

Young parents: learning from case reviews

Summary of key issues and learning for improved practice around working with young parents

October 2021

Introduction

Published case reviews suggest practitioners don't always fully understand the experiences and issues that might put young parents and their children at risk.

The learning from these case reviews highlights that practitioners should focus on the welfare of all the children in a family, particularly when parents are children themselves. Practitioners should also consider how young parents' experiences might impact on their children.

About this briefing

This briefing is based on the learning from nine case reviews published since 2018 which involved parents who were teenagers when their baby was conceived or born. Some of the young parents had turned 18, while others were still children themselves.

In this briefing, we're using specific terms to describe groups of people.

- 'Young parents' refers to the young people who became parents.
- 'Children' refers to these young parents' children. In the case reviews we looked at, the children were aged from 7-weeks-old to 4-years-old.
- 'Grandparents' refers to the young parents' own parents and carers. Sometimes young parents lived with grandparents, and sometimes they lived independently.

- 'Partners' refers to the young parents' partners, who played a key role in a young parent or child's life but weren't biologically related to the child.

The learning in this briefing is relevant for practitioners working with young parents, although there may be some crossover with other briefings in the Learning from case reviews series.

Reasons case reviews were commissioned

The young parents in these case reviews became the subject of reviews following:

- serious physical harm
- sexual abuse and exploitation.

The children in these case reviews became the subject of reviews following:

- serious physical harm
- neglect
- death following concerns about neglect and abuse.

Key issues

Voice of the young parent

Some practitioners didn't recognise that young parents were also children. They perceived the young parent's child to be the only person in the family who needed protection.

As a result, practitioners sometimes focused on the needs of the child, without giving enough attention to the needs of the young parent. This meant young parents didn't always receive the help and support they needed.

Young parents weren't always comfortable or confident talking with professionals about how they were doing. Some practitioners were unaware of this, or didn't take appropriate steps to help young people share their experiences. Other practitioners took young parents' responses to questions about their situation at face value without exploring further. This meant they didn't always understand what the young parent was experiencing and weren't able to put the right support in place.

Voice of the child

Some practitioners focused on supporting the young parent and their partner, without fully considering the needs of the child. This was particularly the case if the young

parent was being supported by adult services, who didn't make a separate referral to children's social care for the child. This meant that the child didn't always receive the necessary care and protection.

Practitioners didn't always consider how a young parent's behaviour impacted on their child. For example, they didn't always make young parents aware of how using drugs and alcohol during and after pregnancy can affect a baby's physical and psychological development. This meant young parents weren't always given the targeted support they needed to enable them to meet their child's needs.

Some practitioners found it hard to understand what children were experiencing, particularly if the child couldn't talk. Where verbal communication wasn't possible, practitioners didn't always use other ways to understand the child's life, for example by observation or talking to other professionals involved with the family.

Where verbal communication was possible, practitioners didn't always speak to the child directly and/or separately from their young parents. Practitioners sometimes relied on young parents to tell them how their child was doing, without investigating further. This meant they weren't always fully aware of what the child was experiencing.

Young parents and their children won't have the same set of challenges and needs, although these are likely to overlap. Providing support to young parents and partners does not necessarily mean that the child is also being supported or protected.

Transition to adult services

Some young parents who were approaching their 18th birthday didn't receive clear or consistent support when transitioning to adult services. When this happened, the young parent was unsure about how to get support and who from.

Practitioners didn't always consider the effect of moving to adult services on the child. Losing a child-focused practitioner who was working with the family meant the child received less attention from practitioners. If young parents were receiving a different level of support themselves, this had an impact on their capability to care for their child.

Young parents who were 16- and 17-years-old were sometimes directed to adult mental health services for support. This meant that they were treated as adults rather than children and the support they received wasn't tailored to their needs.

Domestic abuse

In some cases, young parents were experiencing and/or had previously experienced abusive relationships with partners. This included controlling behaviour, threats of

violence and physical violence. In some cases, this contributed to the death of a child and the serious harm of a young parent.

Practitioners didn't always recognise the impact that domestic abuse has on children. They sometimes provided support and advice to the young parents and partners without taking action to protect the child.

Practitioners didn't always fully understand how experiences of domestic abuse in successive relationships had a long-term impact on young parents' vulnerability and their capability to recognise and respond to risk to themselves and their children. Practitioners didn't always consider whether young parents had enough control within their current relationship to allow them to safeguard their child.

Practitioners didn't always recognise indicators that a partner might pose a risk to a young parent or a child, for example if a partner displayed violent or aggressive behaviour towards other people, objects or property. Some practitioners only noted concerns about domestic abuse when they saw aggression focussed directly towards a partner or child.

In other cases, practitioners didn't recognise the signs of coercive control. This meant practitioners didn't always understand the level of risk facing a young parent and their child.

➤ [Read our learning from case reviews briefing on domestic abuse](#)

Previous experience of trauma

Some of the young parents and partners in these case reviews had experienced trauma earlier in their childhood. This included bereavement, family separation, abuse and neglect. Some had received support from child protection services when they were younger. Practitioners weren't always aware of the trauma that young parents had experienced, or how this impacted on their mental health.

Practitioners didn't always understand how adverse childhood experiences can impact on a young parent's capability to bond with and care for their own child years later. Sometimes this resulted in children being at risk of abuse and neglect.

Practitioners weren't always curious about young parents' backgrounds and experiences. This affected their ability to understand young parents' circumstances and provide appropriate support. In one case, a young mother had experienced trauma including bereavement and domestic abuse. This led her to not use contraception because she wanted to have a child who would love her. Practitioners didn't understand how these experiences had affected the mother's overall wellbeing and her capability to provide appropriate care for her child. This meant they didn't provide the support necessary for her to look after both her child and herself.

Practitioners sometimes wrongly assumed that grandparents and extended family members could protect and support young parents and their children. Sometimes, the same grandparents and/or extended family members had abused or neglected the young parent earlier in their childhood so were less likely to be able to provide effective support and be a protective adult. As well as contributing to the young parent's trauma, encouraging young parents to have contact with grandparents could put them and their child at further risk of harm.

Child sexual exploitation

In some circumstances, fathers or male partners were significantly older than the mothers. Practitioners weren't always aware of these age differences and didn't question whether this might be an indicator that a young parent had been groomed and/or sexually exploited. Because some practitioners viewed young parents as adults, they didn't always recognise the seriousness of child sexual exploitation and respond appropriately.

Young parents weren't always aware they had been groomed. This affected their capability to keep their child safe. For example, children were sometimes present and unsupervised when young parents were being sexually exploited.

Practitioners didn't always investigate whether young people were being exploited online. By the time online exploitation came to light, young parents were at increased risk or had already experienced significant harm. This had a knock-on effect regarding their children's wellbeing.

Some young parents were being exploited when they were aged under 18, but the exploitation continued after they turned 18. Practitioners didn't always consider how being groomed as a child could impact on the young parent's capability to consent to sexual activity as an adult.

Mental health

Practitioners sometimes responded to young parents' mental health issues without looking for the underlying reasons. Sometimes they didn't recognise that mental health issues were related to trauma. This meant that mental health issues sometimes became exacerbated and contributed to safeguarding concerns.

Practitioners didn't always recognise that some young parents and partners with mental health issues needed support to care for their children. In some instances young parents didn't realise they or their partner needed mental health support. This meant children were sometimes left in the sole care of people who were unable to provide safe care for them.

Behaviour perceived to be challenging

Sometimes young parents and their partners displayed behaviour that practitioners perceived to be challenging. Practitioners didn't always investigate the reasons behind the behaviour and consider how this might impact on the young parent's or child's welfare.

In one example, practitioners terminated a young parent's placement in a refuge because she was visited by men who were suspected of sexual exploitation. Whilst practitioners felt this was putting the young parent and other residents at risk of harm, the young parent didn't recognise the risk to herself and others because she had been groomed. Terminating her placement at the refuge meant the young parent and her child left a safe and stable living situation for one that was potentially unsafe.

Young parents and their partners sometimes missed or cancelled appointments with services. This might be because there were problems with money or transport, or the stress of living in unpredictable situations made it harder for young parents to arrange and keep appointments. Sometimes, cancelled appointments were attributed to 'typical teenage behaviour' and not investigated further. Practitioners didn't always make the necessary adjustments to enable young parents to attend appointments.

On some occasions, practitioners focussed on young parents' ability to attend appointments rather than the effect the missed appointments were having on them and their children. As a result, cases were sometimes closed when the young parent or child needed more support.

Young parents may not always feel comfortable sharing reasons for cancellations with practitioners or might be fearful of partners who have cancelled the appointment, particularly if there are concerns around exploitation or domestic abuse.

Living situations

Some young parents were at risk of or had experienced homelessness during pregnancy, after the birth of their child and/or earlier in their own childhood. Some were in challenging living situations, which made it harder for them to provide loving care for their child.

Challenging living situations included moving frequently between grandparents and partners' houses, being placed in refuges and living in semi-independent and emergency accommodation. Routines can be difficult to maintain if families move frequently, and sometimes the reasons for needing to move were traumatic. In some circumstances, this meant that children weren't receiving consistent care and were being raised in hectic and stressful environments without the attention they needed. Sometimes this affected young parents' ability to bond with their child.

Practitioners didn't always seek to understand the underlying reasons behind young parents' housing situations and how this might contribute to risk and need – for

example if a young person was experiencing financial problems. Practitioners weren't always aware of the impact of frequently changing living situations on the stability and wellbeing of young parents and their children. They didn't always know if a young parent had moved, which made it harder to keep in contact.

In some cases, young parents were staying with grandparents but were asked to leave. Grandparents might have been coping with their own challenges, which meant they didn't have the capability to support young parents – especially if the young parent needed extra help. On some occasions grandparents evicted young parents following an abusive incident involving a partner. This led to young parents and their children being in less safe or secure accommodation.

Drugs and alcohol

Practitioners didn't always understand that young parents might have been using drugs and/or alcohol as a way to cope with the challenges they were experiencing. This meant that they didn't always take appropriate action to support the young parent or assess risk to the child.

For example, in some situations children had access to drugs within the home. In other circumstances, using substances limited how much care and attention young parents were able to provide to their child.

Learning for improved practice

Supporting all children and young people in a family

Practitioners should always consider whether young parents are children themselves and make sure they receive the appropriate support.

Practitioners should make sure they understand the experiences of each child in a family. Keeping a record about each child's lived experience will help make sure each child is heard and provided with appropriate support.

Children and young people don't always feel able to speak out about what they're experiencing. Practitioners should be proactive in building trusting relationships with young parents and their children, and support them to talk about anything they are worried about. Practitioners should seek to speak to children away from their parents and carers where possible, and give the child the opportunity to raise any concerns they may have without their parents overhearing.

Where it's not possible for children to communicate verbally, for example if the child is very young, practitioners should use other methods to understand the child's life. This includes direct observation and speaking with people who spend time with the child.

Where there are child protection concerns for both a young parent and their child, separate child protection processes should be followed with each having a separate social work practitioner. This will help make sure the young parent and their child each receive the tailored support they need.

Practitioners should carry out thorough assessments to help identify whether young parents need additional support to care for their children. This might include helping young parents access support services, putting extra measures in place if a supportive family member has moved away, and supporting young parents to provide loving care.

Supporting transition to adult services

Practitioners should understand that the transition from children's services to adult services can be difficult for young parents, and take steps to make the change as smooth as possible. This includes preparing the young parent for the change well in advance of their 18th birthday and liaising with adult services to ensure the young parent receives the targeted support they need.

When a young parent transitions to adult services, practitioners should ensure their child is still being seen and supported by a child-focused practitioner.

Domestic abuse

Practitioners should undertake training to help them recognise and understand the indicators and dynamics of abuse. This should include an understanding of coercive control.

Practitioners need to be trained to understand the impact of domestic abuse on children and should always take action to protect a child who is experiencing domestic abuse. Any threats or violence from someone who is a key figure in a child's life should be considered when assessing their ability and suitability to care for a child. Any aggression or threatening language, regardless of who or what it is directed towards, should be taken seriously as an indicator of risk to a young parent and their child.

Practitioners should consider how experiencing domestic abuse is impacting on a young parent's level of control in the relationship, and their capability to keep their child safe.

➤ [Read our learning from case reviews briefing on domestic abuse](#)

➤ **Listen to our podcast about the learning from case reviews about domestic abuse**

Previous experiences of trauma

When assessing a young parent and their child, practitioners should consider any past experiences of abuse, neglect, trauma and other significant life events. Assessments should aim to find out what impact these experiences have had on the wellbeing of the young parent and their child, and how much support they might need.

Practitioners should be trained to understand how adverse childhood experiences can impact someone's capability to bond with and care for their own child later in life.

Practitioners should not assume that family members and partners are able to protect and support young parents and their children. There should be full and thorough assessments of anyone who is significant in the life of a young parent and their child. Assessments should include gathering background information and personal histories, to help build up an accurate picture of someone's protective capability and ascertain whether they pose any risk.

Child sexual exploitation

Sexual activity of a young parent aged under 18 should always be considered as a possible indicator of child sexual abuse and/or exploitation.

Practitioners should remember that a young parent might not understand they are being groomed, exploited and/or abused. This means practitioners should proactively investigate whether there are any risks and put appropriate child protection measures in place as necessary.

Practitioners should engage with and assess young parents' partners to understand if there are any risks around grooming, abuse and/or exploitation. This includes considering whether there are any factors in the relationship that contribute to or interact with the vulnerabilities of the young parent and their child. Significant age differences between young parents and partners should always be explored as a potential indicator of abuse and/or exploitation.

Practitioners should assess whether previous experiences of grooming, abuse and/or exploitation might impact a young person's capability to consent to sexual activity as an adult.

Practitioners should undertake training around the risks associated with online child sexual exploitation and explore whether young parents might be being exploited online as part of the assessment process.

Mental health

Practitioners should look for the underlying causes of mental health issues, instead of focusing entirely on the effects.

Practitioners should be trained to understand that experiencing abuse or neglect can have a negative impact on mental health. If a young parent or their child has previously experienced trauma, practitioners should always consider what mental health support they need.

Practitioners should also undertake training on the impact mental health issues can have on a young parent's ability to care for their child, and understand what support is available to help the young parent and their child.

Young parents who are under 18 should be referred to child and adolescent mental health services (CAMHS) to get support for mental health issues, instead of being directed to adult mental health services.

Behaviour perceived to be challenging

Practitioners should consider why young parents are displaying behaviour that is perceived to be challenging rather than focusing only on the impact of the behaviour. This can help with identifying what support is needed to help young parents and their children in the long term.

There should be effective processes in place for responding to missed or cancelled appointments. Practitioners should talk with young parents to understand the reason why the appointment was missed or cancelled and who it was cancelled by.

Practitioners should consider whether the explanation given for cancelled appointments is plausible within the context of what is known about the family, and whether there are any child protection concerns that might be impacting on the young parent's ability to attend. These might include domestic abuse or child sexual exploitation.

Cases should not be closed solely because young parents don't attend appointments. Instead, practitioners should consider how and who is best to provide appropriate support.

Living situations

Practitioners should ensure they understand the factors that are contributing to a young parent's living situation, and consider how these factors can be minimised to support the family's welfare.

Where young parents and children are living in challenging environments, practitioners should consider what support young parents need to provide consistent loving care to their child.

Practitioners should carry out housing assessments regularly, to help them stay up-to-date with young parents' and children's living situations. Assessments should focus on how the living situation may contribute to risk and what level of support is needed to help mitigate risk and resolve any issues.

Practitioners should consider whether other people that young parents and children are living with, for example grandparents, are suitable and whether they need help to support the young parent and children.

Drugs and alcohol

Practitioners should consider the underlying reasons why some young parents use drugs and alcohol, and consider what support the young parent needs to cope with any challenges they are experiencing.

Practitioners should consider whether a young parent's substance misuse is impacting their ability to provide safe and loving care to their child, and what measures need to be put in place to mitigate this.

Where there are concerns around a child's access to drugs in the home, practitioners should carry out a thorough risk assessment and take appropriate steps to keep the child safe.

References

A list of case reviews analysed for this briefing is available on the [NSPCC Library Catalogue](#).

The national case review repository makes it easier to access and share learning from published case reviews at local, regional and national level. You can access the repository via the [NSPCC Library](#).

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