

# Empowering Change - A Family Nurse's Perspective

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Family Nurse  
Partnership<sup>TM</sup>  
Scotland



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**“ Working with young parents with very young children can be magical. Witnessing a relationship forming between a parent and a child is a privilege. Observing a young parent bloom from adolescence to adulthood is remarkable. And graduating a client who no longer requires you in their life feels like the best reward in the world.”**

**Family nurse**

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This collection has been completed from **testimonies provided to the Scottish Government** by Family Nurse Partnership (FNP) nurses across Scotland.

It does not attempt to provide a formal appraisal of the impacts of these specialist nurses, but instead explores the FNP nurses' **motivations, aspirations, achievements and challenges** in the role as they see them. It reflects the real-life experience of being an FNP nurse, in their own words.

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## Preface: February 2021

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**The year 2020 was extraordinary in so many ways. It was dominated by the COVID pandemic, which wrought destruction and despair across the world, including in Scotland. “Normal” life as we knew it was paused. And many projects and initiatives, including the publication of this document, were put on hold.**

But 2020 will hopefully also be remembered for other things. It was the World Health Organization Year of the Nurse and Midwife, a celebration and acknowledgement of the vital role these professionals play across the globe in preserving life and sustaining communities, a message that has been reinforced many times during the COVID crisis. And in Scotland, it was also the 10th anniversary of the Family Nurse Partnership (FNP) programme.

Just weeks before Scotland went into lockdown due to COVID, the First Minister attended a special celebratory event to mark the FNP anniversary. She recounted how as health secretary she had met with the founder of the programme, Professor David Olds, to speak with him about how the programme worked, then announced its introduction as a pilot project in Scotland. Now, 10 years later, she paid tribute to the dedication of Scotland’s family nurses who

have helped to change the lives of thousands of mothers and children and had made a huge difference not just to the families they worked with, but to society as a whole.

Then, a few weeks later, lockdown came. Only essential services were running and some FNP staff were pulled to assist other emergency services. Yet family nurses have continued to deliver the programme to all clients throughout the pandemic, with 44,000 visits taking place between March 2020 and January 2021. The programme moved to an online/near-me service with client visits being held virtually – a new way of working for staff and clients. Around half of the visits were completed via a form of telehealth intervention. Education for family nurses has also moved to online delivery.

The family nurses have battled through this tough year in the face of extraordinary challenges, continuing to care for some of the most vulnerable young mothers and children in society. The nurses’ support has been fundamental in guiding them through this unprecedented and challenging time, with excellent outcomes continuing to be achieved.

It is right, therefore, that Scotland still has the opportunity to celebrate the success of the FNP programme, now in its 11th year, despite the pandemic. That is what this document is all about.

# Introduction

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The stories on which this collection is based arose from the Revaluation of the Family Nurse Partnership (FNP) in Scotland research project, published by the Scottish Government in 2019.<sup>1</sup> The stories therefore were recounted some time before the COVID pandemic.

That project was based on the Revaluation methodology, which relies on storytelling to explore the experiences of those providing and receiving the FNP programme. It gathered stories from 164 clients, 108 family nurses and 20 teams across Scotland.

This celebration of family nursing focuses on the stories the nurses told to the project. Through their experiences and words, the very essence of what family nursing is – who family nurses are, how they go about their work, what impacts they have and why they do the job – is revealed.

The stories are anonymised, as this was a condition of the original process set up by the Revaluation research team and must continue to be respected. But the characters of the nurses, their motivations and barriers, successes and concerns, joys and pains and, most of all, their enthusiasm for – and dedication to – what they do come shining through.

This collection stands as a celebration of the first 10 years of the FNP programme in Scotland, expressed through the experiences and recollections of the nurses who deliver it. It does not attempt to provide a formal appraisal of the impacts of this specialist nursing role, but instead explores the nurses' motivations, aspirations, achievements and challenges in the role as they see them. It reflects the real-life experience of being a family nurse, in their own words.

Amidst the devastation of the COVID pandemic, the world still found time to celebrate the World Health Organization Year of the Nurse and Midwife in 2020. As the people of Scotland applauded for all healthcare workers, Scotland now celebrates the 10th anniversary of the FNP programme, and pays tribute to its wonderful family nurses.

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<sup>1</sup> Scottish Government (2019). Revaluation of the Family Nurse Partnership (FNP) in Scotland. Edinburgh: Scottish Government (<https://www.gov.scot/publications/revaluation-family-nurse-partnership-scotland/>).

# The Family Nurse Partnership Programme in Scotland

**The Family Nurse Partnership (FNP) Programme is a structured, licensed, strengths-based early intervention that allows practitioners to engage with clients in a meaningful way from pregnancy until children are aged 2 years. Its aim is to promote improved health and social outcomes for clients and their babies.**

FNP is based on fidelity to the original model (Nurse Family Partnership) introduced and researched rigorously in the United States over many years. It is founded on the intrinsic motivation of all parents to do the best for the child, and through targeting first time mothers, uses the role of the skilful practitioner to effect sustained behaviour change through an intensive home-visiting pattern. Committing to the programme requires strong replication of the original model, contextualising to both the country and the family. This is achieved through adherence to the programme's core model elements and a continuous approach to learning and quality improvement.

“If the home visits are delivered as planned, it helps ensure that our clients access the most helpful learning at the most appropriate stage of pregnancy and for the child's age and stage of development,” a family nurse

states. “We have visit guidance that provides the structure and content for each home visit based on the domains of maternal role, environmental health, life-course development, friends and family, and health and human services.”

The FNP model promotes the use of the “parallel process”, with the nurses being nurtured and supported to be able to provide nurture and support to their clients. Regular supervision offers family nurses the opportunity to access guidance and reassurance, and to develop skills and recognise successes.

FNP is governed by five client principles: the client is the expert in her own life; the focus is on strengths (capabilities/opportunities/successes); follow the client's heart's desire; clients identify the solutions that work for them; and only small change is necessary, and small changes count.

All family nurses undergo a rigorous education and training programme involving theoretical and practical elements. Today, the Family Nurse Partnership operates in 11 NHS health board areas across the entire mainland of Scotland. More than 250 nurses and supervisors are involved. Over the past 10 years, FNP has helped over 9,000 young mothers and their families.

# WHO are the family nurses?

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The family nurses who provided testimonies all have nursing or midwifery backgrounds, but the variety is huge. They come not just from midwifery and health visiting, children's nursing and school nursing, but also from intensive care, mental health, emergency departments, learning disabilities and a range of other specialties. The diversity of experience is vast. What they have in common, though, is years of clinical and leadership experience and a willingness to learn.

Several were teenage mums themselves, so understand from personal experience the challenges pregnancy and motherhood can bring to young people. Their own experiences of teenage motherhood taught them that services need to be more supportive of young people, and that the need for education on relationships and sexual health is high.

Despite the variety in backgrounds, family nurses share a common vision that includes understanding that young people need to be involved in and, if possible, lead their own care, that all nurses are in education roles and need to know how best to educate, and that issues of inequality and public health underlie many of the challenging issues young people face. And, for some, FNP offers an opportunity to break free from the frustration of not having the capacity to develop truly sustained and meaningful relationships with their patients/clients, mostly due to the time pressures and nature of their former roles.

**The impetus to become a family nurse sometimes comes from experience of nursing from the patient/parent side.**

“My daughter broke her arm when she was four years old,” recalls one family nurse. “I had never experienced seeing my child in such pain and I felt terrible distress.”



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“ When we arrived at the hospital ward, a nurse escorted us to a four-bedded room where other children were sleeping. The nurse touched my hand. She said: ‘I’m going to pull the screens around the bed. Right now, you need each other, so if I find you in the bed, under the covers holding each other tight, I’ll try my hardest not to disturb you. If it’s okay, I’ll wake you in the morning before the early shift begins – not everyone appreciates the importance of the bond between a parent and a child. If they did, we would use less pain relief in this ward.’

“ That nurse highlighted so wonderfully the power of the relationship formed between a mother and a child,” the nurse continues. “It’s well recognised now that children who have a connectedness to their parents will most probably go on to form secure relationships throughout their lives, and hopefully have strong family relationships. As a family nurse working with very young parents, it’s astonishing to hear how so many of the young women and men had no connectedness to either parent or significant other, and how challenging many relationships had been throughout their lives. It was so sad to hear that so many had had nobody to hold tight to.

“ It seemed in the beginning when I was speaking about attachment that I was speaking in a foreign language, but it was remarkable to hear some parents talking about responding to baby cues and watching for signs that their baby was communicating with them as their understanding of the importance of attachment evolved.”

**Personal life experience is also a crucial element in the desire to be a family nurse.**

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“The number of phone calls we received from women who had been affected by intimate-partner violence but who wanted to drop the charges against their partner assailant evoked great compassion and empathy in me,” recounts a family nurse. “Despite having been promoted and having a young daughter to provide for, I wanted to do more to help the vulnerable people I was encountering. I applied to commence my nursing career despite my parent’s concerns about me giving up a secure job. A couple of decades later, here I am in FNP.”

**The challenges of the post are many, and family nurses recognise a degree of resilience is required to get through.**

“FNP challenged me in new ways from the outset,” one notes. “I had to attend training alone a long distance away from home and build new relationships in a new environment. I found this quite challenging at times, but it helped me understand self-efficacy on a personal level, which in turn has helped me recognise how new challenges may make my clients feel.

“I was making a big change to my career and lifestyle at this time and undergoing my own behaviour changes. Delivering the programme has given me new understanding

of behaviour change and I have seen changes in myself that I may not have reflected on before.”

**Some family nurses seem to have been almost on an inevitable trajectory, collecting the skills and experience they need for the FNP role throughout their nursing careers.**

“As soon as I reached the required age of seventeen-and-a-half and had the entry qualifications, I was off to start my nursing career,” recalls one. “General nursing, then mental health nursing, a wee trip working abroad, then time with child and adolescent mental health (CAMHS). The CAMHS experience brought a light-bulb moment to me.

“Most of the young people I worked with in CAMHS had experienced childhood trauma, and their very early relationships were difficult. This inspired me to take a career diversion towards health visiting, where I saw an important role in supporting families at an early stage, hoping early support might help parents to have more positive early relationships with their babies. But it wasn’t quite as simple as that.

“Health visiting was rewarding, satisfying, hard, stressful and frustrating work. The

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root of the frustration was the feeling of never having quite enough time to work with families in sufficient depth to really understand their needs and support them to make meaningful changes in their life. Then came the opportunity to become a family nurse. It was my perfect job – a limited caseload that would protect time to work intensively with families, an evidence-based programme, and the chance to return to working with young people. It felt like the completion of a circle.”

### For other family nurses, the journey to FNP has occurred almost as happenstance.

“I was happy in my previous role as a specialist midwife so was not actively looking for a different post, but it just kind of happened,” says one. “Something made me look on the NHS Scotland Recruitment website and there, jumping out at me, were FNP posts. When I read through the job description and the family nurse role, my heart skipped a beat and I thought, ‘WOW, this role sounds amazing!’

“Learning more about FNP in the lead-up to interview and reflecting on my career over the years, I realised I had been delivering care that reflected FNP, but just didn’t realise it. I remember one case, when I was a fairly

junior midwife, of a pregnant young woman I spent time with, listening to her story, discussing options, supporting her to make a fully informed choice going forward. Several years later, I was in a shopping centre and received a tap on the shoulder. It was the same young woman, now a mother, holding a little girl’s hand. She said to me, ‘If it wasn’t for you, my daughter wouldn’t be here today. You listened, you understood me, you didn’t judge me, and you helped me feel I could do this and was not a failure. Having my little girl is the best decision I’ve ever made!’

“It made me realise the importance of care and compassion, being non-judgemental and providing women-centred, strength-based care, finding out what the client already knows and providing individualised care. All of these skills are central to the FNP role.”

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**Another FNP nurse recalls how she heard about FNP through word of mouth while working as a health visitor and thought it sounded like a new and exciting opportunity.**

“It was difficult at that time to find information online and I ended up contacting a family nurse who was in post. She took time to chat with me about what it was like to work within the FNP programme. I remember she told me that it was the best, but also the hardest, job she'd ever had, and this really stuck with me. It reflects a lot of what I feel about my job. It was her enthusiasm and passion when she described her role that convinced me to apply.”

**Sensitivity to people, especially those who are vulnerable, is a common part of the family nurse make-up.**

“What stands out for me most is that family nurses generally just value people,” observes one. “The connection we make with others is so important. Before we meet most of our clients, they have very minimal knowledge of us and the service we provide. The FNP learning programme places a lot of emphasis on getting those first connections right, as this lays the foundations of the therapeutic relationship. Clients need to feel the genuine compassion from a nurse, as so much of their

journey and the outcomes of the programme rely on the relationship they form with their nurse.”

**Another family nurse recounts how empathy with the client group is a must.**

“My own experience tells me that health services need to be more supportive of young parents. FNP starts with the strength-based approach. It considers the clients we work with to have the potential to change their lives and have an impact on their health and wellbeing now and in the future. It's not about telling clients what they need to do – it comes from a strong feeling of empathy and a belief that regardless of what is happening in their lives or the impact of their life experience, they have the capacity to make positive decisions and changes.”

**The process of applying for and settling into the role can allow individuals to cast a light on themselves and identify what makes them tick.**

“I found the initial interview and the introductory training unlocked so much about me as a person as well as a nurse,” says one. “We found ourselves sharing stories about ourselves, both personal and professional. We scrutinised our hopes, fears, experiences and values. This sharing of information bonds

you with the other nurses you train with. Returning to training sessions with the larger group provides a boost to my confidence and self-esteem and re-energises my enthusiasm for the role.

“ Previously I would have found it difficult to address any concerns with clients. I would feel awkward or maybe sound apologetic. Training in areas like motivational interviewing<sup>2</sup> and communication skills practice has helped me to become more confident in addressing challenges and facilitating behaviour change. My clients appreciate that we can have difficult conversations and may have differences in opinions, but that I will still visit them and work through their difficulties with them.

“ My training has also helped when communicating with other professionals working with the families. I believe that one of my biggest achievements since working as a family nurse has been my ability to challenge other professionals in a non-threatening, non-confrontational way, which has led to more positive joint working.”

**FNP graduates are often the most important recruiting agents for the service, as one family nurse recalls.**

“ I worked closely with one particular patient as a health visitor, and she is the reason I applied to FNP. This young woman had come through the programme, and despite the multitude of adversities she had in her life, she had the most fantastic and impressive little two-year-old girl who was confident, articulate and very well bonded to her mum. I felt that things may have been very different for this family if they had not had intensive support.

“ The opportunity then arose to apply for a family nurse post. It wasn't an easy choice for me to leave health visiting, but I felt the role would be suited to my skills and would meet my desire to provide the type of care I wanted to deliver. When I suggested to my health visitor colleagues that I might apply, one immediately replied 'That is YOUR job, FNP is YOU, you have to go for it!' I was fortunate enough to get a post and have now been in the role for seven months.”

<sup>2</sup> Motivational interviewing is a client-centred counselling style to support behaviour change by helping clients to explore and resolve ambivalence.

# HOW do family nurses work?

To understand family nurses work, it's necessary to understand how they see the programme.

“ FNP to me is a programme of support, learning and guidance for our young people, taking them on a journey from early pregnancy to toddlerhood by being the best parent possible for their new baby,” says one. “It’s about exploring our young people’s strengths and capabilities and nurturing them throughout this amazing time in their lives.

“ I feel very privileged in my role as a family nurse to share this time of young people’s lives and being able to contribute and possibly shape their future as a young adult, parent and a valued member of the community. Our therapeutic relationship is crucial to the success of our work within the FNP programme.

“ FNP is an investment in the principles of public health nursing,” suggests a second. “It’s about not looking at short-term measures, but instead taking a holistic view of what can be provided to build scaffolding to support clients to make positive behaviour change for themselves and their babies. FNP is an investment in reducing health inequalities and improving outcomes for those who statistically are not expected to achieve very much.

“ Many of the clients we work with have had very poor childhoods, with multiple, complicated factors and early infancy trauma. Sometimes their ability and desire to be a mum is overwhelmed by countless factors, but they can still achieve and break the cycle of previous generations. We can support them through what can be very challenging experiences.”

**Another FNP nurse highlights the elements of the FNP approach that for her stand out in relation to engaging with young people.**

“ It’s about having a non-judgemental, friendly, knowledgeable approach, involving dads and other family members where possible. It requires a guiding but client-led communication style, ascertaining what knowledge the client has to begin with, recognising that the client is the expert in her own life, agenda-matching by ensuring the relevant programme materials for the client and having a consistent, sensitive and responsive approach to delivery of the programme.”

**Family nurses are very positive about the possibilities training provides to enhance their skill set and its effects when put into practice with clients.**

“I’ve developed the knowledge and skills of how to spend time walking alongside clients to support them and assist in facilitating change, while using the motivational interviewing skills I learned through FNP training and skills practice has helped me to recognise when clients are beginning to think about making a change,” says one.

“The strength-based approach adopted in FNP has enabled me to see that despite facing numerous adversities, clients can be guided to recognise what resources and strengths they have within themselves to challenge adversity and make significant changes to improve outcomes for themselves and their children in the future. I can see how amazingly well the FNP the programme works in practice – it never ceases to amaze me.”

“I appreciate the introduction to mindfulness<sup>3</sup> and meditation the role has brought to my personal and professional life,” adds another. “Small things, like stopping your car between visits for a few moments and applying hand cream while breathing deeply can help to manage any negative emotions you take away following contact with a client or other services. Practising mindfulness is important for building resilience and helps me to be a positive role model for my clients. Returning your attention to the moment, focusing on your breathing, can help you to step away from unhelpful thoughts.”

**The learning from training that stands out most prominently for one FNP nurse is something her supervisor said to her.**

“She said, ‘Information we don’t want is like junk mail – it goes in the bin’. This makes me mindful when delivering information to my clients – I make sure the information I provide is what they want to find out about and is useful to them. My motivational interviewing skills help me deliver information the young women want and not what I think they want.”

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3 Mindfulness is about a person purposefully bringing their attention to experiences in the present moment, without judgement.

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**The major training benefit for another FNP nurse is the communication style she has learned about.**

“This is the first nursing role I’ve had where the communication style is a counselling mode”, she says. “It is without doubt very effective, as it places the client at the centre of all we do – it’s truly person-centred. Prior to FNP, clients didn’t always have a choice. Some of them were told they needed to take medication whether they wanted to or not. In FNP, the nurse is guided by the client and supports her to achieve goals and desires that she has determined, not the nurse or the service. The result is a deeper therapeutic relationship with clients.”

**Setting the right conditions for allowing the individual relationship with the client to develop is key to the family nurse role.**

“Having a steady programme recruitment rate<sup>4</sup> and engaging with clients early in their pregnancy is daunting,” says one. “It’s crucial that you sell yourself as well as the service. The client is going to be seeing a lot of you and she has to like you right away to agree to join the programme.

“Following the client’s heart’s desire is crucial, which means really finding out what she wants, what she has experienced and where she sees herself in the future. This is a powerful tool, not only to help the client reach her goals, but also for the nurse to reach hers.”

**Sometimes, the most challenging issues are unearthed right at the start and end of the relationship.**

“The recruitment is challenging, trying to engage with young clients and to encourage them to allow someone new into their homes and lives,” a family nurse notes. “Unless they know someone who has had a family nurse, they may be reluctant to engage initially.

“At the end of the programme, the clients feel vulnerable that they no longer have the support from FNP. But this is also when we are under most scrutiny as we try to evidence the changes the young client has made. The small changes may not always be evident to someone who has not made the journey with them. Using key issues can help to highlight even the smallest of changes.”

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<sup>4</sup> The programme recruitment rate refers to the numbers of clients signing up for the programme.



**While the personal relationships with clients is clearly paramount, all family nurses also recognise the importance of having positive relationships with other services, working as part of integrated teams to provide the best possible opportunities for their clients.**

Several FNP nurses describe how they have excellent multi-agency working relationships with, for example, social work teams involved with families and clients whose babies have been accommodated since birth or are on the child protection register. Another has developed a good relationship with a local health promotion officer and other professionals.

“The health promotion officer is responsible for co-ordinating a young mum’s group,” the FNP nurse says. “I arranged a meeting with the health promotion officer, the community learning and development worker, health visitor and midwife to talk about how family nurses could become more involved in the group.”

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“I’m now delivering a learning topic once a month and making sure the FNP nurses are available to the mums throughout the session. I recently delivered a session on emotional resilience and postnatal depression, with very positive feedback from professionals and clients. I text all my clients in the locality each week to remind them about the group. Seven have attended the group and two others are now considering going along. This joint working has strengthened my relationship with all the professionals involved in the group and helped FNP to be more visible in the local community.”

**Regular supervision is an important part of being a family nurse.**

Family nursing can be very draining emotionally and at times is overwhelming. Some family nurses had not anticipated the level of child protection, social and psychological issues they would encounter, and supervision allows them to have protected time to analyse, plan and reflect, with huge benefits in terms of reducing stress levels.

“Being a family nurse is very emotionally demanding, and the support of the supervisor is so important,” says one. “You must have a place to explore emotionally what you’re feeling. Reflective, restorative supervision supports nurses in delivering and developing the care they give to their clients. It ensures the nurses keep well emotionally so their interaction with clients continues to be therapeutic and beneficial.”

“Supervision allows you to explore challenging situations in a safe environment,” a family nurse explains. “On a good day, you leave feeling able to cope with the challenges and emotional burden of our clients’ lives. It helps you plan your interventions in a positive, strengths-based way.”

**Another says supervision allows her to manage the challenges and difficulties she faces by learning from them.**

“Supervision has been invaluable,” she says, “as has support from the child protection advisor and the psychologist. We are a new team who learned and trained together, so we also support and encourage each other.”

“I attend weekly supervision and am able to discuss my achievements and any clients I have concerns or questions about,” says another. “The supervision lasts one hour and without it, I do not believe that the job would be possible. It helps to contain me and put things into perspective. Being able to discuss key issues is important for analysis. We also have supervision with child protection officers and the psychologist, which allows us to look at clients from a different perspective.”

**Some family nurses find the experience of supervision in FNP is very different to any they have encountered before.**

“In previous roles, I felt supervision was something of a tick-box exercise, but in FNP, it has high value,” says one. “It happens every week and the supervisor is genuinely interested in where I’m at and what might be challenging or troubling me. She will ask probing questions that allow me to explore issues on a wider level. At times my supervisor has asked a question that leads me to realise something I hadn’t previously thought about. It’s nurturing and supportive and very much about my agenda as a family nurse.”

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## Juggling the responsibilities of the role with family and other commitments can be tricky.

“The role of family nurse can be lonely, and the nurse needs to be resilient to this,” says one. “The demands at times are physically and emotionally draining. For me, this occasionally has been to the detriment of my own family, and there have been times when I feel I have not been as available as I should have been to support them. This is something I have wrestled with.”

## Another found learning about the role and managing a caseload made work and home life tricky to balance, but has seen her way through.

“At times I felt like I was sinking,” she says. “But I’m pleased that I came through the other end and, as a result, everything I’ve learned and experienced has not only made me a more confident and skilled practitioner, but has also had an impact on my home life and parenting. At times it can backfire when my boys use some motivational interviewing on me!”

## One Supervisor found that the challenge of creating a healthy work-life balance was a burden that would best be approached through a shared effort.

“As a team, we reflected on all of our challenges and made some changes prior to recruiting our second cohort,”<sup>5</sup> she recalls. “We looked at prioritising our work-life balance, which has helped with things like travel. And we have dedicated requested times for supervision and team meetings to ensure the needs of the nurses are addressed.”

## All this means that taking time out for self is an important part of providing a top-quality service.

“One of the biggest lessons I’ve learned so far is the importance of self-care and prioritising looking after yourself,” a family nurse comments. “When you’re working in such an emotionally charged job, it’s vital to use strategies and supports to relax and refuel. This allows you to have some emotional space to provide containment to clients; otherwise, I think you’d burn out!”

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<sup>5</sup> Cohort refers to the group of clients in a family nurse’s caseload at a given time. On leaving the programme successfully, cohort members are considered to have “graduated” from the programme.

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“The driving, carrying lots of notes and equipment and using the car as an office is not conducive to healthy outcomes and can lead to resentment and tension,” says another. “It’s often necessary to take calls or write notes in a layby. This is harder when you take time to prepare visits and drive several miles and the client cancels at the last minute or is not in. Feelings of frustration can be high!”

“Working at such an intense level with clients for a prolonged period of time can be emotionally draining, and it has been very hard work protecting my own mental health,” says a third. “I’m being open about this as I feel it’s important not only to focus on the personal value in the role, but also to be realistic about the challenges it brings.

“This is where the starring role of excellent supportive colleagues and great teamwork come into play,” she continues. “Without the support of an excellent supervisor and colleagues and some input from occupational health, I would certainly have had to take a period of sick leave for work-related stress and anxiety. I’ve learned that to be effective in working with clients, I must take good care of my own health. This has been a hard lesson.”

### **No service can work effectively without strong administrative support, particularly around areas like data management.**

One of the FNP data managers says her ongoing commitment is to run an administration base that meets the needs of the rest of the team while being adaptable and flexible enough to ensure that the usual day-to-day business is not affected when special events occur.

“The office is a place where the team has easy access to the paperwork, equipment and tools they need to deliver the programme,” she says. “This is a priority for me. I know how busy the team is with their caseloads, supervision and training, so providing a smooth-running office and great administrative support means they are able to use their skills with their clients without the distraction of having to undertake unnecessary admin tasks.”

Family nurses are hugely appreciative of this kind of support. One says: “The data manager has been the most underrated member of our team, but she has been invaluable throughout our whole journey – she has been so organised, knowledgeable, resourceful and we would never have managed without her.”

## WHAT impacts do family nurses have?

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The differences family nurses make are about helping young people to develop parenting skills, increase their self-confidence and promote their resilience.

“ Working with the clients over two and a half years gives them a real opportunity to look at how they can make changes to improve their quality of life,” says a family nurse. “I see how the support given to my clients can help them believe in their ability to succeed and make positive changes for themselves and their children. Many started with low confidence and had never experienced achieving anything. They want to succeed as good parents and working with them in achieving their goals has been truly amazing.”

Others have seen clients manage to achieve their potential at personal level and as parents, with improved self-efficacy and ability to plan and problem-solve, and increases in confidence that allow them to engage with GPs and other health professionals.

“ Some are able constructively to challenge services,” says one. “Many of the young women we work with find it difficult to engage with services and other people. They may have been seen in their families as having nothing to say or worth listening to. Just listening to them can increase their self-confidence and enhance their sense of being important. As nurses, we may not see this fully, as the impact can be after we have left them on their journey.”

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Achievements have been made despite many of the clients coming from very disadvantaged backgrounds in which abuse may have been a feature. One of the nurses was able to recount stories of supporting clients to talk about and take action on their experiences of abuse.

“ I supported a very vulnerable young woman to a point where she was able to disclose childhood sexual abuse. I directed her to voluntary sector help which she was able to accept and she is currently working well with them. She is also considering approaching the police to report the abuse. She has said that this is all due to the fact that when she disclosed, she could tell immediately that I believed her. She had tried previously on many occasions to tell her family members but felt she may not be believed.

“ I also worked with a young woman who gave the impression of being in a happy stable relationship with a very attentive partner. Twelve months after first working with her she contacted me to say that she was in temporary accommodation and had left her partner, who was abusive and had been for the past two years. She said that the penny dropped for her during a visit from me 10 months earlier when we looked at power and control – she had been planning and preparing to leave since then. She had the confidence to do so as she had realised she was not responsible for her partner’s behaviour.”

**Clients' vulnerability is often patently clear and needs to be addressed sensitively. Another family nurse recalls a young pregnant woman who cried down the phone when she first contacted her to offer a place on the programme.**

“She told me that social work wanted her baby and she didn't care any more – they could just take her baby. At first, I was advised by her social worker that she could be difficult to engage with, but she responded well to a gentle telephone call, an informal chat in a café and time spent getting to know what she wanted from the services that were around to support her. The client joined the programme and now has her own tenancy and is successfully living at home with her baby and engaging with support. The impact you're having is not always obvious, but in small ways you can gradually see the positive effect of your relationship.”

**Although FNP can bring very positive rewards to young people and their children, there are also less positive outcomes for some vulnerable young women who are unable to overcome their previous trauma and have lost the care of their child.**

Family nurses support families to remain together whenever possible, but there is a recognition that for some, and in the best interests of the child, the child should be accommodated.<sup>6</sup> Family nurses work hard to maintain a strong therapeutic relationship with their clients to help and support them, but the wellbeing of the child is paramount.

“There are several clients I still think about and wonder how their life course is developing,” says a family nurse. “The baby of one client was accommodated into foster care from the hospital after birth – she never had the baby home with her on her own. There were concerns from early on in her pregnancy about her capacity to parent, her own learning needs, a violent relationship, a partner who had issues with drugs, alcohol and violence, and minimal support from her family. She had 120 supervised contacts with her baby until the baby was 22 months old, and she went to every one.

“The baby was adopted and was never returned to her care. She loved her baby very much and learned a lot about parenting, attachment and relationships through our work together, but understood her own limitations and the agencies' concerns.

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<sup>6</sup> Meaning of accommodated here

“ I have since met her by chance in the local area. She misses her baby every day but understands why her baby was adopted. She is still living in supported accommodation and considering returning to college or perhaps securing a job, despite limited support from her own family.”

**FNP nurses can feel a sense of failure when a baby is removed from their parents' care or is otherwise not allowed to have contact with its mother.**

“ It can feel like I've failed them somehow when children get removed,” says one. “But with support from the FNP team, psychologist and supervisor, I can now see the value to the client of being by their side. I once found that I was the only person one young woman could ask to be her birth partner, even though I had voiced my child protection concerns at a meeting that contributed to her baby being removed. She sincerely thanked me for supporting her and gave me a hug - this blew my mind!”

**One family nurse recalls how three clients who graduated from a cohort believed their children would have been removed from their care if they hadn't had a family nurse.**

“ In one case, every child in generations of the family had been taken into care and the client's child was the first not to have been,” she says. “The time available to spend with the clients and to explore their situations and the impacts on them and their child allows for understanding to be gained gradually and embedded. I've also managed to support clients to experience good endings when their children have been removed from their care. The flexibility of the programme allows me to continue working with them until legal processes are complete, offering ongoing care and support for as long as necessary.”

**Family nurses are having positive impacts in crucial areas of public health such as breastfeeding and smoking cessation. One of the nurses has found her rates of breastfeeding are increasing.**

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“ Statistics on initiating breastfeeding in the labour room now are much better than they were with the first cohort of clients,” she says. “One young mother who tried to breastfeed had stopped by the time I visited after receiving advice from another professional. She wanted to feed and I supported her with that choice. She resumed feeding for three months despite difficulty maintaining her milk supply, but she fed for a whole year with her second child. She thanked me for being there and said it made all the difference.”

“ Almost all of the women I work with who were smokers have given up smoking in their pregnancy, either prior to enrolment on the programme or after,” reports another. “And they have engaged very well in discussions around family planning, with most having a well-informed plan around postnatal contraception. My aim will be to support them in successfully accessing and maintaining this, and the nature of the programme delivery will allow me to do it.”

**Clients’ families can be a source of support and help, or may present further challenges to the clients. Family nurses are having a big impact on the way families and clients interact.**

“ The clients’ families become a huge part of our caseloads,” a nurse states. “As they get to know me and understand my role, they become very interested and enjoy being part of the visits.

“ The family of one of my clients has been known to social work throughout her life due to her parents’ issues with domestic violence, alcohol misuse, criminal activity, neglect of the children and the children’s poor attendance at school – my client hadn’t attended school since second year. She agreed to enrol with FNP, but it took five visits before I had any eye contact with her – she would sit with a hoodie on throughout the visit, looking down.”

The client appeared to be listening, however. She made huge improvements in her diet, stopped smoking and encouraged the rest of the family to start smoking outside the family home. The family’s relationship, however, remained very volatile.

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“ They tended to resolve challenges with violence or arguments and shouting,” the nurse continues. “I tried to model more positive behaviours of showing respect, kindness and appreciating that other people have an opinion. When I did a joint visit with a social worker who knew the family well, she was amazed at the changes she saw, such as the family welcoming her into the home and being prepared to discuss my concerns, not smoking in the home, the standard of cleanliness in the home, and the family wanting the best for the children and talking about the impact their behaviours will have on the baby.”

**FNP nurses take great pride in witnessing the achievements of families in their care.**

“ I feel proud of the progress that some of my clients have made since coming on the programme,” one says. “One young woman in particular fully furnished a home over two months, with various types of community help. She hadn’t managed this before and was avoiding the issue by staying with family and friends. She was at risk of losing her tenancy and being unable to provide an appropriate home environment for her baby.

“ I was also extremely proud and touched to receive a phone call from a father, to give me the news that my client had delivered their baby three hours earlier. He sounded quite shell-shocked and emotional, and I felt he needed someone to comfort him while everyone else was focused on his partner. It demonstrated the value that the young father placed on the support the programme offered.”

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# WHY do family nurses do the job?

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It is not difficult to identify the characteristics of FNP that makes it so attractive to nurses. They see the programme as an opportunity to make a difference in a vitally important area of healthcare, while also extending and expanding their own nursing skills and experience.

“FNP to me is a more than a job,” says one. “It’s an opportunity to use all the skills and knowledge I’ve gathered over my 20-year nursing career and, indeed, recently while undertaking mandatory FNP training, to really make a difference and facilitate change in young people’s lives.

“I believe I can use the therapeutic relationship to get a better understanding of my clients, their goals and desires that truly enables me to walk alongside them and support their growth.”

**The clear evidence on the impact of FNP on young people is the main motivator of nurses’ interest in the programme.**

“I became interested in FNP when I came across the research on the programme in America,” says one. “The outcomes were impressive, with improvements in women’s antenatal health, reductions in children’s injuries, fewer subsequent pregnancies, greater intervals between births, increases in fathers’ involvement, increases in employment, reductions in welfare dependency, reduced substance-use initiation and improvements in school readiness. The programme is based on over 30 years of evidence and is constantly evolving and developing to meet the changing needs of clients, their children and their families. I felt that working within the structure of a license could help ensure delivery of a good-quality programme and replicate the positive outcomes in Scotland.”

“FNP at its best is a fantastic concept,” says another. “It’s full of promise, with its preventative focus, its evidence-based underpinning and its roots in the critical areas of promoting connected families and attached babies. It’s a privilege to have the opportunity to work so intensively, to build therapeutic relationships with young parents who take the risk of letting us in to their lives for two and a half years.”

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## The extended time spent with young mothers or mothers-to-be is an especially attractive element.

“Our visits in FNP last longer and, due to the number of times you engage with clients, time does not seem so limited,” explains one nurse. “You support the client to be part of the process of learning and to explore their hopes and dreams for the future. I believe this is why the length of our visits is so important. The topics covered do not appear rushed and due to the dosage<sup>7</sup> you can return to it many times. This doesn’t mean you’re not as busy – in fact, I’ve never felt so busy. But being able to follow a client through pregnancy until their child is two years old is fantastic.”

“The main differences are the time and availability you are able to offer your clients,” suggests another. “The time gives you the ability to assess the client’s needs fully and across time, understanding what their priorities are and helping them achieve longer-term goals. It also allows you to drip-feed information, which can help in progressing women through stages of change. Barriers to trust are broken down with time,

and you are offered more of their life story as this happens – it allows you to consider things from their perspective and identify internal motivators and challenges.

“In FNP, you’re able to properly apply theoretical knowledge to practice. We spend a lot of time looking at clients’ ecology<sup>8</sup> and have the time to actually ask open questions and hear the answers, instead of rushing through a checklist. We’ve opportunities to contribute towards building self-efficacy,<sup>9</sup> and we get to celebrate successes with our clients over a long period.”

## The role has its pressures, though.

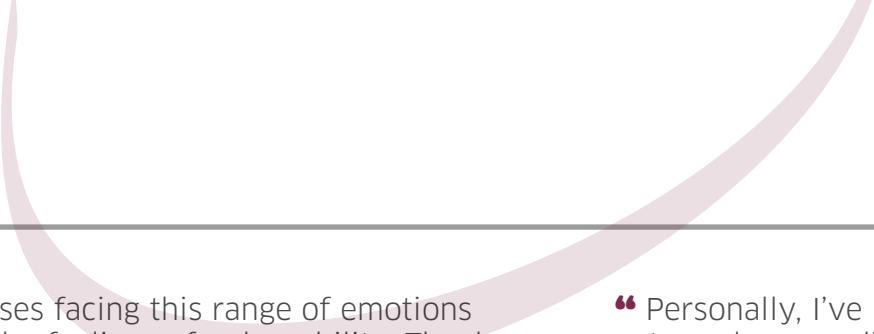
“Working with a very young parent with very young children can be terrifying,” a family nurse states. “Witnessing a parent finding it difficult to connect to their child or a child unable to find an attachment to their parent is heart-breaking. Observing a young person being unable to escape the lure of alcohol, drugs, inappropriate relationships and criminal activity is devastating. And making numerous attempts to engage a young person with support services is exhausting.

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<sup>7</sup> Dosage refers to the number of visits and interactions between the family nurse and the client.

<sup>8</sup> Human ecology focusing on relationship dynamics with others and the wider environment.

<sup>9</sup> Put simply, self-efficacy refers to a person’s beliefs about their capabilities to do things and exercise influence over events that affect their lives.



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“Nurses facing this range of emotions describe feelings of vulnerability. Thank goodness we have protected time for supervision and support from psychologists and other colleagues to allow nurses to explore the challenges they face through open and honest discussion in a safe, nurturing environment.”

**It is intensely rewarding to see clients and their children grow and develop and make positive changes in their lives. That's the good news story. But FNP nurses live in the real world.**

“Some young people have had so many adverse events and trauma in their lives, they are too difficult to overcome,” says one. “So FNP also includes the reality of some challenging child protection work when parents are struggling to meet their children’s needs. The babies’ needs are rightly prioritised, but this can jeopardise the therapeutic relationship with the client.”

“Personally, I’ve learned that while FNP is extremely rewarding and meaningful and mostly effective, it also takes its toll at a personal and professional level, and for me it’s a job that probably has a natural time limit of four to six years. The intensity of the work requires an emotional investment for the best outcome, but this needs to be balanced with keeping a close eye on professional boundaries and self-care. This is a difficult balance.”

**But despite the challenges, job satisfaction among family nurses appears to be high.**

“The personal value of FNP for me is job satisfaction, the feeling that I’ve made a positive impact in the lives of the clients and children I work with,” says one. “I’m proud to be part of FNP and feel that the work I do is valued by clients and managers. I’m aware that we operate within a licensed programme, but generally I feel it is supportive rather than restrictive.”



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“The value of FNP for me has to be becoming a part of the most exciting time of the young clients’ lives and helping to support and guide them through all of the challenges that this time brings,” says another. “By being reliable and gaining trust, you can develop a therapeutic relationship to help the client and family to make positive changes.”

**The FNP nurses feel that the role places them in a highly privileged position.**

“I have had many fabulous opportunities throughout my career, but I feel like the luckiest woman in the world right now to be in my current post,” one says. “It’s such an amazing opportunity to spend time supporting young mums, developing therapeutic relationships with my clients and supporting them to build their own self-efficacy to be the best mum they can be while adhering to the fidelity of the FNP programme.”

“This is more than just a job for me,” she continues. “It feels like a huge honour to be a part of my client’s journey while developing my own FNP journey. This has been a life-changing opportunity, building on the skills I already had while developing new skills and attributes along the way. Despite the challenges I face, I’ll continue to grasp this opportunity with both hands and put my heart and soul into it.”

“In my role as family nurse, being able to give clients the time, support and care they deserve is truly amazing,” says another. “My own heart’s desire is being fulfilled while delivering the FNP programme.”

**The journey through FNP is one of exploration and surprises.**

“Every day of my journey so far on FNP has been different,” a family nurse comments. “I’m constantly learning, sometimes with successful results and sometimes not. I work with a brilliant team, the data manager and the nurses support my role and I make every effort to do the best I can for them. I very much believe in FNP. I see the results, I hear the results, and I feel the results.”

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In the final analysis, while FNP builds on all the experiences the nurses have gained throughout their careers; ultimately, it is unique.

“ I don’t feel the FNP programme is comparable to other ways I have practised before,” says a family nurse. “It delivers many more home-visit contacts and provides so much more detailed information in comparison to other ways I’ve worked as a practitioner.

“ I feel that through FNP and with more home-visit contacts, a trusting professional-client therapeutic relationship can be built. This promotes increased engagement and facilitates client support through other relevant available family services. This input leads to better client satisfaction and improved outcomes for clients and their families.

“ I enjoy developing therapeutic relationships with clients and their families. As the professional-client relationship strengthens, I have seen clients develop their trust and confidence in me by sharing information and requesting advice or guidance. This brings me a huge feeling of job satisfaction that I have not experienced in any other role.”

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## Closing thoughts

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As the FNP Programme in Scotland celebrates its 10th anniversary and looks forward to the next stage in its journey, a family nurse Supervisor reflects on her own personal FNP journey so far.

“ For me and members of my team who share a strong sense of social justice, witnessing the challenges and inequality that the young women experience can be painful. The boundaries of working so closely with young people are issues that are addressed in supervision with the family nurses and also with the psychologist.

“ FNP to me is about respectful communication and using communication skills. It's about helping young women to believe in themselves and in their abilities. And of course, most importantly, it's about the babies, the attachment and bonding and promoting early brain development both in the womb and in the first two years of life. In the final analysis, FNP is always about recognising risk and being prepared to seek wider support to ensure the child's safety.

“ There is something hugely rewarding in working with young women and seeing their unrealised potential beginning to flourish. Our Scottish culture in families and workplaces can lead us to undermine ourselves and others, focusing on the negatives. The strength-based approach makes you look at things in an entirely different way.

“ FNP brings together the two main career motivations I've had in my life - helping vulnerable young women and promoting child health.”

**Finally, when asked how she would describe FNP to others, one family nurse stated:**

“ It is not health visiting.

It is intense.

It is rewarding.

It should be measured longitudinally.

It can be great fun.

It is supportive and educational.

It is a privilege to share our clients' journeys.”







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