Sirs

Robling and team are to be congratulated on conducting a highly rigorous RCT of the FNP programme and rightly highlight the difficulty in demonstrating changes comparable to the US studies in a setting with comprehensive universal health services.[1] The trial in the Netherlands where FNP showed a positive impact on a range of primary outcomes involved significant adaptation of the programme to the local context, and was also more targeted.[2]

The highly medical focus in terms of the primary outcomes for this trial are disappointing given the strong emphasis of the programme on developing parenting, parent-child relationships, and support from family and friends. The Building Blocks trial also reported on becoming pregnant while one of the impacts noted in the US was longer spacing between pregnancies.[3] A research design that included a more psychological focus in the primary outcomes, with some direct observations of the families in their homes may have been a more useful way to identify the kind of positive outcomes that the nurses delivering the programme have described in their reflections and in the formative evaluation.[4] There is, in addition, equivocal evidence of the effectiveness of smoking cessation programmes that are provided as part of broader interventions to improve maternal health compared with targeted cessation programmes,[5] and little evidence in terms of the effectiveness of intensive home visiting programmes in improving any pregnancy outcomes including preterm birth.[6]

Those of us who have been involved in studying the process of introducing the programme in the UK, have witnessed a tremendous investment of highly valuable resource in terms of skills into the health visiting workforce. The high takeup and engagement, would suggest that these skills are valued by FNP families. They include motivational interviewing, alongside a range of techniques to assess and improve parent-infant interaction, and early learning. Many of these skills are focused on improving the relationship between the parent and unborn/newborn baby and toddler, and the evidence shows that parent-infant interaction is key to a range of important outcomes including socioemotional development[7 8] and children's language and learning.[9 10] This surely represents the true value of programmes such as FNP as indicated by several of the secondary outcomes. However, the absence of a strong measure of parent-infant interaction, and the study's reliance on maternal report and paediatric screening instruments to measure child outcomes may have limited the identification of positive impacts.

We suggest that there are significant risks in making definitive statements about the value for money of the FNP and the need for disinvestment at the current time based primarily on antenatal and early health outcomes, and that there is a need for a follow-up that includes observational measures of the home environment, parenting and socioemotional adjustment, and on researcher administered tests of child development. The DH should also work with the FNP National Unit to identify ways of refocusing this programme in terms of the target families[4] and incorporating where appropriate other evidence-based methods of working to achieve the improvements in parenting that are so badly needed in this population.

Yours

Jane Barlow
Professor of Public Health in the Early Years
University of Warwick

Jacqueline Barnes
Professor of Psychology
Birkbeck, University of London

Peter Fonagy
Freud Memorial Professor of Psychoanalysis
University College London

Pasco Fearon
Professor of Developmental Psychology
University College London

Kathy Sylva
Professor of Education,
University of Oxford

Peter Wanless
CEO, NSPCC

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