

The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB:2–6 routine data-linkage follow-up to earlier RCT

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Personal dedication: Our work aims to improve the life chances of babies. All babies are precious. Their wonderful potential, their joy and their sorrows can sometimes get lost when quantified statistically. It is often our personal knowledge that brings meaning to such numbers. I dedicate this report to my own grand-daughter, Luna Alice Atkins, who left us this year aged only three days old. She will forever remain precious to us and her life will always have meaning. *Michael Robling, 2020*

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Plain English summary

The BB:2-6 routine data-linkage follow-up to earlier RCT

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Plain English summary

The Family Nurse Partnership is a programme of home visiting by specially trained nurses. The Family Nurse Partnership aims to support teenagers expecting their first child. In the USA, this programme has reduced child abuse and neglect and improved children's development. We wanted to find out if this would also be the case in a UK setting.

In a previous study, we compared families that had been allocated at random either to receive the Family Nurse Partnership in addition to the support usually available from health and social care or to receive usual care alone. We followed families until their child's second birthday. In this new study, we have followed up these same families for a further 5 years, until their children reached Key Stage 1 at school.

We used routinely collected data to measure the impact of the Family Nurse Partnership. This included medical records collected by the NHS, interactions with social services and school records. All mothers had the opportunity to opt out of the study before any information was requested.

We found that the Family Nurse Partnership programme did not reduce the number of children who were referred to social services, were registered as in need of additional support, were given a child protection plan or entered care. There was no difference between the two groups of children in how many attended an emergency department or were admitted for an injury or ingestion, or how long they stayed in hospital.

The Family Nurse Partnership improved levels of school readiness. At Key Stage 1, the Family Nurse Partnership increased reading scores after we took account of factors such as the child's month of birth. Writing scores improved as a result of the Family Nurse Partnership for boys, and for children of younger mothers and of mothers who were not in employment, education or training when first recruited to the study. We found no other differences between families who received the Family Nurse Partnership and those who did not, including in the number of mothers who had a second pregnancy and in child attendance for early education.

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This report

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