

Young Parents' Voices

A Report of Young Mothers'
Experiences of Support Services



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Preface

This report was researched and written by M13 Youth Project, commissioned by Family Action and funded by Parenting Fund, a key Government initiative, running from 2004-2011, supporting third sector organisations to offer much needed services to parents and their families.

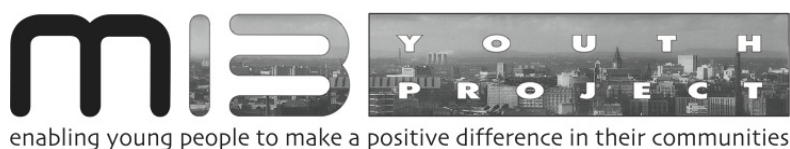
Family Action led a Manchester-based, multi-agency partnership, 'Community Partners in Parenting', which received a Round 3 Parenting Fund grant with the aims of strengthening the Parenting and Family Support work delivered across Manchester, and delivering parenting services, including information, guidance and practical support to parents and families.

M13 Youth Project were a partner in the two-year 'Community PiP' programme, and were commissioned by Family Action to research and write this report on young parents' experiences of parenting services.

Family Action is a leading provider of services to disadvantaged and socially isolated families since its foundation in 1869. They work with over 45,000 children and families nationally a year by providing practical, emotional and financial support through over 100 services based in communities across England, working with whole families to help them find solutions to problems, no matter how difficult, so that they become safer, stronger and more optimistic about their future.

M13 Youth Project works with young people aged 13-25 in Ardwick, Manchester. The Young Parents Programme offers holistic support to young women with children, supporting them firstly as young women and then working with them around their role as 'mum' when they are ready and want to, with the aim that if they themselves as parents feel more healthy, well and confident, their well-being will reflect on their children too. This support is offered in informal support group settings, semi-structured programmes, practical support and to individuals, on a tailored, needs-responsive basis around specific issues identified by the young women.

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Introduction and Methodology

This small-scale research project explores the perceptions of a group of young mums from Manchester about the services they access and seeks to draw some conclusions from this about how services might be better designed and offered in order to enable young mums to maximise support from them.

The research was carried out by M13 Youth Project, a voluntary sector, community-based youth project, with nine years experience of offering befriending and holistic support to vulnerable young mums from a deprived area of Manchester. All eleven participants in this small research project were living or had lived in a Mother and Baby Unit, run by another voluntary sector organisation and had regular contact with M13 staff and involvement in M13 activities and support.

The research used a participant-led, qualitative methodology; with the support of a worker, a core group of 5 young mums discussed the research and issues and designed a questionnaire, which was then disseminated and completed by eleven of their peers. The findings are augmented by further information gained through interviews and a focus group discussion and then analysed by the author.

Summary of Findings

1. Young mums' interaction with services was mediated through their own self-perception and their perception of how the services would receive or judge them.
2. Young mums spoke largely negatively of their experiences of centre-based support services, where the young mums were expected to join in generic family support activities with other (often older) service users.
3. However, their experiences of services involving regular contact through an individual key-worker, with whom they could build a trusting relationship, offering tailored support in the home of the young mum, were universally perceived as positive and supportive.
4. The key-worker relationship was able to overcome the significant fear and suspicion young mums had of some statutory services, which they perceived would judge them and might have the power to declare them to be unfit mothers and therefore to remove their children.
5. Young mums particularly appreciated support which they perceived came 'from alongside', rather than 'from above' (from a position of authority). They valued personal, holistic support, particularly listening, practical help, encouragement and moral support, from statutory and voluntary sector professionals and their peers.
6. Young mums also prioritised attending services where they felt their immediate needs were met.
7. Young mums often face complex situations and workers found themselves having to work with these holistically, as needs arose.
8. Young mums wanted to engage in relationships and activities which built their esteem and enabled them to feel a positive sense of themselves as young women, not just as young mothers.

About the Participants

The participants ranged in age from 16 to 21, with an average age of 18.5 years, from diverse ethnic backgrounds, and were either pregnant (one participant for the first time) and/or had one or two children (see Appendix 1). All participants were or had recently been homeless (resulting in them living in the Mother and Baby Unit), some suffered from depression, one was an alcoholic, one had experienced domestic abuse, one had previously been involved in crime, four had lived in care, two struggled significantly with literacy, at least two young women were children of a teenage mum themselves, 8 of the 11 had a social worker assigned to them at the time of the research, 5 mentioned their involvement in the Family Nurse Partnership Programme and all of the young women grew up in areas of significant deprivation – within the top 10% of most deprived areas nationally. This reflects recent research, which states that;

... teenagers who become parents are disproportionately likely to have a history of disadvantage and social exclusion. (DCFS 2008:7)

(Appendix 2 shows the list of 'characteristics' of young mothers developed through the government research and lists other relevant recent research and reports on the subject.) It can be easy to read the above descriptions of young women's experiences in a detached way, but it is worth recognising that for the eleven young women involved in the research, these are defining elements in their life experience, the affects of which they continue to live with and seek to overcome, whilst also seeking to love and care for a young child, often with little support.

Perceptions of support from Statutory Services

In the questionnaire, participants were asked two questions about support, with slightly differing emphases, yielding notably different results. The first was;

For support and advice, what services have you:

heard of accessed once accessed regularly not accessed?'

followed by a table for respondents to complete, with the examples of Connexions, Antenatal classes and Sure Start given underneath.

The majority of responses to this question took their lead from the examples given and tended to be centre-based services, which the participants would attend (rather than services/workers which came to the young mums), for example, primary health care services, and other statutory children's services, like Sure Start. There is possibly an implication in the question that their attendance is in some way voluntary – that they *choose to access* these services, and that the question is seeking information about organisations, rather than individuals, which might explain why key-worker support services, such as Family Nurse Partnership (FNP) Family Nurse and social worker, which were mentioned in questions later on, were only mentioned once here, and by the same respondent. In statutory key-worker relationships like those of social worker and Family Nurse, there is also likely to be a more targeted element to the relationship on the part of the professional worker, which may suggest to the young mother that they have to engage. This is explored in more depth further on.

Participants listed a total of twenty-seven different services, of which five were 'accessed regularly' by more than one participant. Not surprisingly, the three most frequently **listed** services were Sure Start (11 mentions), Connexions (9 mentions) and antenatal classes (5 mentions). However, the five, stated, most regularly **attended** services, by name, were (see appendix 3 for full table):

	Accessed Regularly	Accessed Once	Not Accessed
Sure Start	4	6	1
Doctor / GP	3	0	0
Antenatal services	2	0	3
Parent Survival	2	0	1
M13 Youth Project	2	0	0

Sure Start was the stated most-accessed service: ten of the eleven participants had attended Sure Start, but only four attended regularly (aged 18, 19, 20 and 20) and the youngest participant (aged 16) had never attended. Despite being the most accessed service, the young women spoke largely negatively about their experiences of generic Sure Start provision. One regular user chose to describe her experience with Sure Start positively (in a question asking respondents to talk about a positive experience they had had with any service). She said:

Sure start is a brilliant place to visit with your baby as they get to see other children and the toys are good for their development. Also you get to meet other mums and it gets you out of the house. (Aged 18)

However, in a similar question asking respondents to describe a negative experience they had with any service, the same user answered:

Sure Start groups for babies [are] not really aimed at young mums.

In fact, although only six of the eleven participants answered the question about a negative experience they had had, four of these six answers were about negative experiences with Sure Start. Another regular Sure Start user wrote:

Sure Start Classes, [I] felt out of place and unwelcome and looked down on for being a young parent.

and two one-off Sure Start attendees said:

Sure Start – everyone looks down on you.

Sure Start – I did not feel comfortable as many older than me

This theme of being look down on or judged will be returned to.

Surprisingly, Connexions, a service established to support 13-19 year olds into education, training and employment opportunities, with a specialist Teenage Pregnancy

Advisor service, was very poorly attended. Of the nine participants who listed Connexions as a 'heard of' service, only one said she attended it regularly, and she listed Connexions as a 'negative experience', saying: '*Connexions workers are in your business*'. Another participant, who had visited Connexions once, described her experience as positive: '*I went to Connexions and got into education.*' Five other participants said they had been to Connexions only once and two had never accessed the service, despite a number of young women stating their needs as young women included access to education. Further exploration is needed as to why young mums do not use Connexions, a specialised youth service designed to support them into education and work.

Fear of Being Judged: Barriers to Engagement

Participants' comments about Sure Start reveal their concern about the relevance of services to young parents, and particular concerns about 'being looked down on' or being judged because they are young.

One participant, expecting her first child, said about pregnancy:

My biggest negative of pregnancy is people thinking that the way I behaved in the past with attitude and carelessness may still be the same now and still judge you the same even though I have changed drastically in the past 9 months to ensure I am going to give my baby the best start in life.

There is concern voiced here about being judged by 'people' generally, for being a young mum, reminding us that although a very personal issue, pregnancy is also a very public phenomena (it's hard to hide!) and heavily pregnant women can find themselves frequently commented upon by friends and strangers alike, from general comments about guessing the baby's gender, to negative comments some young mums had received from complete strangers, including one pregnant young woman, to whom a taxi driver had shouted across the street, '*You're a bit young for that aren't you?!*'. If there is a general, widespread and publicly negative view of 'teenage pregnancy', it is not surprising that women who become pregnant at a young age embark on this journey with some fears of being judged negatively. Many of the participants talked of being scared and worried when they discovered they were pregnant, and this also led to fears about being able to parent well, after they became a mother.

I think you worry about a lot of things that you don't even think about, like I wouldn't have even thought about 'Oh, I'm scared of bathing him', I would have buzzed off the fact that I was gonna bath a baby, but when its your own, you're scared that there's other people watching you and that they're thinking you're not doing it right.

A similar theme came up in the interviews and the focus group, particularly in relation to those who may have some 'statutory' power over the young women's situations. When asked if she had had a negative experience, the participant expecting her first child referred to an experience with social services:

Social services, through being pregnant they had concerns and wasn't straightforward with me, which made me not want to communicate with them.

In interview, a participant responded to the question 'Have you accepted much help?'

Not really off professionals because I feel that... cos social services was involved, cos of the domestic violence, that, like if you do anything or say anything or accept help they're gonna turn it back on you and say that you're not coping, so you feel that you have to, you're forced to cope with having a baby on your own.

Another respondent answered:

It makes you feel like, ... I feel like I can't cope if I accept help, that I'm a rubbish mum, cos you never hear about all the older parents getting loads of help off people, it just makes you feel like you can't look after the baby on your own.

This points to the view these participants hold that 'to be a good mum is to be able to manage on your own', a view which would mean they avoid asking for help when they need it for fear of being viewed as not managing and which compounds young mothers' sense of isolation.

In the Focus Group, the same concern was voiced by two participants, in relation to staff at the non-statutory run Mother and Baby Unit where they were living. One young woman talked about staff advising young mums to leave their babies to cry for a while, and referred to their fear that the same staff would report those residents who followed this advice to social services, saying 'they are neglecting their babies and leaving them to cry'. Another young mum reported that she doesn't talk to anyone outside M13 and her family (sister) because she fears that services such as Sure Start and Connexions will take her baby away because they feel she is not able to cope as a teenage mum. She said that she doesn't trust these services and the staff at the Mother and Baby Unit, because of her perception that '*any little thing I do, they report it to my social worker.*'

These statements evidence a serious mistrust on the part of the participants of services designed to offer them support, but which they perceive negatively. This mistrust is compounded where participants perceive these services have the power to make a judgment about their fitness as mothers, with the possible outcome that their babies might be taken away from them. This was most evident in young mums who had previously had interactions with social workers or social services and who had significantly vulnerable backgrounds (ie. had been in care, or had been abused).

This suggests that those participants who arguably most need support were also the most fearful of accessing it – fearing that service providers, or other service users, would judge them negatively, resulting in lack of support or worse. This also highlights some of the emotional barriers some young mums face when considering accessing support services and ***points to the extra work required by those working with young mums, to create a welcoming 'environment'*** (either literally in a venue, but more often within a group or one-to-one ***relationship,***) ***which enables young mums to overcome their initial fear and lack of trust,*** in order to begin accessing support.

Although this paints a picture of isolation and fear, other responses would suggest this is not the only story. Further responses offer greater hope and suggest ways that workers have managed to overcome these fears in their work with young mums.

Services Offering Practical Support

If the responses about services accessed are grouped by type, an interesting pattern emerges.

	Accessed Regularly	Accessed Once	Not Accessed
Primary Health Care Service (Doctor, Family Nurse, Midwife, Health Centre, etc)	8	1	4
Specific Practical Support Services (Housing advice, drugs support, citizens advice)	8	1	1
Statutory Services (Sure Start, Connexions, Social Worker)	4	7	3
Holistic Support Services (Youth Services, M13 Youth Project, Women MATTA)	3	2	0
Parenting Support	2	0	0
Therapeutic Services (CBT Therapy, Counselling)	2	0	0

The participants most frequently accessed Primary Health Care services and services that offered very practical support, such as: housing support; drugs support; free furniture; general support services; contraception services and citizens advice. In the focus group, one young mum talked about accessing Barnardo's but only for financial support, as they gave her money regularly. She was aware they offer support and advice on other things such as housing, but said: *'I'm not interested in that, I only go there to get money.'* This suggests that she, at least, only sought the support that she perceived she needed, but this could also be the case for other participants and young mums more widely, particularly if they are juggling a number of pressures: it would not be surprising if stretched young mums chose to prioritise services which they felt would give them the immediate support they needed.

The practical support received from these services were listed in the participants' positive experiences:

Health centre tells you info you need about your baby.

Parent survival and fsw [family support worker] helped me get baby in a routine.

Youth workers – gave me moral support and help and provided travel and support when I went to court.

Family Nurse Partnership. My child had reflux and I took her to the [?] and they didn't give advice, but my family nurse reassured me.

M13, women matter [sic] because they have all been in the same situation as me.

Barnardos [sic] helped me find suitable accommodation for me and my baby.

Went to connexions and got into education.

My good experience was going to baby steps it helps you to play with your baby.

These responses show that **the participants experienced services as positive when their or their children's practical needs were directly met** and that they were willing and able to access those services which actually met their practical needs, whether statutory or voluntary sector (and by inference and reporting of one participant, that they were unwilling to attend services which they didn't feel met their immediate needs). Also noteworthy is their listing as positive those experiences where they received 'reassurance', 'moral support and help', and 'understanding from people who had been in the same situation' as the participants. This ability to **empathise and offer reassurance** and encouragement that is perceived as '**from alongside**' (rather than from 'above') the participants, is important and will be returned to.

What Young Mums Find Supportive

Further on in the questionnaire, the participants were asked a second, more open-ended question about support:

Do you get any support? If yes, who from?

This question brought a very different set of answers to the first question on the services that participants access for support and advice. Only one participant said she got no support. All the other participants answered, with responses summarised as follows:

Freely Written Responses	Occurrences
Family	5
Family Nurse	5
Friends	4
Family Support Worker (Sure Start)	4
Non-Statutory Professional worker (Barnardo's x 2, Adactus)	3
Social worker	2
Connexions	1
Health visitor	1
Parent Survival	1

In this response, participants tended to list *individuals* from whom they got support. Family and friends appeared together in answers in all but one instance, where family appeared on its own (ie., if participants reported that they received support from friends, they also reported receiving support from their family). Of the five young women who said they received support from their families, three said they also received support from a Family Nurse and a fourth listed a Family Support Worker.

However, less than half the participants said they received support from their families, evidencing generally poor informal support networks, perhaps not surprising for young women who had needed to live in supported housing for pregnant women / young mothers. For those young women who listed no family support, they said they received support from the following workers:

Those who didn't list support from family and friends said they received support from:	Occurrences
Family Support Worker (Sure Start)	3
Family Nurse Partnership nurse	2
Social worker	2
Health visitor	4
Barnardo's aftercare worker	3
Connexions	1

A number of points can be drawn from these responses. Interestingly, in this answer, statutory services are listed as providers from whom participants 'got support', despite the less favourable responses in other sections. (An assumption is being made here that this support is at least perceived as being helpful, with no judgement about whether it is a positive or negative experience.) However, it is possible to conclude from the answers in this section that the statutory services which **young women perceive as supportive** are those which provide **an individual key-worker, offering support in the home / venue of a young woman's choosing**. Clearly, it is possible to conclude from these responses that, where young mums don't have functioning informal support networks, statutory or third sector key-workers can be vital in offering 'in-situ' support to young mums, (support at home, or in a venue of the young mother's choosing), support that the young mums perceive and receive as helpful.

Key-Worker Support and 'in-situ' ('home-turf') support

Thinking about this further, it is possible to consider that both the individual key-worker element and 'in-situ' support are important aspects of the support which young mums find helpful.

Where participants evidenced apathy to more impersonal, generic family support services, they spoke positively of relationships with a worker and found themselves more able to accept support from one person, with whom they could build some level of trusting relationship. In answer to the question 'Do you get any support? If yes, who

from?', one young woman mentioned her Family Nurse by name and this was the only instance of a respondent using a worker's personal name, rather than just their job title, throughout the research. This suggests the participant had been able to establish a personal relationship of some significance to her, with her Family Nurse. Two other participants listed as a positive experience:

Having a family nurse – my mum and family member and friends

My positive experience was when I had [my son], my midwife made sure she came to see me before she went on holiday. She was so supportive with me and understood I had questions and that I was scared about being a first time parent.

Looking at the further positive comments in the section above on practical support, **participants clearly valued the personal support individual key-workers offered**, especially if those key-workers were able to establish positive, empathetic, interpersonal relationships with the young mums and offer them reassurance and encouragement in general terms, as well as role-specific advice and guidance. Considering many of the participants have come from socially excluded backgrounds, characterised by some level of neglect, absent families or lack of support from family, violence and possible abuse (which research previously mentioned says is not atypical of young mothers), it is again unsurprising that the participants found it difficult to establish trusting relationships with strangers and larger groups of people and that they found it easier to build trusting relationships with one, regular, supportive key-worker.

Also significant in this dynamic, is that support is offered in places of young women's choosing, termed in this report as 'in-situ' or 'home-turf' support, ie. in the normal places / venues of the young mums, which might not necessarily be their own homes, but places where they felt they were on 'home-turf'. There may be a number of reasons for this. Firstly, young mums with little confidence are not expected to go to an unknown building, where they don't know who they will meet. In this scenario, the sense of 'power' and control is very much in the hands of the professional and those who regularly use the centre. Young women who already feel vulnerable, disempowered and who fear judgement and rejection are *extremely unlikely* to want to put themselves in a situation where they have no sense of power or control. Secondly, the initial effort for engagement, and any associated 'risk of rejection', is made by the professional worker. Although it might be possible for extremely fearful young mums to experience this as 'stalker-ish' and unhelpful, none of the participants spoke of their experience in this way. A visit on the young mums 'home-turf' shifts the balance of power in the relationship from the professional *towards* the young mum, something which perhaps enables the young women to perceive and access this support with greater confidence.

It is also important to consider that the key-workers concerned were clearly able to build positive, supporting and empathetic relationships with the participants, which enabled the young mums to receive the professional and holistic support offered and that this support was offered from a positive (rather than a deficit) view of the young women. In the recent Family Nurse Partnership Evaluation Report, Family Nurses spoke of the 'close relationship' they had developed with their clients (whom they had grown to understand well) and of their positive view of the young women, which they felt was misunderstood, or possibly seen as unprofessional:

One nurse described how a health visitor observed that she, the FN, had behaved 'like a grandparent' with the client she was handing over, and how she sensed there was disapproval of their close relationship. From the angle from which other professionals view FNP, the therapeutic relationship may appear to be dangerously boundary-less. FNs also observe that when they are advocating on behalf of their clients in case conferences, other practitioners assume that they are colluding with them. "Often I am the only person with something positive to say." (Barnes et al 2011:53)

Here, ***the relationship of the worker with client is viewed (by the worker) as 'therapeutic' in itself and of equal importance to the services being delivered and not just the means for delivering a service.*** This is perceived as helpful by participants and is important in giving young women a sense of worth, building their self-esteem in their capabilities.

Complexity of Issues, Fine Judgement and Worker Vulnerability

Through M13's experience of working with the participants and more widely with other young mums, almost all young mums experienced complex issues which had largely contributed to their current circumstances, requiring lots of very basic, practical support, which was often not available through statutory services: such as help moving out of the Mother and Baby Unit, with workers hiring and driving a minibus to help the young women move all their belongings; support going to homeless families and to court; some mediation with families at the request of the young parent; and even, once, being a birth partner for a young Asian woman at her request. In this situation, the young woman was referred to M13 via Connexions, as she had no-one else to support her due to family estrangement and the other agencies involved (Connexions and Sure Start), did not feel it was within their remit to be able to offer this personal and much-needed support hence their request to M13. Sometimes, this support was required for periods longer than the worker and other professionals may have initially anticipated. The FNP Report recognised both these points. One Family Nurse stated:

Lately, I don't know why, there seem to be more problems coming in, so when you get there, before you've even started any of the programme, there are some issues that they want you to sort out. Maybe it's because they have all recently got their own flats, but it could be housing benefit or something else. You seem to be on the phone to these agencies because they have no credit. So they use your phone or your phone for them and try to explain for them because some of them find it really difficult to give an account of themselves. You are trying to negotiate things for them. That might take up to half an hour, three-quarters of an hour, before you have started the visit. (Barnes et al 2011:45)

Barnes *et al* commented:

Some FNs acknowledged that they had expected at the outset that clients would not need the continued level of support that they felt some still did clearly need. They had encountered comments to this effect from health visitors. In one case an FNP manager had voiced a similar expectation: that they had expected FNP to solve the issues that some clients were continuing to present. This could put FNs in a difficult position and was one of the reasons they were anxious to emphasise how complex and deep-rooted were the difficulties with which a proportion of their clients were dealing. (Barnes et al 2011:53)

The research has shown how participants positively perceived and received this high level of support. However, it does potentially leave workers in a vulnerable and, as the FNP Report stated, at times seemingly 'boundary-less' position.

M13 staff were also aware of witnessing situations and of young women talking about situations, which had possible safeguarding implications for their children. These themes are also echoed in the FNP Report and are cited here as an example of the kind of situations key-workers may have to consider carefully.

One FN, who was very knowledgeable about domestic abuse, said she found it difficult: *"Listening to my girls and their domestic violence stories, because you want so much to say to them...get out. And of course you can't."* Situations like these raise safeguarding questions and the extent to which they can be handled within the programme requires a fine judgement on the part of the Family Nurse. (Barnes et al 2011:47)

Workers who are able to establish the kind of relationships where young women are likely to be open about very complex issues, possibly with safeguarding implications, will clearly need appropriate training and ongoing support and supervision in order to be able to make the fine judgements about which the FNP Report talks.

This also highlights the potential vulnerability on a number of levels for key-workers, something which not all agencies are willing to work with. The FNP Report identified the need for continued home support for the most vulnerable young mums on graduating from the FNP Programme and M13's experience endorses this. However, this wasn't always on offer. A Family Nurse commented;

I would like somebody to do outreach work with my girls and they (children's centres) won't do it because they can't go into the homes. They can only see them in the children's centres. It is ridiculous. They (children's centre managers) don't want them (outreach workers) to go into the houses; they don't want them to be vulnerable. (Barnes et al 2011:54)

Key-workers offering home-based individual, tailored support, whether from statutory or third sector agencies, need the backing, understanding and confidence of their agencies, alongside regular and robust supervision and support.

Support for Young Mums as Young Women

The importance of the relationships between worker and young women was identified earlier as important in enabling young mums to build a sense of their own worth. ***The research and M13's experience suggests that many young mums need help to feel a sense that they are also young women in their own right.*** In the interviews, participants talked about having little, if any, time for themselves since becoming mothers, a phenomena experienced generally by other mums (Asher 2011). Participants described this as stressful and depressing, talking of 'not being able to do what I want to do'. One participant talked of feeling ugly, as she didn't have time any more to do her hair and make-up, which left her feeling bad about herself, 'like no-one's going to like you'. Another participant said:

Having such little time to myself affects me in the way that, you just kind of forget who you are, you're just sort of a slave to [your children], and

that's it, you're not.... nothing matters about you, it's all just to do with them.

Another participant said:

The sleepless nights will be hard but,.. and you kind of, you don't realize how much pressure it will be on you, I mean, even if you know how they're [baby] gonna be, you don't know how you're gonna be, because just lack of sleep and stuff, makes things ten times worse than they are.

Many parents struggle with the sleep deprivation and the demands of new-born children, but single, vulnerable young mothers, with few support networks, are perhaps least well placed to manage this. The recently published Allen 'Early Intervention' Report (Allen 2011) talks about the need for children to be able to form secure attachments and the role this plays in their future ability to develop intimate and trusting relationships. The report goes on to suggest that the mother's mental health and well-being plays a significant role in enabling their children to form these secure attachments.

Research shows that adults who are best able to reflect upon their own experiences coherently, and who can best understand the motivations guiding the behaviour of their parents and themselves, are the most likely to have babies who are securely attached. **In looking at the incidence of impairments to the development of social and emotional capability, we must, therefore, look for factors that reduce the ability of parents, and especially mothers (as they tend to be the main caregivers), to respond sensitively to the needs of their babies.** (Allen 2011: 15, bold mine).

The report also states that:

What parents do is more important than who they are. Especially in a child's earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor. (Allen 2011: xiv).

This is encouraging, as it suggests that by offering young mums clear support around positive parenting strategies, whatever their initial circumstances, outcomes for their children can be improved. An important part of this strategy is enabling young mums to have their own positive sense of self, from which to model and build positive relationships with their children. Some participants found the support they received, focusing on them as young women first (rather than as young mums), helpful in establishing a positive sense of self (eg. the respondent's reply to describing a positive experience: 'M13, women matter, because they have all been in the same situation as me'). However, it seems that the 'therapeutic' relationships key-workers were able to establish, although largely focused around particular issues (such as health of child, parenting strategies) also contributed to this positive sense of self, for example, the midwife who visited before she went away and the Family Nurse who was referred to by name, clearly established inter-personal relationships which the young mums found beneficial to their self-esteem.

Conclusion: Wanting to be ‘Good Mothers’

All participants in this research talked about wanting to do the best for their babies, but they did not find all of the services designed to support them and provide a ‘sure start’ for their children, easy to access and to benefit from.

Participants valued the support of ‘key-workers’ with whom they could build a more personal, trusting relationship, who listened and offered individual, tailored support, on young mums’ home-turf; specifically, support currently offered by Family Nurses, health visitors, social workers, Family Support Workers, Barnardo’s aftercare workers, Adactus Housing workers, M13 Youth Workers and Women MATTA staff, whom they knew and trusted. From the young mums’ perspective, these staff were able to offer them both programme specific and holistic support, which the young mums perceived positively, especially when they felt it went above and beyond what they might expect, like the visit from the mid-wife and the support of the youth-worker, accompanying a young person to court.

The recent Allen ‘Early Intervention’ Report (Allen 2011) makes a clear case for the long-term benefits to wider society of early intervention to support vulnerable children and it specifically endorses and recommends the Family Nurse Partnership (Recommendation 12) (Allen 2011:xix) as a programme offering evidence-based positive outcomes for young parents and their children.

The findings of this small-scale research project, examining vulnerable young mums perceptions of the support they receive, also show that young mums find individual, tailored support, delivered on the young mums’ ‘home-turf’, by empathetic key-workers with whom they can establish trusting relationships, most accessible and useful. Young mums are eager to be ‘good mums’ and despite the complexities of issues they face, they and their children were able to access, value and benefit from the support given by both statutory and third sector key-workers, securing positive outcomes for their children.

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Appendices

Appendix 1

Participants

Demography, at time of research

Age	Ethnicity	No. of Children	Relationship Status	Housing Status
16	Black Caribbean	1, age 1 month	Single	Supported Housing
17	White British	1, age 24 months	Single	Supported Housing
17	White British	1, age 9 months	Single	Supported Housing
17	White British	1, aged 18 months and pregnant	Single	Supported Housing
18	White & Asian	1, aged 18 months	In a relationship	Living independently
19	Black & white British	1, aged 3	Single	Living independently
19	Black British	1, aged 10 months	Single	Living independently
19	White & Black African	Pregnant with 1st child	Single	Supported Housing
20	White British	1, and pregnant	Single	Living independently
20	White British	1, aged 18 months	In a relationship	Supported Housing
21	White British	2, 1 st child aged 4 living with baby's dad, 2 nd aged 6 months, with mum	Single	Supported Housing

Appendix 2

Characteristics of young mothers from 'Teenage Parents: Who Cares?'

The DCFS (2008:7) Report, *Teenage Parents: Who Cares? A guide to commissioning and delivering maternity services for young parents*, identified that teenage mothers are more likely than older mothers:

- **to be from a deprived background:** young women in the lowest social class are around ten times more likely to become teenage mothers than young women in the highest social class;
- **to be or have been in care:** young women in care are three times more likely than other teenagers to become mothers, and 40 per cent of care leavers are mothers by the age of 20;
- **to have educational problems** including low achievement, truancy and exclusion;
- **to have mental health problems;**
- **to have learning difficulties;**
- **to have a mother who was herself a teenage mother;**
- **to have been physically or sexually abused in childhood;**
- **to have been involved in crime;**
- **to live in deprived areas and in poor housing;**
- **to have experienced domestic abuse:** 14 per cent of teenagers interviewed by the Sure Start Plus national evaluation disclosed that they had experienced domestic abuse during their current pregnancy.

Recent Relevant Reports

A number of reports and research about teenage pregnancy and motherhood have been published recently. Recent data from the Office for National Statistics shows a reduction in conceptions to young women aged 15-17. However, the reduction is not in line with the National Teenage Pregnancy Strategy, which aimed to halve the teenage pregnancy rate by 2010. In Manchester, where the research was located, the rate fell from 69 conceptions per 1,000 in 2001, to 67.2 in 2009. Strategies based on reducing the conception rate do not seem to be having significant impact in Manchester, which highlights the continued need for accessible maternity services and support services for young mothers.

A further government report, *Teenage Pregnancy Strategy: Beyond 2010* (DCFS 2010) discusses which factors place young women most at risk of becoming young mothers.

The Family Nurse Partnership Report (Barnes et al, 2011) examines the place of the FNP Programme in securing positive outcomes for young mums, as well as exploring the perceptions of both participants on the programme and the Family Nurses who worked with them.

The Allen Early Intervention Report (Allen 2011) argues both the social and economic benefits of early intervention strategies with the most vulnerable young children and recommends various programmes, for their evidenced based outcomes and cost-efficiency over the long-term, including the Family Nurse Partnership, a key-worker intensive support programme, offering support in the home to young mums.

Appendix 3

Responses to Question:

For support and advice, what services have you:
 heard of accessed once accessed regularly not accessed?'

	Accessed Regularly	Accessed once	Not accessed
Sure Start	4	6	1
Doctors	3		
Antenatal	2		3
Parent Survival	2		1
M13 Youth Project	2		
Connexions	1	6	2
Sure Start classes	1	1	
Brook	1	1	
Family Nurse Partnership	1		
Health Centre	1		
Midwife	1		
Social Worker	1		
CBT Therapy	1		
Counselling	1		
Building blocks	1		
Barnardo's	1		
City Centre Project	1		
Eclipse	1		
Housing support worker	1		
Women MATTA	1		
Youth services	1		
Hospital		1	
Citizens Advice		1	
Mustard Tree		1	
Contraception			1
Baby Massage			1
Library			1

Colour coding relates to how services were grouped for research purposes into:

	Accessed Regularly	Accessed Once	Not accessed
Primary Health Care Services	8	1	4
Other Statutory Services	8	1	1
Therapeutic Services	4	7	3
Parenting Courses	3	2	0
Specific Support Services	2	0	0
Generic Services	2	0	0

