

TITLE

Young parents' experiences of a multi-agency young families project: Findings from a co-produced study.

1. Introduction

It has been recognised that young families, are highlighted as requiring a wide range of support (Robb , McInery, & Hollins Martin, 2013) and in order to reduce health and social inequalities in this demographic, support is most effective if started before birth (Nolan et al., 2012). Only then can the close links between early disadvantage and poor future life changes be challenged (Hutchinson, 2007; Marmot et al., 2010). Such support is likely to be particularly vital for young people who have experienced Adverse Childhood Experiences (ACEs), as they are at particular risk of early sexual intercourse and teenage pregnancy (Allen & Donkin, 2015), potentially leading to intergenerational patterns of childhood poverty and harmful behaviours (Panisch et al., 2020). For the mother, associated increased risks include depression and social isolation (Smyth & Anderson, 2014; Allen & Donkin, 2015; Li et al., 2020) and for babies there are higher risks of premature birth, low birth weight, still birth and infant death (Public Health England & Department of Health, 2009; Public Health England and Local Government Association, 2015). There is also a significantly higher risk of living in poverty for those children born to young mothers (Public Health England and Local Government Association, 2015).

To exacerbate this situation there is a low uptake of antenatal and postnatal services amongst younger parents (Department of Health, 2009; Downe, Finlayson, Tunçalp, Gülmezoglu, 2016) and they are less likely to access and maintain contact with these services due to fear of stigmatisation and feeling of being judged (Rudoe & Thomson, 2009). As a solution to these difficulties, some early intervention strategies have been set up with the aim to support young parents and to improve health and social outcomes for themselves and their families (Chief Nursing Officers for England, Northern Ireland, Scotland & Wales, 2010; Welsh Government 2011, 2013). These strategies echo global findings in relation to inequalities and their impact on child and adolescent health (World Health Organisation [WHO], 2018).

One key factor, which has been identified in reducing health and social inequalities in Wales, UK is ‘prudent healthcare’, which suggests that through co-production, public and professionals can be equal partners to the benefit of the community (Bevan Commission, 2013). The Well-being of Future Generations (Wales) Act 2015 argued that this is essential for improving the social, economic, environmental and cultural well-being of Wales. To create a more sustainable and equal Wales, the Act states that public bodies are required to undertake an approach that involves prevention, integration, involvement, and collaboration; approaches must also be long term . Within this context the multi-agency project at the centre of our study, was set up in May 2016 as an early intervention community project (including health professionals and other ‘social’ care workers) funded through by Welsh Government.

At the time of our one-year mixed methods study, the multi-agency team consisted of four Family Facilitators, two Early Language Development Workers; four Nursery Nurses; six Midwives and one Administrator. The Midwives and Nursery Nurses were led by a Lead Midwife and all others were led by a Local Authority Manager (local council). The team worked across a large post-industrial coastal city in Wales, UK to support the well-being of vulnerable and expectant young parents [aged 16-24] during their pregnancy and throughout the child’s infant years. While no biographical data was collected from participants for this study, it became clear through the data collection that some of the young people had criminal records, some had partners in prison or just released from prison, many of them were also under the care of Social Services and several were not in contact with close or extended family. This multi-agency, early intervention and long-term engagement approach was adopted to provide holistic support for young parents and help them to meet their child’s health and emotional wellbeing needs in order to thrive as a family (AUTHOR REFERENCE REMOVED).

Ensuring good health during pregnancy, feeding and early parenting is seen as being central to maternity and early years services with an associated aim to improve public health by reducing health inequalities (Sanders, Hunter & Warren, 2016). In particular, early interventions are considered to be important in the prevention of illness and health inequalities for young parents and their families (Harrison, Clarkin, Rohde, Worth, & Fleming, (2016). This has been a focus for many years and as part of the Teenage Pregnancy Strategy in 1999, Sure Start Plus Advisor (SSPA) programmes were piloted in selected local authorities (Malin & Morrow, 2009). The aim of these pilot programmes was to provide pregnant teenagers with an advisor whose role

was to give individual support, antenatally and postnatally, which was tailored to their specific needs. It was considered important that these advisors built up a friendly and trusting relationship with the mothers and in turn, build their confidence and aspirations. Some success was achieved from these programmes (Malin & Morrow, 2009), however MAP was not modelled closely on these pilots; support was not offered by just one advisor giving advice. Instead, in MAP a whole multidisciplinary team provided support with a range of aspects in the lives of the young parents from pregnancy until their child reached the age of two.

In this paper we suggest that multi-disciplinary working serves to support young parents and provides a useful tool to challenge the health and social inequalities experienced in particular by young parents. We argue that the MAP staff helped the young people in intended and unintended ways. We suggest that previously unintended aims of their support proved to be of particular and great value to service users. We argue that MAP was beneficial largely due to the efforts and working relationships of the multi-agency staff. This paper will now outline the methods of data collection, before moving forward to focus on four broad findings from the data collected with young people in this phase of the wider study (AUTHOR REFERENCE REMOVED)].

2. Methods

2.1 Research Design

The research team considered it to be essential to base any research on the authentic experiences of the service users for this phase of the study, **therefore it was conceived as a co-production enquiry (Fleming & Beck, 2012; INVOLVE: National Institute for Health Research, 2018). The young service users and researchers worked closely together to form the very first idea about whether or not to even conduct a study. They then worked closely together throughout in a research development and delivery group to initiate, design, plan and conduct this phase of the larger study In this sense, it was achieving something more than participatory research, in which subjects of research participate more than had been previously or traditionally expected in a study (Bergold & Thomas, 2012).** The phase of the study discussed in the paper involved participant observations by members of the research team of antenatal classes and four Focus Group interviews with the service users and a peer-support mother and baby group. For aspects of the wider study, and a deeper description of the methods used see AUTHOR REFERENCE REMOVED.

2.2 Sample and recruitment

All the participants lived in a Post-Industrial coastal city in South Wales, in areas ranked in the Welsh Index of Multiple of Deprivation as the most deprived 10 per cent in Wales (StatsWales, 2014). The number of ACEs experienced by the young people in the MAP population was higher than the average for Wales; 64% had 4 or more ACEs, compared with only 14% of the Welsh population overall. Only 5% had no ACEs compared with 53% of the Welsh population (Public Health Wales, 2015).

Purposive sampling was used to recruit participants (Hammersley, 1993); all those who had been attending the multi-agency groups were invited to take part. All participants were aged between 15 and 24 and had accessed a variety of services from MAP, including 1:1 home-visiting and midwifery support or attending group sessions, or both. A total of 16 young women and 2 young men participated in the focus groups and another small group of young mothers and fathers volunteered to form the research development and delivery group, which met regularly throughout the study and assisted with recruitment. They proposed the different phases of the study and helped the research team to devise questions for interviews and focus groups. **The group of young service users in the research development and delivery group were skilled in using social media and they launched a closed Facebook group for the study. This proved to be an invaluable tool for communicating with service users and although this was not used as a data source, it enabled young people to keep in touch with research developments and it was vital in recruiting participants to the focus group interviews.** Others were recruited via MAP staff and researchers handing out invitations and information sheets at regular group activities. As many of the service users had experienced health and social inequalities, and were often involved with social services, this group may be considered ‘hard-to-reach’ (Bhopal & Deuchar, 2016) Therefore, members of the research team spent some weeks prior to launching the study, attending the groups as guests, to help service users feel comfortable with their presence and to build up trusting relationships with the members of the research development and delivery group.

Figure 1 – Participants in the antenatal and peer support group sessions

| | Male | Female | Total |
|---------------|------|--------|-------|
| Focus Group 1 | 1 | 4 | 5 |

| | | | |
|---------------|---|---|---|
| Focus Group 2 | 1 | 3 | 4 |
| Focus Group 3 | 0 | 5 | 5 |
| Focus Group 4 | 0 | 4 | 4 |

2.3 Data collection

The observations of the parenting classes were conducted by two researchers (X and X) from the team, with one researcher writing up field notes and the other participating in group activities with service users. The focus groups were facilitated by X and participants were encouraged to talk to each other and not the moderator (Krueger, 2002). To guide the Focus Groups questions were posed as designed by the research development group, to explore the experiences of the service users.

2.4 Data analysis

The Focus Groups were audio-recorded with consent from all participants and they were transcribed by X, during which analysis began, with X immersing herself in the data and following the principles of thematic analysis as laid out by Braun and Clark (2006, 2012). Immersion was achieved by X repeatedly listening and reading the recordings to familiarise herself with the participants' data.

A series of initial codes were elicited from the data, which allowed for preliminary categories to be identified. Then X searched for patterns in codes across the different Focus Group interviews and the observation. Four themes were drawn out and are identified in the discussion section below. Anonymised extracts of data were then taken to the Research Development Group meetings, where service-users and MAP staff members discussed the meaning of the data and helped confirm the themes.

2.5 Ethical aspects

The study followed ethical protocols used by the funding body (Removed for peer review) and the employing institution of the researchers. Interested parties had 1 – 2 weeks to consider their participation, they were advised that they could withdraw themselves at any time, without penalty, and they were invited to sign consent forms, which they did prior to taking part. All participants were fully assured that all names throughout the research and in this paper are pseudonyms.

3. Findings

We identified four broad findings from the data collected with young people in this phase of the wider study. The themes included (1) ‘Going above and beyond’ – Support from staff; (2) ‘Knowledge stays with you’- Learning; (3) ‘The person who I am today’ – Mental Health; and (4) ‘Going through similar things as you’ – Friends. In the following section we outline each of these in turn before moving on to discuss them in section 4.

3.1 ‘Going Above and Beyond’ - Support

Phrases like “They really do go above and beyond” was used by many of the participants, reflecting how MAP staff made an impact on the young parents and their lives. All of the participants in the study explained how they had positive relationships with MAP staff and they linked this to the personalities of the staff, which allowed them to feel like they could connect on a personal level. Participants described their relationships with staff members as one which was about “give and take”, where “we get information from each other” [Annabelle, FG 2] as often staff members would sometimes even ask them for advice. This facilitated the formation of a trusting relationship. Personal attributes included staff being friendly, empathetic and positive; this was often expressed in similar ways to this statement:

They’re all upbeat and positive, like you never get a grumpy staff, like it’s really good because they’re always smiling and when someone smiles at you, you instantly feel better.

[Elise, FG 2]

Participants also described how staff members were encouraging, supportive and non-judgemental, which gave them confidence to talk and ask for advice about issues and any problems they were having [SEE AUTHOR REFERENCES REMOVED]. This was important to several participants as they expressed that sometimes they needed somebody to talk to who was not a family member or friend. Two participants stated that they would go to a staff member before asking their parents as they believed that they would not be looked down on as being incompetent or be judged for doing something wrong. This made the young people feel like they could “tell them anything in confidence” [Alexa, FG 3]. They felt comfortable as staff members were never fazed; the participants could say anything to them and they would just respond as if the situation was normal, demonstrating a non-judgemental attribute, which was very highly valued by participants.

However, not all the comments were positive. Although the majority of staff members were described as “angels” [Phoebe, FG 1] one participant described occasional feelings of negativity. This was seen in a Focus Group exchange between Annabelle and her partner George, where George saw the ‘bluntness’ of a staff member as being positive, in contrast to the view of Annabelle:

Annabelle: Some of the staff are absolutely brilliant, but then there’s certain members which are ‘urgh’...[] he’s drilled fear into us to make us think, ‘oh but if we don’t do this, this is going to happen’...and it’s just like a sense of fear

George: I see that as a good thing...they don’t sugar-coat everything for you.

Annabelle: In some sense he can be too blunt and he kind of makes us feel like we’re not doing anything good...you know when it comes to someone like me, I’ve got depression and anxiety, so I take things quite literal.

[Focus Group 2]

Relationships with MAP staff were also compared to relationships with other health professionals they had previously met. MAP staff members were described as being more approachable, informative and supportive than other health care professionals (including midwives) that they had met outside of MAP. Participants described how they benefited from their time with the MAP midwives because they took the time to explain labour, birth and parenthood in more detail, which they felt prepared them more.

Less positive experiences with other health professionals included feeling rushed, not seeing the same person twice, negative encounters where participants felt like they had been treated like a child. When comparing other healthcare workers with MAP staff two participants noted:

[MAP staff] would never treat you like, treat you stupidly or like a child. They treat you like adults and they talk to you as a mother. [Lisa, FG 3].

[MAP staff] would never just look at me and make me feel stupid or young or anything for asking, like I could literally ask her anything and she’d like take the time to explain it. She’d never give a one-word answer or like look at me like ‘why are you asking that?’ [Annie, FG 3].

A statement from Olivia exemplified many others:

It's literally support left right and centre. [Olivia, FG 1]

Participants described experiences where staff members would make extra efforts to help and support them, including cancelling other appointments to deal with an urgent case or making the effort to check on participants in hospital. Participants claimed that the staff at MAP had changed their lives for the better with many of them echoing the thoughts of Emily, who was under the care of Social Services and had been at risk of having her baby removed from her care:

I don't think I'd have my baby if it weren't for them. [Emily, FG 4]

In particular, MAP staff members were seen to be very inclusive of partners; one male participant said that the health visitor who cared for his previous child was "all about mum and baby" and that he was not included in any conversations. This echoes findings in a study exploring fathers' experiences (Darwin et al., 2017; AUTHOR REFERENCE REMOVED). However, it was very different with MAP staff:

When they came out they always had a little chat with me... 'how are you Ben? How have you been?' and it was nice, it's only a few words but it goes a long way...it was nice to be included rather than excluded, because a lot of Dads do feel pushed out now. [Ben, FG 1].

The inclusion of partners came up in all four focus groups; they felt included in their children's lives and gained vital information relating to the growth and development of the child, how to support their partner during labour and how to be a partner and not just a parent. This is reflected in another extract from Ben:

When [staff member] came out, she was talking to me about how to prepare Annabelle going into labour and stuff like that...and pretty much included me in everything [Ben, FG 2, p.3]

Support outside of the expected health and social care was referred to several times, sometimes in relation to aspects that were surprising:

I recently started on a uni course, but I never would have done it without having support from [MAP] and that and them pointing me in the right direction...I didn't know where to start at all, then I went to the MAP co-ordinator and he set it all up for me. [Phoebe, FG 1]

Participants were grateful for MAP opening up doors for them and showing them that they could achieve their own personal goals. In relation to employment, many stated that they did not know where to start, where to go and who to get in contact with to get into work. MAP supported young parents in accessing volunteering opportunities to gain valuable work experience. For one participant, these opportunities led to him getting a job:

'MAP' has helped me get a job to be quite honest with you. There were certain barriers in the way of me getting a job and they helped me to overcome them...They pointed me in all the right directions, all the right places to volunteer, so when it came to actually getting a job and having an interview, I had all the knowledge I needed, I was ready for it... we've got a better overall family life, we have with money and everything else, they've done quite a lot for me [Ben, FG 1].

In addition to providing help and support with gaining work and work experience, MAP staff also assisted the young parents with filling in forms to apply for grants. Some participants also told how a MAP staff member came out to their homes and helped them with their money management:

They help you with money as well, after I had her it was mental and for weeks I didn't sort my money out, and then like [staff] came to my house one day and they just sat down with me, they rung everyone for me. [Alexa, FG 3]

Although it was not one of the stated aims of MAP, information about receiving help related to housing and home conditions was very dominant in the Focus Group conversations throughout all FGs.

My midwife helped me...because I was moving into a new house and that, she helped me with like setting up grants and all the things I needed for the house and stuff to make sure I was all fine. [Phoebe, FG 1]

They write you letters and stuff to say how badly you need it and things like that. Without them, I don't think my friend would have a house right now, she'd still be homeless. [Hannah, FG 4].

They've sorted out carpet for my children's bedroom because we were struggling with that and now I have carpet down and sorted, which is obviously a big thing because wooden flooring is not safe for them, whereas now it is safe. They can play in their room happily...so they've got an extra space to enjoy. [Daisy, FG 2]

3.2 'Knowledge stays with you' - Learning

Participants readily referred to the education they received from MAP in one-to-one home support and in group sessions. Overall, participants reported that they were educated about everything they needed to know for pregnancy, childbirth and parenthood.

They educate you... because when you do become a new parent...there's no book for it... They touch upon this stuff in groups, but they don't overload you with information, they mention bits and pieces, simplify it down and let you understand. All that does at the end of the day is it helps you become a better parent and helps you raise your child better [Ben, FG 1].

MAP offered one-to-one home midwifery support pre- and post-natal, along with other services such as nursery nurses and speech and language development workers visiting people in their homes. All the participants said that they found these additional services had an impact on their lives and they were grateful for them. Three participants recalled how the midwives demonstrated the growth of the baby using fetal development models, so that the parents could picture how their baby looked in the womb during the different stages of their pregnancy. Midwives appeared to be acutely aware of the need for the young parents to feel confident about their babies' health:

I loved having [staff name] as my midwife because like every time she'd come out, every single time, she'd listen to the baby's heartbeat and stuff. So, I knew my baby was fine and I always knew my baby was healthy. [Sandra, FG 4].

Midwives used birth model sets to prepare the participants for the childbirth process. This helped them know about cervical dilatation and about labour, which was appreciated:

I would not have been able to go through labour if [staff] had not talked me through it...[before] I was sitting there thinking, oh my god, I cannot, I'm going to die because it's going to come from a tiny hole. [Emily, FG 4]

The participants also spoke about how following sessions with the nursery nurse, they had been prepared for things such as bathing a baby correctly, safe sleeping methods and the right way to sterilise bottles.

Other one-to-one sessions related to bonding with the baby during pregnancy and postnatally. Participants stated that these sessions helped them in getting to know their baby; some participants spoke about their experiences of being taught baby massage and how it brought them closer to their children. They expressed how it had become part of their daily routine and it gave them a period of the day where they could just 'chill' and 'clear their mind'. The following statement sums up parents' experiences with baby massage:

It's like really relaxing, it doesn't just relax the baby, it relaxes you as the parent doing it. It just makes you feel connected to your child" [Annabelle, FG 2]

Another example of a beneficial one-to-one session at home was expressed by Daisy. She had not noticed any issues with her child's speech and language until it was picked up by a staff member. Daisy spoke about how she had a weekly session with the MAP speech and language worker, which was beneficial for the child, but also her, as it gave Daisy the opportunity to learn about ways to interact and play with her child. This session was delivered through play and was tailored to the child through what they enjoyed playing and in this example, it was through being creative.

It has benefited them having the service because it also made me get the ball further rolling on [child's name] speech and language and without that I don't think I would have realised that she needed more intervention into it. [Daisy, FG 2]

Group sessions were also seen to be a valuable way of gaining information and knowledge, helping young parents to learn how parenting affects children's development.

She'll be brought up differently to how she would have been brought up if I didn't have the MAP because [of] the things they've taught me. [Hannah, FG 4]

Participants recalled sessions where they learnt about synapses in the brain and different connections a child makes in their head. They said that gaining this information was vital said that they realised that bad experiences within childhood affects people in adult life, and they wanted to give their children the best possible life.

Group sessions also focused on parents being partners and this was seen as being important to the young parents, as it allowed them to learn effective ways to communicate with each other, as:

You sometimes forget that you're a partnership when you're in a relationship with a kid. [Daisy, FG 2]

Participants gained knowledge on how arguments and having conflict in the house can affect a baby, and how babies can pick up on the atmosphere in a home. They were taught ways to overcome these obstacles, through open communication and coping techniques [AUTHOR REFERENCE TO REPORT REMOVED]. This was particularly beneficial to Molly, who stated that she and her partner were going through a rough period when their first child was born and attending the group sessions helped save their relationship and she believed that she still had her children living with her due to the different coping strategies they were taught together. These strategies included taking themselves out of the situation and going for a walk rather than bickering. Molly expressed how she believed her son would be a completely different person without the service, because she learnt how to discipline him correctly rather than shouting at him and walking away:

If I have shouted at him, I'll sit with him, I'll say sorry, he won't say sorry [slight laughter] and then we'll give each other a hug and we'll walk off then and we'll go and play with something or do whatever. [Molly, FG 4]

3.3 *'The person who I am today' – Health*

As Whitworth, Cockerill and Lamb (2017) outline, young mothers are at a higher risk of depression and low self-esteem and a lack of mental health support can have negative effects on parenting practices. These factors can further impact on the mother's abilities to bond with the child (Winston & Chicot, 2016). Support with mental health problems was a discussion which came up in every focus group, with 10 participants stating that they either currently have or have previously had mental health issues during their pregnancy or afterwards. Eight of these participants stated that the service had provided them with beneficial support for their mental health. Issues surrounding mental health varied and included anxiety, depression, paranoia, schizophrenia, eating disorders and post-natal depression. It was stated that the staff provided coping strategies, tactics to overcome stress and general support for depression. One participant was provided with a professional to help as she had experienced some:

Deep dark thoughts and I was quite frequently harming myself. [Phoebe, FG 1]

As stated here, Phoebe was concerned how these would affect her as a parent and her son's quality of life. She said that by opening up to MAP staff she had access to the relevant support mechanism in place to help her.

It was clear that the participants wanted to show that they had overcome these issues, due to many using statements such as:

My post-natal depression has pretty much gone now, it's gone. [Hannah, FG 4]

Go back three and a half years, I was a different person. [Ben, FG 1]

Ben recalled a time in his life where he was on medication and anti-psychotics, which he saw as barriers to him having a normal life. He adopted unhealthy risky behaviours and left him feeling isolated and causing trust and confidence issues, which he felt the group sessions helped him to overcome. He said that it was because of the support from MAP that he managed to

come off medication and adopt a healthier lifestyle. However, not all participants had received support for their mental health, with Annabelle not making staff aware of her condition

The only reason I don't really want to is the fact that if I talk about it, it makes the situation worse. [Annabelle, FG 2].

Annabelle was afraid of "something happening" if she opened up about her mental health. She demonstrated a fear of social services' involvement, which can also be seen with other participants:

[MAP] helped get social services off my back. [Emily, FG 4]

Two participants explained how MAP had helped them to overcome anxiety and post-natal depression by encouraging them to get out of the house, attend sessions and mix with other people, which was beneficial in reducing the isolation they were feeling. This was an important aspect to them because they realised that staying indoors would affect their children's health and development and they wanted to have a positive influence on their children's health:

Going out and making them see that mummy is ok and I can now do these things, instils in them that when their older its ok, like as long as you've got the support there you can get over these things. [Daisy, FG 2]

Elise's eating disorder was indirectly helped by the services provided; she found herself feeling comfortable eating in front of others in the group sessions, which she had previously struggled with. She was grateful for these sessions as she understood that: "It's your actions which influence your kids" and she did not want her child to grow up with the same condition as her.

3.4 'Going through similar things as you' - Friends

All participants said that they had formed new meaningful friendships and the bonds they had formed through MAP were different to other friendships they had. The socialising aspect of MAP was particularly important to two participants who stated that that by getting out of the house issues relating to their health improved including social isolation, mental health and (for

one) an eating disorder. It is important to note that the participants largely felt that these improvements were due to the friendships they had formed.

Being with people who were in a similar situation was a benefit of group sessions as it formed a way of sharing experiences with those who could relate to their situation and help them to feel that they were not alone. It was pointed out by four participants that previous friendships extinguished when they became parents, this is supported by a statement from Daisy:

You're with people who are going through similar things as you...just making friends in general who are parents because let's be fair as soon as we become parents where do our friends go? [Daisy, FG 2]

It was important for the young parents to chat about issues they were having as parents, which allowed them to realise that feelings they had and issues with their children were normal. It allowed them to come up with solutions and share how they overcame obstacles such as potty training. These friendships provided them with support, especially during the weekend and out of working time. One participant particularly recognised the importance of such social support and with the help and guidance MAP staff members set up a social media page and a drop-in session where parents meet up, socialise and relax outside of 'official' group sessions.

It was not only the young parents who formed friendships, but also the children. Some of the parents stressed how important they felt this was to the children's growth and development. Daisy particularly praised the group sessions as a way for her two children to mix with others. A number of participants stated that this had helped their children flourish and to reduce previous 'clingy' behaviours:

She was so clingy to me before...the girls are so good in there, they've just taken her and she's been absolutely fine, she's learnt now that she's gone with other people for a bit and mam will come back. [Amanda, FG 4]

4 Discussion

The young people involved in this study highlight how different programmes of support were available pre and post birth to provide an invaluable level of health and social care. This support

was fostered by the multi-agency workers through one-to-one work, but also through the facilitation of family support group classes and forums. As young parents are more likely to have poorer outcomes and experience inequalities, including access to education and employment, creating poorer outcomes for themselves and their children (Smyth & Anderson, 2014) this support was invaluable.

Despite the often negative connotations attributed to younger parents, as we have shown in this paper, they are often determined to prove themselves to be good parents while not feeling that they fit into stereotypical perceptions of others (Mulherin & Johnstone, 2015; Harrison et al., 2016). However, Robb et al. (2013) argue that young parents can be self-stigmatising and they may fail to ask for help, for fear of social services involvement. Negative encounters with health and social care professionals are associated with delayed antenatal care and adverse maternal and infant outcomes (WHO, 2004). Some young prospective parents and new parents do not make full use of primary care services (Robb et al., 2013) with underutilisation of antenatal and postnatal services having an effect on other health services. The Kings Fund (2015) is a well-respected and independent charitable UK organisation, which collates and conducts wide ranging and reliable social and healthcare research and in 2015 they concluded that secondary (hospital) care services including accident and emergency departments, which were already stretched, were receiving admissions from young parents for issues that were considered inappropriate for that service. They concluded that it is crucial that services aimed at supporting young parents also adopt methods, which help improve their knowledge and skills.

In order to address some of these issues, MAP's work was based on the aims of the 'First 1000 Days', which is a collaborative facilitated by Public Health Wales, to support families in Wales at an early stage (Loughton, 2015; Public Health Wales, 2015). Through this, it hoped to have fewer children exposed to ACEs in their first 1000 days of life. In MAP elements of another early years strategy, 'GroBrain' were also used to aim to help parents to raise emotionally healthy children through bonding and attachment within the first two years of life (GroBrain, 2015). Whilst it is impossible to deny the importance of health harming behaviours on children and young people's future life chances, one should also treat such individualistic approaches to parenting as being potentially problematic and one ought not to ignore the impact of poverty, and social marginalisation, which is often unclear and under reported (Kelly-Irving & Delpierre, 2019; White, Edwards, Gillies, & Wastell, 2019). Despite this, the findings from

this phase of the overall study support earlier findings that working with young parents can help them believe that they can be competent parents and give them a degree of agency in their lives (Nolan et al., 2012). The findings from this study also reflect what is already known about what young parents want from their health professionals; a listening, caring and supportive manner (Harrison et al., 2016). Examples of this are seen in the comments from Elise, Daisy and Hannah. MAP's educational approach to health promotion and public health also seemed to be a means of improving health through providing information and knowledge to build the motivation and skills of people to make voluntary choices in parenting style (Lucas & Lloyd, 2005; Raingruber, 2013).

The Welsh Government reported that 'standard' maternity services are sometimes unable to adequately prepare parents for childbirth and due to work pressures they may not be supported enough in the delivery of antenatal education (Welsh Government, 2011). The findings of this study suggest that through working within MAP, the midwives and other staff members were effective in this aspect of their roles, as indicated by the comments from Ben and Emily, for example. Another contrast with the SSPA programmes is in the fact that support was not only provided to the mothers, since research shows that young fathers who participate in parenting interventions believe that they are helpful for their parenting skills (Tully et al., 2017). Young men who become fathers are affected by social exclusion and need support to achieve their potential and meeting their needs effectively can in turn, improve the life chances of the young parents and their children (Public Health England & Department of Health, 2009; Tarrant and Neale, 2018)). Despite this, there is relatively limited evidence related to the needs of young fathers and this research adds that there is a need for fathers to be involved in parenting because they often feel isolated and pushed out from this aspect of their lives (Darwin et al., 2017; Reeves, Gate, Webb, Delaney & Cocklin, 2009). When analysing the experiences of the service users it appeared that MAP staff seemed to be aware that a good, healthy relationship between parents and a father's involvement with their children in the early years can benefit the whole family. This is important, since it is argued that father's involvement in parenting can reduce a mother's stress levels and the child has better emotional, behavioural and educational outcomes (Public Health Wales, 2015).

The willingness of MAP team members to offer advice and practical support with aspects that were related to financial and social / educational needs seemed to be highly important, and outstanding in this study. Housing conditions can contribute to many preventable diseases

(WHO, 2018). It is the responsibility of local authorities to provide support for vulnerable families with children, including ensuring suitable accommodation is provided creating a safe environment to learn, grow and play (National Childrens Bureau, 2016). However, young parents often struggle with accommodation and MAP staff made extra effort to help young parents with their money management, with filling in forms and gaining items for their homes, as seen in comments from Phoebe and Hannah. As in other comments from Ben and Phoebe, the staff also supported young parents to gain experience and apply for jobs and courses, leading to potential employment, thus breaking the chain of deprivation, which is crucial to improve the outcomes for their children (Arthur, Unwin & Mitchell, 2007). All these actions by MAP staff may be critical in the apparent success of the service, and this warrants further investigation in this and other, similar services.

Finally, this study supports the research by Nolan et al. (2012), which found that friendships made at antenatal classes preserve a mother's well-being across the journey of parenthood. Although Nolan et al's research focused on relationships made at antenatal classes, this study shows that friendships can form during other intervention services. MAP encouraged young parents to form friendships and ensure that their surrounding environment is a positive one which can contribute to promoting health (WG, 2013). Social support was seen as being crucial, as it had a positive effect on people's emotions and helped them to make healthier choices. As parenthood can often be a stressful time, it is important that young parents get the opportunity to relax in social situations that are beneficial for their health (Mills et al., 2012). This was discussed in all of the Focus Groups and is exemplified in the comments from Daisy and Phoebe:

“everyone I know at the minute is from MAP...I don't have any friends who are not parents. I've made them all since having my son and without a doubt I don't know where I'd be right now, I just would not have anyone, I lost all my friends when I had the baby” [Phoebe, FG 1]

5. Limitations

This study and its findings are inevitably limited by the small sample size and the restricted locality from which the sample was drawn. For future research in this field a study incorporating similar services cross a wider geographical area, with a larger sample size, and including more fathers, would yield potentially more generalizable results.

6. Conclusion

This paper has provided a descriptive account of young parents' experiences of a parenting project in a post-industrial coastal city in Wales, UK. The findings show that MAP provided support throughout pregnancy and early parenthood. MAP incorporated several health and social care practitioners in a multi-disciplinary approach offering antenatal and prenatal education and support, with the hope that the young parents would adopt healthy behaviours and thus improve future outcomes for themselves and their children. Staff members' personal attributes and the relationships they formed with the young people improved the level of trust in the service. Being able to form friendships was also important to the young parents, as a way of combatting issues such as social isolation and mental health problems. MAP supported them not just in pregnancy issues, but also a wider variety of things including their mental health, employment, education, housing and finance issues.

The findings around support with finance, housing, employment and furthering education as well as the benefits of including fathers are aspects, which not widely referred to in current literature relating to young families' projects. We argue that this paper therefore adds to the body of knowledge in relation to young families' support. Finally, this co-produced study was designed and delivered with input from service users at every stage of the process, which may have assisted with recruitment and commitment to taking part and with gaining a truly service-user perspective from some traditionally hard-to-reach participants.

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