complexity

Carolyn shared that there is increasing complexity but that FNP Scotland are still sustaining women on the programme. There was a discussion around first birth rates going down, analysis shows rates with most deprived families most likely to take up programme.

Breastfeeding

Carolyn explained that as the programme roll out increased, so did the breastfeeding rates which has never happened prior to FNP introduction. This is the first time an upward trend has been seen in 50 years and data can draw a strong causal link to FNP being responsible.

Data Linkage Study

Carolyn gave an update on the progress of the Data Linkage Study. Carolyn shared that the Data Linkage Methods report is due January 2020, with the full report due to be published in the summer (June/ July 2020). The study is using data up to March 2016. David shared some questions around Child Protection which will be picked up at a later phone call meeting with Scottish Governments Research Officer.

Action: arrange separate conversation to discuss Data Linkage Study (Cardiff) at later date (with Principal Research Officer)

Action: SG team to share Data Linkage Methods report once it is published.

Action: David to email with specific questions around Cardiff analysis.

Education

Carolyn gave an update on the Education and Learning programme. The Education and Learning programme is very well received and evaluates well in terms of preparation. The programme will become more dynamic whilst contextualizing to Scotland. David shared his thanks for support provided to the Family Nurse in Norway.



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5. Client & Family Feedback

Carolyn spoke about the Revaluation report and the positive attention that it received. David shared that he found the report very moving and that is illustrated FNP's work in a very positive way.

Action Items:

- For the next call (summer) discussion about the data linkage report
- David needs to send specific questions about Cardiff analysis
- Send David new system data report outline when ready with new system
- Find a time for discussion on:
 - Nurse education
 - 5P's approach
 - Client characteristics/risk assessment