Young parents’ involvement in the child welfare system

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**Contents**

Chapter 1: Introduction

Chapter 2: The national policy and legal context

Chapter 3: Research interviews and focus groups

Chapter 4: Key findings from practitioner data

Chapter 5: Key findings from young parent data

Chapter 6: Good practice review

Chapter 7: Project findings and recommendations

Appendix I: Jargon buster

Appendix II: The Parents' Charter

Appendix III: Family Finding
Chapter 1: Introduction

1.1 Family Rights Group

Established in 1974, Family Rights Group is the charity that works with parents in England and Wales whose children are in need, at risk or are in the care system and with members of the wider family who are raising children who are unable to remain at home. Our expert advisers, who are child welfare lawyers, social workers, or advocates with equivalent experience, provide advice to over 6000 families a year via our free and confidential telephone and digital advice service. We advise parents and other family members about their rights and options when social workers or courts make decisions about their children’s welfare. We also campaign for families to have their voice heard, be treated fairly and get help early to prevent problems escalating. We champion family group conferences and other policies and practices that keep children safe in their family network.

1.2 The Young Parents Project

1.2.1 Background

In 2014 Family Rights Group established Your Family, Your Voice (‘the Alliance’), an Alliance of parents and practitioners working together to transform the system\(^1\). The Alliance works to counter the stigma and negative presumptions about families whose children are subject to, or at risk of, state intervention. It seeks to influence law, policy, practice and service design and delivery so that our child welfare, child mental health, youth justice and education systems promote effective human functioning and healthy relationships. Alongside the development of the Alliance, Family Rights Group established and supported a parents’ panel. This is a forum where parents with experience of social work involvement in their family can come together. It provides a platform for parents to influence how services work with children.

The Young Parents Project builds upon the work and structures of the Alliance and began in June 2015. Its focus is young parents aged up to 30 years, whose children are, or have been, subject to intervention by children's services. The project has engaged parents whose children have been supported as children in need, deemed at risk or placed in care or adopted. It has gathered material about the experiences

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\(^1\) We are grateful to Lankelly Chase for funding the work of the Alliance. For more information about the Alliance go to: http://frg.org.uk/involving-families/your-family,-your-voice
and needs of these young parents, the services available to them and the child welfare policies, laws and practices which intersect to influence their lives and the lives of their children. The overarching aim of the Young Parents Project is to enable more young parents to keep their children safely with them.

1.2.2 Aims
The overall aim of the research was to draw on the insights and experiences of young parents as experts in their own lives, together with the insights of practitioners to explore the following key themes with a view to making recommendations about policy, practice and legislative change:

- What has influenced young parents’ chances of safely raising their children?
- What has influenced how practitioners approach working with young parents and making plans for their children?
- What has helped or hindered young parents in working with practitioners?
- What support and advice do young parents need to navigate the child welfare system?
- What changes in law, policy and practice are needed in the child welfare system?

1.2.3 Project activities
The Young Parents Project combines a range of activities to engage parents and promote their views, to forge links between families and decision-makers at local and national level, and to develop resources and services to assist young parents in accessing information. As a piece of action research, these activities have been combined with small-scale, qualitative empirical research with young parents and practitioners and a wider review of research and practice material. The key project activities focusing upon young parents whose children are involved with children’s services include:

- convening a Young Parents Panel to provide a sustainable structure through which this group of young parents can connect with one another and influence decision makers;
- interviews and focus groups with young parents as well as with those practitioners working with them;
- a desktop review of research and good practice models relating to young parents involved with children’s services;
• developing easy to access, easy to use, online information for these young parents about their rights and options to be launched in October 2016;
• providing specialist advocacy services for 180 young parents by July 2017 to help young parents to negotiate with child welfare agencies and professionals;
• providing specialist training to individuals working within youth organisations to equip them to be effective advocates for young parents within the child protection system;
• wider influencing activities to promote the interests of young parents, including a national conference bringing together young parents, practitioners, managers and academics.

This report sets out the research and overarching project findings and includes a review of policy and practice of relevance to lives of young parents and their children.

1.3 Structure of this report
Chapter 2 of this report presents information about policy and legal context in which this project has been carried out. The terms used in that chapter are explained in a jargon buster that is included at Appendix I. In Chapter 3 we present the findings from interviews and focus group discussions with a range of practitioners who work with young parents, including social workers. In Chapter 4, we present the findings from our interviews and focus group discussions with young parents. Chapter 5 is a practice review of services and models tailored to assist and support young parents. In Chapter 6, the overall project findings and recommendations for local authorities and central government are presented.

1.4 Acknowledgements
Our thanks goes first to the young parents who took part in interviews and focus group discussions and shared their experiences and ideas. Our thanks also to the practitioners who gave up their time to participate in interviews, focus group discussions and to contribute to our call for evidence. We are fortunate to have the opportunity to speak with many other young parents during the course of the project many of whom have shared, informally, their thoughts, ideas and experiences to contribute to our understanding of the lives of young parents.

The project has benefitted from input from the project advisory group whose members include: Sue Pettigrew (St Michael’s Fellowship), Owen Thomas (Working
With Men), Claire Mason (University of Lancaster), Louise Roberts (CASCADE, Cardiff University), and young parents.

Our thanks to those voluntary sector organisations that have assisted us in reaching young parents.²

The project has been possible because of funding provided by the Paul Hamlyn Foundation and by Tudor Trust.

² Including: Voices from Care Cymru, Action for Children, St Michael’s Fellowship, Working with Men, Romsey Mill, Just for Kids Law, and the Young Dads Council.
Chapter 2: The national policy and legal context

2.1 Introduction
In this Chapter we discuss relevant background information about the policies, legislation and case law which particularly affects the lives of young parents and their children. We seek to build a picture of the child welfare system which young parents have to navigate. Key terms used in this section are defined in Appendix I.

2.2 The background
Following the death of Peter Connelly in 2008, there has been an increase in the numbers of children in England subject to child protection enquiries, are at risk of removal or are in the care system\(^3\). Recent family justice reforms involve speedier decisions being made, which reduces the time parents have to be able to demonstrate that they have addressed social workers’ concerns. Parents are further hindered by a dearth of timely, effective support, for example, many refuges for domestic violence victims (adults and children) have closed\(^4\). Moreover, the government’s current drive to adopt, including the new ‘foster for adoption’ duty on local authorities could mean babies are placed with potential adopters without their parents having had legal advice or a court deciding that the child should be removed.

Like most parents whose children become involved with the child protection system, young parents often feel lost, angry and scared. However, many young parents, particularly care leavers, also have additional multiple challenges:

- They are more likely to have babies, who are potentially adoptable and are therefore more likely to be placed in a foster for adoption placement before there has been any court scrutiny of the plan;
- Many are alienated by prior negative experiences of state services in their childhoods, making it hard for them to engage with professionals. Yet it is well established that a working relationship between parents and social workers is key to keeping children at risk safely at home and a lack of parental cooperation is frequently a trigger for local authorities issuing care proceedings;
- Young parents often feel judged by their youth and background, rather than by their parenting abilities; and

\(^3\) As at 31 March 2015 160,150 section 47 enquiries were initiated – an increase of 12% on 2014 and 71,140 initial child protection conferences carried out, an almost 10% increase on the previous year. Characteristics of children in need: 2014 to 2015, DfE. In April 2016, Cafcass received a total of 1,221 applications under section 31 Children Act 198, a 28% increase compared to those received in April 2015. See Cafcass Care Demand Statistics, April 2016.

\(^4\) Women’s Aid (2013) A growing crisis of unmet need
• Previous childhood experiences (including suffering abuse, being in care, mental health problems, exclusion from school and/or involvement in youth justice) may adversely impact on their resilience, resources and family and community support networks, to deal with both the challenges of transition into adulthood (e.g. housing, education, employment and relationships) and of being a parent.

Despite their extreme vulnerability, the particular needs and circumstances of young parents, whose children are subject to child protection enquiries, are not sufficiently identified, recognised or addressed in policy, law and by decision-makers. To date there has been no tailored advice resources for them and no specialist national or regional organisation representing them, hence young parents have no collective national voice to influence the design and delivery of services that affect them.

Family Rights Group’s advice service answers calls from parents and from wider family members. Domestic violence is now the most common underlying reason why families contact the service; 36% of all contacts by parents to Family Rights Group were categorised as domestic violence related between 1 June 2015 to 1 June 2016, compared to 13% in 2007/8.

Since the start of the project, parents who called the service were asked their age. Of those who provided these details in the period 1st June 2015 to 1st June 2016 (the year following the commencement of the project) 555 were young parents aged up to 30 years seeking advice about their rights, options, law and procedure relating to the involvement of children’s services with their child/ren or unborn child. A staggering 42% (232) of these young parents said that the reason why children’s services were involved was because of domestic violence.

Thirty of the young parent callers in the period were aged between 16 and 19 years old (5%). Of those, 28 (93%) were mothers and 2 were fathers. The majority of those callers reported that they had child/ren who were subject of child protection enquiries or plans or care proceedings. The most prevalent reason cited by the callers as to why children’s services had become involved was domestic violence, followed by parental mental health problems.

There were 163 young parent callers aged 20 to 24 years (146 mothers and 17 fathers). In that group 41% (68) reported that the problem that they were seeking advice about was children’s services involvement due to domestic violence. Again, mental health problems were the second most prevalent (18% of callers in that
group). The majority of the 20 to 24 year old young parent callers who responded stated that their child/ren were subject of child protection enquiries or plans (34%) and a slightly smaller number reported that their child was subject of care proceedings or in care (28%).

There were 276 young parent callers aged between 25 and 29. 77% were mothers and 23% were fathers. Of those 276 callers, 43% had children who were subject of child protection enquiries or plans. 23% of young parent callers in that age group were seeking advice in relation to issues of family support and 14% who needed advice about care proceedings or their child/ren being in the care of the local authority. 42% (115) reported that children’s services were involved due to domestic violence.

Amongst the 86 calls recorded as being from 30 year old parents, the majority (75%, 66 individuals) were mothers and the remaining 23% were fathers. Amongst those callers, 44% (38) were seeking advice due to children’s services involvement as a result of domestic violence; 12% of callers referred to problems arising from parental mental ill-health and a smaller minority of callers referred to alcohol or drug misuse difficulties.

2.3 Relevant recent research
The Project’s focus resonates with a body of recent research literature which indicates that young parents with multiple needs are particularly in jeopardy of losing their children; that young fathers are often marginalised during the involvement of services with their children; that services for young parents may be limited; and that for care experienced young parents such services may not be coherently or systemically reviewed. Examples include research based on records relating to 43,541 birth mothers who had children removed from their care between 2007 and 2014 that has examined the relationship between young motherhood and the risk of court-ordered removal. The research found that younger mothers are most at risk of reappearing in the family justice system and experiencing the recurrent removal of children from their care.5

Almost one in every three girls/young women in the age groups 16-17 years and 18-19 years in the study, was likely to reappear in a subsequent set of proceedings within seven years. The study expressed concern

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http://bjsw.oxfordjournals.org/content/early/2015/12/14/bjsw.bcv130.full.pdf+html.
that mothers who have had a child removed are unlikely to get the required level of help to bring about changes to enable them to keep future children consequent to agencies having no statutory obligation to provide comprehensive post removal support. Thus, young vulnerable women who have lost a child are left unsupported to develop their emotional wellbeing or prepare to parent in the future, leaving them in a catch-22.6

Evidence from the Centre for Social Justice in 2015 based upon data provided by 93 local authorities, revealed that 22% of female care leavers became teenage mothers; this is three times the national average7. This echoes the findings of earlier research which has identified care leavers as particularly vulnerable to early pregnancy as compared to non-care experienced peers8 and research indicating that 1 in 10 care leavers aged 16-21 have had a child taken into care.9

Family Rights Group’s research as part of the ‘Fathers Matter’ project10 included interviews and focus group discussions with 18 young fathers aged 15 to 29 years old in Hackney. Key findings included that professionals were missing opportunities to provide help and support to young fathers before, during and after the birth. Young men expressed a high degree of anger about, and suspicion of, services and they needed more information about their rights and legal position as fathers. More recent research has highlighted poor social housing provision for young fathers and how young men from low income, disadvantaged families may end up leading nomadic lives, with no stable base to provide care for their children or develop a relationship with them.11 Young fathers wish to be ‘be there’ for their children and to be treated as clients of services. In the right circumstances, young fathers were found to place a high value on professional support, however characterising young fathers as hard to reach, risky and/or feckless serves to stigmatise and places the onus on them to engage with services. The findings detailed that interactions between young fathers and practitioners may take the form of surveillance, side-

7 Centre for Social Justice (January 2015) Finding Their Feet, Equipping care leavers to reach their potential Available at: http://www.centreforsocialjustice.org.uk/publications/finding-their-feet
9 Centre for Social Justice (January 2015) Finding Their Feet, Equipping care leavers to reach their potential. Based on Freedom of Information Requests by Centre for Social Justice in August 2014, to which 108 of 119 local authorities were able to give data.
10 Contributions by Cathy Ashley, Brid Featherstone, Clare Roskill, Mary Ryan and Sue White (2006) Research findings on fathers and their involvement with social care services (Family Rights Group)
lining, or support. All three may be combined in a single service with side-lining fostering a vicious circle of disengagement and distrust.\textsuperscript{12}

A review of recently published work that broadly focuses on pregnancy and parenthood in care-experienced young people and the scope and range of interventions to avoid unplanned pregnancy or enhance the experience of early parenting, reported an apparent ‘dearth of robust longitudinal studies’ that follow up this group into parenthood.\textsuperscript{13} This suggests that inadequate attention has been paid to which interventions actually assist young parents and make a difference to their lives and the lives of their children. There is evidence to suggest that young parents may be especially anxious and fearful of professional involvement with their children’s lives and that this may be particularly so for those parents who have experienced the care system or are care leavers.\textsuperscript{14}

\textbf{Poverty and deprivation}

Recent research led by Professor Andy Bilson\textsuperscript{15} has highlighted, with reference to government published data, that there has been a 79.4\% increase in child protection investigations 2009–10 and 2014–15\textsuperscript{16}. At the same time, universal services are closing and the thresholds for specialist help are rising. There is evidence that it is families in the most deprived areas that are most likely to be affected by this situation. Research by Professor Bywaters et al. in 2013/14 found that children in the most deprived 10\% of neighbourhoods had a 10 times greater chance of being on a child protection plan and an 11 times greater chance of being a looked after child than children in the least deprived 10\% of children. In the most deprived 10\% of neighbourhoods, on average, around 1 child in every 90 is in out-of-home care compared to only 1 child in every 1000 in the 10\% least deprived neighbourhoods.\textsuperscript{17}

\textsuperscript{12} Neale, B & Davies, L. (2016) \textit{Hard to Reach? Rethinking support for young fathers}. Briefing paper 6.
\textsuperscript{13} Fallon, D. & Broadhurst, K. (2016) \textit{A comprehensive review of literature and critical appraisal of intervention studies}. Coram.
\textsuperscript{16} An Early Help assessment can take place where a child/family may need support from a wide range of local agencies (e.g. education, health, housing, police) as soon as a problem emerges but they do not need a social worker to be involved.
\textsuperscript{17} Bywaters, P., Brady, G, Sparks, T. and Bos, E., Deprivation and Children’s Services Outcomes; what can mapping looked after children and children on child protection plans tell us? Funded at Coventry University by the Nuffield Foundation, 2013-14 as discussed in the Blog Inequality Matters
Professor Bilson’s more recent research\textsuperscript{18} has again identified a relationship between poverty and deprivation and involvement with children’s services. His study drew upon data obtained from Freedom of Information requests from 75\% of children’s services departments in England (half a million children of which 80\% were born in the financial year 2009-10) as well as the prior research by Professor Bywaters. Bilson calculated that in the most 10\% most deprived neighbourhoods, 45\% of children have been referred to children’s services by the age of 5 years old and 11\% of children have been subject to a child protection investigate by the age of 5 years. Families may feel particularly let down and victimized by a system which identifies needs and risks but offers little by way of support in response.

This apparent correlation between deprivation and involvement which children’s services is particularly significant for young parents, who may already feel stigmatized because of their age, who may not be eligible for a living wage (not available to young people under 25), and who may have less established support networks in place to bolster their material circumstances. For those who may face additional challenges by reason of being care leavers or being unaccompanied asylum seekers or having no recourse to public funds it is more significant still.

\section*{2.4 Providing help and support for young parents}

Young parents often have less developed support networks as compared to older parents, and those who are care leavers are likely to have fewer established familial support systems in place as they move into adulthood.\textsuperscript{19} This can be a significant factor increasing the vulnerability of young parents to having children who are deemed to be at risk or experiencing the removal of a child. The 2013 Care Inquiry\textsuperscript{20}, conducted by 8 voluntary organisations concluded that the greatest failing of the care system and associated child welfare procedures is that it too often breaks, rather than builds, relationships for children in care.

\begin{thebibliography}{99}
\bibitem{} (December 10, 2013) by Professor Paul Bywaters, Coventry University and Professor Brid Featherstone, Open University. Available at: http://frg.org.uk/involving-families/blogs
\end{thebibliography}
Support networks

In 2013, 50% of all 22 year olds in the UK still lived with their parents. In contrast, young people leaving care often lack the support networks that other young people depend upon for educational support, economic opportunities, emotional stability and a home. This can be seen most starkly by examining numbers of care leavers not in education, employment or training (41%) compared to 15% of all 19-year-olds. Of the 26,330 former care leavers aged 19, 20 or 21 recorded at 31 March 2015, 39% were not in education, employment or training (NEET). There was a rising number of former care leavers in that cohort who were NEET owing to pregnancy or parenting.

Family group conferences

Services such as family group conferences which identify sources of familial support and help to coordinate it, are particularly important for young parents (both care leavers and those who are not). This can be key to ensuring that problems for the young parent do not escalate. It is also important because if a child cannot remain in the care of the young parent, a family group conference is a valuable means of identifying potential wider family placements. Despite this, family group conferences are not offered to most families in this situation and are often not convened until after a care application has been made or until after a child has gone into care. Further, there is no statutory duty on local authorities to convene a family group conference before issuing proceedings, and many local authorities are scaling back their family

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21 National Audit Office (17 July 2015) Care leavers’ transition to adulthood. HC 269
23 A Family Group Conference is a decision-making meeting where the extended family network makes plans for children who need support or protection. It is a voluntary process. Families are assisted by an independent coordinator to prepare for the meeting; they have the chance to get information from the social worker and others about the child’s needs and what will keep them safe. The family then meet on their own to make a plan for their child/ren which takes account of safety concerns explained by social worker. The plan should be agreed by the local authority unless it is unsafe.
24 Pre-proceedings guidance requires local authorities’ to ‘consider’ referring the family to a family group conference service if they believe there is a possibility the child may not be able to remain with their parents, or in any event before a child becomes looked after, unless this would be a risk to the child. See Court Orders and Pre Proceedings, DfE, 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306282/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf. See also Commons Debate on 7th January 2016. Available at: http://www.publications.parliament.uk/pa/cm201516/cmhansrd/cm160107/debtext/160107-0003.htm#16010722000002
group conference services as they attempt to meet the pressures of reduced budgets.

**Right to support where a child is at risk of removal/adoption**

Case law has set out that it is necessary to ‘explore and attempt alternative solutions’ to the permanent removal of children from their families. This includes exploring what ‘assistance and support’ authorities can offer.\(^{25}\) A recent case in the European Court of Human Rights (ECHR) in February 2016 made clear that it is important to think fully and broadly about the support that families need.\(^ {26}\) The judicial task is to evaluate *all* the options, undertaking a global, holistic and multifaceted evaluation of the child’s welfare which takes into account *all* the negatives and the positives, *all* the pros and cons, of each option.\(^ {27}\)

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**CASE SOARES DE MELO c. PORTUGAL (Application No. 72850/14), February 2016.** The ECHR considered an appeal in relation to an order for 7 of Ms Soares de Melo’s children to be taken into care with a view to adoption, and the enforcement of that order in relation to 6 of her children. **Concern existed that the neglect of the parents’ children resulted from the family’s poverty and their father’s absence from the home.** The ECHR found that there had been a breach of Article 8 Convention rights and that the interference with that right had not been appropriate to the legitimate aim pursued, or necessary in a democratic society. The material poverty of the mother, the strong emotional ties within the family were amongst the factors the Court considered in reaching the decision. The court found that the family had not been given sufficient support. It noted that, amongst the roles of social protection authorities, there is a need to help those in difficulty, including guiding them through the process and advising about types of available social benefits, opportunities to obtain social housing or other means to overcome their difficulties. The court went on to record that in the case of vulnerable people, authorities must show special attention and must ensure their greater protection.

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\(^{27}\) See para 44 in Re B-S (Children) [2013] EWCA Civ 1146, referring to para 51 in Re G (A Child) [2013] EWCA Civ 965.
2.5 Support for young parents who are care leavers
Local authorities have a duty to provide looked after children and care leavers with help to support them in moving into adulthood and independence. The law requires that care leavers have a pathway plan which sets out what is to be done to support them with matters of health and development, education, training and employment, contact with family and managing money. These plans often do not specifically consider the support that the care leaver needs as a young parent. There is also no guidance from the government about coordinating and linking the support that is within a pathway plan with any child welfare plans or assessment that may be in place for the young parent’s child.

The Children and Families Act 2014 introduced a new duty on local authorities to support young people to continue to live with their former foster carers once they turn 18. This ‘Staying Put’ duty came into force on 13 May 2014. Under the duty local authorities must advise, assist and support the young person and their former foster carer when they wish to stay living together; this arrangement can continue until the young person turns 21. Information collected in 2015 revealed that of the 3,230 children who ceased to be looked after in a foster placement on their 18th birthday during the year ending 31 March 2015, who were eligible for care leaver support, 1,560 (48%) remained with their former foster carers three months after their 18th birthday. The duty does not apply to young people who have been placed in residential care settings. As highlighted by the Education Committee in 2014, extending support to such young people ‘should be considered an investment, which will lead to better outcomes for the individuals in question and for society as a whole’.

The staying put arrangement does not include any consideration of how it will apply to those young people who are expecting or become young parents. Models such

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28 Pathway Plans continue until a care leaver reached 21, or 25 if the care leaver is in education or training. Not all young people who have been in care leavers are eligible to have a pathway plan; local authorities have a duty to prepare pathway plans for eligible children, relevant children and former relevant children.

29 For example: Working Together, 2015 does require local authorities to have assessment protocols that “ensure that any specialist assessments are coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes” but is silent about how planning around the young person is to be coordinated with any assessments and planning for their child (whether being carried out under Early Help, Child In Need or child protection).

as North Yorkshire County Council’s No Wrong Door\textsuperscript{31} approach provide a potential template for giving post-18 support and foster carer support for such young people and shows that there is scope for creatively building upon the staying put framework so that it can be adapted to meet the needs of young people who have been in residential care and those who become young parents.

Recent wider welfare reforms including those introduced by the Welfare Reform and Work Act 2016 disproportionately affect young people. For example, young people under 25 years are not eligible for housing benefit or the living wage. This is compounded by the effects of the benefit cap which particularly effects the standard and location of accommodation. The cumulative effect of the reforms will likely make it harder for some young parents to secure affordable accommodation in the areas in which they access services or have established ties. Many young parents under the age of 25 are care leavers who are entirely reliant on welfare benefits and tax credits to support themselves and their child(ren).

Family Rights Group has reviewed and analysed the impact of Universal Credit rates of standard allowance for single parents who are under the age of 25 years. The allowance which this group receive is some £780 less per year than they receive under the current system of Income Support and Job Seeker’s Allowance.

| Under Income Support and Income-based Job Seeker’s Allowance, under 25 year olds who are not parents, receive a lower rate of personal allowance than those over 25. However, a lone parent aged 18 years or over receives the same higher rate of personal allowance that over 25 year olds are entitled to. Thus lone parents receive a sum of £73.10 per week which equates to £316.77 per month. Under Universal Credit, the standard allowance for a single parent under 25 years of age is £251.77 per month, almost £65 less per month; or nearly £780 less over the course of a year, than lone parents of that age receive under the current regime. |

The lower standard allowance rate that applies to new claimants to Universal Credit could force some young parents who are care leavers into severe financial hardship and debt. This may result in them having to move home away from the support

\[\text{\textsuperscript{31} The ‘No Wrong Door’ hub model brings together a variety of accommodation options, a range of services and outreach support to young people with complex needs. It prioritises consistent relationships and continuity of key worker.}\]
networks and the services which are an integral part of their own Pathway Plans as well as the plans in place to support them in caring safely for their child/ren. It could lead to young parents being denied the chance to provide consistent and stable care for their children. If their ability to meet their children’s needs is compromised, this risks children being denied the chance of being raised by their parent thus impacting on the child and the parent’s right to respect for family life. It could also increase the number of children in care.\textsuperscript{32}

\subsection*{2.6 Young parents and domestic violence}

In this section, and elsewhere in this report, the term domestic violence is used to refer to all forms of domestic violence and abuse including: physical or sexual abuse, rape, emotional abuse and isolation, coercion, threats, intimidation, economic abuse, financial control, forced marriage, female genital mutilation and honour-based violence and online abuse. Domestic violence is relevant in the context of this project for two reasons, both of which are discussed further below. First, recent research has indicated a prevalence of violence and abuse in young people’s relationships and generational patterns of domestic abuse (that perpetrators and victims alike may have been exposed to such abuse in their own childhoods). Second, there is evidence that in many cases domestic violence is the risk factor, which has prompted intervention by social workers in the lives of families and children.

The prevalence of violence and abuse in young people’s relationships has been highlighted by the 2 year Safeguarding Teen Intimate Relationships (STIR) European Daphne-funded study, published in 2015 which aimed to document young people’s own experiences of online and face-to-face forms of interpersonal violence and abuse (IPVA) in five European countries: Bulgaria; Cyprus; England; Italy and Norway. This is described as the first study of IPVA in young people’s relationship in the general population across European countries.\textsuperscript{33} As part of the project surveys

\textsuperscript{32} National Audit Office (2014) Children in Care reports that the cost of one child being in an independent foster care placement for a year is £40,000. Available at: https://www.nao.org.uk/report/children-in-care/. Family Rights Group voiced its concerns prior to the passing of the Act and had proposed amendment to the Welfare and Work Reform Bill to protect young care leavers who are lone parents by ensuring that they receive the same rate of universal credit as over 25 years olds. At Committee stage in the House of Lords both Lord Listowel and Baroness Armstrong promoted the proposed amendment which was endorsed by Barnardo’s, Children England, Children’s Society, Child Poverty Action Group, Coram Voice, The Fostering Network and Just for Law Kids.\textsuperscript{32}

\textsuperscript{33} A youth advisory group in each country provided advice on language and concepts used. The executive summary ad 5 briefings detailing the findings from the study are available at: http://stiritup.eu/app-and-resources/. Briefing 2 details the findings from the survey phase of the project.
were conducted with 4564 young people aged between 14 and 17 years old. The forms of violence and abuse explored included online emotional violence, face to face emotional violence, physical violence and sexual violence. The findings, based upon the 3277 young people who had reported that they had been in intimate relationships, revealed that between 53% and 66% of young women, and 32% and 69% of young men, reported experiencing (as a victim) at least one form of violence. Though the incidence rates for IPVA amongst young women were similar across each of the countries, England and Italy reported the highest levels. England and Norway had the lowest rates of IPVA amongst young men. Recent UK based research has identified that young men who perpetrate abuse are more likely to have been exposed to abuse at home themselves and that services need to be aware that they may encounter further challenges as they establish relationships of their own, move in with a partner and become fathers or take on parenting roles.34

There is no specific category for ‘domestic violence’ within child protection classifications of different forms of harm or in government statistics relating to the reasons why children are involved with the child protection system. The picture is further complicated by the fact that children may experience multiple forms of abuse (emotional, physical, sexual abuse and neglect) in the context of domestic violence. The category of emotional abuse is however the second most common initial category of abuse when children are made subject to a child protection plan accounting for a third of plans and children who have suffered (or who are at risk of suffering) domestic violence may well be included under that category.35 Domestic violence is also now the most common underlying reason why families contact Family Rights Group’s advice service.36 Domestic violence is the main reason for the 555 young parents who are recorded as contacting the advice service between 1st June 2015 and 1st June 2016, seeking advice from Family Rights Group (see discussion earlier in this Chapter. Wider research also contributes to a picture of domestic violence as a prevalent factor leading to social work involvement in the lives of families and children. For example, research published by the Department of

36 This partially reflects the impact in recent years of an amendment to the legal definition of significant harm enacted in 2005 to include a child hearing or witnessing domestic violence. See s47 Children Act 1989 as amended by Adoption and Children Act 2002 and enacted in 2005.
Education in 2012 which examined serious case reviews in the period 2009 to 2011 identified domestic violence as a risk factor in 63% of those cases.

Family Rights Group’s recent Domestic Violence Project aimed to improve the information available to women suffering domestic violence, provide advice to organisation to develop their knowledge and skills to support mothers in navigating the child welfare system, train social workers and launch a report on effective ways that London local authorities can work with mothers affected by domestic violence. Learning and experience from that project, from Family Rights Group’s advice service and the organisations work around young parents and welfare reform highlights that:

- domestic violence often co-exists with, and may be compounded by, other difficulties or vulnerabilities for parents (e.g. substance misuse, mental health problems);
- mothers who are victims of abuse can feel that the system is punishing them as often the onus is on the mother to demonstrate to children’s services that she can protect the child whilst abusers (including those who are fathers/father figures) needing and seeking help face a diminishing availability of perpetrator programmes and are often neither engaged nor assessed;
- specialist domestic violence workers within voluntary sector advice agencies are experts on domestic violence, but may lack knowledge and experience of child welfare law and procedures to fully assist mothers where social workers are involved;
- mothers, including young mothers, may face a myriad of additional challenges and hardships as they seek to address the concerns about domestic violence including: reduced access to legal representation in injunctions and child arrangements orders applications due to legal aid reforms; lack of bespoke interventions for victims from BME groups; and adverse effects of recent reforms to welfare legislation which particularly effect young people (e.g. not being eligible for a living wage if under 25 years, falling rates of standard

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37 A serious case review is undertaken by local safeguarding children boards in every case where abuse or neglect is known or suspected & a child has either died to been seriously harmed AND there is concern about how the organisations or practitioners involved worked together to protect the child.

allowance under universal credit as compared to rates payable under Job Seekers’ Allowance and Income Support).

Family Rights Group has produced a document which explore early intervention and whole family approaches to cases involving domestic violence. These are likely to be valuable to young parents who may have never had help to recover from abuse in their childhood or adolescent relationships.

2.7 Voluntary accommodation of young parents’ children
Section 20 Children Act 1989 provides a mechanism by which a child can be received into the care of a local authority with the consent of a parent. This is called ‘voluntary accommodation’. Parents do not have a right to free legal advice prior to agreeing to the voluntary accommodation of their child (unless the local authority has initiated or is planning care proceedings). Without such independent legal advice, there is serious concern as to whether some parents are giving informed consent. This is particularly worrying in respect of younger parents who are vulnerable to losing their children to the care system and may lack other established sources of support including advice.

There is no statutory guidance about good practice when using section 20 Children Act 1989 voluntary accommodation powers. However, recent cases in the Family Court, High Court and the Court of Appeal have provided some guidance. In Re N (Children) (Adoption: Jurisdiction) [2015] EWCA Civ 1112, the Court of Appeal made comment about situations which it considered would constitute the misuse of section 20 and provided comment about good practice when seeking to enter into such agreements, including ensuring the informed consent of parents. In Northamptonshire County Council v AS and Others [2015] EWHC 199, the High Court considered the case of a 15 day old baby who had been placed in foster care by using the section 20 voluntary arrangement power and without proceedings being issued until 10 months later. The High Court considered this to be a serious abuse of section 20 and a contravention of the right to a fair trial and right to a private and family life under the Human Rights Act 1998. The Court awarded damages to the

41 Newcastle City Council v WM & Others [2015] EWFC 42 in which the use of a section 20 arrangements for 1 year and 8 months was described by Cobb J as a dereliction of the Local Authority’s duty to bring matters to the attention of the court; Re P [2014] EWFC 775 in which the failure of the Local Authority to neither issue proceedings nor devise any long term plan for a child who had been in foster care for 2 years, was described as ‘totally inappropriate’ by the Court; and
42 The comments come in the form of Obiter Dicta and thus are not binding or precedent but are likely to be of persuasive influence.
child, mother and grandparents in the sum of £17,000. These cases make clear that there is room for effective challenge where section 20 is used without clear information being provided, informed consent and timely planning. In the aftermath of these decisions, and in the absence of statutory guidance, the Association of Directors of Children’s Services together with CAFCASS issued guidance about the use of section 20 arrangements in April 2016.43

2.8 Placing the children of young parents in foster for adoption placements

Provisions in the Children and Families Act 2014 44 mean that children, who are looked after either under a care order or under section 20 voluntary placement can be placed with potential adopters (who are approved as foster carers). This is known as Foster for Adoption. In the case of children who are looked after under Section 20, they may be placed in a Foster for Adoption placement without the parents (or their family network) having had a right to free independent legal advice and representation. If there has been no proceedings, there will have been no court oversight of the process nor any court decision that the child should be permanently removed from their parents. Once the child is living with the potential adopter, it is much harder for the parent or the wider family to get the moved child into their care, because of the status quo argument that aims to minimise disruption for the child. A freedom of information survey of English local authorities in Summer 2015 found that at that stage at least 58 children who were voluntarily accommodated had been placed with a potential adopter in a foster for adoption placement.

2.9 Providing support for young parents at the right time

Timely advice, support and assessment is important to all families and children but can be particularly important for young parents. Ofsted’s 2015 report into Early Help considered it ‘only right’ that local authorities and partners increased focus upon early help and prevention services for families.45 Other guidance46 sets out the features of good assessments being progressed under the Children Act 1989 and

44 Sub-sections 22C(9A)-(9C) of the Children Act 1989
46 Working Together 2015
states that assessments of parents should be carried out in ‘a timely manner, consistent with the needs of the child’ and that once it is clear that a particular form of support is needed, this should be provided.\textsuperscript{47}

The recent case of Nottingham City Council v LW & others [2016] EWHC 11 set out some good practice points about pre-birth assessment work with families where the local authority has become involved. These included that: pre-birth risk assessment for the child should commence as soon as the local authority is aware of the pregnancy; this assessment should be completed at least 4 weeks before the due date; it should be made available to the parents as soon as completed (in its initial form and updated with any subsequent developments) so that they can seek legal advice and challenge the plan if they wished to. The decision makes clear how important early work with families is.

Emphasis on timeliness in the child welfare system is also reflected in the 2014 reduction in the length of care proceedings which now have to conclude within 26 weeks unless there are exceptional reasons. Previously proceedings took place over a 40 week period. Whilst Section 32(5) Children Act 1989 makes clear that an extension to the 26 weeks can be granted where necessary to enable the court to resolve the proceedings justly\textsuperscript{48} in practice practitioners and families alike can feel that courts are often very reluctant to grant extensions. The reforms mean that young parents now have shorter timescales within which to prove their parenting capacity before the courts and foster for adoption means that it can be harder for young parents to challenge the status quo when a young child has been placed for some time with a prospective adopter. This makes it even more important that professionals work to form relationships and identify areas of need and support early on.

2.10 Support for young parents who have had a child removed
The law places a duty on local authorities who arrange for a child to be adopted to provide counselling for the parent or guardian of the child in relation to the adoption however, it does not require that specialist therapeutic support be provided.\textsuperscript{49} The

\textsuperscript{47} As opposed to awaiting the completion of the assessment. See Working Together 2015, Chapter 1, paragraph 61.

\textsuperscript{48} The Present of the Family Division provided guidance in the case of Re S (A Child) [2014] EWCC B44 as to the factors that the court should consider when considering extension at paragraph 38; see also section 14(3)(5) Children and Families Act 2014 inserting section 32(5) Children Act 1989; and Re NL (A Child) [2014] EWHC 270 (Fam) in which Pauffley J stated that “justice must never be sacrificed upon the altar of speed”.

\textsuperscript{49} Adoption Agency Regulations, paragraph 14.
law does not require local authorities to provide counselling to parents who have had their children removed to foster care, residential care or to a placement with a family member or friend. This means that many parents who have a child permanently removed receive no support or counselling after that loss. There are some small scale programmes in specific localities such as the Breaking the Cycle programme, the Pause Programme and the Drugs and Alcohol Court early support initiative which provide support for these parents and the innovation in this area is encouraging. However, most young vulnerable parents who have lost a child are left unsupported emotionally and are not assisted to parent in the future, leaving them in a catch-22.

Family Rights Group’s experience of advising many parents through our advice line, highlights that after care proceedings end, many parents are left unsupported, alone and reeling from the loss of their child. At such times, the risk of parents suffering further trauma and difficulties is high. Many young women go on to have further children and find themselves in a cycle of recurrent pregnancy and recurrent removals. This is reinforced by findings from work that Claire Mason has led, as part of the Broadhurst et al. study, which included in-depth interviews with 72 mothers who had experienced recurrent care proceedings. The research expresses serious concern that mothers who have had a child removed from their care by the courts are unlikely to get the psychological therapies often recommended within proceedings, or the support to help in dealing with the impact of compulsory removal of their child.50

2.11 Young parents’ human rights
The Human Rights Act 1998 incorporated the European Convention of Human Rights into UK law. Article 8 of the European Convention on Human Rights protects the right to family life. Article 8 of the Convention says that an interference with family life can be justified, if it is necessary and proportionate. An action that interferes with family life can only be justified if the process that led to that action is also fair. Article 6 of the Convention protects the right to a fair trial.

The effect of the Human Rights Act 1998 is that individual social workers have a duty to act in a way that is human rights compliant and that human rights considerations must be integrated within local authority decision-making processes. It has also made it possible for children and adult family members to challenge, in the domestic

50 Broadhurst, K and Mason, C (2015). Mothers experiencing recurrent removal of children – presentation at Your Family, Your Voice Event on 2nd December 2015. Interview participants were accessed via local authorities and care leavers are still often known to local authorities.
courts, the procedural decisions of the local authority when they believe that the local authority's actions have breached their Convention rights (this includes actions that are made either before, or after, legal proceedings are concluded). For example, in care proceedings Article 6 has been applied to ensure legal representation for parents who wish to be represented. Articles 6 and 8 have also enabled children and families to ensure that they are properly included in local authority decision making concerning their children.

The Council of Europe’s Committee on Social Affairs, Health and Sustainable Development reported in January 2015 on the legislation and practice in European Member States in relation to removing children from their families. The report highlighted the importance of new parents including young parents (and one-parent families) in particular being offered help early on to develop good parenting techniques. The report highlighted that even where a child had been removed from a young parent, it was important to still provide the family with support to maximise the chances of successfully reuniting child and parent.

The Children and Social Work Bill 2016 proposes to give unprecedented powers to the Secretary of State, albeit at the request of an individual authority, to dispense with primary child welfare legislation or regulations in a particular location. The powers in the Bill are however particularly worrying in the light of proposals to weaken safeguards to protect the human rights of children and families including the plans by the government to abolish the Human Rights Act and the argument put forward by some that Britain should withdraw from the European Convention of Human Rights. Whilst the Government has stated the motivation behind these clauses in the Bill is to enable innovation in the field of children’s social care to improve the experiences and outcomes for children and their families, nevertheless this needs to be done with safeguards in place and in a transparent way to ensure that families and children’s right are respected.
Chapter 3: Research interviews and focus groups

3.1 Research methods

There were four main elements in the research:

- Interviews with 10 young parents, carried out by telephone or in person;
- Telephone interviews with 5 practitioners working with young parents within the child welfare system;
- 2 focus group discussions with a total of 10 young parents; and
- 2 focus group discussions with a total of 11 practitioners working with young parents within the child welfare system.

The young parent sample was recruited in two main ways. First, through contacting young parents who had rung the Family Rights Group Advice line since June 2015 and who had agreed to be re-contacted for the purposes of research. Second, via other voluntary organisations working with young parents. The practitioner sample was recruited following distribution of information leaflets about the project online and in hard copy, through networks of existing Family Rights Group contacts, and promotion of the project at a variety of seminars and conferences in England and Wales as well as on social media.

Research interviews were conducted using a semi-structured format which allowed for participants to provide responses to specific questions but did not prevent them from telling their stories in the way that was most meaningful and comfortable for them. With the consent of the participants, interviews were digitally audio-recorded and subsequently transcribed. One young parent did not wish to be recorded and therefore notes were taken during the course of the telephone interview. The qualitative interview data was analysed using NVivo software and manual methods.

Focus group discussions were conducted using a semi-structured format through which participants were invited to discuss both specific questions and broader topics. In the practitioner focus groups, a short vignette derived from themes emerging from discussions with young parents, review of relevant case law and other research, was used to engage practitioners, in further discussion about their practice. Short, anonymised extracts from two young parent interviews were also drawn upon to stimulate discussion about communication with young parents. Within the young parent focus groups, some young parents in attendance were supported by support workers, advocacy workers or in one case their mother. All focus group discussions
were digitally audio-recorded with the agreement of the participants. The discussions were transcribed and data analysis was carried out using NVivo software and some manual methods.

In total 17 young parents with experience of children’s services involvement with their child/ren, and 14 practitioners participated in the research. More practitioners were spoken to during the course of gathering information for the practice review which forms part of this project report (see Chapter 5). While the sample of parents and practitioners cannot claim to be representative it provides data that can be placed alongside existing academic, NGO and government data as well as the information gathered during the course of the project practice review. It contributes to knowledge and understanding about the kinds of experiences that young parents have and the ways in which they, and practitioners, perceive that the child welfare system could better address their needs and those of their children.

3.2 Interviews and focus groups with young parents
The young parents who participated in interviews were aged between 19 and 29 years and lived in England and Wales. Equal numbers of young mothers and young fathers participated. Two focus groups took place with a total of 10 young parents participating. In the first focus group, all of the participants were young mothers aged between 19 and 29. In the second focus group the participants were all young fathers up to the age of 26 years. Full details of demographics of the young parents participating are detailed in Chapter 4.

3.3 Interviews and focus groups with key practitioners
A total of 5 interviews took place with the following practitioners:-

- A local authority lawyer working within a children’s legal team;
- A clinical psychologist specialising in child, adolescent and adult interventions and support including the preparation of expert reports within care proceedings;
- A local authority social work manager with experience of managing a looked after children’s team and a leaving care team;
- A children’s guardian and independent social worker; and
- A Family Nurse Partnership nurse.

All practitioners worked in England and Wales. Though only a small number of practitioners took part in interviews, participants were drawn from some of the key fields which represent the professional knowledge and contributions to decision-
making within the child welfare system. The interviews were intended to provide a snapshot of the issues encountered by those participants and together with interviews carried out with young parents, they informed the questions and themes that were explored further in the practitioner focus group discussions. A total of 11 practitioners took part in 2 focus group discussions. Of the practitioners who took part, 8 were social workers holding posts within local authorities. The remaining 3 practitioners were a clinical psychologist, a local authority lawyer and a fathers’ worker working within a voluntary organisation.
Chapter 4: Key findings from practitioner data

Five research interviews took place with practitioners. As outlined above the sample included a local authority lawyer working within a children’s legal team; a clinical psychologist; a local authority social work manager; a children’s guardian and independent social worker; and a family nurse.

Two focus groups took place with 11 practitioners. The first focus group included practitioners from different fields including 2 social workers. The second focus group was made up solely of social workers from the same authority who variously worked within court teams, looked after children’s team, initial assessment teams/child in need teams or within a parenting assessment service.

The data in this section is presented and discussed thematically. Data is drawn from both the practitioner interviews and the practitioner focus group discussions which took place. The data and findings are discussed under three main headings: perceptions of strength and vulnerability; challenges and difficulties; and good practice & helpful services.

4.1 Perceptions of strengths and vulnerabilities

In the focus group discussions, practitioners were asked whether young parents had particular strengths or vulnerabilities. Across the two focus groups, practitioners identified 5 strengths and 5 vulnerabilities – see Table 1 below. Not all practitioners identified a strength or vulnerability or endorsed those identified by others; some identified more than one example. Examples of strengths were more difficult to elicit as compared to vulnerabilities. One participant expressed the view that young parents’ strengths are often overlooked and welcomed the opportunity to focus on these as well as vulnerabilities:

‘...the strengths often get completely forgotten and neglected, don't they? I think we lost sight and the system is so adversarial in that sense, that we don't look at kind of 'actually, this is what they're doing really well’ [at].’ Psychologist, focus group.

No single issue was predominantly identified by practitioners as a strength though a desire to do things differently and being open to new approaches/strategies were each identified by 3 practitioners with others not disputing those themes:

‘I think it also depends on the parent but quite often younger parents have maybe more energy and a more open view as to different things that can be tried say, to move forward…..especially if it's their first child..’ Parenting assessor, focus group.
‘I’d say one of the strengths is resilience and a desire to do things differently.’

Fathers’ worker, focus group.

‘…. a lot of the young parents that I have worked with, they do talk about wanting to be different especially if they’ve had difficult childhoods themselves. They talk about wanting to do things very differently, providing a more positive upbringing for their child and that often it is just that they might need support around that and achieving that.’

Social worker, focus group.

The most noted vulnerability was a lack of a family network of support. The 4 practitioners that raised this issue variously spoke about there being no family network, there not being positive forms of support available within the wider family, and about young parents being unable to accept support from family either because of familial disharmony or a reluctance to accept help that is on offer.

One social worker felt there may be a higher chance of potential support from within the family being available to a young parent as compared to older parents because the latter group ‘may have developed more of a split from their own family, more independence’. A psychologist reported her experience that many young people were vulnerable but not deemed vulnerable enough to meet the criteria for particular specialist services. Lack of parenting experience and difficulties experienced in their own childhood were the next most prevalent vulnerabilities identified. Across the focus groups and interviews no practitioner described that young parents either lacked motivation or a desire to keep their children safely with them.

Table 1: Strengths and vulnerabilities of young parents – practitioner focus group

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire to do things differently</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Open to new strategies/willingness to learn</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Resilience</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Better resources</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Energy</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td><strong>11</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Vulnerabilities</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------</td>
<td>----</td>
</tr>
<tr>
<td>Lack of kinship support</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>Lack of parenting experience</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Own difficult upbringing</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Challenge of change</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Not meeting threshold for services</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>N =</strong></td>
<td><strong>11</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.2 Challenges and difficulties

Data about the challenges and difficulties practitioners face when working with young parents was generated when this subject was explored during the individual interviews with 5 practitioners. Further discussion within the 2 focus groups around the theme ‘What is important when working with young parents?’ led to practitioners describing further challenges.

Table 2 presents an overview of the 18 issues mentioned by the 5 practitioners interviewed; all practitioners referred to more than one. Some of these concerned specific struggles facing young parents themselves and these appear to be features which practitioners can find hard to work with. For example, mental health problems, a history of childhood abuse, or violent relationships. What is not clear is whether cases with these features were perceived as presenting more or less of a challenge than cases with those same features but which involved older parents. What can be said however is that overall, practitioners identified a myriad of issues variously related to practice, the system and to young parents’ life experiences which represented challenges and difficulties for them when working with a young parent in the context of the child welfare system.

The prevailing issue, identified by 4 of 5 practitioners (80%) who took part in interviews, concerned the related challenges of addressing mistrust and building relationships with young parents. This appears closely allied to themes of parental engagement and disengagement, the next most mentioned challenges (3 practitioners in each case; 60%). These are discussed further in detail below.
### TABLE 2: Challenges and difficulties encountered by practitioners working with young parents (interview responses)

<table>
<thead>
<tr>
<th>Challenge/difficulty</th>
<th>Number of practitioners highlighting challenge/difficulty</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mistrust and relationship building</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Engaging parents &amp; parental disengagement</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Domestic violence in cases</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Parents own experiences of childhood abuse</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Parents lack of confidence or self-esteem</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Lack of parenting skills</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Obtaining advice/advocacy for the parent</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Parental mental health problems</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Time management</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Risk management</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Lack of support</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Care proceedings</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Dealing with criticism</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Chaotic lifestyle of parents</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Need assessment</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Homelessness</td>
<td>1</td>
<td>20</td>
</tr>
</tbody>
</table>

**N** = 5  
**100**
4.2.1 Relationships, engagement and disengagement
Some practitioners felt that an important part of unravelling the engagement/disengagement challenge was for them to have opportunities to reflect upon the content of work which immediately preceded disengagement (emphasised by the family nurse) and to reflect upon their individual skills in engaging a parent:

‘I think the main challenge is trying to engage them. So you need yourself to be very skilled and very open in engagement. Your temperament should be such that you come across to a young person that yes, you’re a person with professional authority but someone that they can open up to.’ Social work manager, interview.

The challenges of engagement and disengagement highlighted by interview participants also emerged within the focus group. In contrast to the interviews however, disengagement was highlighted by practitioners as particularly significant when considering young fathers:-

‘The young fathers tend to disengage much faster, much sooner in the process and so we’ve really been trying to think much more creatively about “How do we support young men”....’

He went on to emphasise the importance of early work, forming relationships and getting to know young fathers:

‘You know [they] just drop off, can’t get hold of them for weeks and then when they hit crisis point, they’ll come back, so it’s well worth doing that ground work first off and really listening to them.’ Fathers’ worker, focus group.

‘I think with young dads as well it's more difficult to get them to engage, based on my experiences because generally speaking boys tend to take longer to mature in my experience. I feel like the young dads have taken the concerns less seriously. It’s harder to make them realise about how serious the concerns are and to get them engaged.’ Social worker, focus group.

4.2.2 Lack of time to demonstrate parenting capacity
During focus group discussions, 3 practitioners cited challenges or difficulties connected with time pressures and timescales. These 3 practitioners described how this effected the time that could be afforded to parents to demonstrate their parenting capacity. For one social work manager this meant that professional experience and the ability to ‘spot early signs’ that a parent might be able to change and care for their child was particularly important. The same manager expressed that there could
easily be a rush in the child protection process arising out of delay in assessment activity following initial referral which would be to the detriment of the young parent and the practitioner:

‘Say for example, this is their first child. The [children’s services] have been told [about the pregnancy] by a midwife or somebody or they [parent] themselves have declared. A referral has been made and then you don’t hear anything until about 3 months through your due date or not even that you [children’s services] know. We will approach you nearer your pregnancy and then there is suddenly a rush and then the next thing they get is not even a copy of their assessment but a letter saying you are invited to a child protection conference because the authority has panicked, realising “these are the risks”.’ Social work manager, focus group.

The local authority lawyer referred to tensions between court timescales and realistic timescales within which parents can achieve change:

‘[There is] a tension in trying to do things as far as the court is concerned within 26 weeks and you know expecting changes, literally overnight, I think you know, it does make it extraordinarily difficult for that individual [young parent].’ Local Authority Lawyer, focus group.

Mirroring concern that timescales had to be realistic, a young fathers’ worker referred to the risk that tight timescales foster ‘masses of disguised compliance’ and expressed a view that ‘below the surface’ no real change may take place in the short timescales available. Another social worker spoke of the short time that there was available to do work after becoming aware of a new pregnancy and described the reality being to: ‘Cram it all in within a short space of time and we try to do our best, but I guess it’s thinking about how we can do a bit more preventative work mainly.’

One practitioner described shorter timescales for progressing work with potential kinship carers (wider family or friends who are being considered as potential carers for the child) within court proceedings as a challenge for both social workers making recommendations and for families. The limited time available for families to process information and make ‘huge life-changing decisions’ was raised by the local authority lawyer who felt that assessments were now being completed in a ‘matter of weeks’ rather than 12 weeks as she described had once been the norm in the area in which she worked. She described it as a ‘distinct disadvantage for families and trying to get assessments lengthened is a bit of an uphill struggle [in court]. You’re just told,
4.2.3 Lack of time – early work, ongoing work

Within the social worker focus group the issue of timescales also emerged but this was in relation to timescales being barriers to doing preventative work in terms of there being insufficient opportunity to intervene early because of pressures to prioritise other kinds of cases, because the window of opportunity was so narrow with less opportunity to do longer term work, or because of a lack of resources (including staff and universal or community services). In total, 7 out of 11 practitioners (63%) from 3 different fields (social work, law and voluntary sector support) referred to timescale challenges in the course of focus group discussions. This was both when being asked expressly about challenges and in the course of wider discussions about working with young parents. The following extracts from the contributions from 4 different social work practitioners illustrate the timescale related challenges as they perceive them:

‘To do preventative work, that’s what we don’t have time [to do], certainly in our roles we don’t have the capacity to do that and obviously with the withdrawal of lots of services at the lower tier level, it’s becoming less and less accessible for people. You know the children’s centres, accessing that kind of support kind of in their communities, it’s just not there.’ Social worker, focus group.

‘I think having the right resources to capture them as soon as – I mean, utilising every month of that nine month period or even before and I think before becomes tricky because there’s no statutory duty before.’ Social work manager, focus group.

‘Then I worry about the longevity of relationships and the fact that we’re [not] able to really engage in long term work with families, whereas I think the pressure’s on us as a service, as children’s services are, at the moment are ‘In/Out’. I don’t think that is helpful for anybody….You know the children’s centres, they’re also moving in the same direction and there aren’t really services that accept the fact that long term and longevity of support is really important and that worries me.’ Social worker, focus group.

‘The reality is that our caseloads are ridiculous and there aren’t enough social workers and you don’t have enough time in the day and the week. Actually the cases that get most of your time are the child protection cases, the PLO [public law
outline] cases. So the experience of families is that we are and you know [they are] totally right, that their experience is one of social workers as people that are being involved in taking children away because we’re not able to spend time doing the preventative work and you [know] that’s really sad. ’Social worker, focus group.

4.3 Good practice, helpful services

All interview and focus group practitioners had the opportunity to describe and explore how they approached working with young parents and identify factors that influenced their practice. This was done in two main ways. First, during the 5 research interviews, practitioners were asked questions to invite examples of the nature or attributes of services that they considered were helpful to young parents. Whilst practitioners were able to identify or describe specific interventions if they wished to, they usefully emphasised the nature of particular practices and approaches and how in their view this reflected good practice. In the case of the nurse and the young fathers’ worker, their roles involved working exclusively with young parents; all other practitioners worked with cases involving parents of all ages including younger parents.

Second, within the focus group discussions, participants were invited to discuss questions linked to the broad topic of ‘what is important when working with young parents’. Practitioners were free to focus upon both working with young parents in the context of individual cases and services but also on the wider context of the child welfare system. The discussions provided space for practitioners to draw any comparisons between their notions of good practice and the realities of front line practice both in their own and in related fields.

All 5 practitioners interviewed highlighted good communication and listening as essential aspects of services targeting young parents. Three practitioners identified encouraging engagement as an important feature. Approaches which were overtly characterised by transparency and honesty were highlighted by 2 practitioners. Practitioners also spoke about multi-agency working as significant: in 3 instances, interventions/services that worked with or alongside children’s services were considered valuable—w ith links with community services the most mentioned and valued. These included health and mental health services (4 out of 5 practitioners referred to this; 80%), housing and assessment placement services (3 practitioners; 60%) and family support services (3 practitioners; 60%).
Whilst the importance of advice and advocacy services were mentioned by 2 (40%) practitioners in interviews, only 1 mentioned the importance of a young parent being encouraged to be involved in decision-making. In total, 3 (60%) practitioners spoke of the importance of services that engaged the family and friends network and the same percentage referred to the importance of services that provided or sought out formal support for the young parent. One practitioner mentioned services for fathers and this was only in the context of speaking about multi-agency work, as opposed to describing the need for a father-focussed approach to be innate/embedded in the service being provided. Services and interventions which were strength based, involved clinical supervision, signposted and made referrals, worked with education and childcare services and which focussed upon keeping boundaries, were each mentioned by no more than 1 practitioner.

In the practitioner focus groups, discussions exploring what the right support for young parents may be, emphasised the importance of identifying the right kind of assessment placement (where an assessment is needed), the right supported or independent housing and the importance of ongoing outreach support. Social work practitioners spoke about somewhat of a lottery in identifying and realising placements and support for some young parents:

‘I feel like it is complete pot luck what’s available. Or I happen to know because I’ve got another family that are there and it feels very much pot luck about a) what services are going to be available at that point in time, and b) whether you as a social worker have got awareness of that particular project being something that might be appropriate for that person. I guess the longer that you do the job, the more you have an awareness of it, which is great but it doesn’t feel like there’s a real safe systematic approach to make sure the right people are getting put into the right places.’ Social worker

‘I think most of these young people just fall between the gaps of services repeatedly.’ Father’s worker

‘I suppose looking at it literally from the care proceedings, because that’s really the only stage I’d get involved in, the care proceedings; the first thing that always occurs to me is that this individual is very young and that you’re going to keep getting a repetitious history, so you know, what is it that can be done to support them?’ Local Authority lawyer, focus group.
4.3.1 Working with parents who have been in the care system
All 5 interview participants identified that where a young parent had been in the care system or was a care leaver this was a factor that influenced how the parent was approached. There were 2 practitioners who felt that how a young person’s care history was viewed depended upon the timing of their entry into the care system, with these practitioners equating later entry with longer periods of time without a positive experience of being parented. The majority of practitioners interviewed (60%) felt that the fact that the parent was care experienced or was a care leaver was viewed as an additional vulnerability, whilst 2 practitioners, a local authority lawyer and a family nurse, reported feeling an additional duty or desire to try and do more for young parents in that category. Neither referred to specific statutory duties or processes (e.g. preparing pathway plans) in the course of making that point.

There were 2 practitioners who noted that it may be harder for them to engage these young parents or that these parents may have a negative history with children’s services that might impact upon how they work with those involved with their own child/ren. A children’s guardian who also worked as an independent social worker commented: ‘Their mothers in several cases were in care and so their history of working with the Local Authority is pretty negative’.

It was evident within the data from the focus groups that whether a young parent had been in the care system was material to how practitioners approached cases and worked with a young parent. In particular, practitioners referred to having been in care or being a care leaver as being treated as a risk factor in and of itself and could be treated as a trigger for automatic assessment:

‘Well they automatically get assessed don’t they if they are care leavers. It’s assumed that there will be problems and that we need to assess.’ Psychiatrist, focus group

Others stated that it was not an automatic risk factor but was something that needed specific consideration and assessment and that they felt that there was some stigma at play:

‘But there is that stigma and I think they [parents] feel it as well, that hang on, just because I grew up in care it doesn’t mean I’m going to be like this – we do get a lot of that. To some extent it is unfortunate. I think there is probably a lot of cases where they probably didn’t even need an assessment necessarily.’ Social worker, focus group.
‘And I guess you just look at ok, they had a difficult upbringing, a difficult childhood, whatever it is they’ve experienced and because of that how have those experiences impacted on them and shaped them as a parent and we need to further assess that.’

Social worker, focus group.

4.3.2 Involving fathers
The presence of a fathers’ worker in one of the focus groups brought greater focus upon fathers than occurred in the second focus group in which none of the participants were specialising in working with fathers. The young fathers’ worker described the approach that he thought was needed in order to involve fathers:

‘Obviously I work directly with those guys but I think more time, effort and flexibility by professional services to kind of hear their story and listen to them and involve them in the process. I was saying earlier, half the time, when they begin the social care process, they don’t understand it. And I’ve sat with them and drawn out the levels of CP [child protection], CIN [child in need] and explained it to them and they sit back and go “Ah, right, ok” that’s what it needs.’

Young fathers’ worker.

A social work team manager expressed her concern regarding the tendency to view fathers primarily as a risk, a trend which is reflected in the research concerning young fathers discussed in Chapter 1:

‘And I think in most assessments young fathers are first of all ‘is he a risk? Let’s just screen him’.....The first approach is to see if this father can somehow be taken out of the equation rather than be involved in the equation.’

Social work manager, focus group.

4.3.3 Post-removal support
It was in response to considering a short vignette depicting homelessness and drug misuse in the aftermath of a young parent experiencing the loss of a child, practitioners spoke about post-removal support for young parents. Three of the 11 practitioners who took part in focus groups (27%) spoke about the value of counselling for grieving parents who had lost a child to the care system. Practitioners spoke about parents being told that they could have another child by way of reassurance when their child had been removed yet the parents may not recover from the trauma. In discussing future policy development, focus group practitioners referred to the need for holistic, preventative approaches which tackled this challenge in a different way.
Post–removal support was not mentioned by any interview respondents, raising the question as to whether this is at the forefront of practitioners’ minds when thinking about the needs of young parents. This could be because it is not something that they have thought about; it is something they consider arises after their involvement has ceased; alternatively it could be because they have assumed that a service (whether provided by the local authority or external organisations) is in place. Further research is needed to explore practitioners’ views about post-removal counselling and support together with the views of young parents about the service they have received and the service they would like to receive. It is noteworthy that the current right to being offered post-removal counselling is limited to those who have lost children to adoption but not to other forms of long term, alternative care.
Chapter 5: Key findings from young parent data

5.1 Demographics

Ten young people participated in semi-structured interviews which were conducted either in person or by telephone. The parents were aged between 19 and 29 years at the time of interview. The ages of their children at the time of interview spanned 8 weeks to 13 years. The participants had first become parents between the ages of 13 and 23 years old. Of the 10 parents who took part in interviews:

- 8 had a child who was or had been on a child protection plan;
- Of those eight, 3 reported that the case had moved to child protection following initial intervention on a child in need basis; and
- 2 had experienced a parallel police investigation related to children’s services involvement;
- 1 young parent had been informed that her child’s case would be moving from child protection into the pre care proceedings (PLO) process;
- 1 young parent had experienced care proceedings and the loss of 2 children to the care system (long term fostering and adoption) in separate periods of intervention and was involved in care proceedings in respect of a third child at the time of the interview;
- In the case of one young parent it was not clear whether children’s services have become involved on a child in need or a child protection basis;
- 1 young parent was a care leaver and 2 other parents has spent time as looked after children;
- 2 young parents were unsure if children’s services had been involved with them as a child.

Of the 10 parents who took part in focus group discussions:

- 4 young fathers had their child in their care:
  (i) 1 was a care leaver himself but had not experienced social care involvement since;
  (ii) 2 had experienced private law proceedings\(^{51}\) which followed initial children’s services involvement;
- 2 young fathers had ongoing direct contact with a child who was being cared for by a former partner;

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\(^{51}\) Private law cases are cases which involve a dispute between two private individuals e.g. two parents and can include asking a court to make decisions about contact or where a child lives
• 3 young mothers had a child in foster care or kinship care following care proceedings, but had ongoing direct contact with their child. One of those same mothers had also experienced the loss of a child to adoption;
• 1 young mother had her child in her care.

5.2 Reasons for children’s services intervention
Some parents identified one main reason why children’s services were involved with their child/ren, whilst others described more than one. Not all parents shared sufficient information about the reasons why children’s services had become involved in order for this to be recorded. This was particularly the case amongst the focus group participants and was likely related to a wish not to share some personal information amongst a group. In total 12 parents taking part in the project shared this information; 1 young parent (a care leaver) had not had any children’s services involvement and was instead speaking to his experience of being a care leaver and a father and the support available to him.

The main reason or reasons for children’s services involvement with the young parents (interview and focus group participants) are detailed in Table 3. Where the reason for involvement relates to a form of harm this refers to both actual harm or risk of harm to the child concerned, unless otherwise stated. Domestic violence in adult relationships was the most prevalent reason for involvement across the sample with 6 young parents describing this as the main reason for intervention. In 3 cases young mothers reported being the victims. Two young fathers described being perpetrators of domestic abuse, and a third young father described both he and his partner being abusive. The next most prevalent reason was poor mental health.

Table 3: Reasons for children’s services intervention – focus groups & interviews

<table>
<thead>
<tr>
<th>Main reason for involvement</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence (adult)</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>No reason identified</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Poor mental health of father or mother</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Neglect</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Sexual risk</td>
<td>2</td>
<td>11</td>
</tr>
</tbody>
</table>
5.3 Understanding initial involvement

Young parents were asked whether at the time they understood the reasons why children’s services were intervening. They were asked whether they had understood the procedures that were going to be followed. In total 5 out of 10 young parents interviewed (50%) described not understanding why children’s services got involved. One young mother reported not understanding the processes following initial children’s services involvement:

‘I don’t know their protocols, I don’t know their processes and I never felt that they properly explained to me or to my partner, you know, about that.’ Young mother, interview.

One young father described his understanding during an initial meeting and leading up to an initial child protection conference in respect of his first child:

‘But they got us both in with it, the two of us in this room with the social worker, not understanding why we were there. It was just bizarre [nervous laugh]. It was so so bizarre...We weren’t told anything. It was literally we come in, and they said we’ll write to you. That’s it! That was it. And I was like ‘What?’...And they write to us and we had to come in for a meeting thing but there was nothing, but we never really quite got why we were there in the first place.’ Young father, interview.

A young mother and a young father described not understanding the process that was to follow the intervention but that relatives had provided some information. One young father described that he had ‘kind of’ understood and a further 2 young parents described having a clear understanding having received information and explanation from the initially allocated social worker. Young parents reported valuing those who took time to provide explanations and information:

‘There was one lady, I can’t remember her name but she tried, she tried to explain stuff but I don’t think she really understood as well to be honest but she tried, she did
try and I think if it was [up to] her I think the case would have been shut down a lot quicker.’ Young father, interview.

‘So I remember getting a phone call from my first allocated social worker, her name was Celine. A really nice lady. As soon as we had the first meeting she told us to come down, she explained everything to us so nicely. I could just tell she was a good woman and I could actually tell that she actually likes her job. I remember a good couple of months after, she did remind me that she would not be dealing with the whole case.’ Young mother, interview.

When recounting initial involvement and their understanding, 2 young mothers interviewed described entering into agreements with children’s services relating to where they and their child would live. Their accounts reflect their view that they had little choice at this time and that it felt that there had been limited planning:

‘Just as he was born they come up to the hospital and made me sign a child protection plan…It was all on the same day. They come up the hospital a day after I had him and made me sign that day and said that if I didn’t they would do court proceedings because they’d be really concerned…..I was told basically sign it now. Like I didn’t really have a choice, and they kept saying how tired I looked, which made me feel even more nervous like “Oh my God, are they going to like, are they going to say I’m unfit because I look tired?” So I just signed it.’ Young mother, interview.

‘They literally said you can go home. There was no pre-birth meeting. It was an A4 piece of paper, just hand written.’ Interview with young mother who was moved to live with her newborn under the supervision of a paternal grandmother.

5.4 The significance of age
Parents interviewed were asked to share their thoughts about whether or not their age was of significance to children’s services. In some cases parents identified more than one way in which their age was or had been significant. Four out of ten parents (40%) reported that they had been treated ‘as a child’ by practitioners during the course of intervention. Four parents (40%) reported having been treated as vulnerable and felt that this was a consequence of their age. The majority of parents (70%), felt that they had not been respected or trusted as good parents because of their age. Parents expressed that their chronological age was significant to the way they were approached and treated by practitioners. One young mother’s response when asked whether her age had been significant was:
'Yes, massively, I think the fact that I was 19 had a massive impact....I did feel that I was being treated as a child essentially....there were certainly a number of occasions where I feel they wouldn’t have spoken to someone in their 30s in the same way that they spoke to me.’ Young mother, interview.

Another mother described expressing her frustrations to a social worker:

‘I did tell them as well. I did turn around to the social worker and said ‘I sometimes feel like you guys are treating me like I’m a little girl that’s just got pregnant, like I’m just out of school.’ Young mother, interview.

A young father described how he felt that his age influenced how social workers communicated with him and viewed him:

‘We were only 17, she [his partner] may have been 18 by then so I feel like they kind of spoke over us because of that, because we were only young.’ Young father, interview.

Another young father expressed that his age influenced the social worker’s view of what he was capable of and this affected his self-perception and confidence:-

‘I felt like the social worker looked at me as a very unexperienced father – that I didn’t really know much about what it was like to bring up someone or you know having to do the shopping and all of the essential needs for the child. Having to obtain all of that, you need to work hard, getting money. I felt like the social worker didn’t see me as that sort of person, a person capable of doing things to make sure like your daughter or son is brought up in a good environment basically. And I feel like that affected me because I kinda saw myself as, ‘You know, she’s right you know, I’m lazy, I’m not hard working. I don’t do well at college’ and it just really impacted on the negative thoughts that I already had of myself and it wasn’t really doing me any good.’ Young father, interview.

5.5 Significance of being care experienced/a care leaver
One of the interview sample was a care leaver and 2 other parents were care experienced. One parent had had involvement with CAMHS and couldn’t recall whether there had been social work involvement too. Another young father reported that his partner was in the care system and that there may have been some social work involvement with him as a young child. The young father who was a care leaver described feeling that there more assistance and support as a care leaver than was available to someone as a young father.
One care experienced mother described her mistrust of children’s services saying ‘The thing is when I was younger, I was involved with social services before so I knew how they are. I didn’t really like them or trust them, so I wasn’t really happy with them interfering…’. She went on the express concern about the information about her childhood that had been recorded: and would be used: ‘My past. Imagine some of the things that are written about me, my history, [my] past are so like wrong’. Another young mother described that when pregnant with her first child at the age of 17 she herself did not have an allocated social worker though she was a looked after child in residential care at that time. She described how she felt being in care effected the approach to her child’s case:

‘I didn’t have a social worker at the time so there was no assessment undertaken. Oh well, you’ve been in care, I wasn’t able to provide anything for the baby so they kind of used that against me. I didn’t have a cot. I didn’t have anywhere to take the baby home to.’ Young mother, interview.

She went on to describe how initial intervention left her feeling in limbo:

‘I was actually homeless because I didn’t have a foster placement to go back to. I couldn’t leave the hospital because I wasn’t allowed to go to the dad’s house, he was a lot older than me. He was 24. We weren’t allowed to go to his house. I was homeless even though I had a corporate parent and they still had responsibilities…..I had to stay in hospital for 2 weeks, 2½ weeks until they agreed for somewhere for me to go. It was a very emotional time.’ Young mother, interview.

Young parents’ accounts in relation to this issue appear to reflect three areas of challenge: first mistrust and fear on the part of a young person who has prior experience of social work involvement when they were a child; second, gaps in support a young person who is in care or a care leaver can mean that the young person is not supported as a parent who wants to keep their child safely in their care; third, support for young fathers can be negligible even where that young father is a care leaver.

5.6 Parental involvement in local authority decision-making
Six parents interviewed spoke about having had limited involvement in local authority decision-making relating to their child/children. Four identified that this was one of the consequences of poor information sharing whilst one reported that this was a result of lack of professional time. No parents attributed a lack of involvement to them lacking the confidence or desire to be involved. One mother described feeling
involved in decision-making when involvement was under the Child In Need framework but not when her children were subject to child protection plans: ‘When it was child in need, I actually felt like people were listening to me.’ One young father described that he was more involved in decision-making as social work involvement neared conclusion. Another father described that it was his partner, the mother who was involved in decision making. He felt that the thing that would have helped him be more involved was if ‘children’s services had let me’. Another father felt excluded as compared to his child’s mother: ‘To be honest I haven’t because I don’t feel that fathers get a say; mothers get a say’.

5.7 Understanding rights and options

Seven of the parents interviewed responded to a question about their understanding of their rights and options during the times that children’s services had been involved: 2 parents felt that they had a good understanding of their rights and options and 4 parents stated that they had no understanding of this. There were 3 parents who described having limited understanding; all 3 attributed this to having no access to legal advice. Two parents also felt this was a consequence of them having no, or, insufficient, independent advice and advocacy. One parent attributed lack of understanding to poor information sharing by the practitioners involved.

One young mother described in a focus group growing in confidence with age noting that she felt more able to put across her views or challenge decisions at the age of 29 as compared to when lacking in confidence when first becoming a mother at the age of 17. One interpretation of that account is that the young person’s personal confidence becomes a gateway to them trying to identify their options and enforce their rights even in the absence of support in this area. She however qualified her account by explaining that ‘it’s not what you know, it’s who you know’ and that she become more confident following the support from an advocacy organisation. There was some evidence that parents themselves lead in seeking to address the lack of support available in this area. One mother spoke about how she had herself sought to understand and enforce her rights in making a complaint:

‘When I wrote my complaint to social services I’ve even printed the Human Rights Act and I’ve sent it to them. I thought “Do you know what? I’m going to give it a go”.’

Young parent, focus group
5.8 Support
In interviews and in focus groups parents spoke about support following children’s services intervention in two key ways:

- the support and help that they had received and what had been helpful; and
- what had been unhelpful to them as young parents.

Table 4: Type of help provided to young parents (interviews and focus groups)

<table>
<thead>
<tr>
<th>Help offered</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No help</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Parenting course</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Counselling</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Family support worker</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Advocacy</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>DV perpetrator programme</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Respite care for child</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mediation</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Drug &amp; alcohol service</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>DV support group</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Housing</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>N=</strong></td>
<td><strong>17</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

When identifying what had been helpful to them as young parents, four of the five young fathers interviewed spoke of support that they had received from a specialist fathers’ worker within a voluntary agency as being a helpful. Five focus group participants spoke about independent advocates or a support worker including fathers’ workers as being helpful.

Young parents gave accounts in which they praised the communication styles of some social workers, family nurses, independent advocates, support workers and contact workers. Parents spoke about meetings with practitioners outside of social work teams tending to feel more like ‘conversations’ and of being spoken to ‘like a human being’. The impression was that these interactions – even if difficult subject matter was being discussed - were viewed as more humane ones. This could be a
consequence of individual practitioner styles or could perhaps reflect the overtly
strength-based approaches that some of the external agencies working with young
parents often deploy. Speaking about the family nurse involved with his child one
young father reported: 'Now, she was so, what I liked about her is, I felt like, if she
had, if she had concerns she’d tell you…The way she was speaking it was ‘Just so
we’re all on the same page. We’re not all different’.

Though domestic violence had emerged as a the most prevalent reason for social
work involvement, only 3 young parents referred to specific help being provided to
them in relation to this and none described help that was provided to their partner or
former partner. Within a focus group one young mother who described experiencing
the controlling behaviour of the father of her child spoke of receiving all the support
in relation to that issue from a voluntary organisation who then supported her in
disclosing the abuse to the social worker involved with her child. She described
feeling disbelieved and rejected and being given little credit for the work that she had
engaged in to be able to speak about her experiences.

None of the young parents interviewed described receiving any help relating to
finances and benefits or education and training. Some parents talked about limited
support in relation to housing whilst one young mother reported a positive
experience in trying to maintain appropriate housing in case contact with her children
resumed. No young parent described having been offered any therapeutic support
either during or following children’s services intervention. Two parents described
self-referring to services: one mother sought out advocacy support and one young
father had self-referred to a domestic violence perpetrator programme. One young
father spoke about needing help to address his immigration status which he had
found out as a young adult had not been put in order when he was a child. He
referred to this being a priority area in which he needed assistance because it
prevented him from working and he had no recourse to public funds. Though he felt
that the resulting stress and anxiety for him and his partner clearly affected their
parenting, he explained it was not an issue which children’s services had felt they
had a role in addressing. He described having been able to secure limited advice
around this issue with support from voluntary organisations but that he lacked the
funds to make the necessary immigration application.

Whilst no parent reported having been provided with the wrong kind of service, many
did speak about delays, late referrals and receiving help too late. Young parents
also mentioned the following as helpful traits of practice:-
• Practitioners apologising or acknowledging when they missed appointments;
• Experienced social workers;
• Complaints being dealt with effectively;
• Good communication styles.

5.8.1 What is unhelpful
Table 5 sets the things that parents identified as being unhelpful. In total parents identified 16 unhelpful practices were identified with 1 or 2 young parents mentioning each.

Three young mothers spoke about a lack of frankness or transparency in respect of professional concerns as unhelpful, recounting that they had been given the impression that all was well before finding out that assessments had reached negative conclusions or that there were plans to separate them from their child. One mother whose child was made subject to a child protection plan described receiving that news:

‘We’d never been on child protection and that my daughter was at risk of significant harm which was a massive massive shock and something that is very very difficult to come to terms with. It was very sudden and it was never explained to me that it was heading in that direction, that we were raising any red flags you know, that they were concerned about me.’ Young mother, interview.

Another young mother who had experienced the interim removal of her child following birth explained:

‘If you’re not going to come home they need to get you ready before hand. They shouldn’t let you go out and buy, I mean I spent hundreds of pounds on stuff, well everything he could have ever needed, the same as other children and they never ever used them so I just think that’s something needs to be done about that.’ Young mother, interview.

A young mother contributing to a focus group recounted a similar tale of having prepared for the arrival of her baby and being informed only immediately before the birth that the local authority did not support her child being placed with her.
Table 5: Unhelpful or negative dimensions of children’s services involvement.

<table>
<thead>
<tr>
<th>Unhelpful &amp; negative</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being frank about concerns and future plans</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Lack of experience</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Misrepresenting or misrecording information</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Multiple changes of social worker</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Not attending appointments/delays</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Inconsistency</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Sharing personal/historic information without warning/inappropriately</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Emphasising the past and not also what has changed</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Poor communication</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Overloading parents with appointments</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Not acknowledging strengths</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Delay</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>No post-removal support</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Being stigmatised/not treated as a human being</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Labelling following assessment</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Lack of therapy/treatment</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

N= 17  100

It is noteworthy that in focus groups and interviews some practitioners linked a lack of early work and limited time to engage with families, with parents’ surprise and confusion when advised of decision-making which reflected a higher level of concern.
than they had anticipated, including recommendations for removal of their child. This indicates a need for there to be longer periods of time for work with families to be progressed. It could suggest a need for clear communication and clarity about the plans that are being considered and the dates on which decisions are to be made which, if combined with access to advice and advocacy, would help to avoid parents feeling that practitioners have not been frank with them or not understanding their concerns.

A lack of sensitivity and respect when discussing past trauma, struggles or ongoing vulnerabilities was identified as an unhelpful feature of meetings. So too was a failure to acknowledge strengths as part of presenting a fair and balanced picture of a young parent’s circumstances:

‘Like they spoke about my problems, how would I say, explain at least…in a very free manner. Like maybe they wouldn’t understand the situation that I’ve been through in the past and they spoke of it, as if you know, it wasn’t something that previously hurt me when I was a kid and that sort of, you know, went on while we had the meetings with the social workers.’ Young father, interview.

‘I don’t think anyone’s acknowledged, [that we’re] doing quite well…the house is tidy, I cook for them, both cope with their teething, potty training…’ Young father, interview.

The data did not suggest that parents expected their vulnerabilities and challenges not be raised by practitioners. Rather parents reported concern that neglecting to acknowledge strengths or insensitively speaking about vulnerabilities (particularly those associated with past childhood experiences) made working co-operatively very difficult for them.

5.8.2 Lack of follow up
Parents’ accounts reflected that a lack of follow up was unhelpful and manifested in two key ways. First, being left with a label derived from a diagnosis or assessment conclusion but with no means by which to further explore or address this. Second, a general lack of support available after the conclusion of care proceedings or the loss of a child. The following longer extract from the account of one young mother illustrates how a lack of follow up adversely impacted on her life:

‘After they take your children off you…they didn’t offer me anything. They didn’t offer me counselling, they didn’t really do anything. My mental health really started suffering, I went through a period when I was sofa surfing, I had actually lost my
house because of the process. I ended up then living on the streets….I ended up getting into a hostel. I was easily led and the girls were drinking and I’m not a drinker….At the time I was sofa surfing I actually started dabbling in drugs.’

‘I wish life was like the movies in the sense of you see something happen on the movies and a neighbour’s there, or people are there, they come around and bring you food. I find that I’ve gone through traumatic events in my life and it’s nothing like the movies. Nobody is ever there, no one is ever knocking on the door. Just as you’re about to jump off a bridge you know, nobody’s ever there with a safety net if you know what I mean. I was just left.’

‘if you had a broken leg you’d have a follow up appointment. No one follows you up after court. So then you’re left. I was actually lucky because I got counselling through [an advocacy service]. For me it changed me as a person because I actually sat on a couch and said “Am I this crazy person that I’m made out to be?”.’ Young mother, interview.

Such accounts resonate with the findings of recent research about recurrent care proceedings/recurrent removal of children from young mothers as discussed in Chapter 2.

5.9 Parents’ recommendations
Parents suggested recommendations both for practice and for national government during the interviews and focus groups.

Parents were asked in interviews what ‘tips’ they could offer to practitioners who were working with young parents; Table 6 sets out their responses. Five of the parents interviewed (50%) emphasised the provision of support to keep families together. One participant specifically mentioned support for dads and 40% of parents said that good communication was important. The same proportion identified working in partnership as key.
Table 6: Young parents’ tips for practitioners

<table>
<thead>
<tr>
<th>Tip</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support to keep families together</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Good communication</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Work in partnership</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Provided thorough explanations</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Take young people seriously</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Build a trusting relationship</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Provide support for dads</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Provide post-placement support</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Provide support in the early days</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Keep appointments</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>N=</td>
<td>10</td>
<td>100</td>
</tr>
</tbody>
</table>

That ‘supporting families to stay together’ emerged as the prevalent top tip is perhaps not surprising. This rather flows from parents having reported not always feeling that social workers were seeking to support them to keep their families together. Similarly it accords with the practitioner data findings that social workers felt that lack of time and resources to do preventative work led almost inevitably to families feel that social workers intervened only to remove children. One young mother for example described feeling like the agenda was to break rather than support:

‘They did say like I was young. I didn’t really think much of it. They did probably think that I would break down and that they could just come in and take Mark [child]. But I’d never let that happen. It felt like they were just trying to break me – just to take Mark. That’s all it felt.’ Young mother, interview.

All parents spoke about support in a broad sense and not limited solely to parenting skills or parenting activities though these things were identified as important. Support
that they spoke about included that which related to housing, financial security, training and employment and parents felt that all of these things were relevant to their ability to be successful parents. Parents spoke about the need for better support to be made available for fathers. Though parents did not speak about emotional support when setting out their tips for practitioners, the need for this was a clear theme which emerged from the data concerning the lack of follow up (discussed above), indicating that the provision of emotional support was a priority issue for the young parents.

When sharing ideas about what recommendations they would want to make to central government, young parents again said that doing things to keep families together was a priority. Three parents emphasised ensuring that parents are treated with respect and dignity. The young fathers’ focus group emphasised the importance of the government recognising that need for investment in young people and in providing training for them, again suggesting a broad view of what supporting young parents involves.
Chapter 6: Good practice review

6.1 Aim and approach
The aim of the practice review is to draw together examples of the work that local authorities, other agencies and the voluntary sector have been doing with young parents whose children are involved with children’s services. It is not intended as a systematic review.

The review has been informed by a call for evidence that was circulated online and by mail-shot to local authorities, practitioner networks, voluntary organisations and other agencies. Legal, social work, medical and other practitioners were invited to submit examples of specialist support services, interventions and assessment models being used by local authorities or others which are tailored to young parents with children subject of children’s services intervention. Responses were received both in writing and verbally.

Desk-based research, using online search facilities was also used to identify relevant examples of tailored services for this group of young parents. Examples of services and interventions aimed at a wider parent audience which nevertheless appear to be particularly valuable for younger parents are also highlighted. Material has been drawn from academic journals, articles as well as information contained within organisations’ websites. It should be noted that information about services from organisations’ websites is not always comprehensive. This maybe because the service is new and evolving, or is a small pilot or in the current economic climate, it may have closed or shrunk.

In some cases the service or intervention described is established and evaluated. In other cases the examples concern newer initiatives. The headings used in this chapter serve as a guide only. The examples presented do not fall into neat categories and inevitably there are some overlaps.

6.2 Whole authority approaches & voluntary sector collaborations

6.2.1 Leeds City Council
Leeds City Council has developed and embedded a relationship-based restorative model across children’s social work and the whole council. The idea is to equip all practitioners to work with families in a respectful way that draws upon the families’ strengths to assist families to develop their own solutions when they experience
difficulties. The philosophy implemented by Leeds is one of high support, high challenge. For young parents who describe valuing and responding best to professionals who work to build relationships and gain trust this approach is particularly relevant.

As part of the restorative approach, family group conferences are offered to all pregnant young women whose children are deemed potentially at risk. Family group conferences are a strength based approach in which parents and the family network take the lead in drawing upon plan which addresses local authority concerns. This can include planning how they can support a parent (or other family member) to keep the child in their care, but also include identifying the family and friends who may be able to care for the child if they cannot remain with the parent. For young parents this can help to address the challenges of identifying, and accessing, sources of both formal and informal support which could be made available to them.

The authority’s application of a restorative approach to cases involving domestic violence also emphasises the early use of family group conferences and this is particularly significant given the evidence from this research project and wider research about the prevalence of domestic violence as an issue for children’s services intervention in respect of the children of young parents. The authority is also developing culture of working with men and acknowledging the importance of fathers. As part of this, social workers and other professionals are expected to be diligent in gathering contact details and information about fathers and male figures in children’s lives and there is an acknowledgement that you must work with men in order to work with domestic violence. An independent evaluation of Leeds Children’s Services restorative approach is due to be published later this year.

6.2.2 Working with Men collaboration with London Borough of Croydon – Fathers

Working With Men (WWM) is a specialist charity supporting positive male activity, engagement and involvement. The organisation’s interventions focus on key transition times in life including becoming a parent. WWM started an 18 month initiative in March 2016 in the London Borough of Croydon which seeks to respond to: recognition that the children of many young men engaging with WWM were known to children’s services; that these young fathers can easily find themselves on the periphery of both their children’s lives and agencies’ interventions in their children’s lives and that local authorities struggle to build appropriate packages of support for young fathers.
The project provides advice and advocacy support to fathers in Croydon in respect of their dealings with children’s services. The project is also piloting a way to bring about strategic change, for example WWM will run a series of training sessions for the local authority staff via a learning hub on how to effectively engage fathers, developing tools for working with fathers and supporting audits and data capture. Independent evaluation of the pilot project will be carried out to examine whether the work improves outcomes for fathers, improves their engagement and counters tendencies to exclude young fathers. The overarching aim is to change the approach to working with young men/fathers throughout the borough. The model may be one which can be replicated in other authorities to establish beacon boroughs which champion and embed good practice with fathers. Further information about WWM is available at: http://workingwithmen.org/.

6.2.3 Brighton & Hove Council—young parent therapeutic life-coaching
The young parent therapeutic life coaches work with parents aged between 14 and 25 years, this includes those who are pregnant, those who have a child in their care as well as those who have had a child removed from their care. The service accepts referrals from health, housing and children’s services as well as from young people directly. Therapeutic intervention is future based and therapists work with parents to think about a number of different things related to becoming a parent. This includes thinking about the impact of a child on their life, what kind of parent they want to be and how they can achieve this. Parents are supported to think about their own childhoods and identify things that were helpful and unhelpful to them. Therapists work with parents to help them take responsibility for their actions which the service has identified as an integral part of allowing parents to grieve for the loss of a child and to improve their capacity to work with children’s services where applicable. Therapists also help parents to look at issues of lifestyle including heathy/unhealthy relationships, domestic abuse, friendships and power. Work can extend to include grandparents who have been identified by the service as having a significant impact upon how young parents respond to services and children’s services specifically.

6.3 Health driven interventions
6.3.1 Leicestershire County Council
Leicestershire County Council public health commissioned a social enterprise ‘Untapped Me CIC’ to provide services to young parents under the age of 20. The Baby Box project has been running for more than 18 months. Young women are referred to the Baby Box project after booking in with the midwife. At 24 weeks a
home visit takes place and a baby box is provided. The contents include a moses basket mattress, nappies, wipes, a changing mat, other items for the new baby as well as relevant health information. During the visit information about local services is shared and support to access services is provided via a Teenagers and Babies Action Group. A follow up ante-natal visit then takes place to check on progress and to see if support to access services is required. In 2015 144 boxes were handed out. In interim evaluation of the project was carried out by Untapped Me in consultation with the young women who received a box. The evaluation revealed that the provision of a baby box had a positive impact with many young women feeling the box helped them to get organised for having a baby, led to them knowing about local services and supports and helped them to access such support.

Untapped Me was also commissioned to develop a Teenagers and Babies Action Group Forum. Taking place every 6-8 weeks in each Leicestershire District these multi-agency forums are attended by services who offer support to teen parents including health professionals, outreach workers, youth workers, home-start and career guidance. These organisations can also refer young people to the forum. At the forum meetings practitioners discuss each individual young parent to identify their situation and how best to engage and support; a traffic light rating system is used. Robust data on the young parent cohort can be gathered via the forums and this assists public health to identify key issues for young mothers under 20, including the prevalence of domestic abuse.

6.3.2 Family Nurse Partnership
The Family Nurse Partnership (FNP) is a voluntary home visiting programme which originally worked with first time mothers up to the age of 19 years and supports around 25% of eligible parents across England. It supports these mothers and their babies as well as fathers and other family members if mothers would like them to be involved. The programme developed from learning from US based family nurse programmes over the past 35 years which research found had a number of positive outcomes including reducing child abuse and neglect and reducing closely spaced pregnancies. The FNP model focuses on positive behaviour change which FNP supports through on-going, intensive support. The service can remain involved until the child turns 2 years of age. With learning about the needs of individual locales, family nurse teams are now able to broaden the age range with which they work to ensure that the service reaches those most in need as part of a ‘Next Steps’ programme intended to improve and adapt the programme in England. The aim is to
allow the programme to be personalised to families and meet specific needs in a local area. Though FNP has been evaluated in relation to its health–related outcomes, new research will be carried out drawing on a vast amount of data already gathered by the FNP programme to further evidence the impact of the programme. More information about FNP and the Next Steps programme of work is available at http://fnp.nhs.uk/evidence/fnp-next-steps.

6.3.3 Young Parents Project Health Visiting Team, North Somerset
The service works with young women aged 19 years or younger at the time of conception of their first baby. Newly pregnant mothers are referred by midwives to the young parent health visiting team. On first contact parents are introduced to the service and are offered health education and support. A named health visitor is allocated and parents are introduced to a community nursery nurse. Recognising the ways in which young parents communicate and that many can be nervous of professional intervention, health visitors correspond with young parents often initially by text message until parents recognise and save the number calling them. The service has set up a Facebook page as an additional way to communicate with individual young parents, which can be particularly valuable if there has been some disengagement from the service or a young parent can be difficult to reach. The Facebook page also provides a forum for sharing of information and advice with parents.

Following a family health needs assessment which identifies those families in which there is a higher level of need, a flowchart system is used to identify the appropriate frequency and purpose of all visits from the antenatal period until a child reaches the age of 2 years. The service aims to have contact with all young parents every 3 months whether by telephone, clinic attendance, at a children’s centre or by way of a home visit. Three groups aimed at young parents are run from local children’s centre in recognition of the social isolation of many of the young parents that the service works with. The emphasis is on building a trusting relationship with the parent. The service has established a Young Parents Workers’ Forum which meets quarterly at Children’s Centres with the aim of developing links with other professionals and agencies, increasing knowledge of services in the locality and providing young parents with a more seamless service, increasing access to services according to need.
6.3.4 Addaction Pregnancy and Early Years Service
The Pregnancy and Early Years Service (together with other Addaction services52) provides substance misuse support to pregnant women and those who have recently given birth or have young families in Glasgow, East Dunbartonshire and Renfrewshire. The women that they work with are often young, at risk of sexual exploitation, are stigmatised and marginalised. The women may have had children previously removed and can be anxious about disclosing that they misuse substances fearful of further social work involvement in their lives. The project seeks to engage women as early as possible.

An ‘assertive outreach approach’ is used so that the service is available when the young mothers/expectant mothers need it and workers persist even where it is challenging to engage them. The assistance offered is intensive and flexible - workers may spend a whole day with an expectant mother and are available to attend a range of meetings and appointments including pre-birth, child protection case conferences and core groups, planning meetings as well those relating to health, housing and education. Workers can provide reports for such meetings where needed. The young mothers are assisted to access sexual health clinics, specialist counselling and domestic violence support services, if appropriate. The project identifies the key elements of achieving a stable life: help with the addiction, support to access suitable housing, nursery placements or respite childcare and assistance to ensure that their children access the services that they need too. To facilitate the requisite intensity of intervention workers hold only a small numbers of cases. Referrals are received from social workers, addiction workers, health visitors, midwives, medics and other agencies working with vulnerable women and families. Women can also self-refer. Further information is available at: http://www.addaction.org.uk/services/pregnancy-and-early-years.

6.4 Outreach support
6.4.1 St Michael’s Fellowship
St Michael’s Fellowship has provided an outreach support service to young parents since 2000. The service, which is commissioned by the London Borough of

52 Addaction also delivers ‘Breaking the Cycle’ an intensive family-based intervention for parents designed to enable them to prioritise the children in their care that has been the subject of a 10 year evaluation. Further information available at: http://www.addaction.org.uk/sites/default/files/public/attachments/the_breaking_the_cycle_commission_2mb_0.pdf
Lambeth, provides home visiting and group support to young parents and expectant parents in the borough tailored to the parents’ personal needs and the needs of their children. The service works with hundreds of young mothers (up to the age of 21) and fathers (up to the age of 24) each year as well as their children. Many of the young parents who access the service lack positive adult role models, have few qualifications, live in poor quality housing, and suffer poor physical and mental health. More than 75% of the young parents worked with have experienced domestic violence. The service which receives referrals via professionals and from young parents, looks to address cycles of deprivation and support young parents to successfully move to adulthood and independence. Free advice and support can be offered on a one to one basis by young parent support workers and covers a range of practical and emotional issues (e.g. housing, finances, relationships, letter writing).

St Michael’s Fellowship also runs a young parents group and separate group for young mothers who have experienced domestic violence. The organisation has a dedicated young fathers’ service that can support fathers in respect of a range of issues including childbirth, male parenting roles, co-parenting after separation, parent-child activities, as well as wider housing, financial and relationship advice.

The service’s 2015 impact review found that the service had worked with 76 pregnant teens, 100 young mothers and 56 fathers. There were 29 young parents who were awarded 49 AQA certificates in 15 different units; 26 young parents moved to education, employment or training and 14 obtained appropriate housing for them and their baby. The review identifies that 8 children no longer were subject to child protection plans—an estimated saving of some £4,000 per child. Further information about St Michael’s Fellowship is available at: http://www.stmichaelsfellowship.org.uk/.

6.4.2 Romsey Mill, Young Parents Programme
For the past 6 years Romsey Mill has been commissioned by a local authority to provide support to young parents in Cambridge City and South Cambridgeshire. The service supports mothers who are under 20 years old and fathers who are under 25. The service receives notifications of new pregnancies from midwifery and works closely with the local teenage pregnancy midwife as well as the Family Nurse Partnership in the local area. Many of the young families that are supported have children who are the subject of a child in need or child protection plan. Young mothers that the service has supported may face difficulties such as having lost previous children to the care system, being isolated and/or inappropriate
accommodation. They will be supported to link in with local children’s centres and antenatal classes and to navigate the housing and benefits system. Mothers attend self-esteem courses and accredited education courses which is part of wider support to help them to develop personal goals. A young fathers’ worker engages young fathers in a range of activities, some specifically related to parenting and others with a wider scope including health and leisure pursuits. Fathers are supported to attend tailored antenatal classes designed to be father friendly and 25 fathers attended such classes in the year 2014-15. A young fathers’ Facebook page and a short guide for professionals about how to effectively connect, engage and work with young fathers has been produced. Across the young parents programme emphasis is placed on building trust and persisting even if parents disengage for a period of time. In 2014-15 96% of mothers and 74% of the fathers who were referred, or self-referred, to the programme accessed the service. Further information about Romsey Mill is available at: http://www.romseymill.org/.

6.4.3 Health Relationships, Healthy Baby
The Stefanou Foundation delivers a free Healthy Relationships, Healthy Baby programme in Queens Park in the City of Westminster and also in Stevenage in Hertfordshire. The programme works with mothers and fathers aged 17 and over who are expecting a child (it need not be their first child) and places emphasis upon parents’ commitment to co-parent their child whether or not they are a couple or separated. Work commences during pregnancy starting as early as possible (and ideally not later than the 28th week), and continues until the child is 2 years old. The programme provides intensive therapeutic support around the whole family with the aim of supporting parents to end domestic violence, recover from the effects of abuse and overcome any other difficulties/trauma they may have experienced in their childhoods. A combination of individual and group work, home visits and meetings at community venues are used. A wide range of health and social care professionals may refer parents to the programme and self-referrals are also accepted. Parents are asked to commit to an initial 5 sessions so that they and the team can decide if it is the right intervention for the family. There is a plan to evaluate the service for outcomes for the baby, mother, father and whole family and all families are asked if they will contribute to the evaluation. More information is about the programme including tailored information for professional and parents is available at: http://www.stefanoufoundation.org/#!hrhb/c90.
6.5 Residential based support

6.5.1 Young Parents Service, Caritas, Bolton.
This Young Parents Service provide accommodation based support for single homeless women with children who are aged between birth and 2 years and is funded by housing benefit payments and the charity’s fundraising activities. A second service operates in Blackburn which is in part funded by a local authority children’s services department.

Around 75% of the referrals to the service come from children’s services. Referrals are also received from the local homeless welfare service, health visitors and family nurses. The Bolton venue can house a total of 10 mothers and their children. Between March 2015 and April 2016 the service supported 21 young women and 23 children of whom 11 were the subject of child protection plans. The average length of stay was 30 weeks. The accommodation provided is in the form of self-contained bedsits. Food and clothing is provided to all residents; some mothers move in with no belongings, others move in immediately following discharge from hospital following the birth of their child. Mothers are offered 6 months of support under a tailored plan and then further support to transition to independent living which includes a the organisation providing reference to say that the young mother will make a good tenants which helps facilitate the process of the mother getting rehoused. A resettlement worker has previously been used to support mothers once living again in the community and involvement under that service was not time limited. During their time living within the service, mothers are supported to increase their confidence. They are signposted to training sessions in respect of child development, health eating, finances as well as the Freedom Programme to address issues of safe relationships and self-esteem. A hotline to a local firm of family law solicitors has been arranged so that those mothers who need some legal advice can easily access this for free. The service reports a good success rate for families moving on. Where women cannot continue to care for their children they are still provided with support, including help to live independently.

6.6 Advice and advocacy

6.6.1 Just for Kids Law
Just for Kids Law provides advocacy, support and assistance to young people in difficulty; particularly those in trouble with the law, looked after children and those at risk of exclusion from school. They combine ‘specialist legal representation (often pro bono) with individualised packages of support to address the multiple and
complex issues that our young people face and that prevent them fully engaging within society’. Since June 2015 the organisation has a dedicated Young Parent Youth Advocate who provides advocacy, support and assistance to parents in London ranging from age 16 to 25, including young parents whose children are involved with the child welfare system. The support provided is unique to each case and the young parent youth advocate can provide help in relation to a range of problems including those connected with immigration, housing, welfare benefits, children’s services intervention and care proceedings. By supporting the young parent in a range of settings and in relation to a broad range of issues, the young parent advocate can be a single and constant contact point across all of the different agencies involved with the young parent.

6.6.2 Family Rights Group

As part of the Young Parents Project, Family Rights Group is offering a free indirect advocacy service to 180 young parents (up to the age of 30) in England and Wales who have a child who is involved with children’s services. As at 1st June 2016, Family Rights Group had supported 99 young parents in this way. The indirect advocacy offer can include: detailed advice via email; providing a young parent with a draft letter to amend and send to children’s services; and negotiating by letter, email or telephone with children’s services on behalf of a young parent where necessary. The young parents who are assisted may be care leavers, have had a child removed from their care, have struggled working with professionals, felt that their age has been viewed as a risk factor or have been concerned about their child being adopted or placed in a foster for adoption placement. The advocates available to support young parents are highly qualified lawyers, social workers or others with equivalent professional experience. The young parent advocacy offer can be accessed via online referral available at: http://www.frg.org.uk/young-parents-project-referral-form.

Family Rights Group also offers a direct advocacy service in London to support parents and other family members at child protection conferences, family support planning meetings and in looked after child reviews. The charity has published national advocacy standards53. Local authorities can spot purchase, or enter into a service agreement, to acquire this direct advocacy support for parents, young parents and wider family members. The latest evaluation of the wider advocacy

service found that 97% of parents and family members felt that our advocacy service had been helpful and 46% felt it had made a difference to the outcome of their case.

6.6.3 Voices from Care, Cymru
Voices From Care, Cymru (VFC) is a charity representing the views, rights and experiences of young people who are, or have been, looked after children in Wales. The overarching aim of the service is to make sure that young people’s voices are heard by the decision makers in Wales. Young people can become members of the organisation and/or access its services including individual advice, assistance and advocacy on any issue that is of concern to looked after young people or care leavers. Amongst those who are seek support from the service are young parents whose children are involved with children’s services. The young people, including young parents that VFC supports most often need help with the decisions being made about their lives, contact with family members, placements, education and making plans for their future. VFC provides help to assist young parents (and other young people) in relation to accessing education, housing, resolving homelessness, addressing money/benefits difficulties, accessing support from children’s services and gaining access to their children’s services files. The advice and advocacy service can support young parents in meetings relating to their child as well as in relation to their own pathway plans. Parents can be supported to challenge decision making. VFC have previously supported young parents to share their views about unfair and unhelpful practices in writing with the Children’s Commissioner for Wales. Further information is available at: http://www.voicesfromcarecymru.org.uk/advice-support.

6.7 Post-removal support
6.7.1 Ormiston M-Power
The Ormiston M-Power project is run by Ormiston Families, a charity for young people and families in the East of England that supports children and young people to manage the challenges they face and improve their life chances. The M-Power project works intensively with young mothers in the Ipswich and Great Yarmouth area who have had a child removed from their care and those who are vulnerable to repeat pregnancies and future social work involvement in response. The service can accept referrals from individuals, children’s services, children’s centres, drug and alcohol services and support housing and health. Work is undertaken to empower parents to move forward and to break cycles of recurrent removals. Initial intensive
support is provided which includes accompanying the parent to appointments. Parents are gradually supported to become more independent. Fast-track mental health diagnosis and support is available as part of the project as is therapeutic help in respect of childhood trauma, intensive work to build confidence and self-esteem and access to contraception. Wider support is provided to the women on the project in relation to housing, benefits application, accessing education and training, and taking up leisure activities. The service has successfully supported women who have had a child removed to go on to keep their next child in their care. Evaluation of the service has been conducted by a team at the University of Essex. Information about Ormiston M-Power is available at: http://www.ormiston.org/mpower.html.

6.7.2 Brandon Reach

Brandon Reach is a service funded by the London Borough of Camden to provide therapeutic support to mothers and fathers under the age of 25 who have had a child removed to adoption or special guardianship. It is located within a wider established centre delivering broader counselling and sexual health charity The Brandon Centre, which is led by two clinical psychologists. The aim of the Brandon Reach service is to work collaboratively with parents and to intervene at an individual level. The service adopts a flexible approach so that it can work with young parents in the way that is most meaningful to them. Individual therapy, group work, collective action, supportive counselling as well as signposting to other services are all features of the service. Brandon Reach also undertakes awareness raising to tackle the stigma associated with young people who have had children removed. Information relating to 15 cases closed in the period April 2014-March 2016 found evidence of young parents choosing to engage with the sexual health advice, support and contraception on offer via wider Brandon Centre service (using contraception is not a pre-requisite for accessing the Brandon Reach Service). Of those that attended more than 6 sessions the majority experienced improvement in their emotional wellbeing and 4 engaged in education, employment and training. More information about Brandon Reach and the wider services provided by the Brandon Centre are available at: http://brandon-centre.org.uk/reach/what-is-brandon-reach.

6.7.3 Action for Change

The overarching aim of Action for Change is to help parents who have already had a child removed from their care to prevent subsequent children being removed. The project is funded by funded by tri-borough children’s services covering Kensington
and Chelsea, Hammersmith and Fulham and Westminster. Once care proceedings have concluded the child’s social worker can refer parents, who agree, into the programme. In a first meeting the nature of the service is explained and parents have an opportunity to share their story. Emphasis is on building a relationship with the parent, helping them with an issue that they may feel that they need help with (e.g. housing) paving the way for more intensive support to address the concerns that led to the removal of their child/ren. Support is in the form of weekly one to one practical and therapeutic help. Parents are supported to overcome depression and to access services that may have ceased at the point their child was removed. Parents are supported to explore and address the issues which led to the loss of their child which often include mental health problems, domestic violence or childhood abuse and trauma which adversely impacted upon their ability to parent. Family and cognitive behavioural therapy may be offered. Parents are re-assessed every three months. Between February 2014 and January 2015 the service received 51 referrals of which 45 parents engaged with the service. Of 33 parents with unmet mental health needs at the time of referral, 20 were receiving support at the date of their most recent 3 month review.

6.7.4 Home-Start, Leeds
Home-Start UK is a well-known family support charity. Home-Start Leeds identified that many of the families that they were supporting by way of a be-friending service were involved with children’s services and many were going through care proceedings. Home-Start Leeds received Innovation Programme funding from the Department for Education to deliver therapeutic services to those parents so that they could access counselling or psychological interventions. The project is now looking to develop a further stage of work with care leaving young parents where care proceedings relating to their child have concluded and a child has been removed. Referrals will be received from children’s services and care leaving young parents may be referred into the be-friending service or directly into the therapeutic service. Some parents will receive both. No case will ever be closed unless this is agreed with the parent. Disengagement is accepted as part of the process of working with the parents and the existing therapeutic team adopt a proactive approach, striving to remain in contact with parents even where they have disengaged for a period of time so that they know that when ready they can resume involvement.
6.7.5 Pause
Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. The aim is to break that cycle and give women the opportunity to develop new skills and responses that can help them create a more positive future. Pause now operates in seven areas in England and evaluation in relation to the pilots is awaited at the end of 2016. Taking long acting reversible contraception is a pre-requisite for participation in the intervention. A tailored programme is offered to each parent and is designed to provide intensive practical and behavioural support. Dimensions of the work with women include modelling how to navigate systems and bureaucracy that they encounter day to day, supporting women into appropriate accommodation and to sustain it and providing support around education and career planning. Women are supported to improve self-esteem and deal with past traumas. When ready, women are assisted to address challenging issues relating to drug use and domestic violence too. Further information about PAUSE is available at: http://www.pause.org.uk/.

6.7.7 Early FDAC
Early FDAC, is an extension to the Family Drug and Alcohol Court (FDAC) programme which applies a problem solving court model to cases of children whose parents had difficulties with drug and alcohol misuse. The FDAC models involves using early and quick assessments by substance misuse specialists and subsequent plans of intervention agreed with parents which are coordinated by a key worker for the parent. Regular planning meetings are held to review progress, which is tracked by a Judge where the case is before the court. The pilot of the original FDAC London was subject to independent evaluation by a team at Brunel University which found that a higher proportion of children were able to live with their parents at the end of the FDAC court case as compared to cases in the same period that were dealt with in normal care proceedings in the same court - 35% of FDAC mothers, compared to 19% of the mothers in normal care proceedings. Recent analysis of London FDAC cases revealed that for each £1 spent, £2.30 was saved to the public purse. The early FDAC programme has been funded by the government’s innovation fund as a small pilot to work with 30 women who are pregnant and afterwards, including where they have had a baby removed from their care. Work can continue for up to 2 years. The service accepts referrals for parents who face substance misuse problems and other complex difficulties. Information about the FDAC model is available at: http://fdac.org.uk/model/.
**Chapter 7: Project findings and recommendations**

The findings below are derived from the parent and practitioner data, the good practice review and Family Rights Group’s wider expertise and experience of advising young parents. The recommendations that follow flow from these findings and are made with explicit reference to the policy and legal context discussed earlier.

### 7.1 Findings

Young parents did identify examples of individual practitioners or services, including within voluntary organisations, which had made a significant difference. In the main however, their feeling was that their strengths were overlooked and that all too often their own adverse childhood experiences, such as being in the care system, were used against them. Practitioners expressed frustration at the lack of time they had to develop relationships and work with young parents, and that pressing timescales often worked against a young parent’s ability to allay social work concerns about their child.

The most prevalent reason for children’s services involvement with the children of young parents in this project was domestic violence. A staggering 42% (232) of young parents who contacted Family Rights Group’s advice line between 1 June 2015 and 1 June 2016 said that the reason why children’s services had become involved was because of domestic violence. This is higher than for all age groups (domestic violence was a factor in 36% of all contacts by parents of all ages to Family Rights Group in that same period, which itself is an extraordinary rise from 13% in 2007/8). This echoes apparent trends in government data and wider research concerning reasons for child protection intervention with families. Yet there is a growing acknowledgment that placing the onus on a mother to protect herself and her children from her partner can put them at greater risk, serves to collude with the abuse, ‘blames the victim’ for the violence and can mean that the child protection process itself can have a detrimental impact on the children.

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54 Men and women can be perpetrators and victims of domestic violence. Available statistical information indicates that in the majority of cases, the perpetrator is male and the adult survivor is female (see Chapter 4 in Marron, J. (2016) *Practice review: working with families affected by domestic violence to keep children safe*). Where parents are involved with children’s services due to domestic violence this commonly, but certainly not exclusively, involves a father/father-figure perpetrating domestic violence and a mother as survivor. Consequently this document has used gendered terms to refer to adult perpetrators and survivors; in doing so we neither disregard male survivors and female perpetrators, nor minimise the role that fathers can play in protecting children. Whole family work needs to recognise that each family is unique and should be worked with accordingly.
Most young parents did not feel that they knew their rights and options at crucial times in the child protection process. The accounts of some young parents of the processes surrounding the formulation of child protection plans, written agreements and section 20 voluntary accommodation arrangements highlight the importance of parents having access to independent advice and advocacy.

There were significant missed opportunities to engage with young fathers. Some felt excluded from child welfare processes and information sharing. They felt that as fathers they were regarded as a risk rather than as a resource, as immature, or that too often it was presumed they were disinterested in their child. Such attitudes also risk paternal family members not being viewed as a source of support.

Practitioners spoke about a very narrow range of options in terms of appropriate accommodation with support, for young parents living with their children (both during assessment periods and in periods of transition to independent living). Young mothers described similarly few options and described the emotional turbulence of being in limbo while solutions for assessment placements or accommodation were explored and decisions were made. The ability of practitioners to develop bespoke packages using their creativity appeared curtailed by shortages in residential placements, supported accommodation and the diminishing availability of community resources (e.g. stay and play, children’s centres). Creating a positive duty upon local authorities to map and record the different forms of assessment placements and supported accommodation for younger parents (mothers, fathers and couples) in their areas and to ensure sufficient supply will be crucial to address this situation.

Young parents noted that after a particular support has come to an end or after the conclusion of court proceedings, they can feel alone and abandoned. This is reflected not only within the accounts of young parents within the project but also within wider research discussed. In interviews and group discussions young parents described being ‘just left’ at these times, often feeling uncertain about how to move forward or experiencing further trauma and abuse in the wake of their sadness and isolation. There is an absence of specialist therapeutic support for young parents both before and after they become parents. This situation heightens the risk of young parents facing the removal of a child and entering a cycle of recurrent removal of their children.

All the young parents spoke about needing support in a broad sense as opposed to solely in terms of parenting skills and activities. This included help in respect of
housing, financial security, training and employment. Some groups of young parents, including care leavers and those with no recourse to public funds can face particular additional hardships which will exacerbate the situation. Many of the difficulties identified by young parents can flow from poverty and deprivation which is compounded by the loss of valuable universal services in local areas and diminishing free advice services. Young parents felt that difficulties faced and the help needed in these different areas of their lives was directly relevant to their ability to successfully parent. Research discussed earlier indicates a correlation between deprivation and the prevalence of children’s services intervention in children’s lives. Hence there is a clear need to view the challenges and risks that young parents and their children face in the wider context of socio-economic inequalities and welfare reforms.

The key project findings are:

(1) The strengths that young parents have can easily be overlooked in favour of sole focus upon their vulnerabilities.

(2) Practitioners and young parents value the opportunity to build trusting relationships but there are barriers to achieving this.

(3) Practitioners recognise that young parents benefit from preventative help and early assessment but this is often not available.

(4) Young parents can feel frustrated by the late provision of help and this can negatively affect their ability to keep their children safely with them.

(5) Separating parenting support from wider support needs relating to housing, income and employment is artificial.

(6) Young parents value practitioners who share and explain information.

(7) Young parents require independent advice and advocacy support.

(8) Too many young parents have felt abandoned by support services and the child welfare system.

(9) Young parents who are care experienced or who are care leavers are often stigmatised.

(10) There is a limited range of accommodation options available for practitioners to enable young parents and their children to live together.
(11) Young fathers can too easily be overlooked, dismissed or identified as a problem.

(12) Domestic violence is a prevalent reason for children’s services becoming involved with the children of young parents.

(13) Young parents face poverty and deprivation which can place additional strains on them and in turn impact adversely on their parenting.

7.2 Recommendations for local authorities

Working with parents

- Local authorities should embed respectful ways of working with young parents (and all parents) so that parents are clear about what they should be able to expect from children’s services and their partner agencies and so practitioners are clear about what they can expect from families. A parents’ charter entitled ‘Mutual Expectations’ which has been devised by families and social workers can be a useful tool to better guide interactions and expectations as to how young parents and practitioners work together.

- Local authorities should invest in provision of advocacy support for the most vulnerable young parents in their areas to ensure that these parents are able to understand and fully engage in child protection processes including in initial child protection and pre-birth conferences.

- Local authorities should review their practice in relation to working with young fathers and ensure that practitioners have bespoke training focussing on working with fathers in ways which build trust and support and equip practitioners to better respond to the needs of fathers. This includes ensuring that fathers’ details including mobile telephone numbers are fully recorded and kept up to date on all relevant records; and that documentation including reports, minutes and meeting invitations are routinely sent to fathers as well as mothers.

Identifying support within informal networks

- Local authorities should prioritise the early offer of family group conferences in cases involving young parents. In particular:

55 See Appendix II
(i) Family group conferences should be offered immediately upon the local authority being notified of the pregnancy as part of the pre-birth planning which should expressly consider the support that the family network can provide to the young parent in preparing for parenthood as well as following the birth;

(ii) Where local authorities have not been involved prior to the birth of a young parent’s child, they should offer to arrange a family group conference immediately following referral to children’s services;

(iii) Where the young parent has their own care plan or pathway plan, the available family support identified through the family group conference process should be clearly set out within those plans as well as the plan for their child.

- For those young parents in the care system who are particularly isolated and disconnected, local authorities should draw on new and innovative ways of tracing and engaging the extended familial networks of young mothers and fathers. Local Authorities should consider using ‘family finding’ as a model for the intensive searching for family and other support networks using deep file searches and online tools (see Appendix III for further information about family finding). Identified networks can be included in family group conferences.

Placement and accommodation options

- Local authorities should carry out a mapping exercise to identify the assessment placements and supported accommodation suitable for young parents that is available in their area. This should include identifying and keeping up to date information about:
  (i) in-house parent and baby foster placements;
  (ii) agency parent and baby foster placement providers in the local authority area;
  (iii) residential assessment centres in or proximate to the local authority area;
  (iv) supported accommodated tailored for young mothers;
  (v) supported accommodation for young fathers; and
  (vi) supported accommodation for young parents who are couples.

- Local authorities should review the number of young parents who have been placed in accommodation out of the local authority area whilst assessment
work has been ongoing and what the outcomes for those parents and children have been.

- Local authorities should consult with the young parents who have been placed in differing forms of available accommodation to gain their feedback about what the helpful and less helpful features of each are.
- Local authorities should review the availability and nature of outreach support for young parents once they have moved to live independently with their children.
- Information about assessment placement options and supported accommodation should be available to children’s social workers (and personal advisers where applicable) and young parents when they are considering suitable options for a young parent.
- All of the above should be integrated as good practice, whether or not central government make it an explicit duty.
- In respect of young people who are care leavers, all of the above information should be drawn upon and fed into the local authority’s strategic planning and partnerships in respect of housing that is required by Volume 3, Children Act 1989 Guidance and Regulations: Planning Transitions to Adulthood for Care Leavers.

7.3 Recommendations for national government.

Changes to legislation

Advice, assistance support for young parents who are care leavers

- Government should amend primary and secondary legislation\footnote{Children Act 1989; Care Planning and Review Regulations; Volume 3, Children Act 1989 guidance: Planning transitions to adulthood for care leavers 2010; The Care Leavers (England) Regulations 2010; The IRO Handbook; Working Together 2015.} to provide a clearer framework of support for looked after children and care leavers who are young parents to improve the chances of young parents being able to safely care for their children. This should take the form of specified amendments to the Children Act 1989, The Care Planning, Placement and Case Review (England) Regulations 2010, and the Care Leavers (England) Regulations 2010 which should provide that:

(i) care leavers must receive appropriate assessment, advice, assistance and support, as applicable;
(i) this must include assessment, advice, assistance and support that is pertinent to their role as young parents;

(ii) such assessment, advice, assistance and support must be appropriately coordinated with any assessments and planning in respect of the young parents’ child/ren; and

(iii) the pathway plan for any young parent/pregnant young person who is in care or is a care leaver must explicitly recognise and address the needs of the young person as a parent seeking to care for their child.

• Government should amend statutory guidance to provide clear direction to practitioners and in particular, Volume 3, Children Act 1989 guidance: planning transitions to adulthood for care leavers, 2010 should be amended to explicitly:

(i) recognise that access to advocacy for looked after children will be particularly important for young people who are also young parents (2.15);

(ii) include young parents amongst the groups of care leavers who require additional specialist support so that practitioners have access to national guidance relating to working and planning for this group of young parents and their children (Chapter 6 of the guidance presently deals with additional specialist support for care leavers who are disabled, unaccompanied asylum seeking children and those who are in the youth justice system);

(iii) recognise that accommodation that can meet the needs of those care leavers who are young parents must be included within the range of semi-independent and independent accommodation options for care leavers. Volume 3 already provides guidance about joint working, joint protocols, and joint planning between children’s services and housing to ensure provision of housing for children and care leavers in a local authority area.

• The Independent Reviewing Officers Handbook should be amended to provide additional guidance to IROs about overseeing care plans that are in place for:

(i) any young parent who is still a looked after child; and
(ii) any looked after child whose parent is themselves in care or a care leaver.

Corporate parenting responsibility towards young parents who are care leavers
- For those young parents who are looked after children or care leavers, the corporate parenting duty should be extended to apply also to Health including the Clinical Commissions Groups and NHS England in order to:-
  (i) encourage these agencies to work in partnership with local authorities to take responsibility for the needs of this group of young parents, particularly in respect of their specialist counselling or therapeutic needs;
  (ii) support the prioritising of the mental health needs of these young parents at three crucial junctures: in the pre-birth period; following the birth of a child; in the event of removal of their child, so that they are better placed to succeed in being a parent and keeping their child safely with them.

Kinship relationships and support for looked after children
- Amend section 34(1) of Children Act 1989 to add siblings (full or half-blood) to the list of people that a local authority has a duty to allow a looked after child contact with.
- Amend section 47 of Children Act 1989 (local authority’s duty to investigate possible harm) to include a duty upon local authorities that where a child may need to become looked after in order to safeguard and promote their welfare, the local authority must (unless emergency action is required):-
  (i) identify and consider the suitability and willingness of any relative, friend or other person connected with the child to care for the child as an alternative to the child being cared for by unrelated carers; and
  (ii) offer the child’s parent (or other person with parental responsibility) a family group conference to develop a plan which will safeguard and promote the child’s welfare.

Placement and accommodation for young parents including those who are care leavers
- Government should impose a duty on local authorities to collect and publish data about the numbers of looked after children and care leavers in their area
who are also young parents with children subject to children’s services intervention in order to:

(i) provide information about this vulnerable population;

(ii) enable the outcomes for this group of young people and their children’s outcomes to be tracked;

(iii) ensure that decisions about resource allocation are properly informed.

- Government should impose a duty on local authorities to map the assessment placements and supported accommodation suitable for young parents that are available in their area. The scope of the exercise and the application of the resulting information should be set out expressly in statutory guidance and address the matters detailed earlier (see ‘Recommendations for local authorities – placement and accommodation options’).

- Government should amend ‘Volume 3, Children Act 1989 Guidance and Regulations: planning transitions to adulthood for care leavers’ to create a duty upon local authorities to track and collate information about the availability of different forms of supported accommodation in their area for young parents who are care leavers. This information should be fed into local authority strategic planning and partnerships in respect of housing provision that is already required by the guidance and regulations.

- Government should amend the Children Act 1989 to create a ‘Staying Put’ provision in respect of all young people in care, including those in who are in residential care and those who are young parents, until the age of 21.

- Government should amend the Children Act 1989 to impose a duty upon local authorities to ensure that care leavers up to the age of 25, including those who are young parents can access appropriate accommodation. Care leavers should continue to be a priority housing need up to the age of 25\(^{57}\).

**Foster for adoption**

- The use of foster for adoption should be prohibited where the child is, or is to be, voluntarily accommodated under section 20 Children Act 1989. Such an amendment of section 20 would not prevent a local authority issuing care

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57 At present homeless care leavers who 18-25 years old are ‘priority need’ if they were looked after at any time between the ages of 16-18. From the age of 21, a care leaver may also be deemed in priority need if vulnerable because they were previously looked after.
proceedings if they felt that a permanent placement for the child needed to be pursued.

- Whilst the law continues to permit the use of foster for adoption in respect of children in voluntary accommodation, it is our recommendation that all persons with parental responsibility for the child for whom the foster for adoption placement is proposed should be entitled to non-means and non-merits tested public funding on par with that available to persons with parental responsibility during the pre-care proceedings process. This will allow them to receive free legal advice and representation before entering into any agreements about a child being placed with foster for adoption carers where there has not been any court oversight of the child’s plan. This change to the law is consistent with comments made by Sir James Munby in a Court of Appeal Case 58(Re N) in which he expressed concerns about the ‘misuse and abuse of Section 20’ and gave guidance about good practice when using section 20. This can be achieved by amendment to the Civil Legal Aid (Financial Resources and Payment for Services) Regulations 2013.

Welfare reform
- Address the significant vulnerability of care leavers who are lone parents with a child in their care, arising from the lower standard rates of support now payable under the universal credit regime, by amending the Welfare Reform and Work Act 2016 to protect young care leavers who are lone parents by ensuring that they receive the same rate of universal credit as over 25 years olds.

Post-removal support for young parents
- The current inaccessibility and long delays to services which could provide support for young parents who have experienced the removal of a child must be addressed. Government should amend legislation to:-

(i) place a duty upon local authorities to provide post-removal counselling and specialist therapeutic support to parents who have experienced the removal of a child. This should be by way of an extension of the duty already in place and pursuant to which, a local authority provides post-adoption counselling to parents whose children have been adopted;

58 Re N (Children: Adoption: Jurisdiction) 2015
and the duty should extend to those parents whose children have been removed to kinship care or to long term placement in state care in whatever form.

Human rights
- The Human Rights Act should remain in force and should not be repealed so that it remains an important mechanism for the protection of the rights of families and children to respect for their family life, fair process and decision-making.

Policy and practice
- Government should underpin the Local Offer with a duty on local authorities to assess the needs of their care leavers and provide services that are sufficient to meet those needs.
- Government should prioritise innovation fund investment in, and independent evaluation of, further initiatives which aim to support young parents who have had a child previously removed from their care and which will help to support them to be able to parent successfully in the future. This should include initiatives that focus on young fathers and upon young couples who wish to parent together.
- Government should prioritise funding for innovative projects such as ‘family finding’, which support intensive search strategies for the identification of familial and other support networks for children in care including those who are young parents.
- Government should prioritise funding for innovative projects that seek to work with young parents at an early stage in respect of risks associated with domestic violence. This should include investment in and evaluation of specialist provision including whole family approaches that offer support services for young parent and child survivors, and perpetrators programme that are designed specifically for young adults.

59 The Local Offer gives children and young people with special educational needs or disabilities and their families information about what support services the local authority think will be available in their local area. The Local Offer has to be in writing and made available to be seen.
### Appendix I: Jargon buster

**Care experienced:** This refers to young people who may have been in care for some period of time, including on more than one occasion, but who are not legally entitled to any ongoing support after leaving care.

**Care leaver:** In this project report we use the term ‘care leaver’ to describe any young person who has left care OR a young person who is in care but has reached the age where they are entitled to receive support to help them prepare for leaving care – see definition of an ‘eligible child’ below.

**Corporate parent:** This term refers to the responsibility of a local authority including its elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by the authority.

**Eligible child:** An eligible child is someone who is looked after by a local authority (a looked after child), is aged 16 or 17 and has been looked after for at 13 weeks since they turned 14 years old. The children are eligible to support as care leavers. An eligible child should have both a care plan as they are a looked after child as well as a Pathway Plan to prepare them for leaving care.

**Foster for adoption:** This is where a child who is looked after is placed with local authority foster carers who are also approved as prospective adopters. A local authority must consider placing a child in this kind of placement where they are considering adoption for the child or they are satisfied that the child ought to be placed for adoption but do not have a placement order or parental consent to place the child for adoption.

**Independent Reviewing Officer:** Every child who is looked after by children’s services must have an Independent Reviewing Officer (IRO). Their main job is to: monitor whether children’s services are meeting the child’s needs and are carrying out the care plan; and chair Looked After Child Review Meetings. The IRO can ask CAFCASS to make a court application if this is needed to enforce the child's human rights.
**Kinship care:** This is where a relative or friend is raising a child who cannot live with his/her parents. Sometimes they are known as family and friends carers. If the local authority was involved in placing the child with the relative or friend, the child, at least initially is likely to be a looked after child and the kinship care assessed and supported as a foster carer. The great majority of child in kinship carer are not looked after children but are under a legal order (a Special Guardianship Order or a Child Arrangements Order) or it is a private arrangement. If there is no legal order and it is not a close relative then it should be treated as a private fostering arrangement.

**Looked after child:** This means any child who is being cared for by Children’s Services. There are three main types of looked after children:-

- those who are in care (i.e. they are removed from home under a court order, for example a Care Order or Emergency Protection Order);
- those who are accommodated (i.e. they are in the care system with the agreement of their parents/others with parental responsibility, this is also referred to in voluntary accommodation); and
- those who are on remand because they are awaiting trial for a criminal offence.

When a child is looked after they may be placed with another parent, a relative or friend who is approved as a foster carer, or in foster care or in a residential placement.

**Parental responsibility:** This is defined in law as “all the rights, duties, powers, responsibilities and authority, which by law a parent has in relation to the child and the administration of his/her property.” In practical terms, it means the responsibility to care for a child and the right to make important decisions about the child, for example agreeing to medical/dental treatment.

**Pathway Plan:** A Pathway Plan is a plan which local authorities must make to plan for certain care leavers’ health and development, education, training and employment, contact with family and managing money. Pathway Plans continue until a care leaver reached 21, or 25 if the care leaver is in education or training. After a young person has left care, the local authority will have a duty to keep that plan under review.
| **Personal Adviser:** This is a person who helps to prepare and review a young person’s pathway plan. The personal adviser should work to make sure that the young person leaving care is receiving the services that they need. |
| **Staying put:** The Children and Families Act 2014 introduced a new duty on local authorities to support young people to continue to live with their former foster carers once they turn 18. This ‘Staying Put’ duty came into force on 13 May 2014. It means that a local authority must advise, assist and support both the young person and their former foster carers when they wish to stay living together. The arrangement can continue until the young person turns 21. |
| **Voluntary accommodation:** This enables a local authority to provide accommodation for any child in need if they consider that to do so would safeguard or promote the child’s welfare. This arrangement requires the consent of (i) those with parental responsibility where a child is under 16 (e.g. a parent); or (ii) the child themselves where the child is over 16. A local authority is required to provide accommodation for a child within their area under section 20 as a result of— (a) there being no person who has parental responsibility for him; (b) his being lost or having been abandoned; or (c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care. |
Appendix II: The Parents’ Charter

Mutual Expectations

- a Charter for parents and local authority children’s services

This Charter aims to promote effective, mutually respectful partnership working between practitioners and families when children are subject to statutory intervention. Such intervention can involve child welfare and family justice, mental health, education and youth justice systems.

This Charter is written for parents, local authorities and their partner agencies and those working for them.

The Charter has been developed by parents and practitioners, as part of the work of Your Family, Your Voice Alliance: An Alliance of families and professionals working together to transform the system. We would like to thank Lankelly Chase for funding this work and all involved for their time, expertise and goodwill in developing this Charter.

The key themes of the Charter

1. Respect and honesty
2. Information sharing
3. Support
4. Participation
5. Communication

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60 The principles of the charter are in accordance with the Code of Ethics of Social Work BASW
61 The word parents in this charter includes parents, any other people with parental responsibility for the child or who care for him or her. This includes kinship carers.
62 http://www.frg.org.uk/involving-families/your-family,-your-voice
63 We would particularly like to thank members of FRG’s parents’ panel and all those practitioners and family members of Your Family, Your Voice for their work in developing this Charter
## THEME 1 RESPECT AND HONESTY

<table>
<thead>
<tr>
<th>What we, as parents, can expect from you</th>
<th>What you can expect from us, as parents</th>
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<tbody>
<tr>
<td>□ To be treated with respect, courtesy and honesty.</td>
<td>□ That we will work with you to keep our children safe.</td>
</tr>
<tr>
<td>□ To be open to hearing our views.</td>
<td>□ To treat you with courtesy, respect and honesty.</td>
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<tr>
<td>□ To be treated fairly.</td>
<td>□ To value your time.</td>
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<tr>
<td>□ To have the opportunity to challenge judgements made.</td>
<td>□ To be open to hearing your views.</td>
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<td>□ To have our feelings and circumstances understood.</td>
<td>□ To tell you if we are unable to do something that we said we would do.</td>
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<tr>
<td>□ That you will tell us if you are unable to do something that you’ve said you will do.</td>
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<td>□ To value our time.</td>
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<td>□ To have our culture respected.</td>
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<td>□ Not to be blamed for things that are beyond our control.</td>
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THEME 2 INFORMATION SHARING

What we, as parents, can expect from you

☐ For information to be timely and presented in a way we can understand (in writing or another format).

☐ To give us the information that we need to fully participate in decision making.

☐ To check with us that the information and decisions recorded are accurate and to document our response.

☐ To be given clear reasons for actions and decisions that are taken.

☐ To be informed how any information that we share will be used.

☐ To be informed about how we can access any information you have about us.

☐ To ask for our consent if confidential information about us or our children is to be shared, unless it is to protect a child or adult.

☐ To be notified about planned meetings in good time and be able to fully contribute our views to the meeting.

☐ To explain to us the purpose of any meeting and which agencies will be there.

☐ Whilst we understand that there may be times when you may need us to repeat our story, you recognise that this could be distressing and you keep this to a minimum.

What you can expect from us, as parents

☐ To listen and respond to your views and any concerns you have raised.

☐ To correct inaccuracies in information given.

☐ To provide you with information necessary for you to help us meet our children’s needs.

☐ To agree with you how we can best be contacted.
THEME 3 SUPPORT

What we, as parents, can expect from you

☐ To be asked about what support we need, when and for how long.

☐ To offer advice about any available resources that will help to meet our children’s needs.

☐ To be able to put forward alternatives, if we feel that the support offered is not suitable.

☐ To be given an explanation when support asked for is not provided.

☐ To be given information about where we can get independent advice.

☐ To be offered the opportunity to take a lead in planning for our child e.g. through a family group conferences or family mediation.

☐ To be offered support to have our voice heard e.g. an advocate and/or an interpreter.

☐ To discuss with us if you intend to change the plan or support arrangements already in place e.g. a change of worker.

☐ To work collaboratively with other professionals and services involved in supporting our children’s welfare and improving our situation.

What you can expect from us, as parents

☐ To work with you in our children’s interests.

☐ To work with you to identify our children’s and family’s needs and let you know what is and is not working.

☐ To be open to suggestions for support and promoting our children’s welfare.
THEME 4 PARTICIPATION

What we, as parents, can expect from you

- To be able to participate in all decisions affecting our children.
- To be asked who from our family should be involved in meetings about our children.
- To have our knowledge about our family, including our cultural identity, recognised and respected.
- To know the key people making decisions about us and our children and that there is a proper handover when workers change.
- To discuss our safety and that of our children in order to manage any risks.
- To be offered an advocate to help us to have our voice heard, for example, in meetings.
- To know ahead of time who will attend meetings and their role.
- To have times and venues of meeting that we are invited to, agreed with us beforehand.
- To have the opportunity to contribute to the agenda in advance of any meetings about us or our children and receive a copy of it ahead of the meeting.
- To be able to say if we disagree with decisions and have the opportunity to offer alternative solutions.
- To be able to say if we do not understand and to be offered ways so that we can.
- To have the opportunity to give feedback and have our views respected.
- To be offered ways to contribute to service developments and policy and practice changes.

What you can expect from us, as parents

- To be open to suggestions about who should be involved in meetings.
- To say when we don't understand and ask for things to be explained more clearly.
THEME 5 COMMUNICATION

What we, as parents, can expect from you

☐ To know the law that is relevant to our situation and what this means in respect of your powers and duties when you work with us.

☐ For there to be transparency in decision making and accountability when you work with us.

☐ To let us know who makes decisions and their role and the likely timeframe for decisions to be made.

☐ To ensure that everyone who is affected by decisions you make, fully understands the reasons and consequences, including what actions they can take.

☐ To have questions answered clearly.

☐ To be asked for our views routinely.

☐ To be told how we can make a complaint or comment on the service.

What you can expect from us

☐ To work with you and to engage with services.

☐ To use opportunities to provide constructive feedback.
Appendix III: Family Finding

Family Finding

‘The single factor most closely associated with positive outcomes for children is meaningful, lifelong connections to family.’

Family Rights Group is working collaboratively with local authorities, FGC services and other key stakeholders (including young people in care) to develop a UK family finding model. The intention is to create a life-long support network for children and adolescents in care who are living in a non-family placement and where there is no plan for them to return home or be adopted.

What is family finding?

Family finding, originally developed in the US, aims to identify and engage relatives and other supportive adults who are estranged from (or not yet known to) a child in care and who are willing to make a life-long commitment to the child. The premise is that the continuity and permanence of these familial relationships (be it with relatives or with others connected to the child e.g. former foster carers or teachers) will offer ongoing support, provide an explanation of historical events, and reinforce identity, belonging and a sense of self for the child.

The family finding model provides tools and techniques for professionals to find at least 40 family members and other adults who care about the child. This network is then convened, for example by a Family Group Conference (FGC) to make a life-long support plan with, and for, the young person.

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64 National Institute for Permanent Family Connectedness website http://familyfinding.org