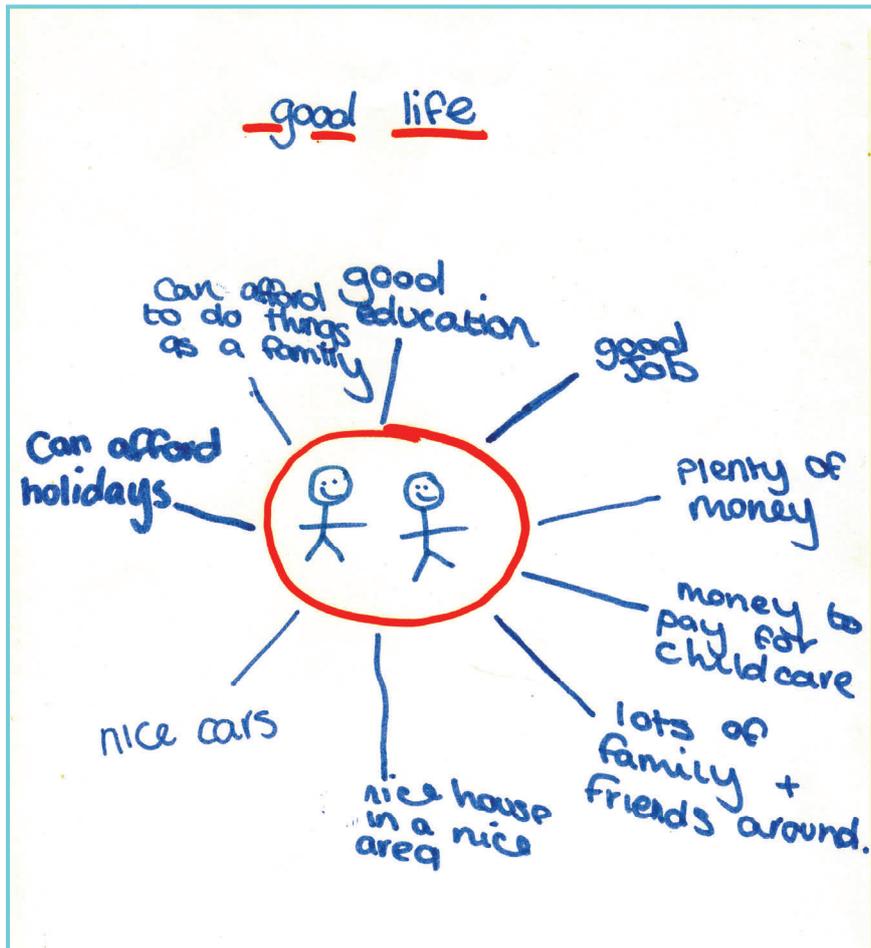


Recipe for Young Parenthood

Views from Young Parents 2011



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2012



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Abbreviations

NHS: National Health Service

YP: Young People

C&YP: Children and Young People

HCF: Highland Children's Forum

CAB: Citizen's Advice Bureau

PND: post natal depression

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Introduction

The Children's Champions asked the outgoing Youth Convenor in 2009, Catriona Burns about what issues she, after her year of service, felt should be given priority. Young Parents was an issue suggested; a topic that had been raised by both young people and professionals to HCF previously. There is often a negative view put forward of young parents and it was felt to be an important issue on which to gather the views of those with personal experience.

Teenage pregnancy rates in Scotland for 2009 for under 20s were 53 per 1000. In Highland for under 20s the rates were 48 per 1000 and for under 16s were 6.1 per 1000. (www.isdscotland.org)

In spite of the Scottish Government target to reduce teenage pregnancy the rates have been fairly steady for the past decade.

There is a strong link with disadvantage; in under 20s the most deprived groups have around 10 times the delivery rate of the least deprived, and the proportions have not altered significantly over the last 9 years of available data. (www.isdscotland.org)

It is probable that for some young people pregnancy is a positive choice; a way to change direction in their lives if they have low attainment and poor employment prospects or perhaps had a difficult childhood. A child presents them with a potential purpose and a sense of fulfilment and satisfaction which they will not otherwise be able to achieve. As opportunities to overcome deprivation look likely to be more scarce during the economic downturn young people will perhaps increasingly see parenthood as their only positive option.

Teenage parents seem, therefore, here to stay and services need to regard them as a group with specific needs. I

It is hoped that the qualitative information provided by the consultations with these young parents will enable services to better evaluate the provision they are offering.

Method

The original proposal was for a day consultation event in Inverness with lunch and crèche provided, during which there would be an opportunity to meet other young parents, to enjoy a day out, to share experiences of parenting and of being a young parent. In the event the attendance was very poor with only 3 participants.

It was necessary to then modify the proposal and to identify other participants. As a consultation event had not been successful it was decided to change tactic and to access established Young Parent groups. These were selected in areas which would ensure a representative geographic spread, and visits were made to a session of each group. Some visits were also made to individuals who did not regularly attend groups.

The original proposal was to use the methodology developed for the "What makes a good life?" (HCF 2009) project. In this project young people were asked to draw a stick person to represent an imaginary young person. They were asked to think about what would be needed for that young person to have a good life. A group discussion gathered the ideas of all the young people and a mind map developed with the 10 themes from the 'The Good Childhood' Study. This methodology enables the young person to put their view without it necessarily being autobiographical, though obviously their experiences will have informed their view. The young people were then asked to discuss what they, personally, had found helpful and unhelpful.

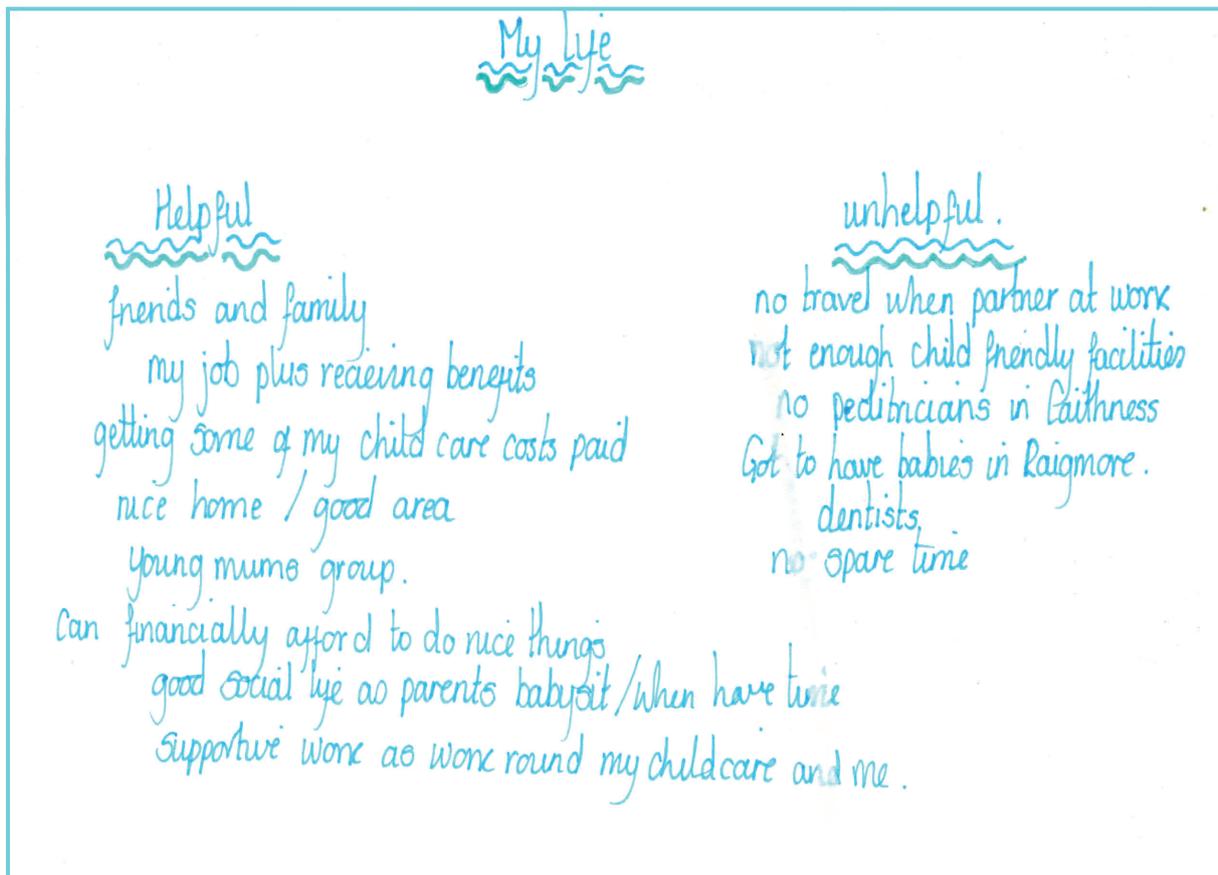
This same methodology was used for the group visits in order to ensure consistency with the results from the consultation event and thereby validity of the overall results. However the method of delivery had to be modified in 4 of 5 consultations to take account of the presence of the babies too. The consultation worker facilitated the group discussion and drew mind maps for both a young parent with a good life and a young parent with a difficult life. This was done on A1 Magic Whiteboard™ so that the participants could see what was being written. Similarly the consultation worker scribed lists of what had been helpful and unhelpful during group discussion.

The one group where the babies were looked after separately in a crèche drew their own individual mind maps and lists and then had group discussion during which their views were collated.

All the contributions were collected for the lists of 'what has been helpful' and 'what has been unhelpful' so some comments in the 'what has been helpful lists will appear to be contradicted in the 'what has been

unhelpful' list for the same group. This reflects the different experiences of individuals within the groups. The young peoples' own words have been used wherever possible.

Altogether 22 young parents contributed, including 3 fathers. One group included 2 over 20, though they had been under 20 when they became parents



Summary of Findings

The key findings will be summarised according to the themes which were used to analyse the data and the Discussion which considered services specifically.

The proximity of family and the consequent emotional and practical help they can give seem important. **Family** living at a distance and consequent lack of help and support were seen as more detrimental than poor relationships or disapproval.

Health concerns overall were much more around mental health than physical, suggesting that young parents are experiencing more difficulty with this aspect of health. The results suggest that the young parents seemed very aware of what was detrimental to health but perhaps less aware of what contributes to good health. They get along by avoiding bad health rather than making active choices to ensure good health.

The housing and transport aspects of the **community and environment** theme dominate. The young parents seemed to regard stable housing as important and did not have high expectations of what it should be, as long as it was not temporary. Interestingly, a garden was important and was seen as a safe place for the children, particularly if there were no amenities nearby (e.g. playgrounds) or if the area or the neighbours were considered undesirable/unsafe. Transport is a key aspect of these young parents' lives as they almost all have to rely on public transport. This is clearly very difficult with baby, shopping etc but is also expensive. The alternative of shopping locally where there is possibly less choice, less fresh produce and higher prices is not helpful. Public transport is also their only option to get to medical and other appointments and is also seen as a significant barrier to employment.

Friends did not feature significantly as having been either 'helpful' or 'unhelpful'. It could be that the groups, whilst aware of the positive and negative effects friends can have on the quality of life did not, themselves, experience issues with friends. Or perhaps the young parents accepted that their lives and those of their friends had moved on in possibly very different directions. There seemed, anecdotally to be a reliance on social networking and texting as

a means of maintaining friendships.

There was a surprisingly high level of acknowledgement of the importance of **learning** and qualifications. These young people were clearly bucking the stereotype of young parents as disaffected with learning, though they had disengaged with it. An appetite for learning parenting skills also clearly exists.

In **attitudes and behaviour** they felt that people were prejudiced against them and hence made judgements e.g. that because they were young they would be drinking and that if you are a young parent it will be your children 'who will be in trouble'.

Services featured quite prominently with young people reporting that attitudes and behaviour of individual health visitors, doctors, social workers and bus drivers had been unhelpful. The groups, without exception, were vociferous on the topic of prejudice and negative attitudes; one person summed it up as 'we are not heard or believed'. The young people also gave numerous examples of positive attitudes towards them, so it is not a case of them unjustifiably feeling persecuted.

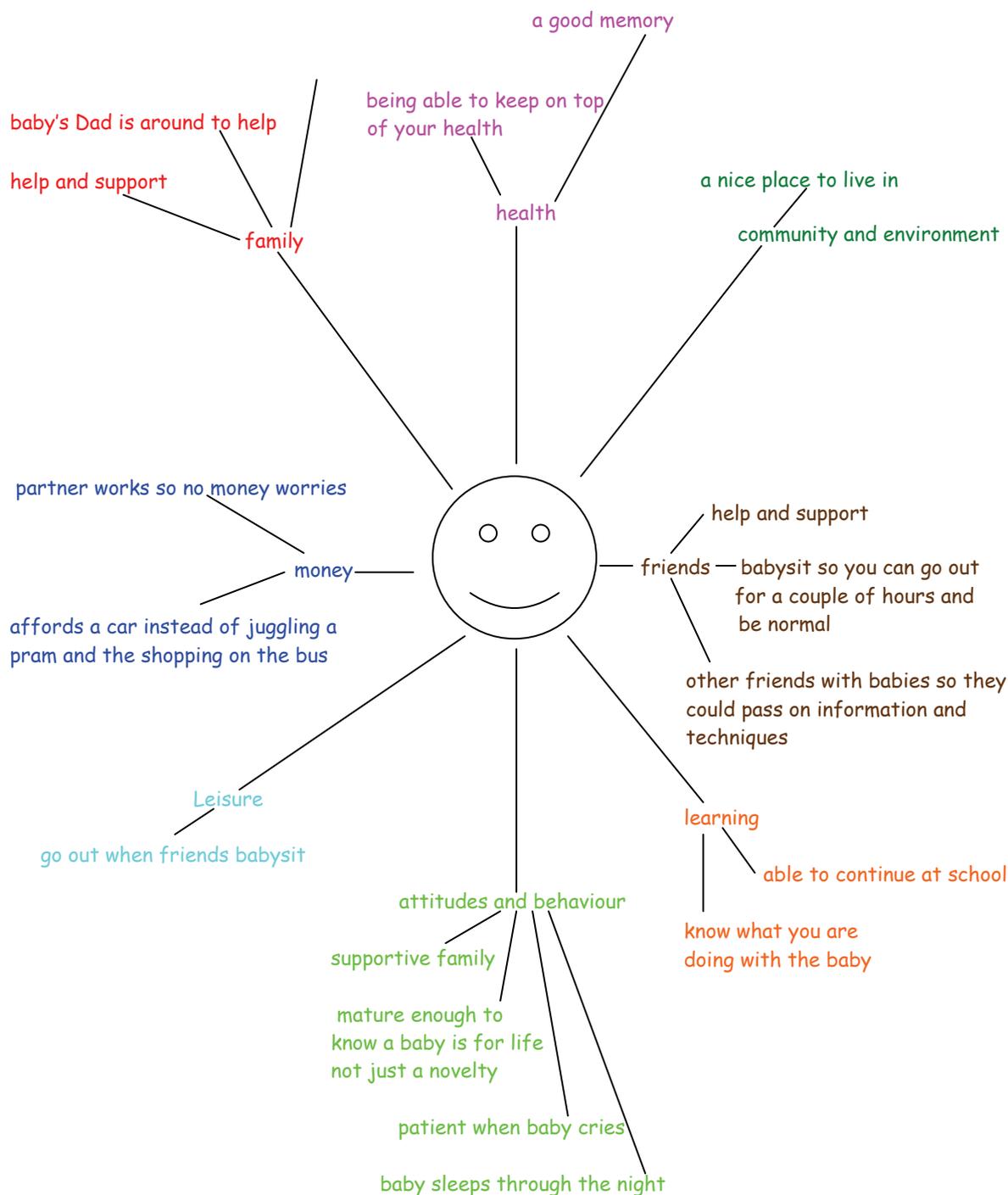
Whilst the young parents seemed to value their **leisure** time there seemed to be an acceptance that for young mums it would consist of socialising and the Young Parent groups seem to substitute for that.

Within the theme of **money** these young parents seemed to have a willingness to work and to see having a job as essential to a good life, but are realistic, if not pessimistic about their prospects. The benefit system seems to be the source of much frustration and anxiety with delays and paperwork being most commonly cited. The costs and availability of childcare and of transport were significant barriers to employment.

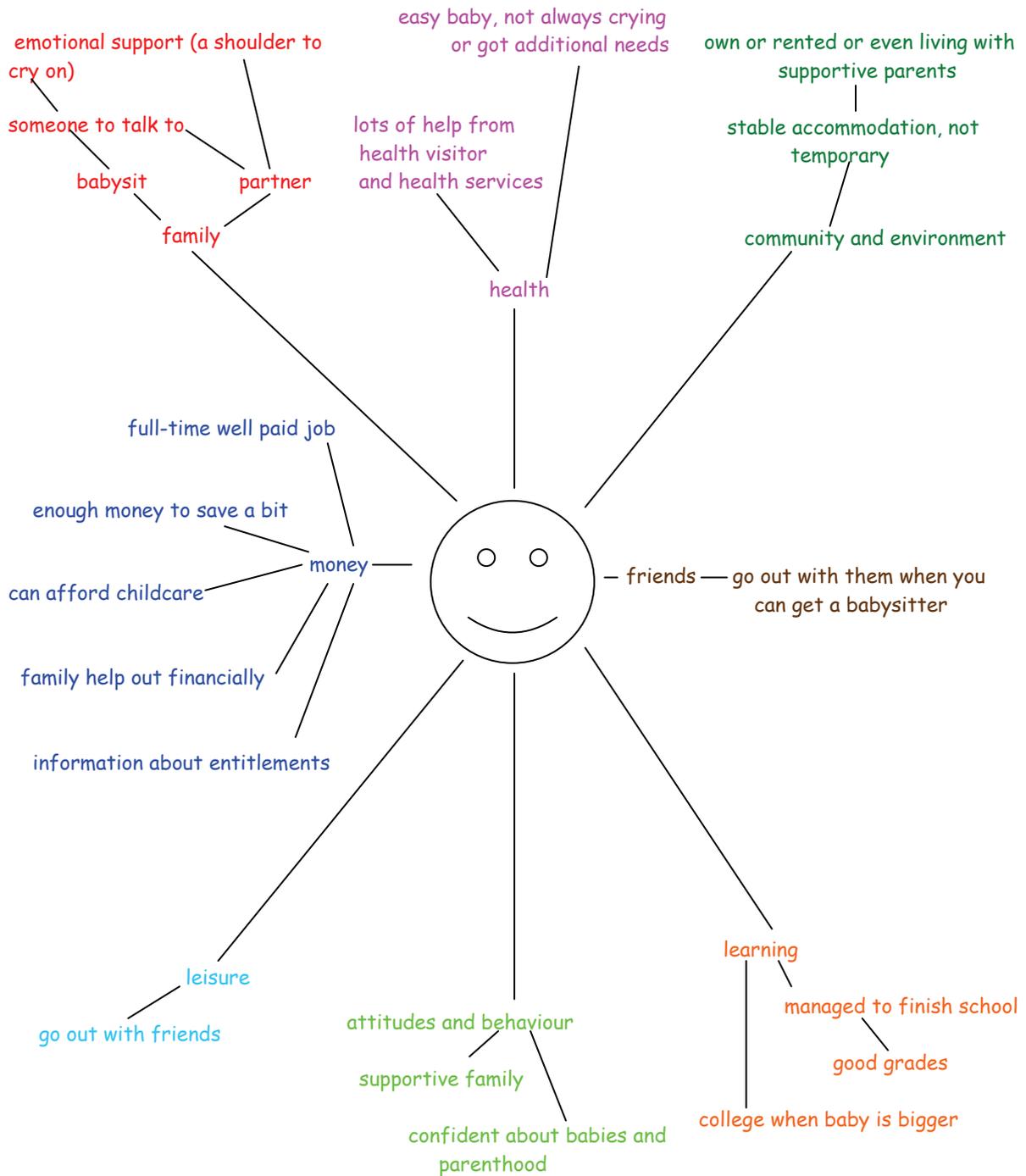
The quality of their experience seemed to depend on the individuals they were dealing with; whilst there were no criticisms of the care they received many had negative comments about the attitudes of individuals they encountered in services. Their overriding need was for the impartial advice and support of the professionals they encountered and they particularly valued professionals who did not judge them for their status as young parents.

Results

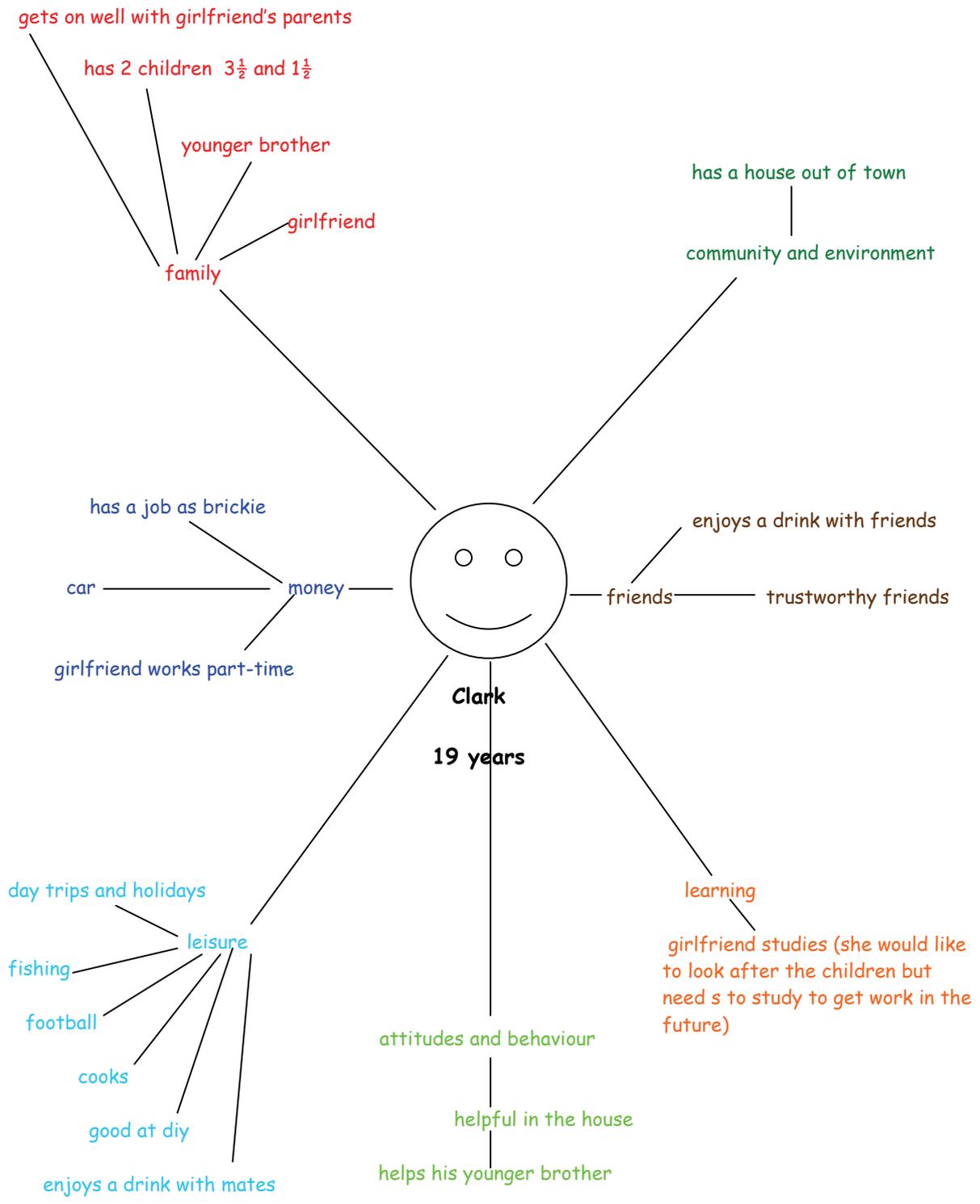
Imaginary Good Lives for a Young Parent



A-Mum aged 19 years



B-Couple.



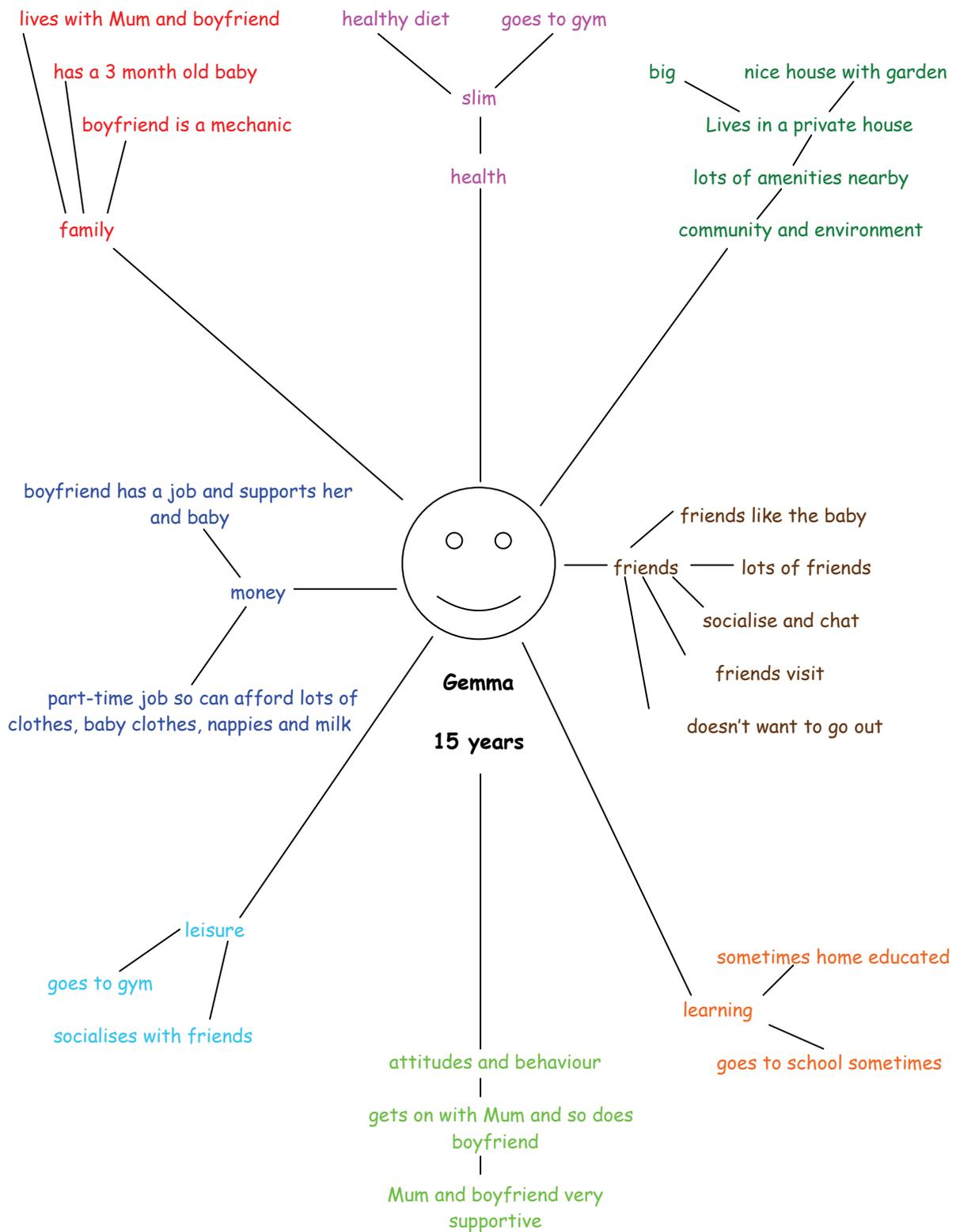
C-Consultation event 2 mothers, 1 father



D-group of 5 mothers, 1 living with parents

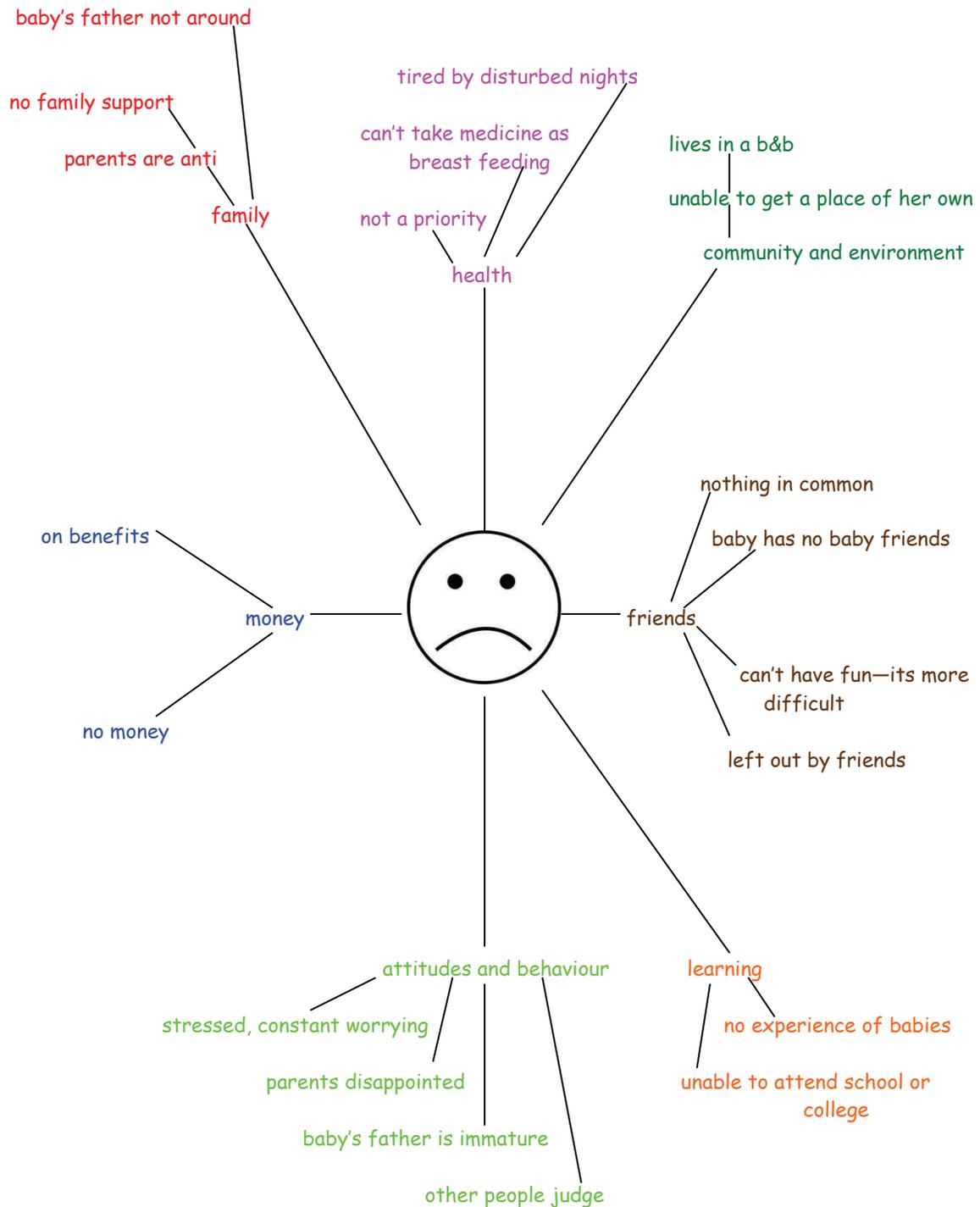


E— group of 4 mothers, 2 now 20+



F-group of 6 mothers and 1 father

Imaginary Difficult Lives for a Young Parent



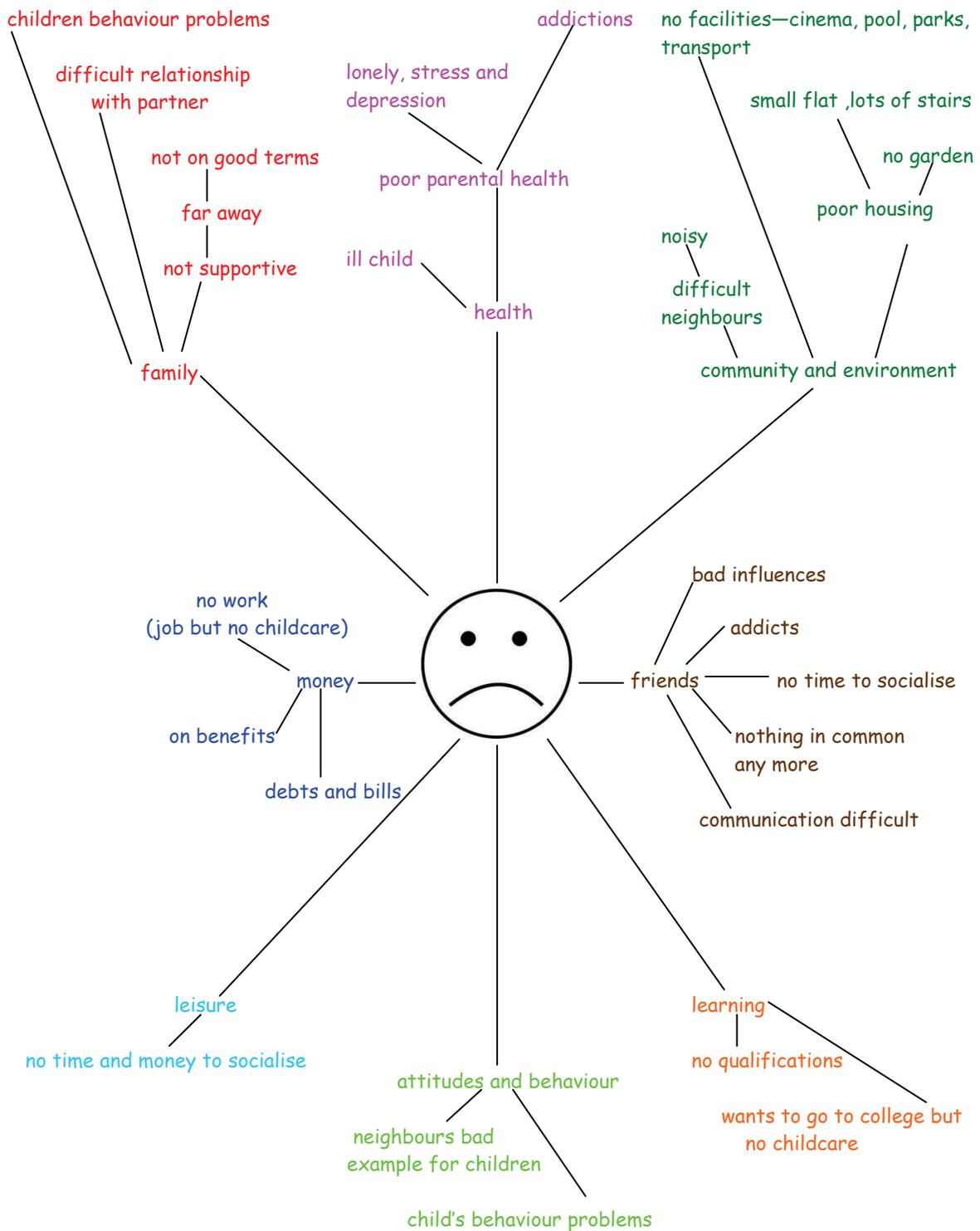
A-Mum aged 19 years



B-couple



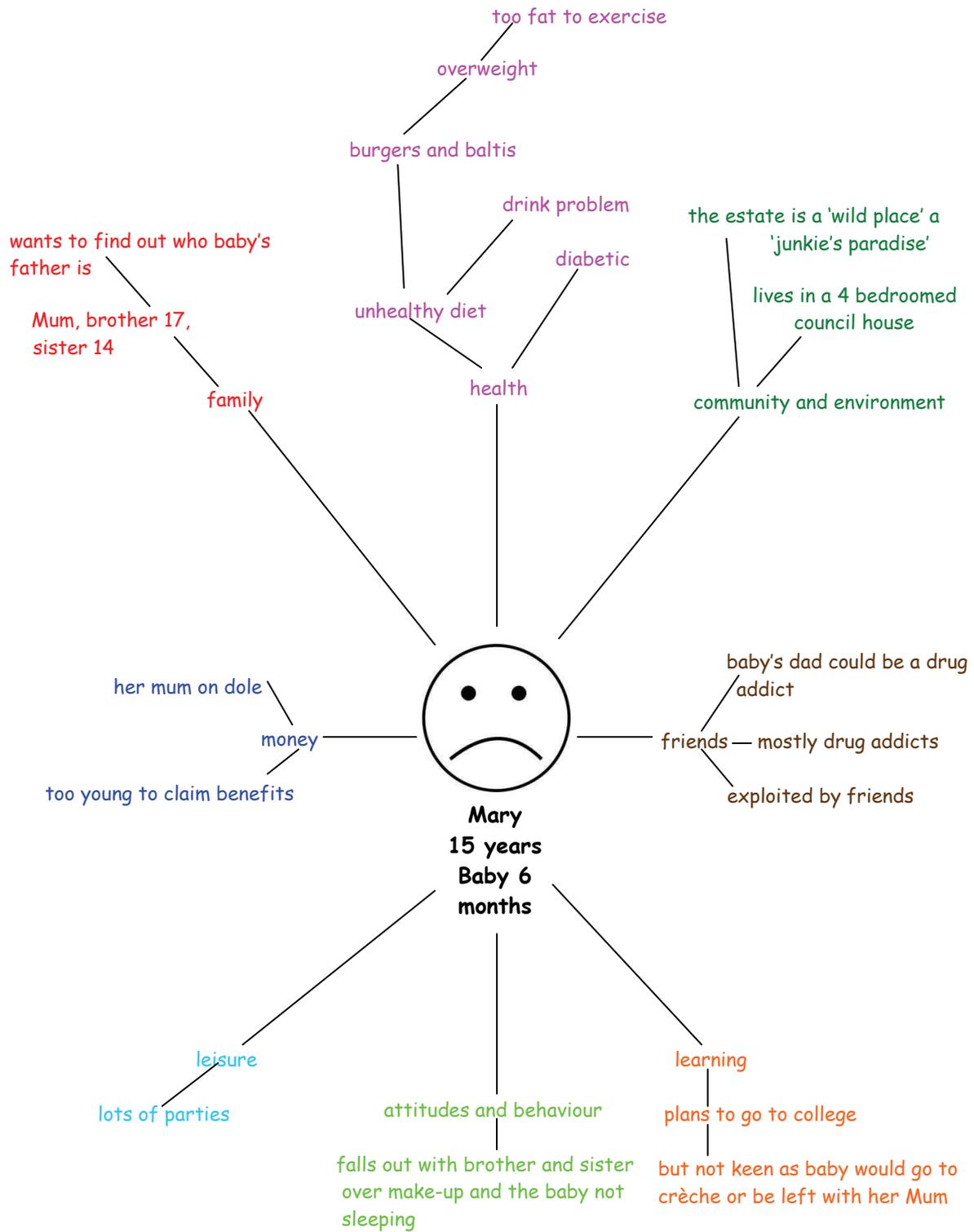
C-Consultation event 2 mothers, 1 father



D-group of 5 mothers, 1 living with parents



E-group of 4 mothers, 2 over 20



F-group of 6 mothers (2 are 15 years old), 1 father

What has been helpful and unhelpful

In the following lists the young parents own words have been used wherever possible, though there are places where they have been summarised for brevity.

A Mum aged 19 years

What has been helpful

- Bounty Packs given in hospital— good information on breastfeeding, signposting, leaflets e.g. on cot death, samples, numbers of people to phone for support and advice, NHS 24/7 number. Mum A's contact with the breastfeeding advisor was helpful and she gave her a breastfeeding scarf.
- Health visitor—comes every week or so. She phones to make an appointment and is very flexible about time, she gives a lot of advice, doesn't mind you giving your opinion, she talks about anything else on your mind— not just about baby, she doesn't judge and is impartial.
- Early Years Worker is really good—she took me to a baby and toddler group as I didn't know anyone, teaching me to cook as I want to make baby's food myself, talks about anything, supportive about breast feeding.
- netmums.co.uk—gets you in touch with other local mums, meet-ups (but I can't go because they are at 7 o'clock).
- Doctors—send out letters for appointments for baby's jabs—I would forget otherwise
- Buses—every 10/20 minutes. One goes to the hospital and then city centre, 1 goes straight to city centre.
- SCBU (Special care baby unit) staff—really nice except the night staff weren't used to mothers visiting.
- Calman Trust - help out with benefits etc, really helpful, send texts.
- Bookbug
- Free health things—toothbrushes, Healthy Start vouchers for milk, fruit and veg.
- I got more from services than I ever expected.

What has been unhelpful

- Buses with steps as I can't get the pram up and have to wait for another that drops down.
- Conflicting opinions—professionals have different opinions, sometimes leaflets say different to books.
- Baby food jars—say 4 to 6 months but you aren't supposed to give food until 6 months.
- Attitudes—people judge, mostly in the community.
- Attitudes to breastfeeding in particular, needs to be more awareness e.g. adverts, breastfeeding rooms that aren't toilets and ideally public to be more accepting
- In hospital—a nurse in scbu thought there was something wrong and gave leaflets and explained. Although it was a negative experience it was well handled.
- Benefits—took a long while. It got back-dated but meanwhile it was a struggle. It was muddled up and I now owe them money.
- No one has spoken to me about how to get baby christened

B - couple

What has been helpful

- NHS—midwives, health visitors.
- Early Years worker—contacted because of post natal depression, accompanied her to the group so that she wasn't on her own.
- Social work were really nice before the birth.

What has been unhelpful

- Hospital— one doctor was not pleasant during the birth, he was very rude and unsympathetic. It was overall a reasonable experience but marred by him. This is what you remember when it should be a good, happy experience.
- Hospital didn't show you basic parenting—I asked to be shown how to put a nappy on and they didn't.
- There is nothing for dads to go to, only a 'sing along'.
- There are no groups for couples and babies or dads and babies.
- Dads are not supported as much as mums. PND does affect dads too.
- Three midwives were involved during the pregnancy—the same one continuously would have been better. This led to inconsistent advice—when you are young you want to have faith in what you are told.
- Transport—its difficult to get on and off (with pram and shopping), the train is easier.
- Family—they are disappointed (with her). Broken promises to mind the baby to give them a day off. Family dynamics have altered. Advice sounds like criticism.
- Benefits—delay in benefits means it's difficult to pay for childcare straight away when it's offered.

C- Consultation event 2 mothers, 1 father

What has been helpful

- Help with forms (benefit office, housing, electricity pre-payment etc)
- Help with budgeting.
- Health visitor
- Hospital will put you through to NHS 24—cheaper number and they will pay for a taxi if you have no money and no transport to get there.
- Social worker who is nice—on my side, listens—trust her now—she takes me for a coffee without the kids and speaks to me.

What has been unhelpful

- Dads being missed out
- Not being heard or believed
- Prejudice re: youth—assumption you'll be drinking etc.
- Nothing is EVER the same once you get social work involved.
- Not keeping visiting times
- Not having time to listen
- O2 charge for 0800 numbers, can be on hold to HMRC for 45 minutes or more.

D-group of 5 mothers, 1 living with parents

What has been helpful

- Supportive family
- Family care—childcare and babysitting.
- Young Mum's group—meeting other mums, sharing problems and solutions, 2 hours break from the children, having experiences in common, advice, friendship.
- Work—supportive managers, family friendly attitudes, work round you, choose your own hours, understanding about illness
- Working tax credits means some childcare has been paid for and therefore able to work.
- Car—grant towards learning to drive from Working for Families means (young mum) can work.
- Support from health visitors and doctors—advice, friendly attitude

What has been unhelpful

- Changing benefit structures—not as much money for childcare and employability programmes.
- Having baby in Inverness because of the distance involved. No paediatrician locally. Have to pay for accommodation for partner whilst in hospital, difficult to care for other children, if you don't have your own transport it's difficult to get the baby home as you are not allowed to use public transport.
- Trying to close maternity ward locally.
- If you have any problems you have to go to Inverness.
- Many of the other medical services are in Inverness.
- You are given early hospital appointments—difficult on public transport and difficult to arrange childcare. Its over 100 miles away.
- Not enough spare time/time for self.
- Life is hard and complicated—too much to think about and organise.
- Working full time.
- Up to age 2½ years childcare is impossible as no childminders— no start up grants and too much regulation
- Not enough wrap around and weekend care
- Housing—it took over 5 months to sort out benefit therefore I could not pay for my flat and I lost it.
- Individuals at housing are not helpful and are dismissive.
- Not enough child-friendly activities - there is a swimming pool but the ratio regulations mean that a single parent with more than one child cannot go.
- Loneliness, particularly in an evening when the children are in bed.
- Prejudice of society in general. Assumption that if you are a young parent you are irresponsible. Its your child that will be in trouble. Society is harder on the mum than the dad. People are critical of you if you go out—they expect you not to have leisure

E-group of 4 mothers, 2 over 20

What has been helpful

- CAB—help with forms, free use of 'phones, use computers
- Health—some doctors operate immediate access for children—no appointment needed
- Health visitors—my health visitor is always there
- Childcare—if you work they pay towards your childcare
- Groups - they give mums a break, no barriers, no cost, relaxing, free coffee made for you, supportive
- Social work—some social workers are nice

What has been unhelpful

- Money—don't get much money, if you only earn a bit more than benefit its not worth working.
- Jobs—there aren't enough jobs, can't travel to what jobs there are.
- Applying for jobs on-line is a barrier as you have to wait 2 hours to use Job Centre computer or go to CAB to use theirs.
- Everyone wants a CV and if you haven't worked you haven't got one,
- Employers never reply to you when you apply for a job.
- Childcare—expensive, difficult to get the right hours—need longer hours and weekends and school holidays, need family to help.
- Employers—don't understand you need time off for children's illness.
- Health visitors change frequently and don't pass on information so you have to start again with each one
- Long times without a health visitor
- Suspect health visitors 'pick and choose' clients and don't do enough for clients who are managing.
- Communication between professionals is poor and you have to tell the same things to each one.
- No maternity services at local hospital and you have to get 2 buses to Inverness.
- Social workers—children get used to one and then they move on.
- Some social workers don't seem to care and some judge you.
- Bus drivers hate push-chairs—they slow down and drive away when they see you have a pushchair.
- Buses are expensive.
- No help on and off with little ones, shopping and pushchair.
- Housing—repairs take ages (up to two years).
- No baby changing facilities in the community— only public toilets and they are disgusting.

F-group of 6 mothers (2 are 15 years old), 1 father

What has been helpful

- Family—supportive including mum, siblings and grandparents.
- Groups—opportunity to socialise, information e.g. financial, advice if you are struggling, don't feel alone as there are other young people.
- Groups include dads.
- Partners for emotional support and financial support.
- Health visitors are sometimes helpful.
- Midwives were helpful, especially the delivery one.
- Social worker sometimes helpful.

What has been unhelpful

- Health visitor never turns up on time.
- Health visitor doesn't answer questions.
- Health professionals stigmatise young parents.
- Midwives.
- Social workers are too busy to be any help.
- Social workers let you down—(social worker) said not to worry, she would be there to help and the one time I did ask for help she didn't help me.
- Social workers do more harm than good (2 e.g.s of where social workers had jumped to wrong conclusions and young people felt judged and not believed).
- Transport—it's 2 buses to get to the town 16 miles away.
- Bus drivers don't help—you have to hold your baby and the shopping and fold your pushchair all at the same time.
- You don't have a say in where you live (e.g. of a young mum given a house in a small community where she has no family, there is poor transport, no childcare, no jobs. She feels that had she been given a house in the town, near family she would have been able to work and her life would have taken a different course).
- Work—there is no work locally.
- You can't get a job even when you have done volunteering and have got a CV.
- No qualifications.
- Older people are judgemental of young parents.
- Benefits—cannot be claimed if you are too young—your mum has to do all the claiming.
- Child tax credits—the forms are so complicated

Analysis of Results

Family



In the imaginary good lives it is clear that good relationships with partner/baby's father (5 groups) and extended family (4 groups) are important; the emphasis is on them being nearby and providing practical help and the emotional support of company and a 'shoulder to cry on'.

A supportive family and the childcare and babysitting provided by family were included in the lists of 'what has been helpful' to these young parents.



In the imaginary difficult lives families featured strongly—with no family support and problems with partner and family relationships being mentioned most often (3 groups each). Difficult lives also featured families being at a distance and therefore unable to provide the contact, company and support valued in the good lives. 2 groups also felt that life would be more difficult if families disapproved of young parents.

Families were seen as being an unhelpful factor on the list of 'what has been unhelpful' by only one group—couple B, where her family had been 'disappointed' with her and the family dynamics had been altered.

Family relationships seem to feature much more strongly in the imaginary good lives and lists of what had been helpful. The proximity of family and the consequent emotional and practical help they can give seem important. The difficult lives and lists of what had been unhelpful seem to mirror this, with distance and lack of help and support featuring strongly. Family at a distance and lack of help and support were seen as more detrimental than poor relationships or disapproval.

Health



In the imaginary good lives good health and a healthy diet were the most mentioned but even so were only mentioned by 2 groups each. As they were young and healthy it is possible that good health was something the young parents took for granted and so was not worthy of mention. Also seen as important to a good life (1 group each) were, a good memory, good access to health services, being slim, exercising and only drinking alcohol occasionally.

Included in the lists of what had been helpful were the Early Years worker supporting breastfeeding and also helping a mum to improve her cooking skills to be able to cook for her baby rather than buy commercial baby foods. Free toothbrushes and the Healthy Start vouchers were also mentioned.



In imaginary difficult lives lifestyle choices were seen by 2 groups as important factors, giving poor diet, lack of exercise, smoking and drinking as examples of poor choices. 2 groups felt that depression, post-natal depression and associated manifestations—self-harming, loneliness, stress, being on anti-depressants would contribute to a difficult life. 2 groups felt that in a difficult life health would not be a priority. 2 groups felt that concerns about the baby's health would make life difficult. Tiredness was mentioned, with some feeling, in one conversation (mum A).

Though the lists of what had been unhelpful contained many comments about health services and health workers there were no comments about the young person's own actual state of health being unhelpful, suggesting that these young people have enjoyed good health or have had their health needs addressed so that they haven't become an issue.

Health was not mentioned at all in the imaginary good life of Clark a young dad (consultation event group of 3, including one dad), suggesting that health is perhaps seen as the concern of mums rather than dads and as there were also mums in this group it suggests that women are complicit in this view. The baby's good health was also mentioned in the context of "easy baby, not always crying ..." and it was felt in 2

conversations that ‘something wrong’ with baby’ would make for a difficult life. Health concerns overall were much more around mental health than physical, suggesting that young parents are experiencing more difficulty with this aspect of health. The results suggest that the young parents seemed very aware of what was detrimental to health but perhaps less aware of what contributes to good health. They get along by avoiding bad health rather than making active choices to ensure good health.

Community and Environment

 In imaginary good lives for a young parent it was clear that a ‘nice’ home was important (3 groups); a garden was specified by 3 groups and stable accommodation that was not temporary was also important to 2 groups. A ‘good area’ was important with nearby child -friendly amenities, rural location and nice neighbours being mentioned. Transport was an issue and 3 groups felt that a car would contribute to a good life (recorded under the [money](#) theme on the mind maps).

 In imaginary difficult lives housing and transport are the major issues. A bed and breakfast was seen as the housing option most likely to contribute to a difficult life (3 groups) with temporary accommodation, shared facilities, small flat, no garden, lots of stairs , a ‘bad area’ with noisy neighbours all being mentioned. Repairs taking ‘forever’ (2 years) was seen as unhelpful, an understatement considering that the mum said that she had had to move out of her house until they were done! No choice of where to live was also mentioned as being unhelpful. The mum volunteering this opinion was given a house in a small community where she has no family, there is poor transport, no childcare, no jobs. She feels that, had she been given a house where she requested she would have been near family and friends, able to work and her life would have taken a different and more positive course.

3 groups included inaccessible buses as being unhelpful. Even the buses that lower to enable easier access are difficult with a baby and shopping to juggle whilst managing a pushchair and getting your fare ready! Drivers were seen as unhelpful, impatient, lacking understanding, even failing to stop when they see a pushchair. Expense and poor timetabling were also mentioned in respect of transport.

The lack of child friendly facilities in the local environment was also mentioned by 2 groups with one Mum commenting that the only changing facilities she had access to were the public toilets and ‘they were disgusting’.

It can be seen that the housing and transport aspects of this theme dominate. The young parents seemed to regard stable housing as important and did not have high expectations of what it should be, as long as it was not temporary. Interestingly a garden was important and was seen as a safe place for the children, particularly if there were no amenities nearby (e.g. playgrounds) or if the area or the neighbours were considered undesirable/unsafe.

Transport is a key aspect of these young parents’ lives as they almost all have to rely on public transport. This is clearly very difficult with baby, shopping etc but is also expensive. The alternative of shopping locally where there is possibly less choice, less fresh produce and higher prices is not helpful. Public transport is also their only option to get to medical and other appointments and is seen as a significant barrier to employment.

Friends

 The imaginary good lives showed that friends to socialise with was very important (5 groups), 2 groups felt that friend’s willingness to help with childcare would contribute to a good life. Other groups mentioned help and support from friends, trustworthy friends, good relationships and friends liking the baby. One group felt that it would be beneficial to have friends with babies in order to benefit from their advice and experience. No one listed friends in the list of what had been helpful apart from in the context of the groups they attended.

 In the imaginary difficult lives deteriorating relationships with pre-baby friends dominated, with 4 of the groups mentioning it; having nothing in common, being left out, and friend's lives moving on with friends perhaps going on to further study were given as examples. Some felt that a young parent's life would be more difficult if their friends were a bad influence e.g. substance mis-users or exploited them. On the list of what was unhelpful one group identified loneliness, particularly in the evening when baby was in bed.

Friends appeared to be an issue more in the imaginary lives than in their own lives, not featuring significantly in either the 'what has been helpful' or 'what has been unhelpful' list. It could be that the groups, whilst aware of the positive and negative effects friends can have on the quality of life did not, themselves, experience issues with friends. Or perhaps the young parents accepted that their lives and those of their friends had moved on in possibly very different directions. One group (mum A) had used netmums.co.uk and anecdotally there seemed to be a reliance on facebook and texting as a means of maintaining friendships.

Learning

 Imaginary good lives for a young parent showed an understanding that education was important for future prospects. 2 groups felt that the opportunity to continue at school/complete education would contribute to a good life, with one group suggesting a flexible mix of school attendance and home tuition would be most beneficial. Further education was mentioned by 3 groups with good grades and qualifications also seen as important.

Some opportunity to learn parent-craft was also seen as important for a good life with advice from early years workers, young parent groups, social workers and health visitors being mentioned by 4 groups in their 'what has been helpful' lists. Mum A finds attendance of groups difficult and had found the information in the Bounty pack very useful.

 Imaginary difficult lives for 5 of the groups consisted of having to leave school early with a consequent lack of qualifications and good grades, and no opportunity to go to college—lack of childcare was seen as a major factor in this.

The 'what has been unhelpful' lists included hospital not addressing queries about basic parenting and the lack of qualifications as a consequence of interrupted education. The consultation event group did not record any unhelpful considerations regarding learning.

There was a surprisingly high level of acknowledgement of the importance of learning and qualifications. These young people were clearly bucking the stereotype of young parents as disaffected with learning. An appetite for learning parenting skills also clearly existed.

Attitudes and Behaviour

 In imaginary lives there was an acknowledgement that one's own attitudes and behaviour affected the quality of life. Getting on well with family, being confident, patient, mature and content were all suggested as contributing to a good life. Family who were supportive (4 groups) and a helpful partner were also important. Mentioned by fewer groups was the behaviour and attitudes of friends, who were ideally supportive, and children who were well behaved and slept through the night.

The attitudes and behaviour of health professionals and social workers was mentioned as having been helpful by 4 groups each and CAB by 1 group. 2 mentioned a supportive family and 1 mentioned an understanding and supportive workplace.

 The attitudes and behaviour that could lead to a difficult life seemed to be very easy for the groups to imagine! Their own attitudes and behaviour included struggling with parenting, feeling vulnerable, stressed, constantly worried, not trusting services, not trusting family and friends, and not getting on with siblings.

Behaviours and attitudes in others which could lead to a difficult life were parents being

disappointed, baby's father being immature, others being judgemental about young parents, neighbours being bad role models and the children being badly behaved.

In the list of 'what has been unhelpful' 5 out of the 6 groups stated that people judging them was an issue. They felt that people were prejudiced against them and hence made judgements e.g. that because they were young they would be drinking and that if you are a young parent it will be your children who are troublesome.

Services featured quite prominently with young people reporting that attitudes and behaviour of individual health visitors, doctors, social workers and bus drivers had been unhelpful.

The groups, without exception, were vociferous on the topic of prejudice and negative attitudes; one person summed it up as 'we are not heard or believed'. The young people also gave numerous examples of positive attitudes towards them, so it is not a case of them unjustifiably feeling persecuted.

Leisure

 In imaginary good lives 5 of the groups felt that being able to socialise or go out with friends was important and 1 group felt that leisure with family was what mattered. 2 of the groups just wanted to socialise with friends with little activity specified whereas the group that felt leisure with family was what mattered gave a whole list of activities – swimming, cinema, meals out, family trips and holiday in the sun. Interestingly the imaginary life for a young dad had a comprehensive list of traditionally 'male' leisure pursuits—fishing, football, d.i.y, drinks with mates (though it did also include cooking and day trips and holidays). This could suggest that leisure for young dads is easier than for young mums, who have to resort to 'socialising' or going to the shops, perhaps restricted by carrying the burden of the childcare.

On the lists of 'what has been helpful' 5 of the groups felt that the opportunity to socialise at Young Parent groups had been of benefit.

 In imaginary difficult lives 3 groups felt that no time for leisure contributed to the difficult life and 1 group mentioned no money for leisure. The 2 groups who had felt that undesirable friends contributed to a difficult life felt that leisure consisting of parties and 'hanging round the streets' would be detrimental as it would bring them into contact with the undesirable friends. 2 of the groups didn't mention leisure at all in the difficult lives. On the lists of 'what has been unhelpful' not enough spare time, not enough child-friendly activities and people being critical if you do go out were mentioned.

Whilst the young parents seemed to value their leisure time there seemed to be an acceptance that for young mums it would consist of socialising and the Young Parent groups seem to substitute for that need.

Money

 In imaginary good lives for a young parent there was universal agreement that employment was essential for a good life with a secure job, well paid and full time being mentioned. 3 of the groups thought that the mum should have a part time job as well as the partner working. Being on benefit was not part of any of the imaginary good lives.

The imaginary young parents aspired to have a nice house, savings, a nice family holiday, to pay bills on time with 3 of the groups wanting to afford a car and 2 of them wanting to afford childcare.

On lists of 'what has been helpful' support with benefit forms and budgeting, free samples, Healthy Start vouchers, cheap or free 'phone calls and computer use, financial help with hospital transport, grant towards learning to drive thus enabling employment and working tax credits with some childcare costs paid, again enabling employment were all mentioned.



The imaginary difficult lives saw the young parent with debts and bills, with no money in 3 groups, on benefits in 3 groups. The imaginary young parents resorted to selling `stuff` and `dealing`, stealing from mum and shoplifting in order to manage. 2 groups had the young parent with no job and commented that it was difficult to find work. Ignorance about benefits was also seen in the difficult lives, as was the young parent being too young to claim benefit and having the young parent's mum on benefits.

Money issues featured prominently in the 'what has been unhelpful' lists with expensive buses and telephone calls (e.g. of being on hold for 45 minutes) singled out. Child tax credit forms were mentioned as being very complicated. It was observed by one group that if 'you only earn a bit more than benefit it's not worth working'. Benefits were mentioned with delays being the most common complaint; this seemed to cause the young parents much anxiety as so many of them are completely dependent on this money. The proposed changes to the benefit structure, with less money for childcare and employability programmes, is also causing some anxiety.

Costs associated with a remote location are also seen as unhelpful—transport costs to access maternity and other medical services in Inverness (over 100 miles away) and accommodation costs for the partner whilst the mum is in hospital.

These young parents seemed to have a willingness to work and to see having a job as essential to a good life, but are realistic, if not pessimistic about their prospects. The benefit system seems to be the source of much frustration and anxiety with delays and muddle being commonplace. The costs of childcare and of transport were significant barriers to employment and the ability to afford these could open the employment door and be life changing for these young parents.

Discussion

The young parents, as expected, had much to say about the services they receive, both positive and negative. The quality of their experience seemed to depend on the individuals they were dealing with and the experience they had had; whilst the mechanisms were in place and there were no criticisms of the care they received many had negative comments about the attitudes of individuals they encountered. This was true of health services, social services, housing officials, and bus drivers.

Health visitors and early years workers were particularly valued for their willingness to discuss a wide range of issues. This is particularly important for this group of parents who, by virtue of their age can be expected to need more advice and support in order to be confident and capable in life generally, let alone as parents. CAB and Calman Trust were also singled out for praise as they gave the young parents practical help with the bureaucracy they encountered in dealing with housing and benefit issues, ranging from filling in the forms to use of the computer or telephone.

There was some concern about lack of consistency both of advice, and of personnel, with reports of 3 different midwives during one mum's pregnancy, health visitors and social workers changing frequently, and long periods without.

The hospital experience was an on-going concern for 1 group who lived in a remote location, over 100 miles from Inverness but had to travel there for many medical services as well as maternity services. The issues were not just around the expense of travelling, though that was dominant, but around inconvenient appointment times meaning either a very early start or overnight stays, There was some concern from this group that they perceived services were being cut locally and that this would exacerbate these issues.

It was also felt that professionals do not communicate well enough and that the young people frequently had to repeat the same things to each one. There was no mention of any professionals associated with education—this could be because the young people had had to disengage with education. The young people particularly valued professionals who did not judge them for their status as young parents

Conclusion

It is clear that whilst there are a number of positives for young parents there are also a number of negatives making life unnecessarily difficult.

Though some of the difficulties are associated with small children and are common to any parent the young parents experience a range of difficulties additional to that, associated with bureaucracy, housing benefits, childcare and transport, reduced job prospects, straitened finances and the societal and family attitudes they meet with and all at a time in their lives when they have not had a chance to develop the life skills and are perhaps coping with the normal adjustments of adolescence.

The difficulties that they found most unhelpful were the lack of childcare and transport as these were seen as the major barriers to working and to education which they saw as improving their employability. The topic on which they were most vociferous was attitudes, and though they had positive comments about all services they also had negative comments about all of them too. It would appear that whilst services have the wherewithal to provide a good experience it is often marred by the attitudes of individuals within those services.

Most beneficial to the young people were the families, organisations and individuals who supported the young parents regularly and gave advice and practical help with whatever they found difficult, even when it was outside their remit. Young parents seem more at risk of reduced well-being as they often have significant deficits of protective factors-of life skills, confidence and resilience by virtue of their age, of friendship and support because of their circumstances, of education, prospects and financial means.

That health, leisure and friends do not seem as important to them is perhaps due to lack of time and changed priorities. They seem realistic, even pessimistic, in their expectations with regard to housing, job prospects and finances.

It behoves society, through its agents, the services these young parents access, to ensure that they and thereby their children are given the opportunities they need to ensure they have at least a chance of reaching their potential.

Recommendations

Advice and Support is of paramount importance both in terms of practical help but also in respect of the well-being of these YP. Young Parent groups are very much valued for the opportunity they provide for both professional and peer support.

However attendance at these is patchy due to a number of factors:- transport issues, practical issues of time, baby's routine, illness, unwillingness of YP to engage in group situations. A more individual approach where the YP could be also supported more holistically in the context of their own home and circumstances is needed.

Continuity and consistency of provision is needed, not just of services but of the individuals providing the service.

Transport emerged as a huge issue with dependence on public transport being almost universal in the sample. Transport should be affordable, frequent, convenient so that YP can access employment and the services they need.

Attitudes of individuals is perhaps a training issue. It is hoped that as the GIRFEC approach becomes embedded in services and training that this will improve. Consideration needs to be given to ensuring that public services, such as transport workers have some awareness of their responsibilities to clients in this respect, and indeed some regard for Equality legislation.

Childcare along with transport was seen as a huge barrier to employment. Policy should ensure that affordable childcare is available at flexible times, including evenings and weekends to reflect working patterns.

Housing allocations should take account of the YP's wider needs and circumstances, (not just of the need for a roof over their heads) e.g. proximity to essential support that family and services can provide and to employment.

The experience of these young parents may or may not be typical and the recommendations arise from the testimony they have given.

Recipe for parenthood

Young parents at the consultation event discussed what they believed was needed to be a good parent.

Key ingredients:

Love in large quantities

Routine- a structure for the day - kept even if away from home

Security (from love and routine) and safety

Other important ingredients in varying quantities:

Good diet - freshly prepared

Attention - one to one with child from time to time

Tidiness and cleanliness in reasonable measure

Space for toys and messy corner for paint etc

Chances to explore safely

Different things to do

Play mates for child

Set good example both for children to copy and learn skills but also to pick up attitude

Support network for parents

Adult company for adults

Plus

Pinch of discipline as needed and treats to taste

Method:

Love - have fun and laughter.

Play - Take time to play. Add variety of play opportunities - play dough, cooking, sand, slide, swings, bikes, castles, horses, baby walker - check out play@home for other ideas. Repeat often - gain confidence as you practice

Sift adult attitudes - don't pass on your 'isms'

Discipline needs to be consistent between carers - if child misbehaving try distraction first - naughty step only occasionally as last option

Include dads at every stage

Involve wider family and friends

Go outside to play - rough and tumble and chasing

Check play parks for needles and other dangers

Mix with adult company - need to talk and laugh together - have friendships - make sure only one of you takes a drink so other one there for child

Support from agencies may or may not be helpful.

Avoid labels and any sort of prejudice

The Challenge for Services

This report, expressing the voice of young parents in Highland, is very insightful and makes compelling reading. A striking feature is simply that the negative experiences these young people have raised far outweigh the positive experiences they were able to share. I hope this will make service providers really sit up and take note.

In addition the incidence of contradicting experiences is apparent. Many times there is a young person in a group praising their social worker or health visitor and another person, in the same group, from the same geographical area, is only able to give negative comments about their experiences with their practitioners. This is a thread that has weaved itself through many Highland Children's Forum reports during my time as Chairperson.

Very often we have found examples of professionals who have the combination of personal attributes, knowledge, empathy and commitment that makes them beacons of best practice in their role and they deliver outstanding service for the individuals and families fortunate enough to be on their caseload. The Forum admires and supports these outstanding personalities but an effective and equitable service for children with additional needs cannot be delivered on the basis of "pot luck" as to who supports a child or family. The challenge to services is to capture the examples of best practice displayed by these key individuals and to find ways to spread that across all practitioners and to ensure that standards are lifted.

Caring for children and young people and especially those who face challenges in their lives is extremely demanding. Accessing services can be a demanding process in itself. Where children, young people or their carers then have their challenges compounded by an inability to engage with service workers who do not have understanding or empathy for their circumstances or where excellent and committed workers "burn out" under excessive caseloads and disappear from the families' lives the outcomes for young people are likely to be very much poorer.

In many parts of our life if we are dissatisfied with a shop or service we can take our custom elsewhere. A child or young person with additional needs or their carer may have access to a limited range of services brought to them by a limited pool of workers. If that child or young person is to achieve their potential all partners in the process have to have the correct attributes, skills, support and empathy. How services deliver their part in supporting children, young people and families is the challenge highlighted by the testimony in this report.

Isabel Paterson, Chairperson, Highland Children' Forum

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