

# Young Mothers' Service

Improving life chances for mothers and children





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## Emerging results at 18 months

The Young Mothers' Service has supported a total of 58 young mothers and 64 children. Engaging young mothers with the service has been successful, with only one young mother not engaging. Ultimately, from current data young mothers are showing improved maternal wellbeing (reduced depression and anxiety). Multiagency working between the Young Mothers' Service, Sure Start and the Youth Inclusion Project has supported eight young mothers in full time education/employment, whilst a further fourteen are working towards achieving these goals.

Joint working between the Young Mothers' Service and the Domestic and Sexual Assault Team has improved the support given to the many mothers who have disclosed current and/or past domestic or sexual violence. Screening for experiences of domestic and/or sexual abuse has revealed a prevalence rate of 75% amongst the young mothers.

In relation to the children, 16 children were on the Child Protection Register at the start of engagement

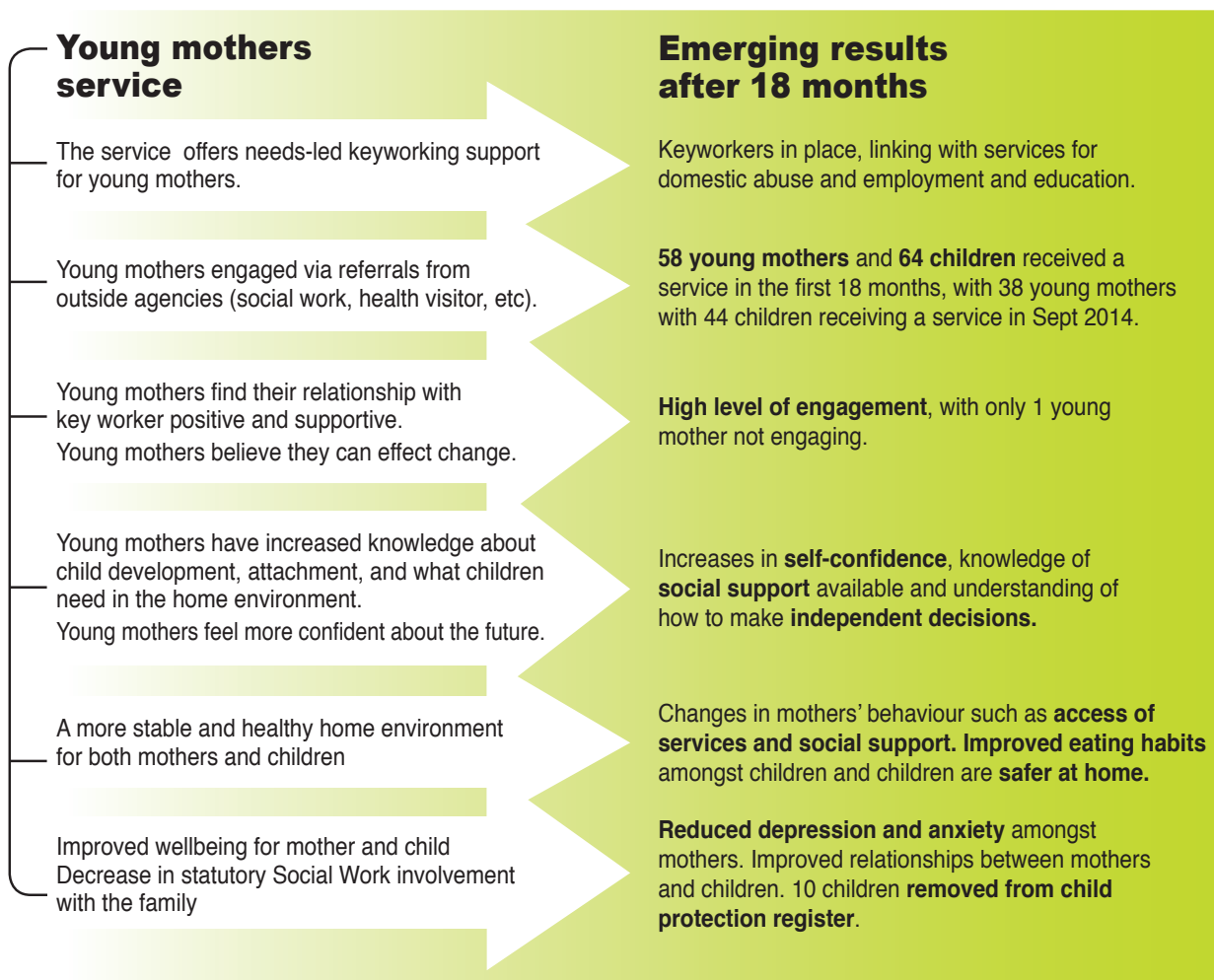
with the Young Mothers' Service. Ten of these children subsequently have been removed from the Register. As young mothers gain increased knowledge and understanding around child development, attachment and what children need in the home environment, they have adopted more positive behaviours with their children, improving mother-child relationships.

The Young Mothers' Service has also experienced a number of challenges, most notably the introduction of the Family Nurse Partnership into the area and much more recently the loss of a keyworker. The keyworkers have responded well to these pressures, demonstrating flexibility in their practice and the way in which they work with the young mothers in their caseload.

## What is the Young Mothers' Service?

The Young Mothers' Service was originally designed to meet the needs of pregnant and parenting women under the age of 20. The service now also works with young mothers aged 21 to 25 years who have one or more additional vulnerability: mother was Looked

### Young mothers' service: emerging results



After and Accommodated; mother has children who are Looked After and Accommodated or permanently outwith care; identified Learning Disability; maternal alcohol/substance misuse; maternal mental ill health; domestic abuse.

The Young Mothers' Service (YMS) was developed to provide support that will improve the life chances of young mothers and their children. To achieve this, YMS keyworkers provide intensive, needs led support to the young mothers, linking in closely with other Sure Start services and multiagency groups in other sectors. Throughout the service, young mothers learn to cope with crisis and have the improved confidence to approach the challenges their lives provide in such abundance.

“

*We want them to be empowered, strong individuals that can actually then access services on their own merit and to have the self-efficacy to be able to do that. So, that's kind of what we are looking at creating and managing and I think that the best way to do that is through the keyworkers, through their knowledge of that family and for the family to kind of, workers saying 'No we trust you to make that decision yourself, you know you don't need us to do that for you and take that over'.*

YMS Manager

”

vignette

## What activities take place with the young mothers?

The Young Mothers' Service provides needs led keyworking for young mothers. There is also a close link with the Domestic and Sexual Assault Team (DASAT), and with the Youth Inclusion Project (YIP), which supports vulnerable young people in training, educational opportunities and/or employment.

- Young mothers now have access to specialised support for training, education and employment.
- Young mothers are now screened routinely for experiences of domestic and sexual abuse, with 75% disclosing abuse. Young mothers who experience domestic and sexual abuse are supported by the Domestic and Sexual Assault Team.

### Key learning points

- A. Multiagency working is a core element of the Young Mothers' Service model and was successful due to identifying key projects (YIP and DASAT) to link with. Some difficulties were experienced with other external services such as those providing welfare and housing support.
- B. 100% of young mothers are regularly screened for experiences of domestic and/or sexual violence, as a result of using small tests of change to improve practice.
- C. The needs-led approach allows keyworkers to be responsive to young mothers. However, this approach also brings challenges, such as the risk of over-dependence on the part of young mothers and the difficulty of managing an unpredictable caseload.

**A. Multiagency working is a core element of the Young Mothers' Service model and was successful due to identifying key projects (YIP and DASAT) to link with. Some difficulties were experienced with other external services such as those providing financial support or childcare.**

Keyworkers report that this successful multiagency working is a particular strength of the service. Improvements in joint working have been achieved through the engagement of local community groups and close collaboration with the Domestic and Sexual Assault Service (DASAT) and the Youth Inclusion Project (YIP), which has a dedicated staff member for YMS.



**to improve practice.**

Keyworkers sometimes struggled with the knowledge and/or confidence to raise the issue of domestic/sexual violence. This meant that young mothers were only screened irregularly and informally about their experiences of domestic and/or sexual violence. It was identified that a more systematic screening of domestic and sexual assault was needed (see Appendix for details of the improvement methodology used to change this practice).

Training was organised for the keyworkers and group workers around domestic abuse awareness and how to raise the issue with young mothers in a supportive and appropriate manner. The training also introduced a screening tool, which is now used across all caseloads. Keyworkers have now screened 100% of their caseload, with 75% of young mothers disclosing abuse.

The keyworkers felt that the screening and additional support around the tool has helped the young mothers access the appropriate support through DASAT and the community organisation Open Secret, as the following quote illustrates:

“ After the DASAT worker left the young mum said to me ‘He [her partner] made me think I was going mad.’ And she agreed to see the DASAT worker after that which was great, this was from a young girl who wanted to cancel the appointment. YMS Keyworker ”

**C. The needs-led approach allows keyworkers to be responsive to young mothers. However, this approach also brings challenges, such as the risk of over-dependence on the part of young mothers and the difficulty of managing an unpredictable caseload.**

In particular, keyworkers believe that the flexibility of the needs-led approach has benefitted the young mothers, as illustrated by the quote overleaf.

“

*I've had a couple of clients in particular, really young mums, that have had to have a piece of really intense working. Over short periods, one shorter than another, but requiring long hours, late working and early working actually to attend appointments. But really she has needed that because she's got no other consistent family support, really no family support. And without that I just don't know where she would have been. So I feel it's really important that we are able to have the autonomy to facilitate that with this young lass.* YMS Keyworker

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However, there are also challenges in the needs-led model. There is a risk that such a responsive model will create over-dependency on the part of the young mothers. Strategies to avoid this included dialogue with young mothers themselves, withdrawal of unnecessary support in order to facilitate independence, and keyworkers using their supervision time to discuss the issue.

Another challenge for the keyworkers has been managing a busy caseload when some young mothers are in need of quite intensive support, much of which might occur outside of regular working hours. Frequent supervision for keyworkers—in which workload is closely monitored—and an open-door policy with the Team Manager has created a supportive environment for keyworkers who are in this situation.

### How are young mothers engaged by the service?

Young mothers are referred to the service by outside agencies, such as health visitors and Social Work. Keyworkers then contact the young mothers to discuss the service. Contact is made in a variety of ways, such as phoning, texting, or dropping by for short visits.

- The Young Mothers' Service has exceeded its target of 26 referrals per year, receiving a total of 34 referrals from September 2013 to October 2014.
- As of October 2014, the service is working at full capacity, supporting 38 pregnant or parenting young women and 44 children (including pregnancies). In total the keyworkers have supported 58 pregnant and parenting young women and 64 children.
- Over three quarters of the young mothers currently involved with the service have been involved for over four months. Only one young mother has

refused the service outright. Between June 2013 and September 2014, 31 young mothers have left the service due to:

- Met their goals: 17
- Moved out of area: 5
- Felt the service was no longer required: 7
- Transferred into group work service: 2

#### Key learning points

- A. Employing a variety of engagement strategies gave the young mothers time to get used to the idea of the service, and to begin engaging meaningfully with their keyworker.
- B. A gifting initiative aimed at supporting young mother's connections to their broader community helped to break down some barriers to young mothers' engagement.
- C. No service works in isolation; the keyworkers must be reflective and ready to adjust the service if external factors arise.

#### A. Employing a variety of engagement strategies gave the young mothers time to get used to the idea of the service, and to begin engaging meaningfully with their keyworker.

A clear learning point for the YMS keyworkers was the need to assure young pregnant and parenting women that the service was not statutory and that involvement would have positive implications around future Social Work involvement. This, combined with a frequent presence (e.g., texting rather than calling, dropping by for frequent, short visits) helped young mothers to become more familiar with the service and to build up their level of trust with the keyworker.

Difficulties identified by the keyworkers included engaging with families who were fearful of contact with Social Work and the problem of superficial engagement to put off statutory services.

#### B. A gifting initiative aimed at supporting young mother's connections to their broader community helped to break down some barriers to young mothers' engagement.

Volunteers at a local church knitted baby items, which were delivered by keyworkers to the young mothers. These visits allowed the keyworkers to breakdown some of the barriers around engaging with the service and also help to make the young mothers see that they were an important part of the community:

“

*You know, they've enjoyed getting the gift and as I say, it has allowed us access into that family and there has been a couple of young women who didn't engage with the YM2B group that, on the back of them getting their visit and their cardigan and have engaged with the baby massage group and then subsequently the weaning group. So that's been really helpful and really worthwhile.* YMS Manager

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The keyworkers visit the young mothers with the knitted gifts and other items when the child is 3, 6, 9 and 12 months old. So far the initiative has been very well received by both the young mothers and other members of the community.

“

*We've got a bulk of cardigans that will do us between now and goodness knows when, it's been fantastic. It's been quite overwhelming and humbling actually, the response from the community.* YMS Manager

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**C. No service works in isolation; the keyworkers must be reflective and ready to adjust the service if external factors arise.**

The Family Nurse Partnership (FNP), which also works with young mothers, has been introduced into West Lothian. The Young Mothers' Service was concerned that there could be communication issues between the two programmes, resulting in some young mothers in West Lothian not being supported. In response, an information sharing protocol has been developed which allows the Young Mothers' Service to identify all young mothers under the age of 20 who are not receiving a service.

More recently, the Young Mothers' Service has reduced in keyworking capacity to the equivalent of 1.5 FTE keyworkers. While the keyworkers have adjusted their practice to accommodate their increased caseloads, further monitoring is needed to determine the potential impact on the service.

**What changes occur in capacity, knowledge or understanding as a result of using the service?**

Keyworkers report that young mothers have increased knowledge about:

- Child development
- Attachment



- What children need in the home environment
- Available social support

Keyworkers also reported improvements in maternal self-confidence and independent decision making.

**Key learning points**

A. It may be difficult for the young mothers to take on board the support and advice they are offered by keyworkers, if the young mothers are under a lot of pressure from friends or family not to engage.

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During the focus group, keyworkers talked extensively about working with the young mothers to help them understand their child's development and not just rely on the advice of their mother or grandmother because "that's the way it has always been done in the family". Keyworkers used a variety of strategies to discuss this with the young mothers and to reassure them that it was okay to accept help from outside the immediate family.

Improving self-efficacy was a major part of the work. As one keyworker said,

“

*You need to be really aware of small achievements and praise them and point out to them the achievements that they have managed on their own or the skills that they have taken on board but that they've done them. That's what I'm saying about the dependence, you need to be careful that they don't think you did that. You need to make them aware that they did that.*

YMS Keyworker

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Discussions prompted by the Adult Wellbeing Scale and the Maternal Postnatal Attachment Scale screenings give keyworkers an indication of when a

young mother may feel under pressure from others to say that 'everything is fine'. A closed Facebook group has been introduced by three staff members to help raise awareness for young mothers about services and events in a safe, confidential setting.

**What behaviours and practices will change as a result of using the service?**

Keyworkers report changes in young mothers' behaviour around:

- Providing a safe, healthy and positive environment for the child
- Accessing services/supports (particularly around finances).

Joint working with the Youth Inclusion Project and other education/employment supports has resulted in eight young mothers being in full time education or employment and a further fourteen working towards these goals.

**Key learning points**

A. Young mothers' individual circumstances must be taken into account regarding their entry to employment, training or education. Childcare can be a particular barrier.

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A central focus of the work with the Young Mothers' Service has been to support young mothers in accessing paid work, which will help improve the life chances for them and their children. Through work with YIP and other educational supports, fourteen young women are working towards re-entering education, training or employment. In addition, eight young mothers are already working or studying full time.

These young mothers have worked with YIP to engage in employment related activities such as Adult Basic Education; support with job searching; college applications; courses such as First Aid, manual handling, childcare and mechanics; group work; and voluntary work.

The keyworkers agreed that there was very successful working with YIP but that the mother's individual circumstances needed to be taken into account. The

idea of re-engaging with education/training should be approached with sensitivity. For example, some young



At the current stage in the evaluation, there are improvements in maternal wellbeing, specifically regarding maternal depression and anxiety.

Keyworkers indicate improvements in the relationship between mothers and their children.

Ten children who were on the Child Protection Register at the beginning of their mothers' involvement with the service have now been removed.

A review of young mothers' care plans provides a picture of how support from the service has benefitted mothers and their children.

**Key learning points**


- A. The Adult Wellbeing Scale has proved helpful in determining changes in maternal wellbeing, which can then impact upon both the child and the mother (depression, anxiety and irritability).
- B. There is a need to scale this assessment work up across the entire caseload.

**A. The Adult Wellbeing Scale has proved helpful in determining changes in maternal wellbeing, which can then impact upon both the child and the mother (depression, anxiety and irritability).**

The Adult Wellbeing Scale gives a measure of wellbeing at a "moment in time", as well as being a jumping-off point for discussion with the young mothers.

As well as overall wellbeing, the scale measures four discrete subscales: depression, anxiety, outwardly directed irritability and inwardly directed irritability.

Data so far suggests improved wellbeing in general, with reductions in depression and anxiety. There are

|  <b>Support provided by keyworker</b> | <b>Outcome</b>   |  <b>Benefit to mother</b> |  <b>Benefit to child</b> |
|--|--|---|---|
| Support in attending baby group and walking group.   | Mother is now able to attend on her own and maintains a steady attendance rate.                                  | Increase in confidence and independence.  | Aids child's progress towards developmental milestones and increases child's experience.                    |
| Support in providing a healthy environment for the child, particularly in relation to the child's diet.                | Child now has a balanced diet.   | Mother now feels confident in providing a healthy diet for child.   | Helps to promote child's health and aids progress toward developmental milestones.                          |
| Supporting in securing and furnishing private let.   | Tenancy is secured and furnished, keyworker provides ongoing support with welfare and tenancy.                   | Mother is moving towards independently being able to manage her own tenancy.                                | Child's living conditions are improved.   |
| Support for family to access local community groups.   | Mother has been attending groups and college. Keyworker has reduced support but will increase once baby is born. | Mother feels less isolated.   | Mother's emotional health is improved during pregnancy.   |
| Support with income maximisation.  | Mother received a full benefits check at the advice shop.  | Mother is confident she is receiving all she is entitled to.  | Reduced stress during pregnancy.  |
| Supporting maternal mental health and wellbeing.   | Mother is no longer on antidepressants and is monitoring her mood.   | Increase in maternal mood and awareness of signs of drops in mood/what to do.                               | Increase in maternal emotional health during pregnancy.   |
| Support in accessing further training and in providing childcare whilst doing so.                                      | Mother is attending YIP and is mentoring a group.  | Mother is closer to being able to attain a place at college and benefits from increased life chances.       | Child is experiencing new environment. Long term benefits through mothers improved life chances.            |

minor increases in irritability. The biggest change is a decrease in maternal anxiety. This is significant because maternal anxiety is thought to have direct effects on children's emotional regulation and behaviour, including in the antenatal period.

**B. There is a need to scale this assessment work up across the entire caseload.**

At the moment there is complete data for 15% of the keyworkers' caseloads, and initial scores for 55% of the young mothers engaged with the project. It may be possible to apply the learning from increasing the rate of domestic and/or sexual abuse screenings to the wellbeing screening.

**What are the next steps for the young mothers' service?**

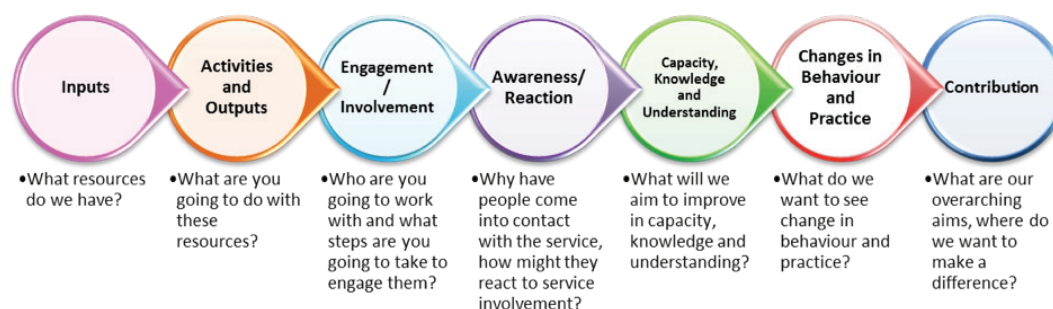
Increase the use of Adult Wellbeing Scales and embed the use of Maternal Postnatal Attachment Scales (used when children are under one year old), which will help evidence improvements in maternal attachment.

Consider how to more systematically measure children's progress toward developmental outcomes. Develop a systematic method of collecting feedback from young mothers about their experiences of the service.

## Appendix: Using contribution analysis work for planning and evaluation

### Introduction: context of contribution analysis for evaluation

West Lothian's Early Intervention team has adopted Contribution Analysis to monitor and improve its early years and early intervention services. Contribution Analysis provides a clear picture of a project's aims and the evidence needed to assess progress toward those aims. This picture takes the form of a results chain like the one below.



Contribution Analysis helps to highlight all stages of project work, rather than focussing purely on the end result. This develops a greater understanding of what is offered by a service, why families engage with services, and what can be done better to improve this engagement. Contribution Analysis helps project staff understand why and how families learn and make changes, and how to sustain these changes in a way which is beneficial and meaningful for the family in question.

### Contribution analysis projects

Contribution Analysis is being in a variety of contexts across the Early Years and Early Intervention projects within Social Policy. The model has been developed in conjunction with three core projects:

- Young Mothers' Service: a needs led keyworking service for young mothers in West Lothian, supported by group work;
- The Dale Hub: a family centre providing activities and support for families with young children and facilitating partnership working;
- Youth Inclusion Project: a service supporting young people to access training, education and employment opportunities.

Intensive work has been done with these three core projects to highlight their contributions towards Social Policy's long term outcomes. We have worked with these projects to demonstrate their effectiveness, using outcome data, process data, focus groups and semi structured interviews.

Work has also been done with a number of teams within West Lothian to help them to construct a results chain for their own projects and adopt the Contribution Analysis approach. This will allow for evaluation data to be easily shared across different teams and help teams to recognize their contributions to each other's projects. So far this has involved:

- The Health Improvement Team;
- The Psychology of Parenting Project;
- Sure Start;
- Children Affected by Parental Substance Misuse (CAPSM);
- Looked After Children (LAC) project.

The work with Sure Start involved pulling together an overarching results chain from three key project strands: Outreach work, young parents and parenting groups. Sure Start are currently reassessing their evaluation process and are using this model to help guide them in producing consistent, evidence based reporting of their services.

The CAPSM work has largely focused around assessing level of need and identifying gaps in provision. This model, along with feedback from a scoping event, has provided a helpful starting point in determining what support is needed and where it should be delivered.

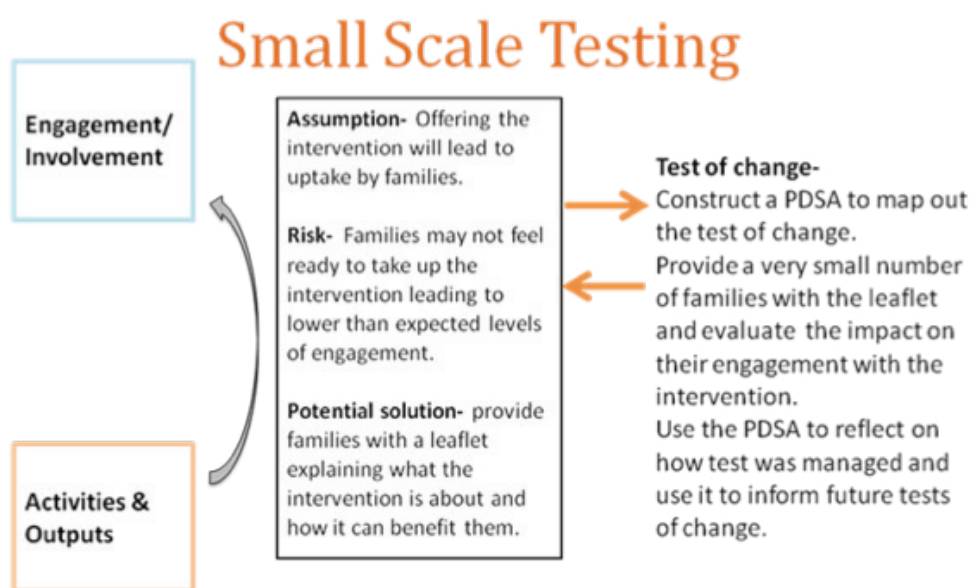
Future work is currently planned with the Youth Inclusion Project (YIP), the Children Experiencing Domestic Abuse Recovery project (CEDAR), and the School Age Life Stage working group. In addition to these projects we will continue to embed the Contribution Analysis approach with existing projects and provide further evidence towards the contribution that various projects are making.

Joint work is also planned with Area Services to gain an independent perspective on how young people are finding the services and groups they are engaged with, which will enhance the Contribution Stories for Early Intervention and Transitions work.

### **Integration of contribution analysis and improvement science**

Contribution Analysis links well with the Early Years Collaborative's model of improvement science. Evidence collected from the results chain can identify potential areas for improvement, as illustrated below:

- Scoping: establish what will be done and in what context
- Create a results chain
- Generate assumptions and risks
- Use assumptions to determine what indicators are needed at each stage
- Implement small scale testing as a part of the evidence collection and to introduce changes aimed at minimising risks
- Feed back into model



**How to evidence this-** at each stage in the model you define indicators which provide a measure of progress. An indicator around engagement will show whether the risk may affect practice. This then forms the baseline for the test of change.

Thus far, two projects have been working to use the integrated CA/Improvement Science model as a dual approach to service provision and evaluation.

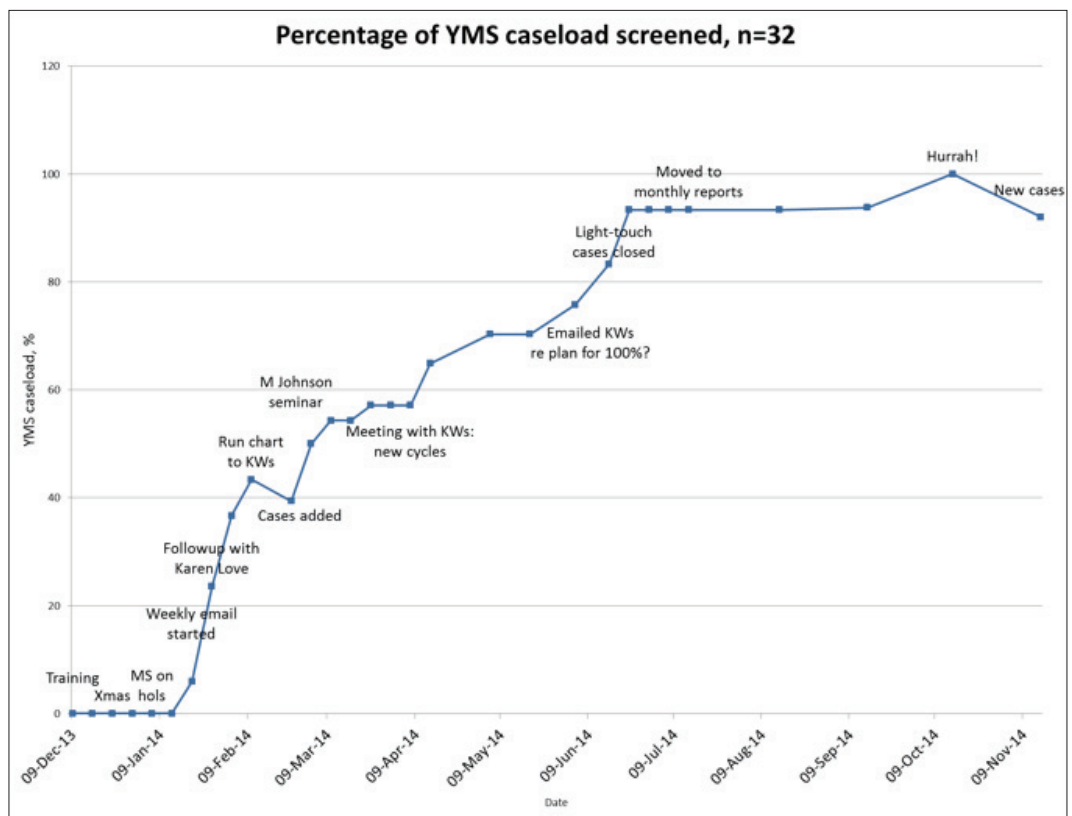
The lead for Workstream 2 of the EYC has used the Contribution Analysis model to support the Young Mothers' keyworkers and Stop Smoking staff to jointly develop tests of change which help improve the uptake of stop smoking services by young mothers. This has resulted in three main strands of improvement work aimed at:

- Increasing attendance at smoking cessation sessions during Young Mums 2 Be groups;
- Improving engagement with the West Lothian Stop Smoking Service by providing joint home visits to young mothers;
- Decreasing second hand smoke and increasing awareness of the harm of smoking with young dads to be.

The manager of the Dale Hub has also used their Contribution Analysis work to develop eight improvement tests within the new service. These improvement tests have focused on:

- Improving awareness of the service and of its specific role;
- Increasing play workers effectiveness in relation to partnership working and facilitating behaviour change with families;
- Helping to ensure families trust the play workers and are working at a speed they are comfortable with;
- Improving parent-child interactions.

### Run chart: scaling up screening for experiences of domestic and sexual abuse



### Adult wellbeing scale pre and post scores

