

Report to: CYP Scrutiny Commission

Title: Overview of the support for provided to young parents in Hackney

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Date: 20 March 2023

Request from the CYP Scrutiny Commission

The purpose of this paper is to inform a discussion by the CYP Scrutiny Commission about the cohort of young parents* in Hackney, their health and wider social needs, and the support provided by Hackney Council and the wider system partnership. Within this paper is an overview of the support provided to this cohort by Hackney Children and Families Service (CFS), including care experienced young parents and their children.

**Young parent is defined within this paper as below the age of 25.*

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1. Demographic overview

Nationally, over the last 15 years, the under-18 conception rate¹ has more than halved to the lowest level since 1969. This is the result of a long-term evidence-based teenage pregnancy strategy².

A similar decline has been seen in Hackney. The under 18 conception rate fell from 40.2 per 1000 in 2009 to 10.1 per 1000 in 2020. In 2020, Hackney's under 18 conception rate was lower than the England average (13 per 1000) and comparable to the London average (9.8 per 1000)³.

Over the same period, Hackney's under 16s conception rate fell from 7.1 per 1000 in 2009 to 1.2 per 1000 in 2020, and it is lower than England rate of 2.0 per 1000.

Hackney's proportion of teenage mothers has also declined over the last decade, from 0.9% in 2010-11 to 0.3% in 2020-21 and it is lower than the England proportion of 0.6%. In 2020/21, there were 10 teenage parents in Hackney.

2. Health needs of young parents

Whilst a good proportion manage very well; many young parents' health, social and economic outcomes remain disproportionately poor, affecting the life chances for both them and their children.

Health outcomes⁴

Babies born to mothers in England and Wales under 20 years have a 30% higher rate of stillbirth than average, and a 40% higher rate of infant mortality than average. Early access to maternity care has been identified as a priority for improving the health and wellbeing of children in City and Hackney. Local data provided by Homerton Healthcare Trust (HHT) identified that a lower proportion of women aged under 25 had early access to maternity care (48.9%) compared to those aged 25-34 (62.1%) and over 35 (64.1%).

¹ Conception rate refers to the number of pregnancies that result in either one or more live or stillbirths, or a legal abortion.

² Hadley, Alison. "Giving teenage mothers and young fathers the support they need - UK Health Security Agency." *UK Health Security Agency*, 20 May 2016, <https://ukhsa.blog.gov.uk/2016/05/20/giving-teenage-mothers-and-young-fathers-the-support-they-need/>. Accessed 7 February 2023

³ Office for Health Improvement and Disparities: Child and Maternal health <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133225/pat/6/par/E12000007/ati/302/are/E09000012/iid/90639/age/169/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁴ Health Needs Assessment for the population aged 0-19 in City of London and Hackney; March 2022 https://cityhackneyhealth.org.uk/wp-content/uploads/2022/03/FINAL_-_A-health-needs-assessment-for-the-population-aged-0-to-25-for-the-City-of-London-and-Hackney-Google-Docs.pdf

Babies from mothers under 25 had the lowest proportion (56.1%) of attendance at one month health visiting review when compared to those from mothers aged 25-34 (67.2%) or 35 or more (67.4%).

Younger mothers in City and Hackney are less likely to breastfeed 48 hours and 6-8 weeks than mothers that are older.

Children born to teenage mothers have a 30% higher risk of poor mental health two years after giving birth.

Economic outcomes⁵

The percentage of under 16s living in low-income families in Hackney (24.7%) is higher than both London (18.8%) and England (17.0%) averages.

Children born to teenage mothers have a 63% higher risk of living in poverty. A child born into poverty is more likely to have a low birthweight, do worse at school and to have poor physical and mental health in the long term

Social outcomes⁶

Teenage mothers are more likely not to be in education, employment or training.

5.5% of women that gave birth in Hackney in 2020/21 were recorded as having complex social factors, compared to a range that varied from 2.1% and 15.4% in NEL boroughs. Risk factors include being younger than 20, experiencing domestic abuse, recent migration or substance misuse.

Around 3% of women who gave birth at HUH between 2017 and 2021 had experienced domestic abuse at some point in their life. Higher proportions were found in the under 25s age group.

3. Services that support young parents commissioned by public health

Public Health Commission a range of services that support young parents. The Family Nurse Partnership is a core service for this cohort. An overview of the intentions to, and justifications for, the decommissioning of the FNP service and the transition to the new Enhanced Health Visiting Service is provided below.

Other key services, commissioned / provided by public health, that support young parents are listed below. A summary of how each of these services meets the needs of young parents is provided in Appendix 1.

- Health visiting (the current contract expires at the end of August 2023)

⁵ Health Needs Assessment for the population aged 0-19 in City of London and Hackney; March 2022

⁶

- Community based peer mentoring, advice and signposting service for vulnerable pregnant women and new mothers
- Young People's Clinical Health and Wellbeing Service (CHYPS Plus)
- Young People's Substance Misuse Service
- PAUSE

Family Nurse Partnership (FNP)

FNP is a licensed home visiting programme for first-time mothers aged under 19 or up to the age of 24 years, where there are social and emotional vulnerabilities identified.

FNP is delivered by a specially-trained family nurse through up to 64 home-based weekly, fortnightly or monthly visits to first-time mothers. Each visit lasts 60 minutes from early pregnancy until the child is two.

Hackney and City Public Health commissioned Whittington Health NHS Trust to deliver the FNP service from September 2018 for a period of 3 years with a possibility of further extension of 1+1+1 years if needed. The service was recently extended for a year until August 2023, after which it will be replaced by an Enhanced Health Visiting Service from September 2023 onwards.

In the last two years, the service has successfully supported a limited number of first-time mothers under the age of 24 years and, once recruited, meeting attrition levels of less than 40%. Feedback obtained from clients as part of the 2022 Children and Young People's Health Needs Assessment demonstrates the programme is highly valued but clients would like the programme to work with more than one child (the service licence stipulates that clients are only eligible for support with their first child).

The FNP service has faced challenges in meeting the following targets:

- 75% of clients offered the service, enrol on the programme
- 60% of clients that enrol on the programme, do so before 16 weeks of pregnancy and at a maximum of 28 weeks

The service has also faced challenges with recruitment and staffing capacity, which has impacted achieving these Key Performance Indicators. Throughout the life of the service since its inception, FNP client enrollment numbers have always been below the agreed target of 80 clients at the end of each year.

The FNP programme model has a number of limitations:

- It only works with first-time mothers under the age of 25. This does not align with the needs of the City & Hackney population, which has a reduced number of teenage parents, and an increasing number of older first-time parents.

- The programme only works with the first child up to 2 years. This excludes families with more than one child and communities in the borough where the birth rate is high.
- The programme does not address concealed pregnancies, as you cannot access the programme if you are more than 28 weeks pregnant.
- FNP is a licensed model and therefore does not allow for any flexibility with regards to its enrolment criteria and delivery model.

Health Visiting and the new Enhanced Health Visiting Service

The Hackney and City Health Visiting Service is currently provided by Homerton Healthcare Trust (HHT). The service is available to all residents in Hackney and the City with a child aged 0-5, as well as all pregnant women currently residing in the local authority areas.

The Hackney and City Public Health Team are currently in the process of commissioning a new modernised Enhanced Health Visiting (EHV) Service. Bids in response to the tender have been received and are currently being evaluated. It is expected that the new contract will be awarded in March / April 2023, with the new service commencing from September 2023.

The EHV Service will be 'universal in reach – personalised in response' and meets the 2021 Healthy Child Programme guidelines. It is a needs-led model which provides more tailored and evidence-based interventions, allowing for families to travel between levels of service according to their needs.

The service model includes an additional fifth level over and above the four levels of service currently provided. This intensive fifth level (replacing the Family Nurse Partnership Service) will support vulnerable, complex families and will have a broader eligibility criteria so that families that require support are not restricted access due to the parent's age or if it is a second born child.

In addition to the five mandated visits, the EHV Service also comprises three targeted visits (1 specifically to act as a safety net for School Readiness); additional speech, language, and communication reviews at the 9-12 month visit, 2-2.5 year visit and at the 3-3.5 year visit to address the impact of COVID-19 on early years development.

The EHV service includes 11 high impact lead roles (two of which are additional s to support homeless families, and integrated reviews) which will focus on key aspects of child health, wellbeing and development. The service will also include an 18 month desktop review of child health records to ensure any outstanding remedial action is identified and addressed before development is impaired.

Supporting the transition from FNP to the EHV Service

A Family Nurse Partnership transition working group has been established involving key relevant stakeholders to support the safe transition of clients on the FNP caseload. Guidelines provided by the national team are being used to steer the process and the partnership has been meeting regularly since November 2022. The FNP licence conditions denote that no new clients can be recruited into the programme once the decommissioning process commences. Between the period of November 2022 and August 2023, pregnant women who would have been referred to FNP will be supported through universal health visiting and/or public health midwifery services.

Public Health are working with FNP and partners in maternity and health visiting to ensure that any vulnerable pregnant young women that are not able to access the FNP service are supported until next Autumn when the Enhanced Health Visiting Service will be mobilised.

4. How we work as a system to support this cohort

While wider system services are not necessarily focused on supporting young parents exclusively, there are a breadth of services that will interface with this cohort if required. These services include children's centres, prenatal mental health services, Looked After Children nurses, maternity services and Public Health and Specialist midwives. An overview of how Children's Centres meet the needs of young parents is provided below. A summary of the vulnerable women's pathway and how the Homerton Healthcare Maternity unit supports women with social vulnerabilities, including young parents, is provided in Appendix 2.

Children's centres

Supporting young parents (aged 25 or under) is an integral part of Children's Centre delivery. Public Health midwives based at Children's Centres support young pregnant women antenatally. Those requiring more targeted intervention are referred to the Early Help Multi Agency Team (MAT) and able to access targeted Family Support. In addition Family Nurse Partnership based at Linden Children's centre provides a tailored programme of support for young parents up until their child turns 2 years old. Those who do not require targeted support, or decline FNP, are linked to universal staff within Children's Centres. Universal staff help the young person develop

confidence in parenting as well as navigating the universal services available to them.

1247 Young parents accessed services from 1st April 2022 to - 24/02/2023; 49% accessed services at least 3 times during this period.

- 333 accessed midwifery services including Infant feeding support
- 412 accessed Stay and Play sessions.
- 250 received universal 121 support and/or advice and guidance
- 133 received specific money/debt advice
- 126 received targeted family support.
- 81 accessed Adult Learning classes
- 196 accessed Health Visiting appointments clinics and /or development checks
- 163 Accessed Nutrition and Exercise services
- 51 attended speech and language sessions with their child/ren
- 95 received food vouchers or charitable items e.g. baby clothes
- 29 accessed an evidenced based parenting programmes

5. Hackney Children and Families Service Support to Young Parents

Hackney Children and Families Service (CFS) offers an extensive range of support to children and families in Hackney, including to young mothers, fathers, and their children.

- A. What support is available to young parents, including care experienced young parents and their children;**
- B. Successes and challenges for this cohort;**
- C. Service priorities to support this cohort of parents and children.**

CFS believes both mothers and fathers should be held equally accountable for the needs of their children, and CFS practitioners therefore have a duty to assess, engage and offer support to all parents.

Please note that CFS is only able to advise on the support offered to families that are open to CFS, understanding that many families will not require the additional support of CFS. This includes care leaver parents, who will not be known to CFS unless they wish to engage with voluntary support from the Leaving Care service, or if their children become known to the service.

- A. What support is available to young parents, including care experienced young parents and their children**

Referrals

All parents and children in Hackney are entitled to support from CFS. CFS does not consider young parenthood to be an inherent factor which would result in CFS support, as support is

put into place as a response to assessment of need, with Plans put in place to address any support needs, or safeguarding concerns. For a child and their family to receive support from CFS, a referral must be made to the service, outlining their needs. Referrals are received by the Multi Agency Safeguarding Hub (MASH), who screen the referral and allocate support according to level of need, in line with the [Hackney Child Wellbeing Framework](#).

MASH can recommend the following outcomes in response to a referral:

1. Advice and guidance, to the referring agency and/or the family;
2. Referral for support within the community and voluntary sector, or other appropriate service;
3. Referral for assessment and potential support from one of the Council's targeted early help services;
4. Referral for a statutory social work assessment.

Assessment

Hackney's Local Assessment Protocol guides practitioners in assessing and planning for a child and their family, who are open to CFS. Assessment is offered either through an early help approach, where children are considered to have low level needs, or through statutory social work assessment, where need is considered to be complex or acute. Assessment focuses on the needs of the child(ren), whilst taking a holistic approach to consider the needs of the parents, including young parents. Assessment can recommend no further CFS action (where issues have been resolved through assessment, or where issues presenting at referral are resolved), and may make a recommendation of support from universal services, such as education or health services. If children continue to require support from early help or statutory social work services, assessment will recommend a support plan for children and their parents.

Planning, Intervention and Review

In such circumstances, children and their families are supported by the following plans:

- Early Help plans;
- Child in Need plans;
- Child Protection plans;
- Looked After Children plans.

Where the need is so great that children require legal oversight of their plans, but the threshold is not yet met to proceed to Court, children and their families may be supported by the Public Law Outline (PLO) process.

Some young parents may be children themselves (under 18) - in which case, if both the young parent(s) and their child are considered to require support, both may be supported by one of the above plans, according to level of need. In these circumstances, both parent and child would have a social worker and their own plan, which would work together to ensure goals for children and their families are joined up.

If a care leaver is a parent and is open to the Leaving Care service, they are supported through the Pathway Planning process. If they are accessing this support, their Pathway Plans should be reviewed with them and updated every 6 months. Their children may be supported by a plan which the Leaving Care service would be aware of, and may contribute towards in their support of the care leaver.

Plans should include between 3-5 actions, focussed on the support needs of the family. These are often multiagency, involving partners such as health and education to ensure that children and their families receive targeted, holistic support specific to their needs.

Plans are regularly reviewed, including Child In Need reviews, Initial and Review Child Protection Conferences, Core Group Meetings (where Child Protection Plans are reviewed), Looked After Child reviews, Placement Settling In Meetings, and PLO meetings, for example. Review meetings are multi-agency, and seek to track the progress of actions to improve outcomes for children and their families, including young parents and their children. Plans may recommend interventions for the family to engage with to improve outcomes for the family. This may include support such as parenting interventions, or safety planning. For example:

In June 2021, Young Hackney began to facilitate monthly sessions to young parents/expecting parents in Hackney. This came into fruition after the unit identified a few young people in 1:1 work that would benefit from the space. Monthly sessions were open to all young people in Hackney up to 19yrs, or 25yrs with an additional need, who are one of the primary parents or about to be a parent. The sessions were informal, giving young parents the opportunity to share their experiences as young parents, seek advice around support available as parents as well as supporting their own emotional and mental health, education, training and employment opportunities and to seek guidance from a space they felt safe in and shape future sessions. Young Hackney were in touch with a total of 6 young parents, 4 of whom attended sessions regularly. This continued until October 2022, when by this point a large proportion of the cohort had moved back into education or alternative support. There are plans for the group to recommence in Spring 2023 with the team currently reaching out to CFS and external agencies to identify possible participants.

Partnership working to support this cohort

When working with young parents and their children, CFS engages with partners to ensure that their holistic needs are met. Some examples of this include:

- Health services, including the [Family Nurse Partnership](#), health visiting and school nurse services.
- Education provisions for children and parents.
- CFS may refer mothers who have previously had children removed from their care to [Pause](#), providing mothers with support to prevent children being removed from their care in future.
- The Children's Rights Service in CFS provides advocacy support to parents who are Hackney care leavers or in care, in navigating child protection processes for their own children. This might be with Hackney or another local authority in which they are living, who are responsible for the children.
- The MAT team in CFS delivers multi-agency Early Help support to children and their families via Children's Centres, working collaboratively with Health Visitors to deliver targeted Early Help support to those in need.
- Housing colleagues offer a quota of 18 social tenancies to care leavers each year, including 2 x 2-bedroom properties, which the service allocates each year to young parents.
- CFS commissions young parents' supported accommodation for care leaver parents aged 16-21, through the Young People's Supported Accommodation Pathway. This provides 8 self-contained flats in a shared building in Hackney, with staff on site to provide support as needed.
- Where it is felt young parents would benefit from a nurturing family environment, if they are looked after or a care leaver, or if their child is looked after, CFS may commission a mother and baby foster home. If a higher level of support is needed, a residential parent/child assessment home may be commissioned (for mother and child, or both parents and child).

B. Successes and challenges for this cohort:

There are many notable successes for the cohort of children and young parents who have contact with CFS, for example:

- There are very few young parents who require CFS support, suggesting that this cohort is achieving good outcomes, often independently. In 2020, Hackney's under-18 conception rate was 10.1 per 1000, equating to 1.01% of under 18s in Hackney conceiving aged under 18⁷. The proportion⁸ of children who are open to CFS are significantly lower than the conception rate:
 - As at 23rd February 2023, Hackney CFS was supporting 1,472 children through Early Help, Child in Need, Child Protection and Looked After Child plans. Of those, **only 5 children (under 18s) were parents who were supported by such a plan (0.34%)**.
 - The total number of under-18s supported by Plans who have a parent aged under 25 is 63. Of these, only 2 children have a parent who is under 18. Therefore, **there are only 2 children who are supported by a CFS Plan, whose parents are also children (0.14%)**.
 - As at 23rd February 2023, there were 387 looked after children - to our knowledge 2 are pregnant, plus 1 is a father, meaning that **only 0.78% of our looked after children are parents (or about to be parents)**.
 - The number of care leaver parents whose children require social work intervention is low. As at 23rd February 2023, there were 381 Hackney care leavers aged 18 to 25 accessing a Leaving Care Service. Of these, 51 (13%) have their own children. Of these, **17 have Children's Social Care involvement in planning for their children (representing 33% of care leaver parents and 4% of total care leaver population)**.
- In feedback gathered in the summer of 2022 from Care Leavers who are young mothers, two care leavers praised the financial support they receive from Leaving Care around child care, with one stating that *'Childcare [is] covered by social services for my study which is great and going forward [the social worker] is helping me look at funding options so I can go to University'*, demonstrating the service is supporting positive outcomes for care leavers and ensuring their children are cared for.
- Further to this, 7 care leavers highlighted the positive support they received from their child's social worker and/or the Leaving Care Service. One care leaver stated that their social workers *"really look after me"*, and another described that *"her social worker [has been her social worker] for a long time now; she feels they have a great correspondence. She speaks to him quite often and when I need any assistance, he will come and see me"*.

There are some systemic challenges faced by young parents and their children, notably:

- Housing in Hackney is very costly, and difficult to find. As a result, many young parents and their children resort to living outside of the borough. In the aforementioned care leavers summer 2022 feedback, 10 of the 12 care leavers mentioned worries around housing, feeling that their accommodation is unsuitable, including being too far away from Hackney/the care leaver's support network, the surrounding environment/neighbours being inappropriate. Care leaver parents have

⁷ Office for Health Improvement and Disparities: Child and Maternal health
<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133225/pat/6/par/E12000007/ati/302/are/E09000012/iid/90639/age/169/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

⁸ Please note - this is the best estimate available based on current data held by CFS, discounting anomalies.

highlighted that future uncertainty around their accommodation makes it difficult for them to establish and maintain networks of support for them and their child(ren). The 2 x 2-bedroom flats CFS receives in the care leaver quota for young parents each year is significantly below the demand we have from parents who are care leavers who would benefit from a social tenancy in Hackney.

- For our looked after children and care leavers who need support to live in a parent and child foster care arrangement, we source these mostly from independent fostering agencies. There are a number of these carers across London, however none currently in Hackney. These are not intended to be long term care arrangements, but targeted support for a fixed period of time, or to support a social work assessment of parenting capacity or skills. It is challenging to find foster carers with enough rooms to be able to accommodate both parents and child(ren).
- Many children living in Hackney are living in poverty; in 2021, it was estimated that 48% of children in Hackney were living in poverty after housing costs⁹. With the added pressure of the cost of living crisis, living with poverty is a challenge facing young parents.
- The rising cost of childcare is a further challenge faced by young parents in Hackney, with the cost of childcare in Inner London being amongst the highest in the country, with costs continuing to rise¹⁰.

C. Children and Families Service priorities to support this cohort:

- Housing is a significant area of priority to support this cohort of parents and children. Work in this area includes:
 - Ongoing review of the housing offer to care leavers - including re-looking at the quota system and if this is the best way to support care leavers into long-term, affordable housing. This was the subject of scrutiny recommendations last year.
 - Work to reduce the difficulty sourcing mother and baby foster care homes (and homes for both parents together and baby), plus parent and child residentials.
- Young Hackney young parents group: Aim for the service will be to recommence the monthly stay and play group in Spring 2023. At present, Young Hackney is reaching out to all areas of CFS and external agencies to identify possible participants, keeping in mind the wider Young Hackney parent offer including Parenting Champions and collaborative work.
- Develop a Hackney Care Leavers Hub in 2023, as a space where care leavers can come together and access both peer and professional support. Once this is in place, we would like to develop regular sessions for care leavers who are parents to come together in this space, to access mutual support.

⁹ http://www.endchildpoverty.org.uk/wp-content/uploads/2021/05/Child-Poverty-AHC-estimates-2015-2020_final.xlsx

¹⁰ https://www.coram.org.uk/sites/default/files/resource_files/Coram%20Childcare%20Survey%20-%202022.pdf

APPENDIX 1: Summary of children and young people’s services commissioned by the City and Hackney Public Health Team

| Service name | Service provider | Service description |
|--|---------------------------|--|
| Health Visiting | Homerton Healthcare Trust | <ul style="list-style-type: none"> ● Health visiting is a statutory nurse-led service for 0-5s which is both universal and targeted. It is a four tier offer with five mandatory universal reviews for all children. ● Families with additional needs can also receive a visit at one month and four months in addition to the five mandated visits. ● This service is led by health visitors and delivers the 0-5 element of the Healthy Child Programme. The service provides five universal reviews mandated by the government. ● The current service also offers two additional reviews at one month and 3-4 weeks for targeted families and all first time parents. |
| Community based peer mentoring, advice and signposting service for vulnerable pregnant women and new mothers | Under procurement phase | <ul style="list-style-type: none"> ● Currently, the public health team commission a Bump Buddies service which provides community support to pregnant women and new mothers who are affected by complex social issues. Services include information and signposting, crisis support and peer mentoring. ● During 2022/23, between 11% and 23% of clients supported by the Bump Buddies Service were between the ages of 16 and 24. ● The current commissioned Bump Buddies service is more focused on crisis support, with less capacity for developing sustained peer mentoring support for pregnant women/new mothers. While the crisis support service has been highly valued and is very well received within the local community, during the service re-design and planning phase, a strategic decision was made to further develop the peer mentoring element of this service as an opportunity to provide a more holistic and preventative approach to supporting socially vulnerable women. In the longer term, this should reduce the need for crisis support. ● A new integrated community based peer mentoring, advice and signposting service is being |

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|---|---------------------------|--|
| | | <p>commissioned for socially vulnerable pregnant women and new mothers and will start on 01/09/2023. The new service will have a greater focus on peer mentoring.</p> <ul style="list-style-type: none"> • Evidence shows that community peer support programmes can enable and empower women to make informed choices about their pregnancy and early parenthood. Providing sustained peer mentoring support aims to help and encourage women to engage with local maternity and other support services and build social capital within the local community. • Developing sustained relationships with locally based peer mentors who can share their own experiences of pregnancy and early parenthood may help women to manage the anxieties of pregnancy and help to support women with the day to day challenges of early parenthood. |
| Young People's Clinical Health and Wellbeing Service (CHYPS Plus) | Homerton Healthcare Trust | <ul style="list-style-type: none"> • A clinical and treatment service for CYP to support their sexual and emotional health, provide smoking cessation and a gateway to specialist weight management/MH support early help • The Service provides access to a range of important services from stop smoking, screening and treatment of sexually transmitted infections, access to contraception, pregnancy testing and advice as well as brief intervention for mild to moderate mental health issues and supported onward referral to other key services such as termination of pregnancy, counselling or specialist weight management services. • The CHYPS Plus nurse can work in partnership alongside the LAC nurse to provide a holistic health assessment and sexual health screening for children that are looked after alongside the annual physical health screening check by the LAC nurse. • The CHYPS service provides emotional and clinical support to young people that have concerns around pregnancy. They offer pregnancy testing, support young people to make an informed decision about pregnancy termination, provide seamless referrals into the Homerton termination services and provide post termination emotional support as well as clinical advice around contraception. Any young people that are pregnant and decide they would like to continue with the pregnancy are referred to FNP, primary care and/or public health midwifery services. |
| Young People's Substance Misuse | Young Hackney | <ul style="list-style-type: none"> • LBH commission Young Hackney to deliver bespoke substance use support to young people and children within the borough. In addition to this the main treatment provider also works |

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|---------|---|---|
| Service | | <p>with Young people over the age of 18 where the individual would prefer to engage with this service.</p> <ul style="list-style-type: none"> ● In both services young parents and families form a core component of enhanced support available for individuals. ● The 'orbit project' delivered in partnership between young hackney and turning point delivers bespoke intervention for individuals using drugs both prenatally and postnatally. There is an inclusion of a substance use specialist midwife as part of this project. ● Additionally there are close tethers to social care teams, probation teams and other holistic services from both organisations. Where there is need for MDT approaches to delivery these are mandated through standard operating procedures intended to safeguard individuals; these protocols aptly cover work necessitated by working with young mothers ● Turning Point also operated a friends and family team as part of their core contract; the team is specialised to work with individuals who present as parents. |
| PAUSE | The PAUSE Team sit within Hackney and City Public Health Team | <ul style="list-style-type: none"> ● Pause is a national charity that works with women who have experienced, or are at risk of having, multiple children removed from their care. ● In 2013, the Pause pilot project started in Hackney, with ambitions to change the lives of women and children across the country and continues to be a service that is provided through Public Health in the borough which is where the practice is located. ● Pause is a trauma-informed, relationship-based programme of support for women who have had more than one child removed from their care. It is an assertive outreach programme, meaning we go to where women are, rather than expecting them to come to us. ● The Pause Programme involves an intensive, supportive and trusting relationship between women and their Pause Practitioner. This relationship lasts around 18 months and is tailored to the women's needs, goals and hopes. ● Pause Practitioners cultivate therapeutic relationships with the women they work with and are given the opportunity to work with significant autonomy and authority and the caseloads for practitioners are around 6-8 women to enable them to develop the intensive relational work with the women they support. ● To be eligible for support women cannot be pregnant or have a child in their care and women |

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| | | <p>are asked to take a pause from pregnancy during their time on the programme.</p> <ul style="list-style-type: none">• The core Pause Programme works with women who have had two or more children removed from their care. Between 2017 and 2019 Pause ran a care leavers pilot in six Practices (including Hackney) to explore whether the same model could work with younger women who had experience of care, had had one child removed, and who were under 25 at the time of referral. The pilot was reported on as part of the Department for Education Evaluation Report 2020. The report demonstrated that the model was as effective, and that in some areas younger women had better outcomes than older women on the programme. The six Practices involved have continued to offer Pause to women who have had only one child removed, where they are also a care leaver which includes Pause Hackney |
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APPENDIX 2: Support for vulnerable pregnant women

- 2.1. Homerton Healthcare Maternity unit operates a vulnerable women's pathway to outline an enhanced antenatal care offering for women with social vulnerabilities.
- 2.2. This is delivered by Public Health and Specialist midwives and provides an enhanced level of care during the antenatal period, delivery and up to 28 days postnatally in partnership with other community teams (e.g. health visiting) to support women pregnant women and birthing people who are socially isolated during pregnancy and early parenthood. This can be extended to 42 days post-birth for families who have been separated from their baby at birth through child protection procedures.
- 2.3. The pathway aims to clearly define the factors that cause women or families booked at Homerton to be vulnerable and in need of enhanced support. It aims to help clinicians identify those women and families and to outline the extra care they can be offered in the form of referrals and/or signposting to both internal or external teams or services and enhanced midwifery care.
- 2.4. Women are defined as socially vulnerable in City and Hackney who are/have:
 - Aged < 20yrs (unless family/other support available for woman)
 - Difficulty speaking or understanding English (but not including all who have English as a second language) – this vulnerability may be mitigated by proper use of interpreting services, and if this is the sole vulnerability, client is unlikely to need ongoing input from the public health midwife
 - Homeless or at risk of becoming homeless
 - Substances misusers, use of substances and/or alcohol to an extent where physical dependence and/or harm to their health or that of their unborn baby is a risk
 - Experiencing domestic violence/abuse (DVA)
 - Experiencing or at risk of honour-based violence (HBV)/forced marriage
 - Victim of human trafficking/modern slavery
 - Recently arrived as a migrant (and/or with no recourse to public funds); asylum seeker, refugee (receiving refugee services), or undocumented
 - Mental Health concerns including: History of serious mental illness, current depression or anxiety disorder or history of post-natal depression or psychosis
 - Have been identified by social care as having complex/high risk (previously called Tier 3) child protection issues, or having been a Looked After Child (LAC) themselves or had previous children removed from their care
 - A learning and/or physical disability (see Maternity and Early Years Learning Disability Pathway)
 - Booked late for their pregnancy (in the absence of an acceptable reason), particularly after 20 weeks

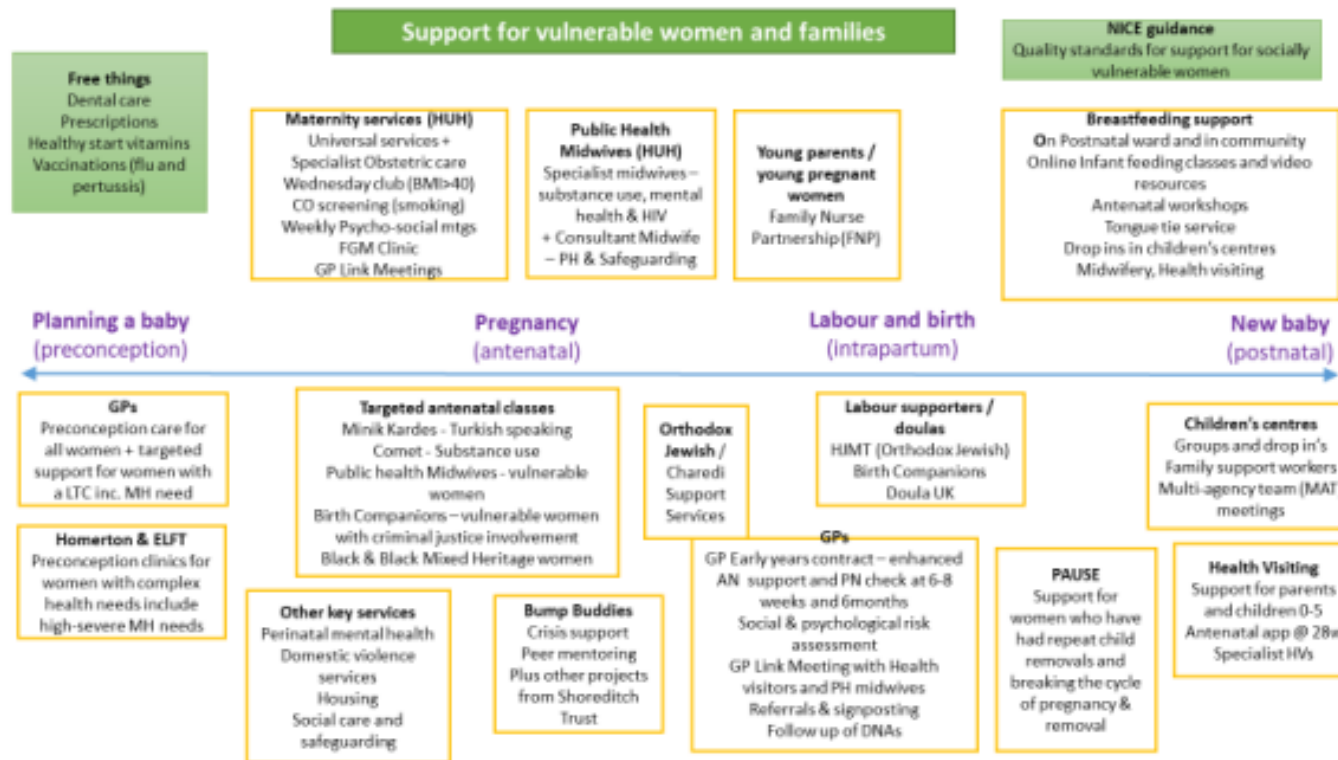
- Female Genital Mutilation – self or family member
- History of concealment of pregnancy
- Significant involvement with the Criminal Justice System, particularly those having been recently released from prison

2.5. Due to the nature of the extra input and families held on the caseloads of specialist and public health midwives, the number of families they can care for at any one time is limited. In order to ensure that those cared for by community or antenatal clinic midwives still receive input and signposting as needed, the midwives also offer various types of liaison. This includes regular safeguarding supervision for all midwives providing antenatal care, and may additionally involve one-off joint appointments, support to identify appropriate support services to offer, or shared care.

2.6. A service is available to women who have experienced sexual trauma or abuse at any time in their life, which supports planning for a positive birth in the context of these experiences. This is provided by the consultant midwife for public health and safeguarding and is a trauma-informed service. Assessments and onward referrals are frequently made for mental health support (often PTSD symptoms are identified) or other services through this service.

A summary of the various support services provided to vulnerable pregnant women and their families is summarised in figure 1 (below)

Figure 1: A visual representation of support services provided to vulnerable pregnant women and their families in City & Hackney.



APPENDIX 3: Services for Young parents who are Looked After

3.1. Any child or young person in care who is pregnant or has recently delivered, would receive the LAC offer below, with additional personalised health recommendations made, depending on their stage of pregnancy.

3.2. These may include reinforcement of public health recommendations for pregnant women (e.g. reinforcing midwifery advice on safe eating in pregnancy, exercise in pregnancy and immunisations), as well as ensuring the pregnancy has been booked and antenatal serology testing offered/accepted via hospital services. Following delivery, the service checks if midwifery/health visitor contact is established. As is routine in all of the caseload, mental health is questioned and considered at every contact. Maternity services have their own offer around this which would run in parallel.

3.3. Service description: A specialist health assessment and nursing service for Looked After Children and Young People from birth to 17 years, and health advice and signposting for Care Leavers aged 18-21 years (up to 25 years if SEND).

3.4. What is offered:

- All children and young people are offered an Initial health and Review health assessments for the duration of their time in care, including those placed outside of the City and Hackney.
- Robust follow-up of the health care plans (health recommendations) to ensure that looked after children are fully engaged in health services in order to meet their identified health needs.
- Aligned and integrated referral procedures and care pathways to universal, targeted and specialist health services including immunisations, physical, mental health and emotional wellbeing, substance misuse and sexual health.
- Review Health Assessments are conducted annually for children over the age of 5 years of age and 6-monthly for those under 5 years of age to monitor and improve health outcomes.
- Appropriate (health) transition planning and support for care leavers aged 18-21 (and up to 25 if SEND).

3.5. Caseload allocation and management:

- The LAC team has adopted a caseload allocation approach, which means that following the Initial Health Assessment the child/ young person is allocated to a specific nursing caseload to improve rapport building and help focus clinical queries.
- Allocated LAC Nurse: Responsible for following up the health recommendations/ actions but not exclusively delivering them.
- Ensures that the Looked After Child has access to support for all identified health issues such as mental health issues and sleeping difficulties.
- Ensures that all Looked After Children and Foster Carers and Care Leavers have access to the Local Offer in order to access health services as required.
- Reviews previous health care plan and identifies any ongoing actions

- Reviews health records, including immunisation history and requesting updates from any other health professional who has been involved in the child's care since the last assessment
- Contacts and liaises with the young person's carer and social worker to identify any concerns with young person's health or wellbeing, referring on as appropriate
- Utilises each contact as an opportunity to promote positive health and wellbeing for the young person through the provision of health advice and education to either the young person or carer
- Will undertake mental health and emotional wellbeing screening using an appropriate, validated, wellbeing screening tool where there are any concerns raised

3.6. Care Leavers:

- LAC service provides care leavers aged 16 – 18 years (and aged 25 where they have SEND) with targeted support if known to be experiencing an identified need and if the care leaver requests it. This includes support with:
 - ❖ Mental health
 - ❖ Long term conditions (such as epilepsy, diabetes and asthma) requiring on-going support;
 - ❖ A moderate to severe learning disability
 - ❖ Pregnancy
 - ❖ Substance misuse

The LAC service provides each Care Leaver with the opportunity to contact their allocated nurse, or to be offered at least one health contact e.g. face to face or telephone (text messages if specifically requested by the young person at the last contact) within the first year of leaving care.