

Supporting young parents to reach their full potential

Foreword

Over the last two decades the teenage pregnancy rate has more than halved and is now at its lowest level since the 1960s. This is the result of a long-term evidence-based strategy delivered by councils and their health partners.

But despite the significant reduction, further progress is needed to sustain the achievements and narrow inequalities. That includes a continued focus on supporting young parents.

Every year around 20,000 teenagers give birth. If you include those born to mothers in their early 20s, the total tops 100,000. Like all parents, young mothers and fathers want to do the best for their children.

Some manage very well, but significant numbers struggle. Their health, education and economic outcomes remain disproportionately poor and, as numbers have declined, many have increasingly complex needs. For a minority, this makes parenting very challenging. Almost 60 per cent of mothers involved in serious case reviews were under 21 when they had their first child.

Councils have a major role in ensuring they get the help they need, whether it is through the services they commission or deliver. Health visitors, family nurse partnerships, early years, children's centres, youth services and the voluntary sector all have a key role to play.

Collaboration with clinical commissioning groups to provide dedicated midwifery support and post-pregnancy contraception is also important.

The Local Government Association (LGA) and Public Health England (PHE) have developed a framework setting out how different agencies can contribute.

Between them, these services help prepare young parents for the birth of their child and those early months and years, building good emotional wellbeing and resilience, providing positive role models and giving them a trusted adult to confide in and talk to.

But young parents need more than just this. Advice and support on housing, benefits, healthy relationships, drug and alcohol and sexual health are all important too. And close attention needs to be paid to education – research from the Family Nurse Partnership (FNP) programme has found nearly half have been suspended, expelled or excluded from school.

All this takes coordination, patience and determination. But get it right and lives can be transformed – as the case of Abbey, who is featured in the Cornwall case study, shows. She explains how the support she received helped transform her life, building her self-esteem and confidence, improving her parenting skills and encouraging her to go to university.

So how can it be done? We look at a variety of different approaches in following case studies.

Some focus on single issues, such as Dudley's success in helping young pregnant women give up smoking and Walsall's attempts to keep teenage mothers in education.

Others cover more holistic approaches, such as the support provided by West Sussex's young parents pathway, which has been established to help those who would not normally qualify for the Family Nurse Partnership.

And do not forget young fathers – all too often they are marginalised and demonised. But in Gateshead and Salford, projects have been set up to support them as individuals and fathers.

All the work is truly impressive. Let's learn from it and help these young people and their children live fulfilling lives.

Councillor Ian Hudspeth

Chair, Community Wellbeing Board

Councillor Anntoinette Bramble

Chair, Children and Young People Board

Contents

Introduction	5
Top tips for success	6
Case studies	
Brighton and Hove	8
Cheshire West and Chester	10
Cornwall	12
Dudley	14
Merton	16
North Yorkshire	18
Walsall	20
West Sussex	22
Working with young fathers	
Salford	24
Gateshead	26
Want to find out more?	28

Introduction

Key statistics

20,300 births a year to women under 20

30% higher rate of low birth weight babies born to women under 20

3x more likely to smoke through pregnancy if a mother is under 20

50% less likely to be breastfeeding at six to eight weeks if a mother is under 20

63% higher risk a child grows up in poverty if mother is under 20

60% of mothers involved in serious case reviews were under 21 when they had their first child.

7 months behind on spatial, verbal and non-verbal ability on average by the age of five if mother is under 20

£65,000 a year saving from preventing a child going into care

All figures sourced from 'A Framework for Supporting Teenage Mothers and Young Fathers' (PHE/LGA 2019)

Top tips for success

- Pregnancy is an opportunity to engage with young people – it often prompts mothers and fathers-to-be to reassess their life choices, ambitions and priorities.
- Coordinated multi-agency working is essential. Whether that is between services that are solely focussed on parenting, such as midwives, health visitors and children's centres, or secondary services, such as drugs and alcohol and housing.
- Ensure sexual health services support young parents to understand and access effective contraception options. Fertility returns within a month of giving birth.
- Be prepared to spend time building relationships with young parents first. You need to win their trust and that requires a lot of one-to-one work.
- Keep a flexible approach to age limits to ensure support is focused on the most vulnerable young parents, including those in their early twenties.
- Young parents are more likely to experience poor emotional health. Teaching mindfulness can be effective in dealing with stress and anxiety.
- Be wary of the pre-birth crisis. For many young people the weeks immediately before the arrival can be a time when problems worsen.
- Engage the wider family if available. Grandparents, aunts and uncles can help provide support and reduce isolation.
- Be mindful of what happens once support ends. Introducing and integrating young parents into children's centres can prove invaluable.
- Don't forget young fathers. Children with positively involved fathers have better outcomes.
- Ensure youth services, participation and personal development programmes are actively inclusive of young parents.
- Prioritise support for young parents to continue or return to education, using the national Care to Learn funding to contribute to childcare costs.

Case studies

Brighton and Hove: the benefits of a specialist teenage midwife

In Brighton a specialist teenage midwife is funded to work with young mothers. The midwife is able to see her clients more regularly than normal, providing valuable support that benefits this group during their pregnancy.

The challenge

In Brighton hard work by the NHS, councils and other partners has helped reduce the under-18 conception rate by 63 per cent, exceeding the national reduction.

But while the prevention work continues, the city is also maintaining a focusing on improving outcomes for young parents.

The solution

A dedicated midwife post for teenagers was launched in Brighton and Hove in 2002 – and is still in place today. It was initially funded for one-day a week by the council, but gradually expanded to become a full-time job and is now paid for by Brighton and Sussex University Hospitals NHS Trust.

Mitch Denny has been in the role since just after it started. She said having a dedicated post is important because of the unique characteristics of this group.

“They are very vulnerable. They may be trying to decide what to do or they may not have told their parents. There can be issues around schooling or college and they can be struggling with all the other aspects of being a teenager. The support is vital.”

She said the initial meeting is key as it is likely to be their first contact with the NHS in any meaningful way. “At first it is about gaining their trust. They can come and see me in clinic, but I also go to their home or meet them in other places, like coffee shops.”

She said once trust has been gained, the next step is to identify what other support they may need. That can include counselling and mental health support, substance misuse or wellbeing services. “It is only once you have done this that you can get on with the midwifery side of things.”

Mitch provides more than the 10 antenatal appointments that NICE guidance recommends as the young women often need extra support. Normally her clients will get around 15 appointments – these are usually one-to-one. A trip to the labour ward is also organised as well as antenatal classes.

After birth, she tends to have eight contacts – more than twice what a community midwife would provide. She also provides advice seven days a week from 8.00am to 8.00pm and deals with requests via text.

The impact

Since the role became full time, Mitch has consistently had between 30 and 40 teenagers on her caseload at any one time.

Her input is measured by monitoring outcomes such as birth weight, premature births and breast-feeding rates.

For each, the outcomes have been good. For example, for this cohort normally one in five births are premature, but among the teenagers Mitch works with it is nearer to one in 20.

But it is also the impact on the individuals that demonstrates the value of the work. One of those she has supported is Morgan. When she became pregnant, she was worried she would not be able to keep her baby because of previous mental health problems.

However, Mitch immediately put her mind at ease and made sure she received support from the perinatal mental health service during pregnancy. In fact, the support was so good that it even inspired Morgan to become a midwife herself and she is now studying for a degree in midwifery.

Morgan said: “Mitch really took the time to make sure I understood the importance of looking after myself – keeping healthy not just for my body but also for my mind. She was there to help me keep on track so I’m now able to be the best mother I can be.”

Lessons learned

Mitch said it is important that midwives fulfilling these roles are in senior positions. She is a band seven.

“I think it is unfair to ask a more junior midwife to do the work. There are a lot of safeguarding issues involved with teenage pregnancies. I have attended a number of serious case reviews and that means you have a lot of responsibility.”

Her experience has also taught her the importance of involving women who have become teenage mothers themselves in the support she provides. She runs antenatal classes at some children’s centres and has started organising them at the same time as new mothers meet at the centres.

“It means we have been able to invite the mothers in to talk to the pregnant teenagers. That has been really valued – to hear about the experience of someone who has gone through exactly what you have is so important.”

Mitch has also worked hard to make her appointments as accessible as possible. Clinics are held in the city centre and at one point there was money available to pay for bus passes for women to attend appointments.

How is the approach being sustained?

Over the past year, Mitch has extended the age range of the women she works with. She now provides midwifery care to those up to the age of 20 rather than 19.

“The declining rate of teenage pregnancy meant we could work with slightly older women. In many ways, they can be an even harder age group to engage.

“At 15 a girl will be respectful, will attend appointments. At 19 the woman will be more experienced and worldly wise. But they are still vulnerable so it is an important age group to work with.”

Contact

Mitch Denny

Teenage Pregnancy Midwife, Brighton and Sussex University Hospitals NHS Trust
mitch.denny@bsuh.nhs.uk

Cheshire West and Chester: spreading the skills of the Family Nurse Partnership team

Family nurses have been using their skills to train up the wider workforce in support of young parents and families. So far over 100 staff, including health visitors, school nurses and early years workers, have been supported.

The challenge

Cheshire West and Chester's Family Nurse Partnership – provided by Cheshire and Wirral Partnership NHS Trust – has been in operation for the past seven years, successfully supporting young parents.

But the service is unable to give places to all young parents, with help being offered to around half of the eligible cohort.

In 2018 a new integrated 0 to 19 years' service was set up across area by the council. The model, called Starting Well, brought together the healthy child programme, children centres and the Family Nurse Partnership (FNP).

The creation of the integrated service was seen as an opportunity to re-consider the approach being taken.

The solution

The skills of the six-strong family nurse team were seen as crucial to improving outcomes for families because of their ability to communicate and engage hard-to-reach groups as well as providing support to vulnerable groups.

The decision was taken to set up a training programme to allow the family nurses to equip the wider workforce with similar skills.

The training – based on packages developed by the FNP National Unit – has been offered across four-modules, covering:

- communication skills
- the adolescent brain
- attachment and bonding
- engaging marginalised groups.

Among the techniques taught are asking open questions and importance and confidence rulers, where clients are asked to rate their willingness or confidence to do something from one to 10, which in turn opens up an avenue to engage them more proactively.

FNP Supervisor Claire Maidment said: “We know the FNP service cannot reach everyone, but the skills and knowledge we have developed can help to ensure we work with our colleagues to have a wider impact not just on young parents but all families.

“Everyone from front of office staff to health visitors and early years workers have been trained in communication skills with an emphasis on ‘making every contact count’.

“For example, if a dad accompanies his partner for an appointment with a midwife the receptionist should feel confident to strike up a conversation with him about a behaviour change, such as smoking. He may not act on the information shared, but we are at least giving him an opportunity.”

The impact

Over 100 staff have undertaken the training so far. Those that have taken part are full of praise for the impact it has had on their practice.

One health visitor said: “I will now approach client contacts differently. I will be more confident in letting clients develop their own solutions through affirming their strengths.”

Meanwhile, another added: “The training exceeded expectations. The most useful training I have been on for a while. The FNP facilitators were so supportive, professional and inspirational.”

As part of the new Starting Well model, the FNP team has been spread across the area so each children’s centre has its own assigned family nurse.

Claire said: “The new integrated service has naturally brought us closer. It means we can provide a more seamless service which is good for the families we help, especially the more vulnerable ones like young parents.”

Lessons learned

The FNP team are in the process of introducing some ‘bite-size’ training courses to help staff who have completed the training. The communication workshop lasts a day, while the others are half-day courses.

Claire said: “As with any training, there is always a lot to take in. You can find yourself back in the day job forgetting some of the bits you have done or finding it difficult to put into practice.

“We realise the importance of keeping momentum going. So we are now looking at doing one-hour bite size sessions on communication skills to act as a ‘top up’.”

How is the approach being sustained?

The training is constantly being offered to more and more staff. Recently those from outside the integrated 0 to19 Starting Well service have started taking part.

This has included the council’s early help and prevention service and health visitor and school nurse students from a local university. The fourth module – engaging marginalised groups – has also not been run yet. That is due to start in the coming months.

But, off the back of the success of the programme, the FNP team has also been taking part in a wider piece of work. The experiences of the family nurses in motivational interviewing, trauma-informed practice and understanding of adverse childhood experiences are being used to inform a training programme for the health, social care, education and police workforce.

The programme – to be delivered by an outside provider – is going to be offered to 900 staff and is due to start in April.

Contact

Claire Maidment

FNP Supervisor, Cheshire and Wirral Partnership NHS Trust

clairemaidment@nhs.net

Cornwall: helping the most in need

Cornwall Council has commissioned a service to work with all young parents. For those with the most complex needs, such as those with a history of domestic abuse and child protection issues, there is a range of bespoke support available.

The challenge

Young parents tend to have higher rates of vulnerabilities.

In recognition of this, Cornwall Council funds the WILD Young Parents Project to work with young mothers, fathers and their children.

But as teenage pregnancy rates have fallen, the service has found a growing proportion of the people they have been left working with have complex needs.

Currently one in four families the service works with is subject to some form of safeguarding or child protection intervention, while for half there is a history of domestic violence and a third of young fathers have been involved with the criminal justice system.

The solution

The team works closely with midwives, health visitors and social services to identify young parents that need support. The core service offered involves group work in family hubs and home visits to complement the formal antenatal and postnatal provision. There are 10 weekly women's groups and two for men.

The project works with all young parents 19 or under or, where there are additional vulnerabilities, such as for care leavers or people with learning disabilities, they go up to the age of 23.

There are a range of schemes that also provide extra support in both group and one-on-one environments. This includes Music Makes Me Happy, which includes music sessions and a choir, and a range of arts-based projects. The service also runs sports and DIY activities with young dads.

For those families with the highest risks and most complex needs there is the First Steps project. WILD Manager Jo Davies said: "This work is focussed on building attachment, healthy relationships, dealing with emotions and routine. We work closely with other services – substance misuse or domestic violence charities for example to get that support where needed."

The impact

The service works with about 600 children and young people a year. Some will spend just a few months receiving help, but for others it can last a number of years.

Nearly nine in 10 report it has improved their confidence as parenting and bond with their child. Other outcomes are also impressive. For example, one in four smokers stop smoking, one in five gain employment, seven in 10 have improved their diet and eight in 10 are doing sustained physical activity.

Abbey, a 22-year-old from Penzance, is just one of the many young parents whose lives have been transformed. She has received help from WILD for the past four years and now has two sons, aged three and one.

"WILD helped me leave an abusive relationship, which had led to my children being part of social care plans. WILD supported me through this process and we are now happy, healthy and safe.

“Their on-going support and projects have helped build my self-esteem and confidence, as well as helping me learn skills to parent to the best of my ability. It has also given me the confidence to reapply for university and I have secured a place on a course that I am passionate about.”

Lessons learned

Developing evidence-based practice has been key to the success of the service, according to Jo. “When we started in 1992 we just had one youth worker. Since then we have grown. We now have 20 core staff and another 10 freelance workers. We have focussed on what the evidence tells us works.”

This has led WILD to employ five practitioners trained in dedicated approaches to dealing with complexities – Signs of Safety and trauma informed care.

She said: “It is clear that adverse experiences in childhood lead to problems being repeated. Dealing with these issues are complex so to have specially-trained practitioners is very important.”

The service has also sought to tap into other resources. It is involved with a project called Fare Share, which sees local supermarkets giving away food that would otherwise go to waste.

There is also a scheme called Winter Wellbeing, which redistributes funds where older people have decided to not accept their winter fuel allowance. This has been used to buy winter coats and rain covers for prams.

How is the approach being sustained?

The project is constantly looking at new ways of working. One of the key themes for the future is to do something that builds resilience among these young people, said Jo.

Another project that is already under way is the Big Lottery-backed Building Futures Project. It is helping young mothers whose children have safeguarding plans or who have experienced, or are at risk of, repeat removals of children from their care.

Caseworkers work one-to-one with their clients to give them a voice when working with agencies and help them understand the process with the aim of improving the chances of positive outcomes.

The scheme is halfway through its four-year lifecycle. It is being evaluated as it goes before a decision is taken on its long-term future.

Contact

Jo Davies

Manager, WILD Young Parents Project
jo.davies@wildproject.org.uk

Dudley: helping teenage mothers quit smoking

The Family Nurse Partnership service has revamped its approach to smoking cessation by giving staff extra training and testing kits to improve the support they offer pregnant women. It seems to be working – twice as many are giving up by 36 weeks than were previously.

The challenge

Smoking remains the biggest modifiable factor for poor health outcomes and a major cause of inequality in child and maternal health. Smoking during pregnancy is a significant risk to a child's health and development.

Smoking rates among first-time pregnant teenagers are particularly high and have been a concern to Dudley's Family Nurse Partnership service ever since it was launched.

The 10-strong team has always tried to offer some support, prescribing nicotine replacement therapies and offering stop smoking advice.

But FNP Supervisor Ceri Evans said it has always been "rather ad-hoc". "We only had one carbon monoxide testing kit between 10 of us so there was a limit to what we could do. We knew we wanted to do more and then the local stop smoking services was decommissioned. We knew we had to act."

The solution

Two years ago Dudley Borough Council's service decided to launch a renewed push on stop smoking through the National Family Nurse Partnership Unit's ADAPT programme, which is aimed at piloting and testing innovation in services.

This led to all members of the team getting extra training in advanced communication skills, teaching mindfulness techniques and online training from the National Centre for Smoking Cessation and Training. Meanwhile, Dudley's public health team provided funding so every member of the team could have their own carbon monoxide testing kit.

Ceri said: "The training really helped build our confidence at addressing smoking and what to prescribe. We now raise smoking in a number of different ways – we may talk about the home environment, finances, the safety element or the health risks to the development of the baby. You cannot just lecture people on quitting – you need to engage them and find the trigger that's important to them.

"We have also started using a range of visual prompts including apps and videos and we use silicone foetuses to show how smoking can impact on the baby's growth and development. Visual aids have a positive impact with this age group."

The impact

Initial results suggest the new approach has been successful. The performance under ADAPT has been compared to what was happening before.

Under ADAPT smoking at intake – the point at which they start getting help from FNP – was 45 per cent, but by 36 weeks of pregnancy it had been reduced to 28 per cent.

By comparison in 2016 the number of smokers at intake was 39 per cent and that only reduced to 31 per cent at 36 weeks.

Lessons learned

The importance of the mindfulness training has become very apparent as the ADAPT programme has been rolled out. It was given to the team by the Black Country NHS

Partnership Trust, which employs the nurses and has mental health expertise.

Ceri said: “This is a client group that uses smoking as a coping mechanism. Many are anxious and stressed with complex lives – the smoking is just the tip of the iceberg – so it is important to teach them another way to deal with it. That is where the mindfulness comes in – we have found ourselves teaching it more and more.”

In fact, it has become so important that it is now one of the most frequently offered interventions by the nurses. Within six months of mindfulness techniques starting to be offered the number of clients being taught it went up from around 20 a month to over 100.

One of those who has benefited is Zoe (not her real name). She said: “I used to smoke as it made me feel calmer especially when mum was kicking off. My nurse taught me how to stay calm when I feel really stressed without having to reach for a fag.”

How is the approach being sustained?

As the work has progressed, there has been a growing recognition of the importance of involving the wider family. There are two reasons for this – the desire for the baby to grow up in a smoke-free household and also the impact on the mother’s habits.

While the evaluation showed smoking rates at 36 weeks had been reduced to 28 per cent, within six weeks of the child’s birth they had climbed by five percentage points.

Ceri said: “We know if there are other smokers in the household – perhaps the partner or grandparents – it increases the likelihood of the mother starting smoking again. So we do look to help the wider family. If they attend the appointments and are also smokers we can measure their carbon monoxide and issue prescriptions to them. It is something we want to do more on in the future.”

Contact

Ceri Evans

Supervisor, Dudley Family Nurse Partnership
cerievans5@nhs.net

Merton: helping young parents access children's centres

The London Borough of Merton has encouraged its Family Nurse Partnership and health visiting service to work closely with local children's centres. It has seen the number of young parents using the centres rapidly increase.

The challenge

Children's centres provide valuable services to the families of pre-school children, bringing together family support, health and education. Accessing them is vital to ensure children get a good start in life and parents are properly supported.

In the London Borough of Merton there are two main children's centres and nine linked sites that offer a comprehensive range of support for families across the borough.

But over time it had become clear that there was further scope to engage young parents as very few were using the centres.

The solution

In recent years Central London Community Healthcare, which provides the Family Nurse Partnership and health visiting services, has been tasked with working closely with children's centres.

Over the years this has led to a number of steps being taken. These include:

- FNP staff introducing young parents to children's centres and delivering client events, open play sessions and baby massage
 - helping settle non-English speakers by introducing them to young parents from similar backgrounds
 - the creation of a health visiting service for young homeless mothers
 - running young parent groups in children's centres, which are now averaging between six and eight families per week
 - promoting other services available for young parents, such as Little Village, a charity which provides free baby clothes and toys
 - close liaison with the targeted early help offer within children's centres to support parents and their children who have complex needs
 - children's centre staff taking young parents out to low or no cost activities such as a local city farm.
- The aim of this work has been to ensure young parents are introduced to children's centres in a positive way and to identify parents who need extra support.
- The FNP support lasts for the first two years of the child's life so Merton felt it was important that parents were helped with accessing other local services during this time.
- There has also been a focus on supporting parents to take up their free early education and childcare entitlements, which support parents back into studying, training and employment.
- Councillor Kelly Braund, Merton's Cabinet Member for Children's Services, added: "A key element of providing support to Merton families is to engage them in support programmes when their children are babies. The partnership work has created great opportunities for our young parents to learn and develop."

The impact

Before the programme started, only a handful of young parents were attending children's centres. Today there are nearly 50 families with a parent aged 19 or under that are registered.

The feedback from young parents illustrates the impact it has had. One said: "It has helped me to be more social and my child develop social skills. Any issues that I've had I've been able to get advice and help with."

Meanwhile, another parent added: "I have come into my own as a young mum – there has been lots of different information about feeding, sleeping, teething and more."

Lessons learned

Building trust is essential with this client group, according to Councillor Braund.

"We have found that it is important to keep the same staff members running the drop-in groups so they can build a relationship with the young parents.

"Once you have done that, you can start to introduce them to other services – whether it is parenting classes or child development sessions. There, they will mix in with other parents who are older, but establishing that trust first is a must."

How the approach is being sustained?

Merton places great emphasis on maintaining a flexible approach. Organisation of the groups is planned in advance and is informed through conversations with the young parents who attend and the feedback they give.

This has led to Merton adapting what it does. For example, it has started offering cookery sessions that have proved very popular and a good fun way to get them thinking about healthy diets.

Contact

Kate Jennings

Children, Schools and Families
Commissioning Manager, Merton Council
kate.jennings@merton.gov.uk

North Yorkshire: a specialist young parents health visiting service

A young parenting programme has been set up in North Yorkshire, led by specialist health visitors. It helps provide comprehensive one-to-one support for young parents and is filling an important gap following the decommissioning of the Family Nurse Partnership service.

The challenge

In 2016 the Family Nurse Partnership service in North Yorkshire was decommissioned. But with around 400 teenage pregnancies every year, North Yorkshire County Council recognised the need to continue providing enhanced support to young parents.

It prompted the council to look at how else young parents could be helped to overcome the disadvantages that they and their children face.

The solution

The council decided to commission Harrogate and District NHS Foundation Trust to deliver a young parenting programme in partnership with the council's early help service. This was introduced in April 2017.

A team of three specialist young parent health visitors run the service across three localities. They provide one-to-one support to the most vulnerable teenage parents and help the team of generic health visitors to deliver the service within their own areas.

It means teenage parents get an increased number of visits compared to the mandated minimum of five. The service is offered from 16 to 20 weeks of pregnancy up to the child's first birthday. The programme may be extended to the child's second birthday following the one-year review if needed.

There is a particular focus on preventing unplanned second pregnancies, stopping smoking, building self-esteem and confidence and reducing the numbers of young parents not in education and training.

Much of the support is provided directly by the health visitors themselves, although they can refer into other services such as mental health, domestic abuse services, housing and training and education support.

The programme also includes the offer of visits by the early help team to support parents with play, speech and language development and with attendance at community play activities.

The impact

The service is working with around 130 young parents. Positive outcomes have already been achieved with younger parent's breastfeeding, accessing contraceptive services, returning to work and education and couple relationships all improving.

Health Visiting Professional Lead Jane Webster said: "We are passionate about improving the health and wellbeing of children and young people. National data suggests that the outcomes for teenage parents are significantly poorer than the general population.

“For this reason we are extremely proud of our Young Parenting Programme and the difference we believe it makes to the lives of children in North Yorkshire.”

She said there is an academic evaluation currently being undertaken of the programme, which she was “optimistic” would show evidence that the programme was increasing “confidence, mental wellbeing and attachment” of those involved.

Lessons learned

A package of materials and structured programme has also been developed by the specialist health visitors to help engage young mothers and fathers.

This includes picture cards, board games, models and quizzes covering everything from labour, healthy eating and preparation for parenthood to child safety, interacting with your baby and child development.

The materials have proved very popular and young parents like to share them with their partners and grandparents. There has been some move to do some of this digitally, but there has sometimes been a surprising reluctance to engage with these online, which is not typical of the generation.

As a result, this area is being progressed gradually and practitioners are taking care to provide parents with careful support as they introduce them to digital materials.

How is the approach being sustained?

Over the past year the individual caseloads of the specialist health visitors have been reduced from around 20 to 10 so that they can spend more time supervising, supporting and training generic health visitors to support young parents.

The cases the specialist health visitors do hold tend to be the most complex cases that require intensive intervention.

Jane said: “Our three specialist young parenting health visitors are inspirational and have a vast amount of expertise, which they are now sharing with the wider workforce in order to develop a highly skilled and knowledgeable workforce for young parents.”

Contact

Jane Webster

Health Visiting Professional Lead, Harrogate and District NHS Foundation Trust

jane.webster@hdfnhs.uk

Walsall: helping young mothers stay in education

Walsall's teenage pregnancy team works hard to keep its school-aged clients in education. The team liaises closely with teachers to support pupils – and last year helped two-thirds stay in school.

The challenge

A teenage pregnancy increases the risk of poor educational attainment and even dropping out of school altogether. Schools are legally required to ensure girls who become pregnant before year 11 are supported to complete their studies.

In Walsall teenage pregnancy rates have more than halved since the late 1990s. But the young women who do become pregnant often have the most challenging circumstances.

Walsall Council funds Walsall Healthcare NHS Trust to run a teenage pregnancy team. As well as focussing on prevention, the team works to support young parents.

The solution

All women who fall pregnant before they turn 20 are referred on to the team. There is a full-time support worker who works one-to-one with them. For girls under 17 a key part of that is helping them finish their studies.

Teenage Pregnancy Operational Lead Carol Williams said: "There are all sorts of barriers. We find some have dropped out of school by the time they get pregnant. We have also had cases where there has been an unrealistic expectation on the girls that six weeks later they will be back in full-time education.

"We liaise closely with schools to ensure the right support is put in place and that there is a clear understanding of their needs. Some schools have lead members of staff, particularly those which have had a number of teenage pregnancies in the past. But not all do.

"We advocate for them to make sure they get the time off they need for antenatal appointments and attend a parenting course called Mellow Bumps that last six weeks. Schools should make allowances. For example, we have helped girls sit their exams at home or in a small group."

After birth, the team work with the school to facilitate a phased return – often starting with the core subjects Maths, English and Science. If childcare is needed, the support worker can help the mother access help through the government's Care to Learn scheme, which provides help with costs. "The key is providing holistic support. That is essential," added Carol.

The impact

While there has been a declining numbers of schoolgirls getting pregnant, the proportion of those that stay in education has remained high. Last year the service worked with 18 schoolgirls – a three-fold drop on the numbers eight years ago. Thirteen of them stayed in school.

Carol said: "We have had some really good successes. There was one girl who just would not go back to her school. She said she had been bullied and had been really unhappy there.

“We found her another school – a specialist school that accepted pupils with a whole host of challenges, she really enjoyed it and settled in despite it being two bus rides away.”

Lessons learned

Carol believes pregnancy should be seen as an “opportunity” to engage young women. “We often find that they are perhaps more willing to listen and be helped than they were before pregnancy.

“They recognise that they want a good future for their children and have higher aspirations as a result for themselves. You have to tap into that. It is wrong to think that a pregnancy means they no longer want to be engaged with school.”

Despite this, there also needs to be a recognition that not every client will be willing to engage straight away with school, she said. The service used to run a programme that focussed on preparing pregnant teenagers for motherhood while offering some support with numeracy and literacy.

Carol said: “It was a good way of keeping them engaged with learning with a view to returning to complete their studies in the future. You need a range of options – although unfortunately funding has meant we are not able to offer that at the moment.”

How is the approach being sustained?

The teenage pregnancy team now has a specialist worker who can provide support post-16. The Black Country Impact service – previously part of the old Connexions service – is based with the team two days a week.

The service helps to identify future training courses, work placements and job opportunities for the young parents as well as providing coaching.

“It is important that the support does not just finish when they have finished school. Navigating the next step can be really difficult – and the impact worker is able to tap into a whole range of resources and support for them,” added Carol.

Contact

Carol Williams

Teenage Pregnancy Operational Lead,
Walsall Teenage Pregnancy Team

carol.williams@walsall.nhs.uk

West Sussex: providing support to those that do not qualify for FNP

West Sussex County Council has set up a young parents pathway to complement the work of the Family Nurse Partnership. The service is able to support young parents who would not normally qualify for FNP help.

The challenge

West Sussex County Council funds a successful Family Nurse Partnership service, but it can only deal with the most in-need. Over time it became clear there were young parents who needed help, but were not getting it.

Early Help Hub Manager Emma Bruton said: “For many there was a crisis point just before birth – that is when things were starting to unravel. We noticed social care was getting involved or they found themselves sofa-surfing as their housing situation broke down.

“The intensive help provided by the Family Nurse Partnership cannot be provided to everyone so we started to look at what else could be done on top of the standard midwifery and health visitor service.”

The solution

In 2016 the council started funding a scheme for young parents in Adur and Worthing. The young parents’ pathway – as it is known – has been run in partnership with the healthy child programme and midwives.

Family support workers were appointed to work with young pregnant women and their partners. Referrals are made by midwives after booking and support provided either in groups or one-to-one.

There is a universal offer for all with more specialist support available for those who need it. Every client gets advice on issues such as healthy relationships, how to bond with their babies and nutrition. For those who need it, the service can put clients in touch with other services, such as drug and alcohol or housing.

Emma said: “The support lasts throughout pregnancy and, for those that need it, during the first months of their baby’s life. It has been really tailored to the individual – some will only need a little bit of support, but for others it can be every week.

“There is a young parents group and they are also invited to join in the other wider groups that are available to all women. Although we have found the one-to-one support is the best with these clients.”

The impact

The service has now been rolled out to the rest of the county. There are six young parent family support leads who are in charge of each locality. They are supported by other staff, drawn from outreach workers and early years’ practitioners.

Between them they currently provide support to more than 340 families. More than half require extra support beyond the universal offer.

One of those is Monica and Harry. Monica became pregnant at 17. Harry was 18. Monica had little support from her parents, was sleeping on friends’ sofas and not attending health appointments. She had low self-esteem and confidence.

Initially she was assessed by social care, but it was decided intervention was not needed. Instead, the couple was referred on to the young parents' pathway. The family support worker liaised closely with the family, midwife and Family Nurse Partnership throughout the pregnancy and after the birth of the child.

Housing was arranged and Monica and her partner started going to a young parents group at their local children's centre. The relationship did not last, but both have continued getting support and with the help of Harry's family the child has been cared for.

"The goal is obviously to ensure we are not seeing so many young parents reach crisis point and require social care intervention," said Emma. "The data has just started coming through. When we get more we will be able to look at what is happening and respond accordingly."

Contact

Emma Bruton

Early Help Hub Manager, West Sussex County Council

emma.bruton@westsussex.gov.uk

Lessons learned

Multi-agency working has been key to the success of the work. Every month meetings are held in each locality where midwives, healthy visitors, family support workers and Family Nurse Partnership team sit down to discuss cases and the support that is needed.

Emma said: "We have four acute trusts across the region so it took a lot of work to get everyone working together in this way, but that has been so important. By bringing everyone round the table to discuss cases we have been able to make sure the right support is being provided."

How is the approach being sustained?

The service is evolving as it goes, responding to needs that arise. For example, it is currently extending the age range of parents it works with when the individual is a care leaver. In the future it will be accepting referrals for women up to the age of 25 in recognition of the extra challenges this group faces.

In the long-term, it plans to evaluate how the service is performing. West Sussex has recently introduced a consistent way of collecting data about the young parents helped by the pathway. In time this will allow clear and accurate reporting of outcomes.

Working with young fathers

No official statistics are recorded about the number of young men who became fathers. Estimates suggest one in 10 first-time fathers are under the age of 25.

Most become parents in an unplanned way – and that presents challenges. Relationships at that age can be fragile and the father may not live with the child when they are born. It increases the risk of fathers becoming estranged from their children, struggling to play an active role in their lives.

In Salford and Gateshead, projects have been run to support young fathers and help them deal with the challenges they face.

Salford

Salford City Council set up a young fathers project over a decade ago. It provides support to around 50 men at any one time, helping them prepare for fatherhood. For those who need it, this can include support with domestic violence and child protection issues.

The challenge

When the drive to tackle teenage pregnancies started, Salford has one of the highest rates in England. It quickly established a strong and effective teenage pregnancy team. But within a few years the staff noticed there was a gap in the services they were provided – there was little support for fathers.

The solution

The decision was taken to establish the Salford Young Fathers Project in 2005. It was initially set up as joint partnership between the teenage pregnancy team and youth service, but is now entirely funded by the youth service.

The service provides one-to-one help to any young man under 25 who is a father or partner of a mother with children.

The support – provided by Young Fathers Worker Tom Cole – covers issues such as coping with being a father, benefits, housing relationships, education and training. A significant proportion of the young fathers that the project works with have children who are involved in the child protection process. The project offers support to them through this, working with them around concerns raised, advocating for them and encouraging their involvement in the whole process.

There is group work too. The project works with a local children's centre to run mother and father groups. In addition the project offers activities and day trips for young fathers and their children to attend. In the past this has included visits to a local farm, zoos and Manchester United's football ground.

The impact

Hundreds of fathers have been supported over the past 14 years. At any one time, Tom will have a caseload of around 50 fathers. Referrals come from a variety of sources, including social care, the youth service, antenatal services, midwives and health visitors.

The support provided to Sean is typical of the young men Tom helps. When Sean was referred his son was on a child protection plan because of concerns about Sean's drinking, anger and domestic abuse towards his partner.

Sean is from a Traveller background, but had been in a relationship with his partner, who is not Traveller, for a number of years. It took time to build up a good relationship, but Sean did start participating well. He went on to have another child and both are now off child protection plans.

Lessons learned

Tom said it requires a lot of work to build a trusting relationship with these young men.

“Most of what I do is one-to-one. The numbers attending the group activities are relatively small. This group of young men don’t necessarily want to communicate and are not always good at meeting new people and joining groups. We get there with some, but not all.

“I will go to their home or meet somewhere local to them. I am always looking at new ways to engage them. I do a lot of ‘walk and talk’ – I find they tend to open up more rather than sitting down across a table.”

How is the approach being sustained?

Tom said with extra funding there is always more that he would like to do. “We only work with young men who are under 25, but I know older fathers also need support. But we have to prioritise what we can do.

“We have been fortunate over the years that funding has been kept. In a lot of places the work with fathers has stopped. We rely on getting funding and grants from different places. I’ve also done a little bit of work for other services, such as probation, that has brought in some money.”

Looking ahead, he believes there may be more scope to involve volunteers. He has one who helps run the mother and father group – but some of the safeguarding issues that crop up mean volunteers cannot be used for everything.

He is also keen to do more work with other services. In the past he has run some training sessions for student midwives and health visitors at local universities. “We see that as important – raising awareness about the needs of young fathers and ensuring we get the referrals through. Doing more of this in the future would be of great benefit.”

Contact

Tom Cole

Young Fathers Worker, Salford City Council

tom.cole@salford.gov.uk

Working with young fathers

Gateshead

In Gateshead a project has been created that sees workers and young fathers provide support to other young fathers. The work is proving so successful the model is being extended to other areas.

The challenge

Gateshead used to have a young fathers worker in the early days of the push to reduce teenage pregnancies, but the post closed some years ago.

The solution

In 2015 the Young Women's Outreach Project launched a pilot to support young fathers. The results were encouraging and thanks to funding from the Esmee Fairbairn Foundation the North East Young Dads and Lads (NEYDL) project was launched a year later.

The project employs two case officers who work with young fathers referred into the service. They are supported by a network of volunteers – all of whom are young men who have previously been helped.

Referrals come from a variety of sources, including the local Family Nurse Partnership service, health visitors, early help and local charities.

Chief Executive Kevin Stoodley: "Dads are so often seen as a problem, as feckless, but they are not. Most do want to be involved with their children, but they end up marginalised and that is why they lose contact with their children.

"We provide them with support to build their self-esteem and help them navigate their way through the hurdles they face. It may be child protection hearings or relationship problems. We can also refer them on to services they may need, such as housing support or helping with Universal Credit."

When they are ready, the young fathers are then invited to get involved in group work. There are regular meetings on Wednesdays when local services are invited to work with the young men. This can include everything from parenting classes and sex education to personal development programmes. There is also a dads and toddlers group

"We also do a lot of other work with them. There is a bee-keeping project, we cook, train first aid, BBQ and socialise. One of the most important things is that they get support from their peers." Fatherhood is an opportunity for young men to evaluate their life choices.

"Many begin to think about the risk-taking or negative behaviours they may have demonstrated in the past – that is where having friends who are in a similar position comes in," added Kevin.

The impact

The numbers being helped have been increasing year-on-year. Over the past 12 months more than 50 young men have been supported by NEYDL.

An evaluation of the project by De Montfort and Leeds Beckett universities concluded it had been effective at 'improving the wellbeing, relationships and skills' of the young men it had worked with. It said the project workers provided a 'welcoming and non-judgemental' environment.

One of those who has been helped is Jordan Richardson. He was referred to the service after being accused of being abusive by the mother of his daughter, who was one at the time. He was just 17.

“With help I was able to apply through court for contact with my daughter. I went on to speak for myself in court and now have weekly contact with my daughter again.

“Losing contact with my daughter and falling out with the mother of my child was really painful. Getting involved in the young dads group helped support me through this time by keeping my mind active and open.” He is still involved with the project, sitting on the board of trustees.

Statutory agencies the project has worked with are also full of praise. Kay Flynn, a tutor at Gateshead Learning Skills, said the help the young men receive supports them “fully in their lives and their future aspirations”. She said she was hesitant initially to teach the young men, but they had been a “pleasure to work with”.

Lessons learned

NEYDL has recognised the importance of working with the services they get referrals from to raise awareness about the challenges young fathers face.

This has led to the formation of the Experts by Experience programme, which involves young fathers working with Northumbria University to run specialist workshops, training sessions and conference plenaries for social work students. They have also run awareness-raising workshops with the wider children’s workforce.

Kevin said: “A lot of services are focussed on the needs of young mothers. It means they do not always understand what the fathers need so we see a role in helping raise awareness and tackle some of the stereotypes. Some of the young men we have worked with were keen to get involved with this as they remember how they were treated.”

How is the approach being sustained?

The project is keen to work with more young fathers. It has recently extended its reach to Sunderland and South Tyneside and is planning to launch a peer mentoring programme to train young fathers to help identify and engage with others.

“The people we have reached so far are just a drop in the ocean. We want to help more and reach them at an earlier stage. We have tended to find ourselves getting involved when the wheels are coming off. But we would be even more effective if we were identifying these young fathers sooner.”

Contact

Kevin Stoodley

Chief Executive, North East Young Dads and Lads

kevinstoodley@ywop.co.uk

Want to find out more?

A framework for supporting teenage mothers and young parents (LGA/Public Health England)

www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework

National Care to Learn scheme

www.gov.uk/care-to-learn

Getting Maternity Services Right for Teenage Mothers and Young Fathers (Public Health England, Department of Health, The Royal College of Midwives, 2016)

www.rcm.org.uk/sites/default/files/Getting%20maternity%20services%20right%20for%20pregnant%20teenagers%20and%20young%20fathers%20pdf.pdf

Fit for and during pregnancy: a briefing for elected members (LGA)

www.local.gov.uk/sites/default/files/documents/15.52%20Fit%20for%20and%20during%20pregnancy_03.pdf

First 1,000 Days of Life (Health and Social Care Committee, 2019)

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/149602.htm>



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, March 2019

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 22.35