

Teenage parent supported housing pilot evaluation

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education

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Executive summary

This report provides an interim assessment of the progress of the Teenage Parent Supported Housing (TPSH) pilot, funded by the Department for Education until March 2011, providing seven schemes designed to test a range of 'enhanced support packages' for teenage parents.

Establishing the TPSH pilot

The TPSH pilot is testing a diverse range of models of supported housing for teenage parents. Authorities were asked to design 'enhanced support packages', rather than work to one prescribed model.

One pilot is delivering a residential model with intensive on-site support, one has a focus on supporting young people in hostels, another on accessing the private rented sector whilst others provide housing related floating support. Other forms of provision include teenage parent workers, life-coaches, adult volunteers and/or mentors, as well as specific financial and emotional support services. All projects support young people's engagement in education, with one having a particular focus in this area.

The projects took different lengths of time to become established in their local areas. Early challenges included a short-lead in time, human resource issues, data sharing and identification of child-care facilities. A high degree of 'buy-in' from key partners and senior staff, positive inter-agency working, and similar models of service delivery already existing in the authority assisted the establishment of the projects considerably.

Referrals to the project

A total of 491 referrals of young parents (including parents-to-be) were recorded across the seven projects in the first year of the TPSH pilot. The vast majority of referrals were accepted onto the projects. At December 2009, the majority of young people recruited were still being actively supported.

The (main) target group for all pilots are teenage parents including young pregnant women/fathers-to-be. One project is also working with young people at risk of teenage parenthood. Referrals were received from a diverse range of agencies, including Connexions, Children's Centres, health professionals (particularly midwives) and housing and hostel providers.

The majority of the young parents recruited were female (96%), of White British origin (85%) and had an average age of 18. A number of the projects have worked proactively to recruit young fathers and to support couples.

Two in five young people (42%) across the pilots were living in their own independent flat or house at referral, approaching one third (31%) of young people were living with their parents and one in five (19%) of young people were living in supported accommodation or other temporary accommodation.

Caring for children was the main economic status for two fifths (40%) of pilot participants at referral. One fifth (20%) were job seeking, whilst 5% were unable to work due to illness. One fifth (19%) of young people were in education or training and 7% were in paid employment.

Overall, the young parents had few health problems, with the exception of 23% who reported mental health issues. Very few young parents had any problems with drugs or alcohol or offending. The key support needs were around accommodation issues, maximising people's income, accessing training/ education and negotiating their new status as a parent, although a minority appeared to have more complex support needs.

Delivering support services to young parents

The availability of supported accommodation options, and independent tenancies, across the pilot areas differed significantly. Generally, young people valued the former for the opportunities it provided for peer support but had a number of reservations related to the shared nature of provision. Floating support schemes were generally welcomed though access to good quality social or private housing remained a challenge in many areas.

The early pilot experience suggests that flexible responses to supporting re-entry into education, training or employment are important, ensuring that courses are accessible, where possible module-based, and parent-friendly.

Adult volunteers and mentors were successfully recruited to the pilot projects. Sufficient and appropriate training proved key to retaining volunteers/ mentors especially as people were not always able to be matched with a young parent immediately. The peer education scheme had been well received and was extending to new schools in the second year. Life-coach sessions had been positively received but both some staff and service users were unclear of its role.

The early experience of the pilot suggested that support with parenting worked best if responsive to young people's agendas and integrated into other services. Many young parents (particularly those with older children) expressed interest in learning how to parent but there was also considerable reluctance on their part to engage in any support that they perceived to judge or stigmatise them.

The pilot also delivered a range of other types of support, including work around health (including sexual health) and assistance with money and debt management.

Providers stressed the importance of delivering services flexibly to young parents. This was also welcomed by young people although projects did need to ensure that packages of support were easily understood by young people.

It was reported that the pilot projects had strengthened cross-departmental links in pilot areas, particularly between housing and children's services but also with some health providers.

Teenage parents' early experiences of the pilots

Two in five (41%) respondents had moved accommodation since becoming involved with the pilot project, most commonly to independent rented tenancies from parents or temporary accommodation. The vast majority (89%) of people reported that they preferred their new accommodation to their previous accommodation.

Overall, a majority (72%) of respondents reported that they were either 'very' or 'fairly' satisfied with the amount of space available in their accommodation. A majority were also satisfied with the amount of privacy available (78%), with the safety of their neighbourhood (78%) and a slightly lower proportion with the suitability of their accommodation for young children (68%).

Most young parents enjoyed any education or training that they were involved with, although a lower proportion appeared to enjoy their current paid employment. Significant barriers to working or training were identified, most prominently not wanting to spend time apart from their children and transport issues. However, virtually everyone aspired to be in work, education or training within the next twelve months.

Most elements of the project were rated as 'very' or 'quite' helpful by young parents. The majority of people (82%) felt that the pilot would make a 'big' or 'some' difference to their lives.

A quarter (24%) of young people stated that they were finding it 'very' or 'quite' difficult to manage financially, with a further one third (32%) stating that they were 'just about getting by'. Young people identified increased income, alongside better housing, as one of two things that would most make a positive difference to their lives.

The vast majority of young parents identified that they liked being a parent to their child/ren. The majority of young people also reported that their health, and that of their children, was 'very good' or 'good'.

The evaluation

The evaluation is being conducted by the Centre for Housing Policy, University of York, TNS-BMRB and the London School of Economics. The full evaluation of the pilot programme will be available in summer 2011.

1 Introduction

1.1 Background to the pilot

Addressing child poverty has been a key policy priority since 1999 and the Coalition Government's *'Programme for Government'* (2010) has restated the commitment to eradicate child poverty by 2020 (HM Treasury, 2004; HM Government, 2010a). A recent comprehensive assessment of poverty in the UK by the Government identified that *'poverty is a multifaceted and wide-reaching problem'* (p.6) that requires an *'holistic approach... that tackles the drivers'* (p.14) of disadvantage (HM Government, 2010b). An independent review, Poverty and Life Chances, has also been commissioned to explore what can be done to improve the lives of the least advantaged people in society. A substantial body of evidence documents that teenage parents, and their children, are a group that experience considerable disadvantage including disproportionately poor child health outcomes, poor parental emotional health and wellbeing, and poor economic wellbeing (Berrington et al., 2007; Botting et al., 1998; DWP, 2006; Harden et al., 2009; Hosie et al., 2005; Kiernan, 1995; Liao, 2003; Social Exclusion Unit, 1999; Swann et al., 2003; Wiggins et al., 2007).

The Child Poverty Act, which came into power in March 2010, creates a framework for national and local action to address child poverty, and to monitor progress. The publication of the Act was accompanied by draft *Guidance* (Child Poverty Unit, 2010) for local authorities and their partners. There are four complementary national targets contained in the Act:

- Relative poverty – to reduce the proportion of children who live in relative low income (in families with income below 60 per cent of the median) to less than 10 per cent;
- Combined low income and material deprivation – to reduce the proportion of children who live in material deprivation and have a low income to less than 5 per cent;
- Persistent poverty – to reduce the proportion of children that experience long periods of relative poverty, with the specific target to be set at a later date; and,
- Absolute poverty – to reduce the proportion of children who live in absolute low income to less than 5 per cent.

Under the new 'Big Society' agenda, the Coalition Government is also seeking to improve opportunities for people to become more involved in their communities, able to contribute more effectively through a stronger social sector, and better able to shape governmental policy and delivery. A Localism Bill will provide the legislative framework for local authorities to have greater freedom over how their resources are used to meet their local priorities, and for the greater involvement of communities and the services that are provided within them, in planning and delivery (Department for Communities and Local Government, 2010).

The Teenage Parent Supported Housing (TPSH) pilot is one of six pilot projects enabling local authorities and their partners to develop innovative approaches to tackling the causes and consequences of child poverty and improve outcomes for children and families living in poverty. Under the TPSH pilot, seven local authorities (LAs) were selected to pilot a range of 'enhanced support packages' for teenage parents, with a particular emphasis on those aged 16 and 17 and those not living with parents/carers (i.e. in residential units or their own homes). The pilot authorities include five unitary authorities and two two-tier authorities. The participating authorities are listed in Appendix 1 but are anonymised in the body of the report. The pilots are funded by central government from early 2009 to March 2011. A detailed description of each pilot project is provided in Chapter 2.

1.2 The evaluation

A team comprising researchers from the University of York, TNS-BMRB, and the London School of Economics (LSE), has been commissioned to evaluate the TPSH.

The aims of the evaluation are to:

1. assess the effectiveness of enhanced support packages in terms of the impact on outcomes for teenage parents (mothers and, insofar as possible, fathers) and their child(ren);
2. provide greater understanding of what the key components of an enhanced support package should look like; and,
3. assess the cost effectiveness/value for money of each pilot authority's enhanced support package delivery model.

A multi-method approach is being employed, including:

1. A longitudinal case study evaluation of all seven pilot projects, comprising:
 - a review of the successful LA bids;
 - analysis of project-level funding and other administrative data;
 - design and analysis of project monitoring data;
 - qualitative interviews with service providers, stakeholders and service users, conducted in two main waves (at the beginning and the end of the pilot funding period); and
 - 'mid-point' interviews with project coordinators/managers.
2. A longitudinal 'census' survey of teenage parents receiving support from the pilot projects – conducted shortly after project establishment and again toward the end of the pilot period.
3. Qualitative interviews with a sample of parents of service users across the seven pilot projects, conducted toward the end of the pilot period.
4. Analysis of the Supporting People Outcomes Framework Database and other relevant datasets, such as the Connexions Client Caseload Information System (CCIS).
5. Analysis of the cost-effectiveness of the enhanced support packages being piloted in each area, compared to what provision was previously on offer.

This interim report provides an overview of key findings and emergent outcomes in the early and middle stages of pilot operation. It draws upon data collected via the first and second methods listed above, specifically:

The first wave of the case study qualitative fieldwork

This included the following key elements:

- Review of pilot bids: The seven original bids were reviewed in detail, including the project aims, interventions being used, inter-agency context and costs.
- Telephone interviews with the managers of each pilot project: Preliminary interviews were conducted during June/ July 2009 to provide an overview of the setting up of the project and early progress. These were repeated in May/ June 2010 to update the research team on progress and chart any changes to operational procedures.
- A case study visit to each pilot: The visits were conducted between August and October 2009 and designed to examine the early operation of the projects. The visits

included interviews with frontline staff and key stakeholders from a range of statutory and voluntary sector agencies¹ (n=73) and focus groups with service users² (n=41).

- **Analysis of project monitoring data:** A monitoring system was designed by the University of York to provide information on the profile of young people utilising the project as well as key interventions used and outcomes. Three data collection tools were utilised: a referral form to capture basic data on all young people referred to the project; an entry record that collected more detailed information on the young people who were formally accepted onto the pilot; and an exit form that was designed to record the services received by the young people and key outcome information. A Microsoft Access database was provided to projects for the return of anonymised data to the research team³. Data collected by the projects from their inception until the end of March 2010 was included in the analysis reported below.

The first telephone survey of service users

The purpose of the telephone surveys of service users is to give all young people utilising the projects an opportunity to comment on the services they have received and the perceived impact of these services. All those recruited to the pilot projects by early February 2010 were included in the sample for the first survey, subject to the consent of the young people involved⁴. The projects issued TNS-BMRB, the professional research company undertaking the work, with a total sample of 298 individuals.

Survey interviews were conducted between November 2009 and February 2010 and successfully completed with 162 young people, giving an overall response rate of 54%. Only a small minority (5%) of young people refused to participate in the survey, but 16% of the telephone numbers provided by pilot projects were incorrect or no longer valid at the point of survey, and interviewers were unable to make contact with a further 17% despite repeated attempts to do so (Table 1.1)⁵. Survey interviews took 23.5 minutes on average.

Table 1.1: Teenage parent telephone interview outcomes

Outcome	Number	Percent
Interviews achieved	162	54
Refusals	14	5
Unavailable during fieldwork	23	8
Bad/incorrect number	49	16
Called many times without success	50	17
Total sample	298	100

¹ Interviewees were selected following a review of the pilot bids submitted to the former DCSF and in consultation with the pilot coordinators in each of the seven pilot areas.

² This figure includes peer mentors in the case of one pilot, and peer educators in another (see Chapter 2). Three individual interviews were undertaken as part of this work in one project as it was not possible for young people to attend a group for logistical reasons.

³ This database was utilised by five of the seven projects. Two projects utilised paper-based versions of the monitoring.

⁴ Young people were informed by the pilot local authorities that their contact details would be passed to TNS-BMRB so they could be contacted for the survey, and they were given the opportunity to opt out of this if they chose. Local authorities transferred young people's contact details using an encrypted file transfer system. Before young people were contacted by a telephone interviewer they were sent a letter telling them more about the survey and providing them with contact details of a researcher at TNS-BMRB whom they could contact if they had any questions about the survey. This letter also included a £10 high street voucher to thank the young person for their involvement in the survey which they could keep whether they chose to take part or not.

⁵ Additional measures have been implemented in an attempt to increase levels of participation in the second survey of young parents, including sending text messages to young people.

1.3 The report

Chapter 2 of this report provides an introduction to the aims and operational features of each TPSH pilot project, as identified by the review of the project bids and the qualitative interviews with project managers. This is followed, in Chapter 3, by an overview of the pilot referrals from the project monitoring, including the demographic characteristics and support needs of the young people recruited. Drawing upon the qualitative fieldwork, Chapter 4 focuses on emergent issues and early 'lessons learned' with regard to the different models of support being piloted. Chapter 5 outlines the key findings of the telephone survey of service users. Chapter 6 draws together the key conclusions from the initial phases of the evaluation.

2 Introducing the Pilot Projects

This chapter introduces the seven pilot projects. Firstly, it outlines the key features of the models being developed, including the client target groups and key delivery partners. Secondly, the chapter also considers the setting up process, detailing both the challenges faced as well as the key factors that facilitated project development. The chapter draws on a review of the original project bids and the first wave of the qualitative case study work with the pilots (see Chapter 1).

2.1 The pilot models

The former DCSF specified that pilots should develop 'enhanced' support packages for teenage parents who were primarily living outside the parental home. Authorities were encouraged to develop innovative packages of support that would best meet local need and were given licence to define the 'enhanced' element of these. As will be seen below, the pilots selected are testing a wide range of different enhanced support models.

The key features of the seven pilot schemes are summarised in Table 2.1, and below.

2.1.1 Main models

Pilot A offers specialist floating support to teenage parents, and aims to improve their access to private rented sector housing via a dedicated bond scheme. These services are complemented by: a 'Passport to Housing' programme which seeks to equip young people with independent living skills; 'starter packs' of kitchen utensils and crockery etc. for those moving into a new tenancy; and access to relationship counselling and/or family mediation.

Pilot B is trialling a dedicated high support accommodation scheme for teenage parents. This comprises self-contained flats (including two specifically intended for couples) split across two different hostels, and offers much more intensive support than previously existed for this client group. The project offers a high staff: resident ratio, up to seven hours key work support per week, weekly life coaching sessions, and group-work.

Pilot C's peer mentoring scheme matches teenage parents with peer mentors, mainly aged in their early/mid twenties, who were themselves teenage parents. As part-time paid staff, employed by a local voluntary sector agency but working in Children's Centres, the peer mentors aim to provide emotional and practical support for teenage parents living in a range of accommodation settings.

Pilot D also offers a specialist teenage parent floating support service, which acts as a single point of contact for referrals to housing related support. In addition, its buddy scheme matches teenage parents with adult mentor volunteers with the aim of supporting them in accessing services and engaging with the community. A group of teenage parents are also being trained as peer educators to deliver programmes in schools.

Pilot E has a much more explicit focus on formal education and training than the others, offering a range of accredited courses as well as free laptops and internet access to support clients' participation in education. 'Taster' courses (e.g. digital photography) and group activities were used to promote young parents' participation in the pilot.

Table 2.1: Summary of key features of pilot projects

Pilot	Main model	Key elements	Target group and numbers	Staffing	Key partners	Cost
A	Specialist floating support and related support. Focus on increasing access to private rented sector.	<ul style="list-style-type: none"> Floating support Relationship counselling Family mediation Passport to Housing Bond scheme Starter packs 	<ul style="list-style-type: none"> 88 TPs aged 16-19 supported by floating support workers 20 TPs for counselling/mediation 30 bonds 	<ul style="list-style-type: none"> Project coordinator 2 FT floating support workers Private sector liaison officer 	<ul style="list-style-type: none"> Council (lead) Third sector mediation service Third sector relationship counselling agency Community Trust 	£279,998
B	Specialist high support accommodation for TPs	<ul style="list-style-type: none"> 10 units of accommodation Intensive support from key worker and life coach Group-work Personalisation budget Move-on support 	<ul style="list-style-type: none"> 18 TPs aged 16-17 in supported accommodation over pilot Additional TPs supported by life-coaching, group-work 	<ul style="list-style-type: none"> Project coordinator 3 FTE support workers 2 PT life-coaches 1 FT group-worker 	<ul style="list-style-type: none"> Council (lead) Third sector youth service/housing provider Housing Association 	£419,691
C	Intensive peer support – floating support service	<ul style="list-style-type: none"> Peer mentoring Bonds for private rented sector accommodation 	<ul style="list-style-type: none"> 40 TPs aged 16-19 	<ul style="list-style-type: none"> Project manager Project officer 10 PT (18.5 hrs p/w) peer mentors (ex-teenage parents) 	<ul style="list-style-type: none"> Council (lead) Third sector young persons' service 	£457,000
D	Specialist floating support, buddy scheme and peer education	<ul style="list-style-type: none"> Specialist floating support Adult volunteer buddies Peer education project in schools 	<ul style="list-style-type: none"> 60 TPs receiving floating support 80 TPs supported by buddy 70 TPs trained as peer educators 	<ul style="list-style-type: none"> 2 PT floating support workers 1 PT and 1 FT volunteer/buddy coordinators 1 FT development worker and 1 FT project worker 	<ul style="list-style-type: none"> Council (lead) NHS Third Sector housing and support agency Third sector peer education agency 	£333,400
E	Specialist support package with key focus on EET opportunities	<ul style="list-style-type: none"> Accredited modular training Laptops and e-learning Leisure 'days out' E-buddying* Work experience Life coach/counselling* Peer education* 	<ul style="list-style-type: none"> 90 TPs aged 16-19 	<ul style="list-style-type: none"> Project manager 1.5 FTE TP workers, supplementing existing staff 	<ul style="list-style-type: none"> Council (lead) City Learning Centre Special Educational Needs School Housing Associations (x2) 	£685,192
F	Specialist support workers for teenage parents	<ul style="list-style-type: none"> All teenage parents in County to be offered a Teenage Parent Support Worker Young fathers support group 	<ul style="list-style-type: none"> All TPs aged 19 and under, i.e. 576 young mothers and 173 fathers over pilot** 	<ul style="list-style-type: none"> Project coordinator 6 FTE support workers based in children's centres 	<ul style="list-style-type: none"> Council (lead) Children's charities (x2) 	£336,585
G	Youth work project supporting young people in LA hostels and young parents who have moved on from hostels	<ul style="list-style-type: none"> Housing support workers Courses/ sessions in hostels including money skills, health drop-in, group cooking Outdoor activities Residentials Peer education* 	<ul style="list-style-type: none"> 60 TPs over pilot, plus 70 young people at risk of becoming a TP Supports young women aged 16-19, young men aged 16-25 	<ul style="list-style-type: none"> Project coordinator 3 FT housing support workers (one will act as Manager) 	<ul style="list-style-type: none"> Council (lead) 	£334,000

* Planned or under development. ** These figures are based on a previous project where fathers were reached at a rate of 30% of young mothers (most will be couples).

Pilot F aims to ensure that every teenage parent in the authority is provided with a specialist Teenage Parent Support Worker, based in local Children's Centres, to act as a lead professional coordinating services to ensure that clients' housing and other support needs are met. A support group for young fathers is being piloted in one of the Children's Centres.

Pilot G supports young people living in Local Authority hostels, including teenage parents and young people at risk of teenage parenthood, as well as young parents who have moved on from temporary accommodation. Teenage Parent Housing Support Workers deliver one-to-one support to clients (individuals and couples) in two of the authority's main hostels, as well as group sessions in these and two other hostels. Outdoor activities are offered on a monthly basis, and residentials periodically.

The pilot projects were purposely selected to allow different models of support to be tested in varying housing and service network contexts. The above descriptions of projects demonstrate the very different models of enhanced support being tested by the TPSH pilot. In particular, the projects have developed very different models of 'supported housing'. One project is providing supported housing, another operates from supported hostels, whilst others provide housing related floating support. Most projects also provide other forms of support to young parents, via teenage parent workers, adult volunteers and/or mentors, as well as specific financial and emotional support services. All projects support young people's engagement in education, but one has a particular focus in this area.

2.1.2 Target group

The projects have all developed referral procedures specific to their project. As Table 2.1 indicates, most of the pilots aim to work with teenage parents and expectant parents, female and male, aged 16-19 years. Pilot B's supported accommodation project, however, is limited to 16-17 year olds. Pilot G also has a secondary focus on young people at risk of teenage parenthood. The pilots are able to work with young men up to the age of 25 in recognition of the fact that the partners of teenage mothers are often older. Implicitly, the projects all aim to ensure that disadvantaged young people are reached by the project.

When asked about the appropriateness of the pilot target group, most stakeholders felt that the projects were targeting appropriate young people. However, some frontline staff interviewees were concerned about the inevitable exclusions given the pilot's focus on a specific age group. These were often echoed by teenage parent focus group participants:

It's not fair that we're getting all this opportunity and they [slightly older mothers] are left at home with the kids ... It's just the way they chuck you when you turn 20... (Young mother)

Similarly, a number of stakeholders pointed out that, by focusing on young people in hostels, Pilot G might 'miss' teenage parents who had been referred to alternative accommodation (e.g. self-contained temporary accommodation) or encouraged to return to the parental home. This early issue was recently addressed at the local level by a widening of the referral criteria.

One project (Pilot F) was explicitly set up to provide a support service for all teenage parents. All the other projects anticipated targeting service on teenage parents most in need of assistance. Further, many of the project bids indicated that the local authorities aimed to target particularly vulnerable teenage parents, including, for example, those with more than one child, care leavers, young people from ethnic minority backgrounds, young people with disabilities and/or those who had been NEET (not in employment, education or training) for prolonged periods. Some of the projects explained that many early referrals were from less vulnerable young people as the project had to be established quickly. However,

subsequently, the projects have had the capacity to attempt to proactively reach more vulnerable young people, mainly via expanding their referral sources (see Section 3.1). All projects targeted young people who were on low incomes.

As can be seen in Table 2.1, pilot projects were attempting to deliver services to varying numbers of teenage parents, ranging from Pilot B which aimed primarily to deliver supported accommodation to 18 teenage parents over the course of the pilot, to Pilot F's target to reach 576 young mothers (and 173 young fathers).

2.1.3 Key delivery agents and settings

Many of the pilot projects are delivered by specialist support workers, employed either by the pilot LA (e.g. support workers or key workers), or voluntary sector organisations commissioned to deliver support package elements (e.g. support workers and peer mentors). In both the two-tier authorities, local authority and voluntary sector staff are delivering pilot services in different parts of their Counties on a District Council by District Council basis.

In all areas, a senior staff member acts as the project coordinator, fulfilling this role as part of their existing job role in the local authority. A couple of projects (Pilots C and F) also have a separate full-time project manager funded via the TPSH pilot.

Staff are based in, and pilot services delivered from, a range of very different contexts, including: Children's Centres (e.g. Pilot F's Teenage Parent Support Workers), hostels (e.g. Pilot G's Housing Support Workers and Pilot B's Teenage Parent Support Workers), and Connexions Centres (e.g. some of Pilot E's key workers). Many, such as Pilot A's and Pilot D's floating support workers spend much of their time visiting clients in a wide range of accommodation settings (as described in Section 4.2.1).

Many pilot projects employ a flexible approach to service delivery so that elements of support can be delivered wherever teenage parents feel most comfortable, whether that be the client's home, a project office, or public place (e.g. café), for example (see Section 4.3.2).

2.2 Pilot project establishment

In the early round of interviews with pilot stakeholders and staff, interviewees were asked to reflect on whether any barriers or challenges had been encountered in setting up the projects, and/or whether any factors had facilitated project implementation. The mid-point interviews with project managers checked whether these issues had been resolved.

With regard to challenges, a short lead-in time, resulting from the later than anticipated announcement of successful bids, necessitated spending the first year's funding allocation in a short time-frame. Concomitant LA restructuring, redeployment, and recruitment freezes delayed staff recruitment for most, and some LAs began to publicise the pilot and recruit teenage parents before project staff (including managers) were in place.

To commission a service on that [scale] you need one heck of a long lead-in time. I mean the quickest you can properly commission a service is four months, to go through a proper local authority commissioning process, where you go out to tender, open tender, all of that process. And, so to get pushed to do it really quickly meant that we've had to go through ridiculous hoops actually, in terms of financial regulations... (Stakeholder)

Administrative delays associated with Criminal Record Bureau checks also meant that many new staff members were unable to work directly with clients for some time after recruitment. A few providers also highlighted difficulties reconciling different Human Resources procedures and protocols, particularly regarding staff induction, when working across different LA departments (e.g. Housing and Children's Services). All these issues were overcome in the first year through effective joint working.

The establishment of appropriate childcare proved a significant challenge for many pilots, particularly where programmes aim to offer on-site crèche facilities. Some LAs had been unaware that Care to Learn⁶ usually requires placements to be in Ofsted registered childcare. On-site delivery of accredited courses had to be delayed in one pilot while suitable childcare arrangements were made. Some of these issues had been resolved one year on, although some persisted (see Section 4.2.2 for further details).

Some LAs reported encountering difficulties alleviating other stakeholders' concerns regarding data protection and information sharing protocols. Most of these difficulties were overcome quite early in the project via effective interagency working, for example one pilot had introduced a new information sharing form which had led to an increased number of referrals from certain agencies. Similarly, a lack of clarity regarding the parameters of new staff roles caused concern amongst partner agency staff regarding the potential duplication of services in some areas⁷.

I know some people were worried that they were doing the same jobs as what we were already doing. (Stakeholder)

Counterbalancing the above, pilot stakeholders and staff also identified a number of factors which had facilitated project establishment and implementation. Importantly, existing links with other agencies in the area were deemed key to the successful establishment of project steering groups at short notice, as well as commissioning of new services and rapid development of service level agreements / joint protocols etc.

Similarly, most LAs highlighted the significant commitment of partner agencies, and key individuals, fostered by a shared desire to improve outcomes for teenage parents and their children. This, reflected also in the high strategic profile accorded to pilot programmes within virtually all of the LAs, was said to be pivotal in the successful operationalisation of projects within such a short time-frame.

In two areas, pilot services were building on existing services which were already operating in a part of their authority or supporting a similar client group (Pilot F had piloted a support worker scheme for teenage parents in one area, and Pilot D had a floating support service in place for families). This experience and staff expertise aided the development of the full pilot services considerably, including enabling the pilots to recruit young people earlier than other pilots.

Launch events, held in all pilot areas, were felt to have been useful in publicising the projects, encouraging other agencies to make appropriate referrals, and alleviating concerns about potential service duplication (see Section 4.4).

⁶ Care to Learn is a Government programme that helps young people aged under 20 with one or more children to help with the cost of child-care whilst they are learning.

⁷ Interviews with staff and stakeholder at the end of 2010 will ascertain whether this problem remains.

2.3 Conclusion

A review of the pilot models demonstrates that local authorities are testing a wide range of models of housing and other support for teenage parents. Most projects have a number of key elements in their package of 'enhanced support' – some of which build upon pre-existing provision, but many of which are new additions to the local service network. Projects are aiming to work with varying numbers of teenage parents over the course of the pilot, and are operating within different contexts.

A number of key challenges were encountered in the early setting up period of the pilot, including logistic difficulties such as administrative delays and difficulties with determining whether childcare was eligible for Care to Learn funding, as well as issues of inter-agency working particularly around data sharing and clarity of roles. However, most of these early challenges had been overcome with overall effective communication and inter-agency links being paramount in this process.

3 Pilot Referrals and Profile of Young People

This chapter draws on the monitoring data collected by the pilots (see Chapter 1) to provide an overview of the young people supported by the projects. The chapter begins by examining the number of referrals, project starts (participants) on the seven pilot projects, as well as the number of young people exiting projects. It then presents a profile of the young people using the projects, including their demographic characteristics, their housing and economic situation, and health and support needs.

3.1 Referrals to the TPSH pilot

Target number of service users

Table 3.1 shows the target number of service users for each pilot project for the first year of the project. It is important to note that target numbers varied quite considerably depending on the type of project being delivered. It should also be noted that the target numbers are for discrete elements of the project, and one young person might take part in more than one activity. These figures cannot therefore be compared accurately with the number of project participants, also presented in the Table and described later in this section. Nonetheless, two broad points can be made. Firstly, the overall number of participants would be expected to vary across projects. Secondly, most projects broadly achieved their target number of service users. Recruitment issues are discussed in more detail in Section 4.1.

Table 3.1 Target number of services users, compared to actual number of service users

Pilot	Target by end of 1 st year	Number of participants (1)
A	Support (44) Counselling (10) Rent deposit (15)	54
B	Accommodation (10) Life-coaching (18)	11
C	Peer support (20)	13
D	Floating support (30) Buddy scheme (40) Peer education (25)	103
E	Service users (45)	73
F	Mothers (288) Fathers (86)	81 (but a sample of approx. 1 in 2 referrals were taken)
G	Young parents (30) Young people at risk (35)	23 56

Note (1): The total number of people utilising each service has been recorded, some of these people may have participated in more than one aspect of the service.

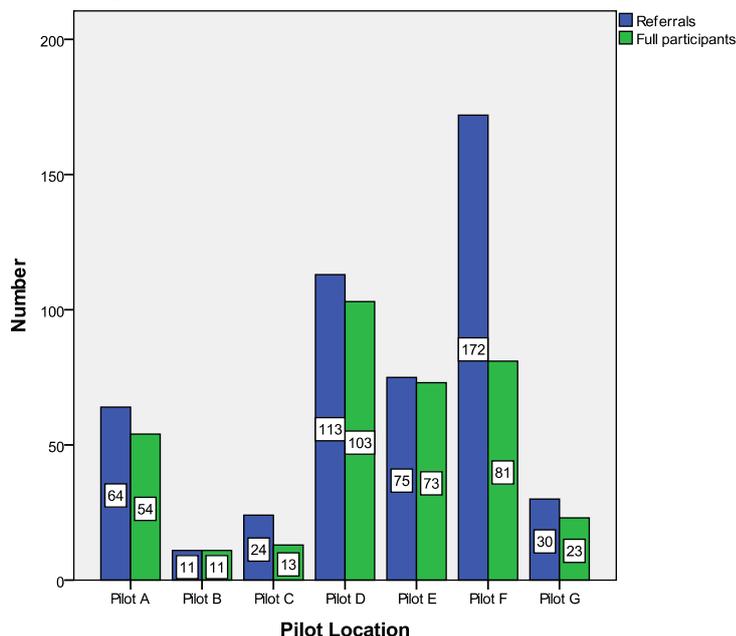
Number and source of referrals

A total of 491 referrals of teenage parents (including pregnant women and fathers-to-be) were recorded across the seven pilots from project inception to the end of March 2010⁸. Figure 3.1 shows a breakdown of the number of referrals of teenage parents by pilot location (as well as participants, see below). Two projects received the highest number of referrals in

⁸ Projects began taking referrals at different times, so each project will have been accepting referrals for a different length of time. Three pilots (A, B and D) received some additional funding in 2009-10 to reach more young parents or extend their activities.

the first full year of operation (172 cases, Pilot F; 113 cases, Pilot D). This was followed by Pilot E (75 referrals) and Pilot A (64 cases). Pilots G, C and B received smaller numbers of referrals during this period (30, 24 and 11, respectively).

Figure 3.1 Number of referrals and participants, 31 March 2010

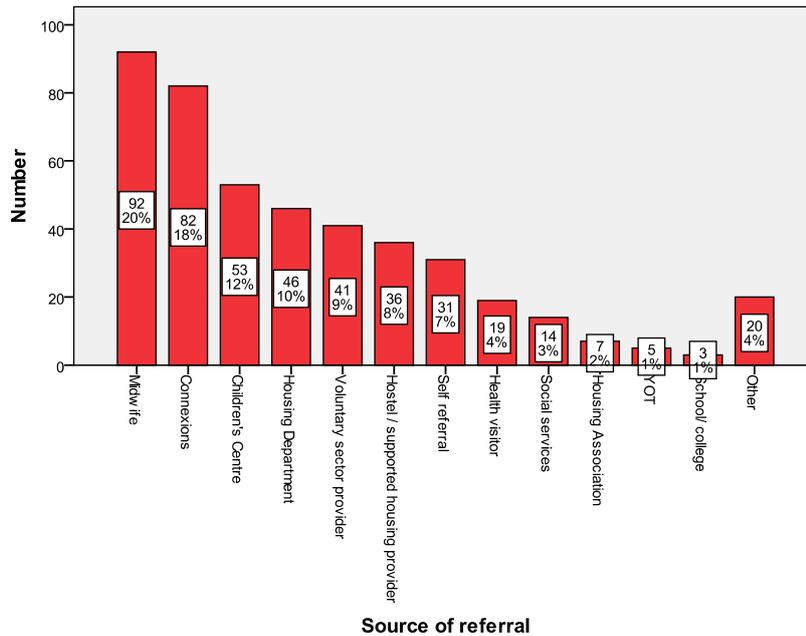


Each pilot set up their own referral procedures locally. Figure 3.2 shows that, across the seven areas, a diverse range of agencies referred to the pilots. Closer examination reveals that different referral sources were more prominent in different pilots. Midwives made a fifth (20%) of the referrals to the pilot overall: six of the seven areas received some referrals from midwives but one pilot accounted for 66 of the 92 midwife referrals. Connexions were also a major referral source for the pilots (18% of referrals): six of the seven areas received some referrals from Connexions, but this was particularly high in Pilot E which accounted for 54 of the 82 Connexion referrals⁹.

Children's Centres were referrers for three of the projects, with 35 of the 53 Children's Centre referrals being in Pilot F. Ten per cent of all TPSH pilot referrals were from housing departments, with 31 of the total 46 being in Pilot A. Voluntary sector providers (9% of referrals) were particularly prominent in Pilot D (38 of the 41). Hostels or supported housing providers (8%) were particularly recorded in the Pilot G scheme. Self referrals accounted for seven per cent of all referrals. A small number of referrals were also received from health visitors, social services, housing associations, Youth Offending Teams and schools.

⁹ In Pilot E, a multi-agency group was the primary source of referral which was led by Connexions.

Figure 3.2 Sources of referral

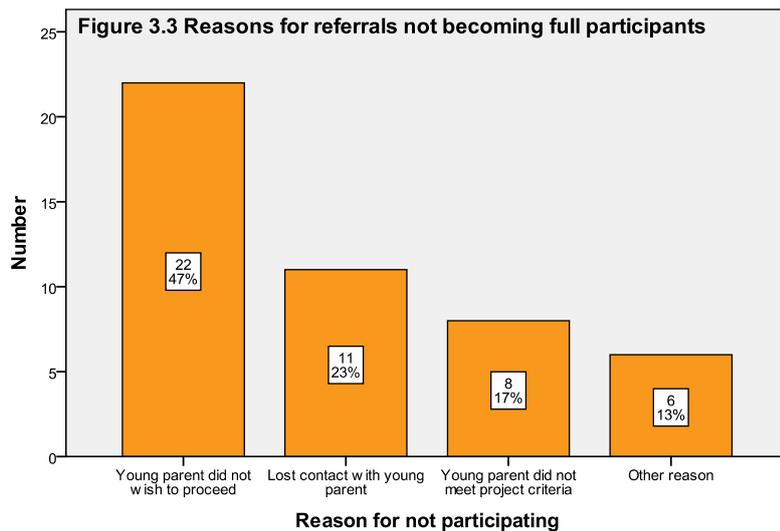


Number of project participants

Figure 3.1 also shows the number of teenage parents who became project participants, that is, were both accepted by the project and the young person decided to engage with the project. The majority of referrals (73%) were recorded as participants. There was missing data for 17% of referrals (N=84 cases) and it was known that 10% of referrals (N=47) did not formally commence the pilot programme. In terms of the missing data, it should be noted that this was mainly accounted for by Pilot F (N=61) as it had been agreed that this pilot would only provide full details on a sample of registered users¹⁰. In a few cases, the pilots were only able to forward referrals records and were awaiting the participant sign-up details.

There were a small number (N=47) of young parents who did not start the programme in four of the projects (30 in Pilot F; 9 in Pilot C; 6 in Pilot G; and 2 in Pilot A). Of these, there were 22 recorded cases where the young person decided they did not wish to proceed with the project. Additionally, in 11 cases, the project lost contact with the young person before they could start working together. Very few young parents were assessed as not meeting the project criteria (e.g. they were too old for the project, were not pregnant or lived outside the geographical area). A few other reasons were recorded including the young person moving away from the area, they already had enough support or were not ready for support.

¹⁰ As Pilot F expects a significantly higher number of referrals than other pilots (see Table 2.1) they are providing basic details on all referrals but full details on a sample of participants (approximately 1 in 2 although referral agents have differed in their application of this).

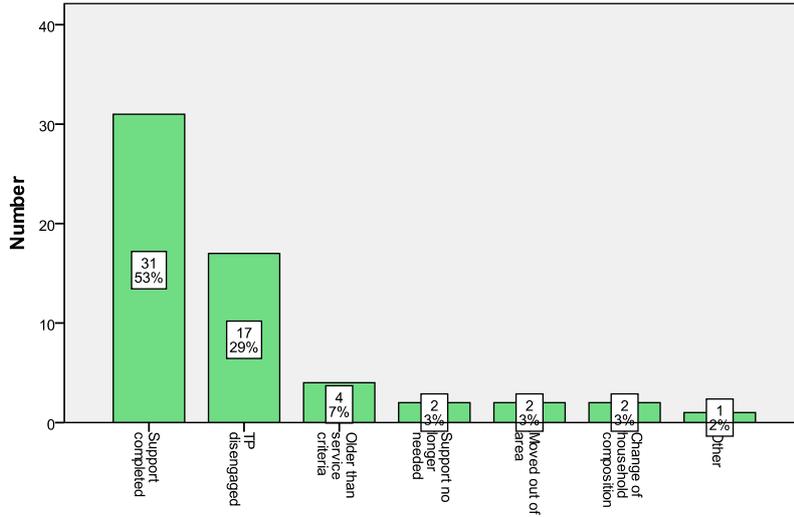


It is important to note that a further 56 young people *at risk of teenage pregnancy* were also being supported by Pilot G, in addition to the 23 teenage parents recruited to the project. As young people at risk of teenage pregnancy were not the primary client group for the pilot, only basic data is collected for this group (age, gender etc) and is reported on separately below.

Number of closed cases

At March 2010, the majority (88%) of the young people recruited were still being actively supported. One in eight (59 young parents; 12%) of cases were reported to be closed. All projects had closed some cases, varying between one and 17 cases across the projects (3% and 25% of cases in any one pilot). Figure 3.4 shows the main reasons for support ending. In a small majority of closed cases (53%), a person's support from the project had been completed successfully. In three out of ten cases (29%), the teenage parent had disengaged from the project before support plans could be completed. In a few cases support ended for other specific reasons including the young person turned 20 (one pilot stopped working with young people at this point), the support was no longer needed due to a change of circumstance, the person had moved out of the area, or their household composition had changed.

Figure 3.4 Reasons for leaving service



3.2 Profile of young people

3.2.1 Demographic characteristics

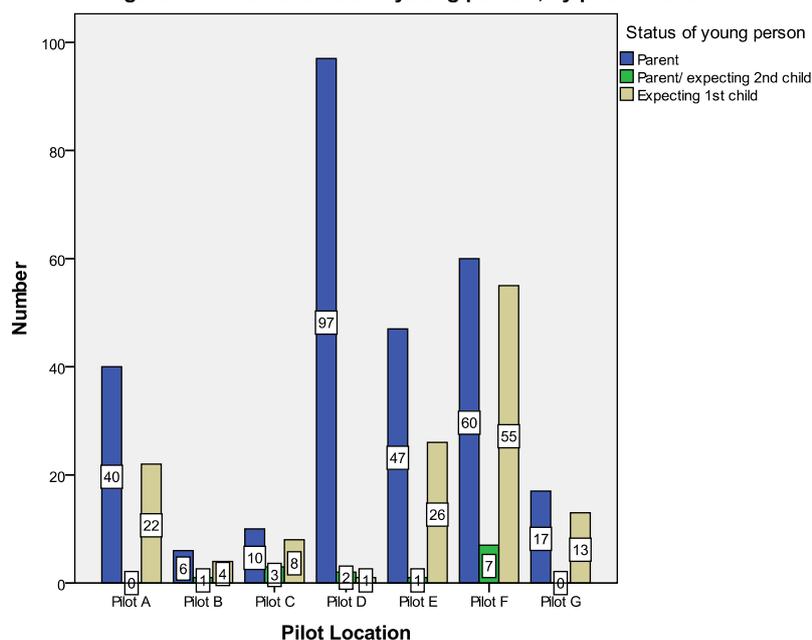
The vast majority (96%) of referrals (and participants) were young women, with only nineteen referrals of young men. This profile was quite different for the Pilot G young people who were at risk of teenage pregnancy; 56% of these young people were men (N=31).

The average (mean) age at referral across the pilots was 18.5 years, with the range extending from 15 to 25 (the maximum being 18 in one project; 19 in another; 20 in two projects; 21 in two projects and 25 in one project¹¹).

Nearly seven in ten (69%) of young people were parents at the point of referral. A small proportion of these parents (5%) were known to be expecting another child at referral. Thirty one per cent of young people were expecting their first child at the point of referral. Figure 3.5 shows the numbers of young people referred to each pilot by parental status showing that pilots were working with different ratios of first time parents and parents needing support.

¹¹ A number of the older participants were partners of younger female service users (which had been anticipated by the projects).

Figure 3.5 Parental status of young person, by pilot location



The vast majority (90%) of those who were already parents had one child (9% two children, 1% three children). Details were recorded on the ages of 218 children. Of these, one half were aged under 12 months, with 45% aged between 12 months and 3 years, and four per cent aged over 3 years old.

Across the seven pilots, 85% of service users were White British, with 7% Black (African/ Caribbean/ Mixed/ Other), 2% Asian (Bangladeshi/ Indian/ Pakistani/ British/ Mixed) and 5% giving an 'Other Ethnic' origin. All of the young people (for whom information was available) in three projects were of White British ethnic origin. The majority of young people in the London pilot were from ethnic minority backgrounds.

3.2.2 Housing situation

Two in five young people (42%) across the pilots were living in their own independent flat or house at referral. One quarter (25%) of all young people were living in social (council or housing association) housing and one in six (17%) in private rented accommodation (Figure 3.6). The proportion of young people living independently at referral ranged from none in Pilot B to 62% in Pilot D, in part reflecting the nature of the pilot (for example, Pilot B supported people in residential accommodation rather than those living independently).

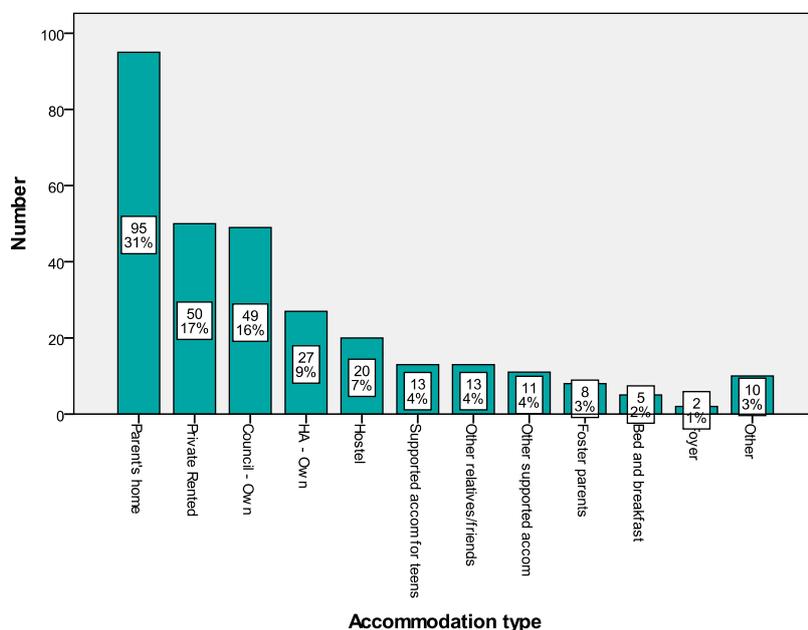
Approaching one third (31%) of young people were living with their parents at referral (ranging from between 17% and 46% across projects). The precise proportion also differed by pilot. A further eight people (3%) lived with foster parents, most of these young people being in Pilot A. It was not the original intention of the pilots to work with young people living at home with their parents but some pilots explained that this was a form of preventative work, helping young people with problems at home and/or helping them move on in a

planned way. Thirteen per cent of young people were also living with other relatives or friends; this type of accommodation is usually a temporary solution to housing issues.

One in five (19%) of young people were living in supported accommodation, a hostel or bed and breakfast accommodation at referral. A small proportion of young people (4%) were living in specialist supported accommodation for teenage parents, and a few (1%) were living in a foyer for young people. Seven per cent of young people were living in a hostel and a further 4% in supported accommodation (other than specifically for teenage parents); some of this provision is likely to have been for young people only but some of it would have been mixed age provision. Five young people (2%) were living in bed and breakfast accommodation at referral.

Information on homelessness status was available for 241 young people. Of these, projects reported that over three quarters (78%) were not homeless¹² at referral. One in five (18%) had been accepted as homeless by a local authority under the homelessness legislation, whilst the remaining 5% were categorised as homeless by the project although they had not been assisted as statutorily homeless by a housing authority.

Figure 3.6 Type of accommodation at point of referral



3.3.3 Economic status and educational background

'Caring for children' was recorded as the main economic status for two fifths (40%) of pilot participants; this is unsurprising given that half of young parents had children under the age of one. One fifth (20%) were recorded as presently job seeking, whilst 5% were unable to work due to illness. Only one in 14 young people (7%) were in paid employment (part-time or full-time), most often this was in retail positions. A higher proportion (19%) of young people

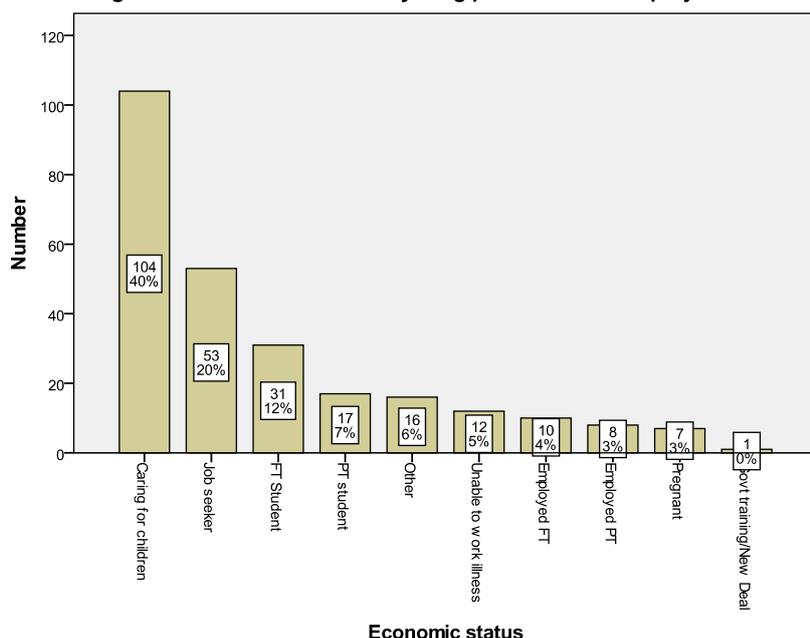
¹² The way projects define homelessness will be explored in the next stage of the research.

were in education or training; however this included a few young people who had already started pilot courses. There were no discernible differences between pilots with regard to participants' economic status at referral.

Just over half (54%) of the young people had at least one qualification at the point of referral. The proportion of young people with qualifications varied considerably between pilot authorities, from only 21% of young people in Pilot E, to two thirds or more of young people in Pilots B, C, F and G.

Across the pilots, one in five young people (19%) had achieved five or more GCSEs graded A-C, with 19% also holding between one and four GCSEs graded A-C. Twelve per cent had at least one NVQ, City and Guilds or other vocational qualification. Thirteen per cent had another form of qualification, including lower graded GCSEs as well as A levels in a few cases.

Figure 3.7 Economic status of young person at start of project



3.3.4 Health and support needs

The pilot projects collected a range of information on the health and support needs of participants.

Concerning health status, the data showed that a significant minority (69 young people; 23%) reported that young people suffered from anxiety, depression or other mental health problems. A smaller proportion (24 young people; 7%) had a physical health problem at referral, predominately back or joint problems, epilepsy or asthma. Similar numbers (24

young people; 8%¹³) were recorded as having a learning disability, most commonly dyslexia or other problems with reading and writing. Sixteen young people (5%) were recorded as having a problem relating to drug or alcohol misuse, with binge drinking and cannabis use particularly mentioned.

Twenty six teenage parents (12%) reported that one or more of their children had a health issue/ condition at referral. A wide range of health issues were mentioned, most often eczema and asthma, but also cleft palate, heart murmur, circulation problems, delayed development, lactose intolerance/ digestive problems, kidney problems, fluid on the brain, poor eyesight and depression.

Eighteen young people (6%) had been looked after by the local authority during childhood. Of these, twelve young people had been looked after since the age of 11, with four young people presently in the care of the local authority (in four different pilot authorities).

Data was also collected on the extent to which family and/or friends were providing support to young people. Figure 3.8 shows that the vast majority (83%) of young people appeared to be receiving at least one type of informal support¹⁴. Two thirds (67%) were receiving support from their parents. Nearly one quarter (24%) of participants were being supported by friends, and slightly less (22%) by other relatives. Only two in ten (20%) young people appeared to be receiving support from the other parent (or parent-to-be) of their children and 6% of young people were receiving support from a new partner.

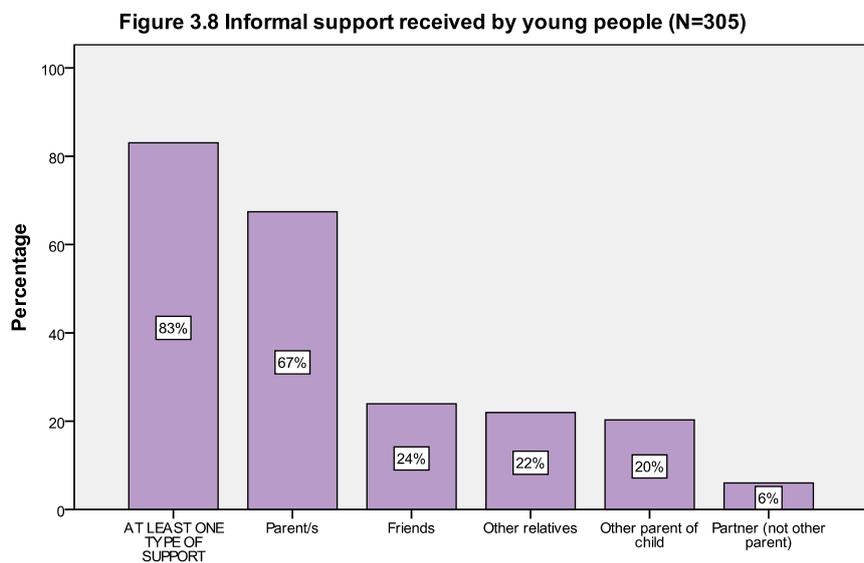


Figure 3.9 shows the range of agencies that young people were being supported by at the point of referral. Nearly two in five (39%) young people were in touch with a Connexions advisor or lead professional. Just over a third (34%) had a health visitor, with just ten people (3%) having a Family Nurse (with this only applying to Pilot D and Pilot C). One third (33%)

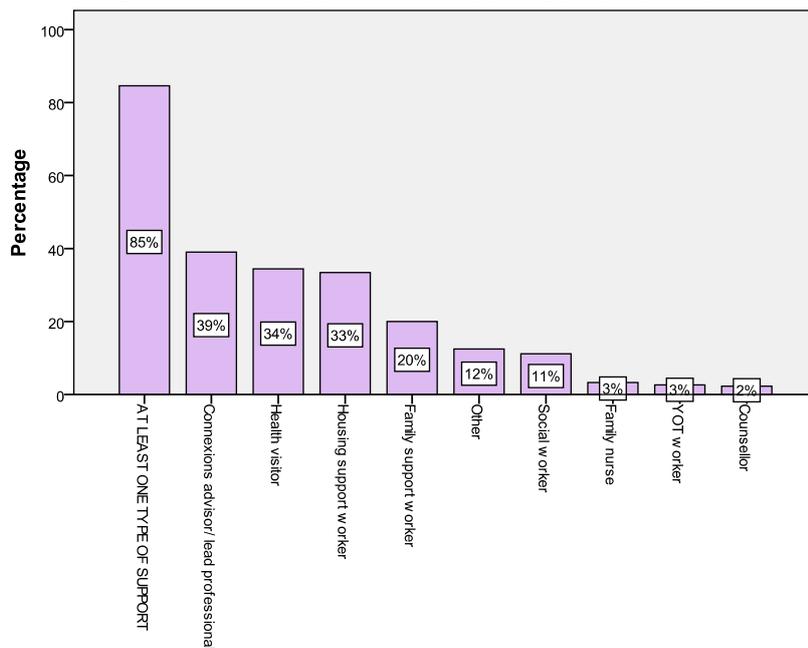
¹³ The base number for this question (N=305) was slightly lower than for the physical health problem (N=336) due to a higher number of missing cases.

¹⁴ Note the first column of Figure 3.7 records the proportion of young people receiving at least one type of support (out of all young people). Young people then indicated which type of support or supports they were receiving, accounted for in the next five columns.

were receiving assistance from a housing support worker. One in ten (11%) had a social worker, and just a few young people had a Youth Offender Team worker (3%) or counsellor (2%). Lastly, 13% of young people were also in touch with another worker – in most cases this was a midwife. Overall, the majority of service users (85%) were being supported by at least once agency. This finding is unsurprising as most young people would need to be in touch with a service to be referred to the project.

Of those who had no informal support (N=51), the majority (80%) were supported by at least one agency. However, there were ten young people (20%) who did not appear to have any support from either informal or formal sources on referral.

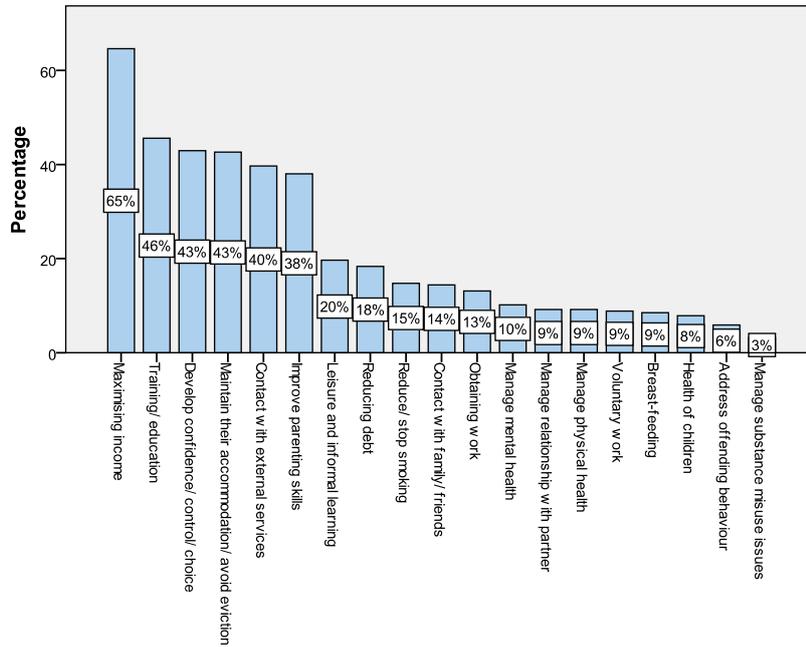
Figure 3.9 Formal support received by young people (N=305)



Finally, the pilot projects were also asked to record the presenting support needs of young people at referral (Figure 3.10). These categories represent Supporting People¹⁵ support categories with a few extra types of support added (e.g. support with breast feeding). Six types of support were particularly mentioned. Project staff reported that two thirds (65%) of young people required support with maximising their income, including ensuring receipt of the correct welfare benefits. The second most frequently mentioned type of support was help with maintaining accommodation including avoiding eviction (43%). Thirdly, staff reported that two in five (43%) young people needed help with developing their confidence and their ability to have greater choice, control and involvement in their lives. Over a third of young people required support with participating in training and/or education (46%) or with establishing contact with external services (40%). It was also considered that one third (38%) of young people needed support with improving their parenting skills.

¹⁵ Supporting People, (until recently a ring-fenced central government programme, now delivered as part of Area Based Grants Programme to local authorities), is a funding stream designed to provide accommodation and housing related support to vulnerable groups.

Figure 3.10 Support needs of young people at referral (N=305)



Only a small proportion of young people were considered to need support in areas such as addressing offending behaviour (6%), managing the health of their children (8%), breast-feeding (9%), participation in voluntary work (9%), better managing their relationship with their partner (9%) or physical or mental health issues (9% and 10%, respectively).

3.3 Conclusion

Nearly 500 young parents (including parents-to-be) were referred to the seven pilot projects in the first full year of their operation. One project also worked with an additional 56 young people at risk of teenage pregnancy. The vast majority of referrals were accepted onto the scheme and only a small proportion of young people declined the service.

A very high proportion of the young people were women, and the average age was 18. Young parents were living in a range of different housing situations at referral, although only a small proportion of young people were formally homeless. Most were caring for children or seeking employment at referral.

Overall, the young parents had few health problems, with the exception of 23% of young people who reported mental health issues. Very few young parents had any issues with drugs or alcohol or offending. The vast majority were receiving some support from informal sources (most usually parents) as well as formal sources (most commonly Connexions, health visitors or housing support workers). A range of support needs were noted, most specifically help with maximising income, accommodation issues, accessing other services, training/ education, parenting skills and/ or developing confidence and control over their lives.

4 Supporting Teenage Parents and their Children

This chapter focuses on the delivery of support services by the seven pilots in their first year of operation. As Chapter 1 outlined, case study visits were undertaken once the project had been operational for approximately six months. These were designed to examine the early implementation of the pilots. Early successes and challenges in delivering the pilot services are discussed below. An update interview was also undertaken with each project coordinator after the pilots had been established for over one year. This allowed early issues to be reviewed and changes to the operation of the pilot to be noted.

The chapter begins by examining the recruitment of young people to pilot projects and degree of their active engagement with support plans. The chapter then considers the key elements of support provided by the pilot projects including help with housing, employment, education and training, mentoring, life coaching and mediation services and the delivery of health, parenting and financial support. The chapter ends by considering key features of service delivery, including intensity, conditionality and flexibility of support, and effectiveness of joint working.

4.1 Recruiting and engaging teenage parents

The monitoring information (see Chapter 3) noted that most of the pilots had recruited their target number of young people to the project in the first year. However, all pilots experienced some challenges in recruiting young people in the initial few months of the pilot, and for a couple of projects, these difficulties continued for the first six to nine months. Recruitment in the latter projects was slow as it had to be delayed due to challenges in getting services established and/or appropriate referral routes in place (see Chapter 2). Those that did successfully recruit reflected that early rounds of recruitment put them in contact primarily with the 'easiest to reach' teenage parents, that is, those who were already in contact with other support services and/or motivated/confident enough to access services with minimal support. They pointed out that more work (which is now ongoing) was needed to reach the most vulnerable teenage parents:

The participants that we have are those that perhaps are not the most in need and they will gain from this but I think they'll gain on the high end of the spectrum. They'll be the ones ... that are actually coping quite well ... But, I think what we need to work on is engaging those that have not been in contact with other services and are not coming to the groups ... (Support worker)

A relatively small proportion of users had disengaged with the pilot in the first year (see Section 3.1). However, projects highlighted a number of challenges with maintaining the ongoing active engagement of teenage parents with their support plans. Some noted that 'older' teenage parents, i.e. 18-19 year olds, appeared to engage more proactively with the support provided. This they typically attributed to the older teens' greater maturity, but also to their knowledge that support was time/age-limited.

Service users themselves explained that it was sometimes difficult to engage with services when juggling the commitments of being a new parent. They also suggested that some young people may resist a perceived 'interference' of professionals. The latter view was often borne out of fears, or perceived prior experiences, of being 'judged' by professionals:

It's a lot to think about when you're about to have a baby and really busy when you have got your baby so the last thing you're going to think about is going to a group or something. (Young father)

[Professionals] think because you're a teenage parent you're obviously doing something wrong. (Young mother)

Other issues that could influence effective engagement included personal disputes between potential service users meaning that some young people would not attend the same group sessions. A few providers also highlighted a potential influence of service users' parents in project recruitment and engagement. This could be either positive or negative depending upon the nature of their relationship and whether the parent(s) had a 'constructive' or 'destructive' influence.

A number of factors were however identified as aiding the recruitment and ongoing engagement of young people. Careful 'branding' of projects was considered key to maximising recruitment. Most projects invested a significant amount of energy in the design of publicity material, often in consultation with service users. Secondly, and crucially, the recruitment of high quality staff who could relate to service users in a non-judgmental way was seen by many stakeholders as key to the successful retention of service user engagement. Teenage parent interviewees' reflections on the attitude and approach of pilots' frontline support staff were almost uniformly positive (although the telephone survey of teenage parents indicated that a small minority had less positive views - see Section 5.4):

I can let the barriers down with them [pilot support workers]. I don't know, they're just so easy to talk to and they do actually listen and are interested in what you've got to say. (Young mother)

4.2 Key elements of support

Project managers, frontline staff, stakeholders and service user interviewees identified a number of key issues and lessons learned as well as early successes regarding each of the elements of support offered. These are described below.

4.2.1 Accommodation and housing related support

As noted in Chapters 2 and 3, some pilot projects support teenage parents in very specific accommodation circumstances (for example, supported accommodation or hostels), whilst other pilots support teenage parents in a range of different accommodation settings¹⁶.

a) Supporting teenage parents in shared/communal supported accommodation

Pilot B is the only pilot to have set up a new shared/supported accommodation scheme specifically for teenage parents. Others are working with some teenage parents in pre-existing supported accommodation schemes in their local area (see Section 2.1). The structure, quality, and suitability of these latter projects for teenage parents were reported to vary significantly – with some deemed attractive accommodation options for pilot clientele; others to be avoided if at all possible.

Most teenage parent interviewees reported valuing the peer support provided by other residents in schemes dedicated to young parents:

We're all young, we've all got kids, or are having kids. It is nice to know that if you are worried about anything, like say your baby was crying and you just did

¹⁶ The support provided to teenage parents living with their parents is not reviewed here as this was not a prime focus of the pilot (see Chapter 1).

*not know what to do, like, there'll be someone here that's had the same thing.
(Young mother)*

Project workers note that peer support is not necessarily a 'natural' outcome of residential proximity, however, but needs to be fostered via group-work or outings:

Some of the young women we've got here are incredibly vulnerable, really isolated ... they shut their flat doors at night and they sit in with their children and they don't have anyone around them. (Service provider)

Despite their general appreciation of peer support, many teenage parents reported a number of reservations about living in shared accommodation schemes generally – most notably concerns about restrictive rules, potential stigma, or fears about not getting along with other residents.

Many staff and stakeholder interviewees highlighted the lack of supported accommodation options for couples and a reluctance of housing providers to accommodate couples (as opposed to single young mothers). Pilot B was initially designed to accommodate two couples but currently houses five, as some of the young mothers referred to the project wanted to live with their partner. Pilot A was encouraging local supported accommodation providers to make their projects available to couples. Projects were reviewing a number of issues related to accommodating, and also supporting, couples including:

- how a 'couple' should be defined, given that many projects accommodate (separately) residents who are in a relationship but do not have dependent children;
- the appropriateness of accommodating partners of teenage mothers if they are much older and/or have much lower (or no) support needs;
- the advantages and disadvantages of each young parent having the same or a different key worker, or individual vis-à-vis joint support plans;
- protocols in instances of relationship breakdown (i.e. who leaves the accommodation, how are they to be supported, and by whom?); and
- concerns about child protection and/or domestic violence.

b) Supporting teenage parents in independent tenancies

Almost all of the pilots are supporting teenage parents living in independent tenancies, including those in social and/or private rented housing (see Section 3.2.2). The proportion of clientele in each form of housing, and degree to which each type is promoted as an option for teenage parents, reflects local contextual factors to a significant degree, most notably the availability of social housing. For example, one pilot promotes social housing insofar as possible because this was seen as offering greater stability:

They are a lot more vulnerable and open to abuse from private landlords. We don't try to push them into private lets, we try to push them into local authority housing, social housing if we can, because we feel that is much better for them. They are looked after much better. It's more stable for them as well. (Support worker)

Several providers highlighted the need to carefully manage teenage parents' expectations because some young people and their families hold assumptions about access to social housing:

There are a lot of myths around housing as well that a lot of young people buy into. The assumption that they'll be given a house and if they tell X's team that their parents are chucking them out they'll get a house. (Stakeholder)

In response to shortages of social housing in their local area, some pilots are attempting to improve teenage parents' access to the private rented sector. Private rented housing may generally be accessed more quickly, and can offer greater choice in terms of residential location. Many providers and young people did however have some concerns about financial disincentives to work resulting from high rent levels, in that accommodation can become unaffordable when young people (re)enter the paid workforce (often in poorly paid jobs) and housing benefit tapers off steeply. Several also expressed concern about the quality of some properties and/or tenancy insecurity in the private rented sector.

Some schemes attempt to access local bond/ rent deposit guarantee schemes with mixed success. One pilot offers dedicated bonds which are more flexible than standard bonds, for example, recipients do not need to be on Income Support, nor homeless or threatened with homelessness. The bonds also cover rent in advance and administration fees, and last for the duration of the tenancy (rather than just the usual six months).

Training courses such as Pilot A's 'Passport to Housing' (see Section 2.1) have received a high level of interest from external agencies, including those working with other vulnerable groups (e.g. people with learning disabilities). Private landlords¹⁷ have reportedly been very receptive to the idea of accredited courses preparing young people for independent living. Pilot D plans to develop a Passport to Housing scheme in summer 2010.

Both Pilots A and D provide dedicated floating support schemes for teenage parents, whilst Pilot F also provides young people with a link support worker and this also involves referral on to floating support workers (see Section 2.1). Teenage parent interviewees reported that their initial experiences of floating support had been almost uniformly positive. A number of features of the services were praised including assistance with "talking to the right people", help with finding appropriate accommodation and setting up household direct debits and, importantly, having someone there for them to discuss any issue they were facing:

They actually listen to what you've got to say. And any problems that you have they try and help you deal with them, whereas if you go to the [hostel] support workers it will be a case of 'There's only so much we can do'. (Young mother)

Several providers drew attention to the need to devise appropriate accommodation options for young fathers who may not be in a relationship with the mother of their child but have a court order enabling them to have their child stay overnight or for weekends but struggle with this due to poor housing circumstances.

4.2.2 Employment, education and training

The degree of emphasis placed on employment, education and training by pilots varies (see Section 2.1). One project has a primary focus on education whilst others have set up targeted training programmes. All pilots support teenage parents' (re)entry into school or college where appropriate.

The monitoring data (see Section 3.3) showed that about one fifth of young parents were in education or training at referral and only 7% working. Several service providers expressed mixed feelings about the promotion of teenage parents' (re)entry to education or

¹⁷ Private landlords were not directly interviewed in the research.

employment too soon after the birth of their child, emphasising the need for getting the timing right to ensure effective engagement:

The confidence of young parents is just so low when they are pregnant and after giving birth, and yet there's still this expectation that they'll somehow continue with their education and route to employment. There's a real pressure on them to do that and it's just not feasible really ... If they go to college straight after giving birth, or even six months later, they're still getting used to being a parent, their home life probably still hasn't settled. Even if they've got a tenancy they're still learning to live independently. Education and employment is not high on their agenda at that point. It's later on that we know it has an impact. (Stakeholder)

The first year of the pilot suggests the value of carefully tailored training which is also accredited wherever possible. For example, several of the teenage parent interviewees reported appreciating the fact that in-house courses/training were dedicated to young parents only, given their concerns about being 'judged' by other students in mainstream college etc. courses:

If you go places they go like 'Oh, she's got a baby, oh yeh, she's da da da da da...'. No one judges you here. We're all the same, like. (Young mother)

Pilot E adapted the mode of accredited course delivery in response to initial feedback from participants – splitting courses into smaller 'chunks' which reportedly make the process of (re)engaging with education less daunting for many young people. Courses are also delivered on a 'roll on, roll off' basis such that young parents do not have to repeat a course in its entirety if they miss part of it. Contrary to what is often assumed about young parents' subject preferences, the literacy and numeracy courses have proved popular, particularly those offering GCSE equivalent accreditation.

Childcare arrangements were pivotal in promoting the engagement of many teenage parents in education and training but remained challenging for some projects at the end of the first year of TPSH pilot. The administration of Care to Learn applications (particularly delays in getting application packs) had frustrated some attempts to organise childcare, as had poor availability of childcare placements in some localities. The one residential project had encountered particular challenges in ensuring that their service was eligible for Care to Learn funding, because childcare in such settings must be delivered by registered 'home care workers' in order to qualify. Many teenage parent interviewees were relying on their parents or other extended family members for childcare whilst they attended training courses.

For some young people, the provision of high quality childcare *on-site* was considered an essential prerequisite for their participation in any training courses. Providers differed in their views about this: on the one hand considering the provision of on-site childcare as an important step in giving teenage parents confidence to leave their children in the care of other people, but also noting that on-site childcare could disrupt training due to young people checking on their children. In a similar vein, whilst providers acknowledged the benefits of having children present during training or keywork sessions, this could sometimes also prove a source of unhelpful distraction.

4.2.3 Mentoring and peer education

Two pilots, D and C, include mentoring schemes: the former involving adult volunteers referred to as 'buddies', the latter (part-time) paid employee 'peer mentors', that is young people who had themselves been teenage parents (see Section 2.1).

There appeared an interested pool of volunteers in Pilot D and 80 had been recruited and trained by the end of the first year of the project. Pilot C only expected to recruit ten peer mentors and had recruited 11 mentors by the end of the first year¹⁸.

The provision of sufficient training for mentors was highlighted as important by both projects. For example, the peer mentors had required more intensive training than had been anticipated. Significant support was needed to familiarise them with the services available to teenage parents and, vitally, assist them to achieve required standards of professional conduct:

They were quite often young people who didn't complete their full education, so they sort of didn't have that growing into education to work transition like a lot of people would have, so they left school early, had a baby, were at home a lot, quite often ... quite isolated in a lot of ways. And suddenly they're now going into an environment where they are supposed to be supportive and knowledgeable, and working with other people, so it's quite a big step for them. (Stakeholder)

Peer mentor interviewees were highly motivated and considered themselves well supported when interviewed. Stakeholders were very positive about the progress made by peer mentors, although emphasised the ongoing need for careful management of mentors' expectations regarding what they should take on in a professional capacity. Some also highlighted a potential tension deriving from the expectation that mentors draw upon their own experiences but also promote government-endorsed social and/or health agendas.

One of the mentors had got a real downer on breastfeeding and I said, 'Well, as a mother you might not want to breastfeed, you might not have a positive experience of breastfeeding, but as a mentor you will promote breastfeeding'. 'I won't' [she said]. [She] wouldn't have it. She couldn't split that personal from the mentor bit. (Stakeholder)

The buddy scheme in Pilot D also highlighted the importance of making sure that older mentors who might have had earlier experiences of teenage pregnancy were clear about boundaries on this issue. The need for quite intensive support for buddies was also stressed for two reasons. Firstly, mentors often had to wait for a match with a young person and needed to feel engaged during this time. Secondly, mentee's lives were often chaotic and perseverance was required in making appointments to meet, for example.

Pilot D was also running a specialist peer education scheme being delivered to schools and other key venues, and other pilots are in the process of developing similar programmes (see Section 2.1). Although recruitment had been challenging, 33 young people in Pilot D had signed up to training with 24 successfully completing a two day course. Young people taking part also expressed a high level of satisfaction with the course, and early successes of the scheme had meant they could extend into more schools in the second year of the scheme. The utilisation of a specialist external training provider was felt to have been highly beneficial. The payment of young people (on a sessional basis) was also thought important, although young people stressed that their motivation for taking part primarily derived from a desire to make a difference to other young people:

¹⁸ Three of the original (nine, female) mentors recruited are currently on maternity leave. Two young men have recently been recruited as mentors.

*It's nice to know if you walk out of there and even one child thinks I'll wait a bit for a child then you know you've done your job, it's your calling in life, so to speak.
(Peer educator)*

4.2.4 Life coaching

Life coaching, one of the most innovative elements of the support packages tested, is being developed in two projects (see Section 2.1). In Pilot B, life coaches have been recruited and begun to deliver services to young people living in the residential scheme as well as a small number of other teenage parents. Pilot E experienced difficulty procuring a suitable provider and is currently planning to train existing key workers in life-coaching skills so that this element of the enhanced support package would be delivered via the one-to-one support provided by these staff.

Very few of the teenage parents interviewed knew what life coaching involved, or indeed had even heard of it, before recruitment. Only a few interviewees had experience of life coaching by the point of case study visit, but initial sessions had been positively received:

A: That's [life coaching is] really helpful you know, I think that's really good. Because you get to talk about things that you can't talk about with everyone else, and she understands. Counsellors just listen, but she [life coach] likes gives you advice and helps you think about things ... and helps you set goals.

B: Yeah, she gets you to like draw things about your life, and what you want to do in your life. What you want to do in the future and things, and what you want to achieve. (Young mothers)

Other frontline staff (particularly key workers) acknowledged the potential benefits of life coaching as a form of support focusing on young people's long-term aspirations, distinct from the day-to-day practicalities of housing-related support. Pilot staff and stakeholders did, however, often appear to hold different understandings of what life coaching involved, particularly around the scope of subjects covered and the degree of direction given, which caused some uncertainty regarding the remit of support workers and life coaches. Providers also reported an ongoing reluctance on the part of some young people to take part due to an uncertainty around what it involved, and also possibly because the life-coaches were not part of the in-house team.

4.2.5 Family mediation and relationship counselling

Pilot A offers relationship counselling and family mediation to support teenage parents in their relationships with partners and/or family (see Section 2.1). Most of the other pilots are able to signpost young people to similar services in their local area as needed.

Uptake of counselling and mediation services (provided both directly and indirectly) by participants has been very low to date. Service providers and other stakeholders interviewed were uncertain as to why this was the case, especially given their shared belief that there was an identifiable need for such provision.

Whilst teenage parent focus group participants had mixed views on whether they would ever use such a service, all approved of its availability in principle:

If you're having problems and you're screaming and shouting then there's somewhere there to help you sort it out. (Young mother)

4.2.6 Health

The health of teenage parents and their children is considered in all pilot clients' support plans. Overall, the key emphasis here appeared to be on effective inter-agency working, with pilot support workers liaising with specialist health professionals (e.g. midwives, health visitors, community mental health teams) as appropriate. The monitoring data (see Chapter 3) appeared to suggest that a relatively small proportion of young people (or their children) had specific health needs, although some had mental health issues and more general healthcare needs associated with pregnancy and early child development.

Support with sexual health, such as advice about contraception, was generally delivered informally, by support workers. Providers consistently emphasised the importance of positive staff-client relationships, built on mutual respect and trust, in enabling constructive conversations about sexual health.

The issue of sexual health was built into training courses and/or regular group-work sessions within some pilot projects. Whilst valuing the information obtained during such sessions, a few service users reported feeling awkward when these catered for a wide range of ages, and/or included young people who did not have children / were not expecting a child:

I think that kind of lesson should include 16 year olds and that because I feel a bit out of place. When she said 'do this' I'm thinking 'hold on a minute, I'm five months pregnant here, why do I need to do that?!' (laughter). But it is good. I think that kind of lesson would benefit the younger a lot more. (Young mother)

Some pilot projects offered cooking / healthy eating sessions (see Section 2.1) and reported that teenage parents were generally receptive to these elements of the support packages. Several of the teenage parent focus group participants reported that group cooking sessions were the part of the support package that they enjoyed most.

4.2.7 Parenting support

In virtually all of the pilots, support with parenting is built into regular group or course work and/or carefully branded in such a way so as to avoid any explicit reference to 'parenting skills'. This appeared to be a successful approach as, whilst a few teenage parent interviewees (particularly those with toddlers or older children) were very open about the fact that they were eager to learn about parenting – most commonly behaviour management – the far greater majority were resistant to any overt teaching on this subject:

A: Why do we have to do them [parenting classes]? I think it's not fair to have parenting classes, because at the end of the day, I don't mean to be horrible, but you don't see a 26 or 30 year old woman having parenting classes. And they're saying 'Because you're this age you have to have a parenting class'.
B: Yeah, whatever age you are, as long as you are capable of looking after your kid, you don't need them. (Young mothers)

The fear of being 'judged' by older parents meant that many young mothers were especially reluctant to attend parent and baby/toddler groups within the wider community. Several stakeholders suggested that this fear explained, at least in part, many participants' reluctance to utilise Children's Centres:

I don't really like going to any of the things to do with these kiddie projects, because you get judged don't you? It just feels like they're watching you constantly, and it's not nice ... [Name of support worker] and everyone has

suggested some courses and things, but I won't go. They're just going to sit there and have you on watch, and I don't want to be on watch. (Young mother)

In one of the two-tiered authority projects, it was found that young parents in some districts expressed a preference for targeted young mothers groups, whilst others found these stigmatising and preferred taking part in general groups.

Several providers highlighted the value of group outings (involving service users, their children and staff) as opportunities to monitor teenage parents' relationships with their children and to demonstrate positive interactions with children. These outings, and childcare provision, were also considered to offer valuable opportunities for children to engage in new types of play and socialise with peers. None of the pilot interventions focused on children specifically, but it was generally presumed that improving parents' circumstances and life chances would inevitably improve child outcomes.

Stakeholders in almost all pilot areas highlighted a lack of support available for young fathers:

There isn't any money available to do anything with fathers. Unfortunately it's outside everyone's remit to do bits of fathers' work, so it does get left. (Stakeholder)

There's nothing else out there for Dads. Mums may meet at different clinics etcetera, but for the Dads, they may never... (Stakeholder)

Almost all projects are developing links with fathers' workers locally, and most are optimistic that effective interagency working with existing initiatives will increase their success in engaging fathers. Pilot C has recently recruited two male peer mentors so as to increase engagement with young fathers. The young fathers group set up by the Pilot F pilot was deemed to rectify an imbalance in the level of support available to young mothers and fathers, and service users reported that it provided them with invaluable peer support:

She [girlfriend] got a huge list of what she could do and where she could go and I got nothing! [before this group] (Young father)

I come in for the Dad's group to see if I can find out tips of how I can help [name of partner] in the first few weeks of having the baby and that. (Young father)

4.2.8 Financial support

All of the pilots offer support with money management, most commonly budgeting and/or debt management. This is often delivered via keywork or floating support sessions, but was more formally taught in some pilots (see Section 2.1). The project monitoring (see Chapter 3) identified that this was an important area of support need.

As Section 2.1 indicates, the Pilot B project also offers direct financial support via personalisation budgets. The innovative nature of this support, however, had also meant that it had proved difficult to operationalise and it had only been used in a few instances to date – for example, to help one young person move home and also for childcare needs in some cases. The project also offers service users £50 toward a deposit for each group-work credit¹⁹ obtained (or equivalent if attending alternative courses) up to maximum of £300. Participants are also encouraged to open a savings account, with the project 'matching'

¹⁹ A credit is awarded for completion of specific group-work sessions and courses.

savings up to the value of £200. It is hoped that these will act as incentives for young people (re)engaging in education or training.

4.3 Delivering the support

In the first round of case study visits, interviewees drew attention to a number of factors affecting service delivery, particularly the intensity, conditionality and flexibility of support, as well as effectiveness of interagency working.

4.3.1 Intensity of support

As Section 2.1 shows, the pilots are working with very differing numbers of young people. Some pilots are testing a very intensive model of enhanced support with a small number of young people, whilst others are attempting to reach more young people with their services.

The influence of greater levels/intensity of support on outcomes for teenage parents and their children is a key issue being explored in a number of pilot projects. Staff and stakeholders consistently highlighted a number of benefits of lower caseloads, most notably greater time to 'follow up' clients at risk of disengaging and develop trusting staff: client relationships:

Having this amount of time is a real privilege ... We can really adapt the time we spend to their needs. It gives you the time you need to help build up their confidence ... They can seem perfectly confident in their own surroundings with people their own age, but not if you take them into a really adult setting where there's older people with their children, like story time at the library. You often have to accompany them to six or seven sessions before they'll go by themselves. (Support worker)

The greater intensity of support, particularly when provided on-site within supported accommodation was identified as being key in identifying and responding to child protection concerns and/or the risk/incidence of domestic violence. These issues were particularly prominent in one project and the pilot had highlighted that it was very likely that some young people would have had their children taken into care were it not for the high levels of intervention of the project.

In contrast, some pilots were attempting to ensure that a greater number of young parents could benefit from lower intensity (yet still enhanced) support packages. In particular, one pilot had the ambitious agenda to reach every teenage parent in the County using a lead professional model to ensure that young people were plugged into a care pathway that acknowledged both their health and housing needs:

The primary aim is to ensure that every teenage parent gets access to a support worker who will ensure that they are living in suitable accommodation that meets their needs... (Stakeholder)

4.3.2 Conditionality of support

In some pilot areas, receipt of services is conditional on teenage parents' active engagement with particular aspects of the support packages (e.g. various forms of training or support work). The requirement that teenage parents engage with higher levels of support has necessitated something of a 'culture change' amongst frontline staff in one pilot area:

One of the things that we've had to do is challenge the attitude across the workforce ... to enforce a culture where there's an expectation that young parents will continue on in their education or accessing services, and that young parents choose to opt out as opposed to choosing to opt in ... We've had enough evidence to show that if we don't engage and talk to young parents in a way that's promoting them to attend or be part of this, then they'll end up on their own, and their mental health will get worse and worse. (Stakeholder)

Whilst, unsurprisingly, teenage parent interviewees unanimously appreciated the greater *availability* of support, some appeared to resent the *requirement* that they attend compulsory training and/or keywork sessions (particularly when already heavily committed with education or training):

A: The help they [support workers] give is very useful because you know that like if anything goes wrong or if you need anything it's just one phone call away. It's like brilliant.

B: But sometimes you want them to back off a bit, because you've got things to do.

C: They are quite demanding, you have to be there.

B: It sometimes gets in your way.

A: Like if you want to go do something, it's like 'No, you've got to come to key work today'. It's part of our tenancy isn't it? (Young mothers)

4.3.3 Flexibility of support

Providers consistently highlighted the value of being able to deliver support packages in a flexible manner. Freedom from externally-imposed eligibility criteria means that projects are able to work with teenage parents who do not necessarily fulfil criteria for assistance via orthodox routes (e.g. the statutorily homeless route), and thus work in a more preventative capacity. For example, one pilot's bond scheme may be used to assist intentionally homeless young people (who were previously ineligible for such resources in this area) and/or insecurely housed young fathers who have court orders enabling them to have children overnight but nowhere suitable for them to stay (see Section 4.2.1).

Similarly, freedom from funding restrictions on the type of support that can be offered enables some support workers to "*do whatever is needed*" to support their clientele. They can, therefore, support young people in ways that fell outside the parameters of 'housing-related support' (as previously funded under the Supporting People Programme²⁰). Examples included being able to visit teenage parents in hospital after birth if they have weak social support networks and supporting pregnant young women as well as teenage parents.

We're able to do whatever is needed to help our young mums. We're not restricted in the way that you often are in other services. (Support worker)

Also reflecting the flexibility of delivery, service users had been able to play a very active role in determining the content of many of the training courses and group work available via pilot programmes. These examples of flexibility were considered invaluable by support workers, stakeholders and service users alike.

²⁰ With the removal of the ring-fence of this grant, it is expected that there will be more flexibility in the delivery of housing related support (Pleace, 2008).

Many of the projects offer the opportunity for support sessions (e.g. life coaching or family mediation) to be delivered in a range of settings such as teenage parents' homes, or local cafés – wherever they feel most comfortable. Some project managers were considering restructuring staff timetables to ensure that staff will be available in the evenings, so as to improve the accessibility of support for teenage parents (re)engaging with education or employment.

However, some frontline workers noted that high levels of flexibility can generate a lack of coherence, thus making the service difficult to 'sell' to potential clients:

For me it's been about how do I sell this as a package ... So it's been trying to get my head around all this sort of bits and pieces that we've been given and kind of actually trying to make that a package for young people, that's understandable ... I'm having quite a hard time presenting it to young parents in terms of what they will get ... It's like a double edged sword, on one hand we're extremely flexible and on the other hand we need clarity and focus and that's the challenge for us, I think. (Support worker)

4.3.4 Interagency working

Many providers and stakeholders commented that the design and/or early implementation of pilot projects had reportedly strengthened cross-departmental links in pilot areas, particularly between Housing and Children's Services. There appeared to be a particular gain in terms of non-housing workers appreciating the fundamental role of housing in young people's lives, for example, one provider explained that accommodation issues had been something of an 'eye opener' for them as they begun to realise the difficulties experienced by young parents in obtaining suitable accommodation for themselves and their children. This did not mean that housing providers were always actively engaged in pilot work, more that the issues were being debated and engaged with. In one area, a Young Person's Housing Forum had recently been established which was proving helpful in addressing accommodation issues.

The input of health providers varied significantly: some project managers reported difficulties encouraging health representatives to attend steering group meetings, for example; whilst specialist teenage parent midwives and/or health visitors have played a pivotal role in the referral process of others. Liaison with specialist Teenage Parent Health Visitors was reported to have been crucial in alerting pilot staff to child protection concerns in some areas. Providers were convinced that this information sharing and the resultant intensification of support provided had prevented a number of children from being taken into care.

Family Nurse Partnerships (FNPs)²¹ were being piloted in two of the TPSH areas. In one area, an early decision to exclude FNP participants from the pilot scheme (on grounds of maintaining equity of support) was overturned given recognition that the scheme could potentially complement FNP support. In the other area, the FNP project had recently finished. The relationship between the pilots and FNP will be explored in detail in the final report, but there were indications of positive and complementary work in one of the pilots.

Formalisation of joint working protocols and procedures took a great deal of time in many areas – with information sharing and data protection issues posing challenges in some but

²¹ The Family Nurse Partnership (FNP) tests a model of intensive, nurse-led home visiting for vulnerable, first time, young parents. FNP nurses visit parents from early pregnancy until the child is two years old, aiming to build a close, supportive relationship with the family and guiding mothers to adopt healthier lifestyles, improve their parenting skills, and become self-sufficient.

these had generally been addressed (see Section 2.2). The extent to which the Common Assessment Framework (CAF) is being utilised in pilot referrals or support plans varies considerably between pilot projects – reflecting the different degree to which it is embedded at the local level. Where used, this is generally regarded as a valuable tool in promoting effective joint working.

The physical co-location of pilot project teams with other teams working with young people was reported to have been very beneficial in fostering positive inter-agency working.

Overall, many respondents remarked on the beneficial impact of the pilot on interagency working:

What this pilot has enabled us to do is to be much more linked in with each other, so rather than everyone working in their silos. Whereas some individuals, some staff were working with individuals but not really moving them on to other services, so it feels like that staff are more aware of what services are available because of this pilot. (Stakeholder)

However, several stakeholders and frontline staff did emphasise the need to avoid unnecessary duplication of support. Some expressed concern that some clients had become confused as to what they could, or should, expect from the various professionals they have contact with:

The difficulty is, it's how many other people do you get involved? ... It's sometimes quite difficult because if you've got a Tenancy Support Worker, you've got a Social Worker, you've got a Health Visitor, you've got a Midwife, you've got an Education Welfare Officer, and you've got myself [Children's Centre Worker]. It's almost as if you're just putting somebody else in for somebody else's sake... (Stakeholder)

I think sometimes they [teenage parents] are all getting confused as to who is who. I know one of the girls is just totally confused about who is her real main worker now? (Stakeholder)

Whilst this was less of a concern regarding teenage parents subject to CAF interventions (given the coordinating role of lead professionals) and new workers were crucial for the 10% of clients who did not have any other support at referral, many interviewees highlighted the need for care to be taken to ensure that the roles of pilot staff do not overlap unnecessarily or unhelpfully with pre-existing roles. This was considered to be a particular risk when multiple agencies aimed to offer 'holistic' support.

4.4 Conclusion

The pilot projects raised a number of difficulties associated with recruiting and engaging young parents with services. However, overall they appeared to have managed this process effectively through promotion of the project, the appointment of appropriate staff as well as delivering a flexible and user-responsive service.

The pilot projects were involved in delivering a wide range of services to young people. Some services had been easier to set up than others, particularly models based on a floating or link worker role. Newer forms of support were often unfamiliar to both providers and young people, which sometimes impeded the implementation and take-up of the services. Inter-agency working had improved during the first year of the pilot. Approaches to delivering support also proved key, particularly the delivery of flexible services.

5 Teenage Parents' Early Experiences of Pilot Projects

As outlined in Chapter 1, a telephone survey of young people using the pilot services was conducted between November 2009 and February 2010. A total of 162 interviews were completed. This chapter presents the findings of this survey on young people's early experiences of the pilot projects. It begins by outlining the profile of the respondents – who represent a subset of the young people whose details are recorded in the project monitoring information (see Chapter 3). This is followed by analyses of their views regarding their accommodation; participation in employment, education and training; experiences of the support provided by pilot projects; access to informal support; financial situation; and overall health and wellbeing.

5.1 Profile of respondents

Reflecting the number of people supported by each pilot, the majority of survey respondents were from Pilots D and F (38% and 24% respectively), with smaller proportions based in Pilots A (13%), G (9%), E (9%), C (4%), and B (4%). Due to the low numbers of individuals in some areas, most of the following analyses are undertaken for the TPSH pilot as a whole.

The demographic profile of respondents was similar to that recorded by the TPSH pilot monitoring, although some differences should be noted, many of which reflect the subsequent birth of a child and/or a change in accommodation circumstances arising from supportive interventions since referral (Chapter 3):

- Nearly nine out of ten (88%) respondents were female. This is slightly lower than the monitoring (95%) as young people at risk of teenage parenthood were also included in the sample²²;
- The vast majority (95%) described themselves as White, and only 3% as of Mixed ethnic origin, 1% as Black or Black British, and 1% as any other ethnic group. This means that young people from minority ethnic backgrounds were slightly underrepresented in the survey (as 85% of all young parents taking part in the TPSH pilot were White);
- Slightly less than one third (30%) of respondents were aged 16-17 at the point of survey, almost half (47%) 18-19, one fifth (22%) 20-25, and less than 2% under 16 years of age²³;
- More than three quarters (78%) of respondents were parents. Of these, the vast majority (87%) had only one child, the remainder two children. One quarter (25%) of all female respondents were pregnant at the point of survey. This compared to 69% being parents and 35% pregnant at the point of referral (obviously some young people will have had their child by the time of interview);

²² Of the 12% of respondents who were male, more than half (11 out of 20) were based in the Pilot G pilot. Of the 11 young men in Pilot G, nine had children. Young people at risk of teenage parenthood were counted separately in the project monitoring.

²³ These are self-reported ages. It should also be noted that the survey included interviews with young fathers up to the age of 25.

- About half of the young people were living alone or with their child(ren)²⁴; just over one third of all respondents (35%) lived with their partner, and 17% with their parents or step-parents (compared to 31% with their parents at referral).

5.2 Accommodation

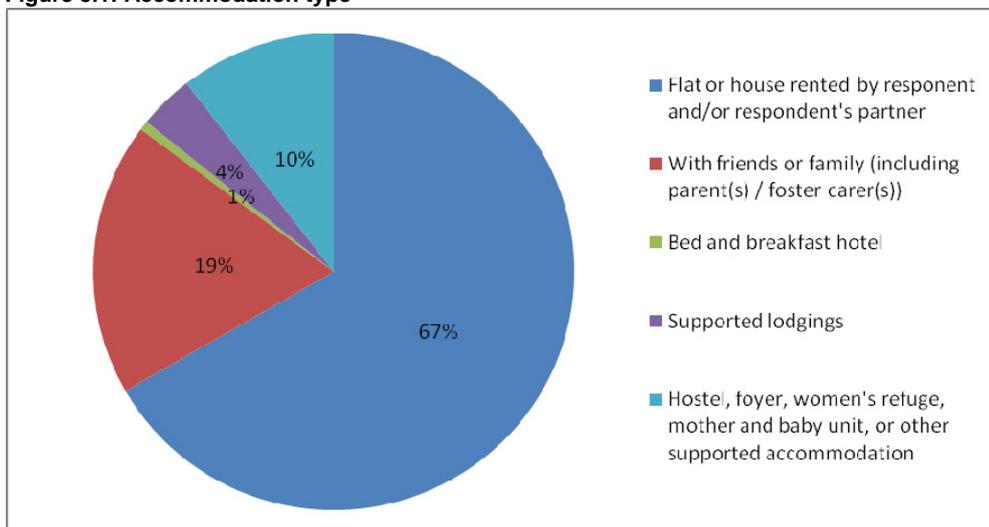
Figure 5.1 provides an overview of respondents' accommodation arrangements at the point of interview. Two thirds (67%) lived in a flat or house that they and/or their partner rented, a higher proportion than the overall pilot participants at the point of referral (41%). Of these, 62% were renting from a social landlord, 34% from a private landlord, and 5% from 'someone else'.

Deleted:

Nearly one in five (19% of) respondents were living with friends or family at the point of survey (Figure 5.1). Of these 27 individuals, 20 lived with their parent(s), four with other relatives, two with their partner's parent(s), and one with foster carer(s).

A total of 10% of respondents lived in communal supported/transitional accommodation. Of these 17 individuals, nine lived in a generic homeless hostel (catering for all age groups), four in a hostel for young homeless people, and four in supported accommodation catering specifically for mothers and babies. Only a very small minority of respondents were living in supported lodgings or a B&B hotel (4% and less than 1% respectively).

Figure 5.1: Accommodation type



Base: 162

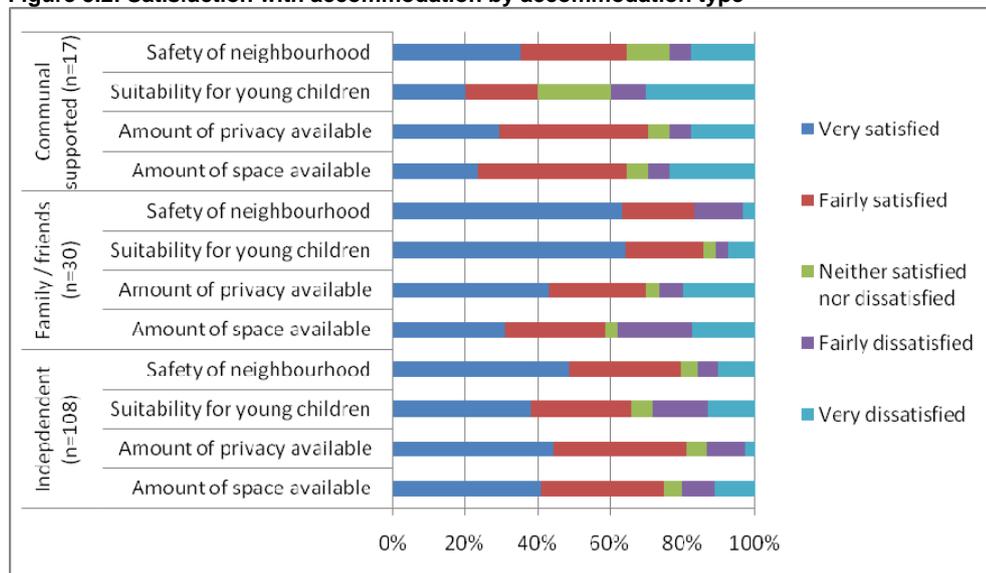
When asked how satisfied they were with their current accommodation, the majority (72%) of respondents reported that they were either 'very satisfied' or 'fairly satisfied' with the amount of space available, as did 78% regarding the amount of privacy available, 78% with the safety of their neighbourhood, and 68% with the suitability of their accommodation for young children.

Whilst low numbers living in some types of accommodation mean that caution should be exercised in the interpretation of results, Figure 5.2 indicates that levels of satisfaction varied

²⁴ Whilst 78% of respondents were parents, only 65% actually lived with their child(ren).

by accommodation type. Young people living in accommodation that they and/or their partner rented were more likely to report that they were satisfied with the levels of space and privacy available, whereas those staying with family/friends were most satisfied with their neighbourhood and suitability of the accommodation for young children. Responses from those in communal supported accommodation such as hostels and mother and baby units tended to be more mixed, particularly as regards to the suitability of the accommodation for young children.

Figure 5.2: Satisfaction with accommodation by accommodation type



NB: 'Communal supported' accommodation includes hostels, mother and baby units and other congregate accommodation with on-site support; 'family/friends' refers to situations where respondents were living with family (including their parents/carers) or friends; 'independent' refers to a flat or house rented by a respondent and/or their partner. Only very small numbers of young people lived in alternative accommodation types (e.g. supported lodgings or B&B hotels) thus they have been excluded from this analysis. Base numbers for each category are provided in the Figure above.

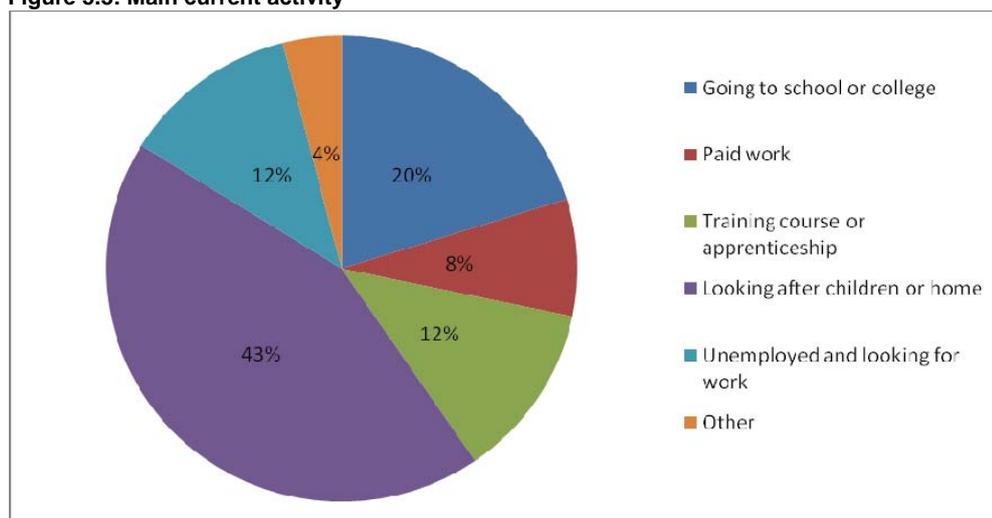
An important finding from the survey was that two in five (41% of) respondents had moved home since becoming involved with the pilot project, and of these, 89% reported that they preferred their new accommodation to their previous accommodation.

The majority of these moves involved a move into an independent rented tenancy either from their parents' home or, almost as commonly, temporary accommodation settings (e.g. a hostel, mother and baby unit, B&B hotel or supported lodgings). Smaller numbers reported moving from their parents' home or the home of other relatives/friends into supported communal accommodation schemes.

5.3 Education, employment and training

Figure 5.3 provides an overview of respondents' self-reported main current activity. Two in five (43%) reported that they were looking after their children or home. Marginally fewer (40%) identified education, employment or training as their main activity – comprising 8% in paid work, 20% going to school or college, and 12% on a training course or apprenticeship. Just over one in ten (12%) were unemployed and looking for work.

Figure 5.3: Main current activity



Base: 162

The number of hours respondents spent at college or school (whether or not this was respondents' main activity²⁵) ranged between two and 33 hours per week, averaging at 16.1 hours. Their experiences of college/school were positive overall – with 28% reporting that it was 'very enjoyable', 69% 'quite enjoyable', and only 2% 'not at all enjoyable'.

The number of hours spent on a training course or apprenticeship (whether or not this was their main activity) ranged between 2 and 30 hours per week, averaging at 7.3. These too were reported as being enjoyable overall – with 12 of the 22 individuals involved claiming it was 'very enjoyable', nine as 'quite enjoyable', and only one as 'not very enjoyable'.

Only 13 individuals were involved in any paid work (whether or not this was their main activity). The number of hours worked ranged between eight and 45 hours per week, averaging at 20.4 hours. Respondents' degree of enjoyment of paid work varied, but were less positive on balance than experiences of education/training – with seven young people reporting that it was either very or quite enjoyable, and eight claiming that it was either not very enjoyable or not at all enjoyable.

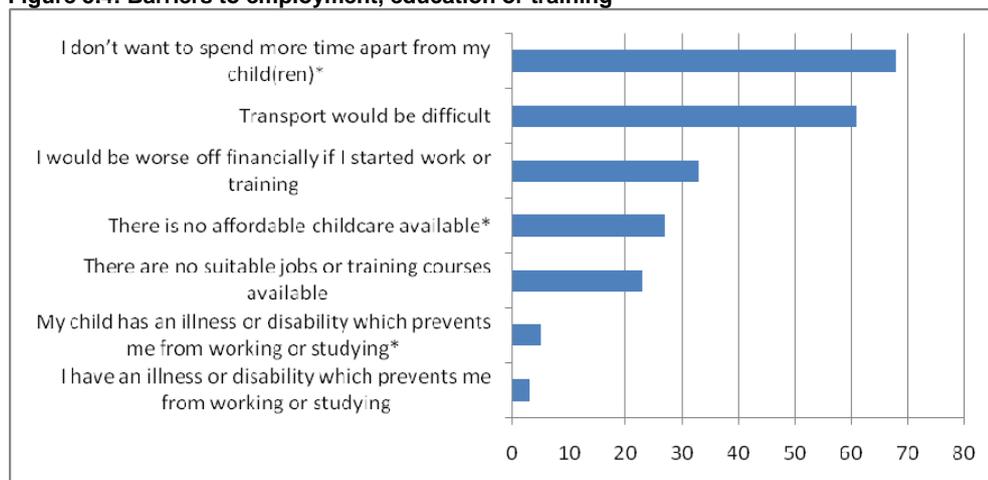
Seven individuals participated in voluntary work, with involvement averaging 3 hours per week. Three claimed this work was 'very enjoyable' and two 'not very enjoyable' (the other two responding 'don't know').

Respondents not in any employment, education or training (i.e. 'NEET'; N=82) were asked whether any of a number of common barriers prevented their involvement in these activities. Their responses are shown in Figure 5.4. More than two thirds (68%) of those with children reported that they were not involved because they did not want to spend more time away from their child(ren). Transport was a significant barrier for many – with 61% noting that it would be difficult for them to get to work/school/training. One third (33%) noted that they would be worse off financially if they started work or training, and 27% (of those with children) that there was no affordable childcare available. Nearly one quarter (23%) stated

²⁵ Respondents were asked whether they were involved in any paid employment, education/training, and voluntary work even if they did not identify any of these as their 'main' activity. The analyses of the number of hours working/studying, and respondents' enjoyment of these activities, is based on data provided by all respondents having any involvement in them.

that there were no suitable jobs or training courses available. Only a small minority reported that they were not involved because either they or their child had an illness or disability (5% and 3% respectively).

Figure 5.4: Barriers to employment, education or training



Base: 82 respondents who were not in employment, education or training (NEET); 66 of whom had children. Questions marked with an asterisk were asked of those with children only.

It was nevertheless clear that most of these and other respondents hoped to be actively involved in employment, education or training in the future. When asked what they would like to be doing in 12 months' time, only 9% of all respondents reported that they would like to be looking after their child(ren) full-time. Almost one third (31%) wanted to be in a part-time job, 17% in a full-time job, 21% studying or training part-time for a qualification, and 17% studying or training full-time for a qualification (with the remaining 5% being unsure or giving other answers).

5.4 Use and experience of pilot projects

5.4.1 Accessing the project

Service users were asked whether they had enough information on the project at the point of referral. Three quarters (75%) of respondents reported that they had been given 'about the right amount' of information about the pilot project before using it, 21% 'not enough' information, and 4% 'too much' information.

Participants were also asked about the degree of choice they had regarding whether or not they participated in the pilot. Almost half (49%) reported that they had been 'encouraged to use the services offered', whilst 25% had themselves 'asked to use the services offered'. Just under one quarter (23%) stated that they were 'told [they] had to use the services offered'.

There were no significant differences between the responses given by young people using different pilot projects to either of these questions.

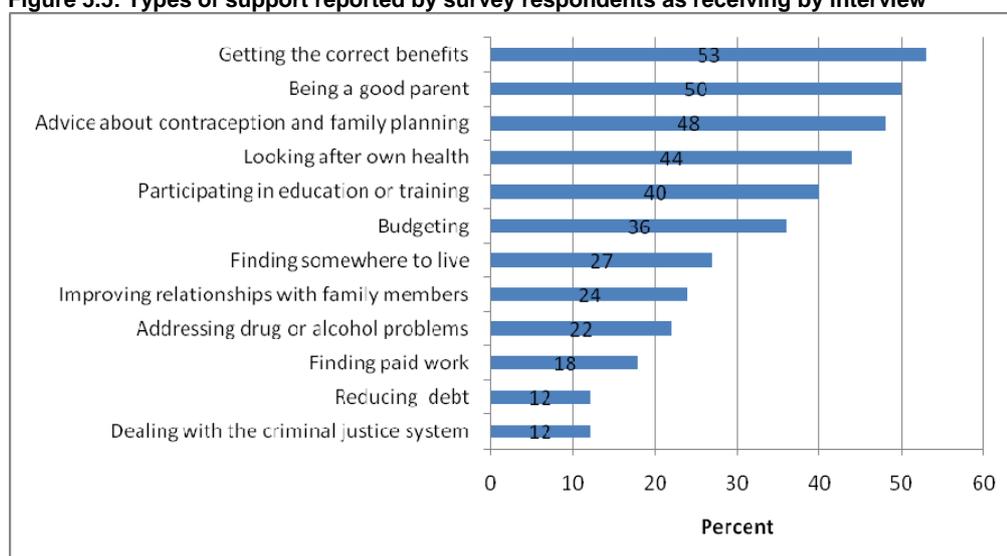
5.4.2 Type of support received

Figure 5.5 provides an overview of the types of support reportedly received by young people from the pilot projects by the point of survey. The most common forms of help identified were getting the correct welfare benefits (reported by 53%), followed by assistance with parenting (50%), advice about contraception/family planning (48%), and looking after their health (44%).

Slightly more than one quarter (27%) reported that the pilot project had helped them find somewhere to live. Two out of five (40%) had received help with participation in education and training, and 18% assistance obtaining paid work. More than one third (36%) reported receiving help with budgeting, as did 12% assistance with debt reduction. No respondents claimed that they were not getting any support from the pilot project.

Some of these figures appear quite low overall: for example 41% had moved home but only 27% said they received help with accommodation. It is possible that they do not recognise they are receiving 'support' and/or young people might not need support in some areas and/or projects are not always offering the full range of support. This issue will be explored in more detail in the final report.

Figure 5.5: Types of support reported by survey respondents as receiving by interview



Base: 162

5.4.3 Assessment of project services

Table 5.1 provides an overview of the number of respondents who had used each of the elements of support offered by pilot projects, together with their assessments of how helpful these had been so far. This suggests that the respondents had found most of the provision useful, with the great majority assessing them as either 'very helpful' or 'quite helpful'.

Reading across the pilot projects to see how different types of support had been received, it appears that the help provided by dedicated staff such as key workers and floating support workers was generally highly valued, albeit that a small number of young people claimed that this had not been particularly helpful. Although assessments were not uniformly positive, group work sessions (e.g. Pilot G's health drop-in, Pilot F's young father's group,

and Pilot B's group work) were also generally well received. Formal training (e.g. accredited ICT and other courses in Pilot E, and peer educator training in Pilot D) was also, on balance, positively received.

Contrary to what might perhaps be expected, views regarding the helpfulness of material provisions (e.g. laptops in Pilot E) were mixed, with a few young people describing them as 'not very helpful'. Views regarding the helpfulness of mentor/buddy schemes were also mixed – with assessments ranging from 'very helpful' to 'not at all helpful', albeit that the overall balance of opinion was weighted toward the 'very helpful' end of this spectrum.

Table 5.1: Helpfulness of pilot project elements

Pilot project element	No. using this	Assessments of how helpful this has been (no. of respondents)				
		Very helpful	Quite helpful	Not very helpful	Not at all helpful	Don't know/ Refused
Pilot A						
Teenage parent floating support worker	17	10	3	2	2	-
Bond for a house or flat	8	6	2	-	-	-
Mediation to help improve relationships with other family members	2	-	-	1	-	1
'Passport to housing' training	1	1	-	-	-	-
Home starter pack	8	5	2	1	-	-
'Healthy settings' resource pack	9	2	7	-	-	-
Pilot B						
Flat	6	3	3	-	-	-
Key worker	6	2	4	-	-	-
Lifecoach	6	2	1	-	-	3
Group work	5	2	3	-	-	-
Pilot C						
Peer mentor	3	1	2	-	-	-
Bond for house or flat	1	-	-	1	-	-
Pilot D						
Teenage parent floating support worker	26	21	1	4	-	-
Teenage parent buddy / mentor	15	7	1	2	2	3
Training to be a peer educator	26	17	5	-	1	3
Pilot E						
Teenage parent key worker	12	10	1	-	1	-
Mentor	1	1	-	-	-	-
Buddy	1	1	-	-	-	-
ICT or digital media training course	8	5	3	-	-	-
Other training course (at Nightingale School)	11	5	-	1	-	5
Laptop computer	6	1	3	2	-	-
Pilot F						
Teenage parent support worker	30	25	5	-	-	-
Young dad's support group	3	2	1	-	-	-
Pilot G						
Key worker	10	9	1	-	-	-
'Money skills' course	11	8	1	2	-	-
Health drop-in	12	6	4	1	1	-
Cooking sessions	12	10	-	1	1	-
DVD evening	6	3	2	-	1	-

Base: 162. Some of the pilot services had not been used by any of the respondents at the point of survey: these have been omitted from the table.

5.4.4 Overall impact of the project

Service users were asked how much difference they thought the pilot project would make to their lives overall. The vast majority reported an expected positive impact of the projects - 42% of respondents reported that it would make 'a big difference' and 40% 'some difference' (Table 5.2). However, nearly one in five (18%) were pessimistic about the impact of the pilot on their own lives, thinking it would make 'very little difference' (10%) or 'no difference at all' (8%).

Service users were also asked about the potential impact of the project on the lives of their children. Again, most young people anticipated a positive impact, with 38% and 37% reported that the pilot would 'a big difference' or 'some difference', respectively, to the lives of their children. One quarter (25%), however, were less optimistic – reporting that the pilot project would make 'very little difference' (11%) or 'no difference at all' (14%) to the lives of their children (Table 5.2).

There were no significant differences in views regarding the impact of pilots between young men and women, different age groups, or pilot project.

Table 5.2: Amount of difference respondents expect the pilot project will make to their and their child(ren)'s lives

	Respondents (%)	Respondents' children (%)
A big difference	42	38
Some difference	40	37
Very little difference	10	11
No difference at all	8	14
Total	100	100

Base: 162

Those who thought that the pilot project would make at least some difference to their or their child(ren)'s lives were asked what aspects of the service they considered to make this difference. Their answers were recorded verbatim and categorised into a number of themes which are listed in Table 5.3.

Fifteen percent identified assistance with housing matters as key. A further 10% highlighted the 'understanding' or 'non-judgementalism' of staff as crucial and/or the fact that staff were 'always there' when they needed someone to talk to. An equal proportion (10%) identified help with accessing employment, education or training as having been influential; as did a further 10% the opportunity to meet and socialise with young people with similar experiences. Other factors commonly identified included pilot impacts on respondents' confidence and self-esteem (6%), opportunities for respondents' children to interact with other children (6%), help with finances (5%), and assistance with parenting (5%).

Table 5.3: Aspect of the project that will make a difference to the lives of respondents and/or their children

	No.	%
General support and information	26	18
Help with housing	21	15
Staff understanding / non-judgementalism / having someone to talk to	14	10
Help accessing employment/education/training	15	10
Meeting new people, especially other young parents	14	10
Building confidence / self-esteem	9	6
Opportunities for child(ren) to interact with other children	8	6
Help with finances	7	5
Help with parenting	7	5
Something to do	2	1
Other	9	6
Don't know	11	8
Total	143	100

5.5 Informal support

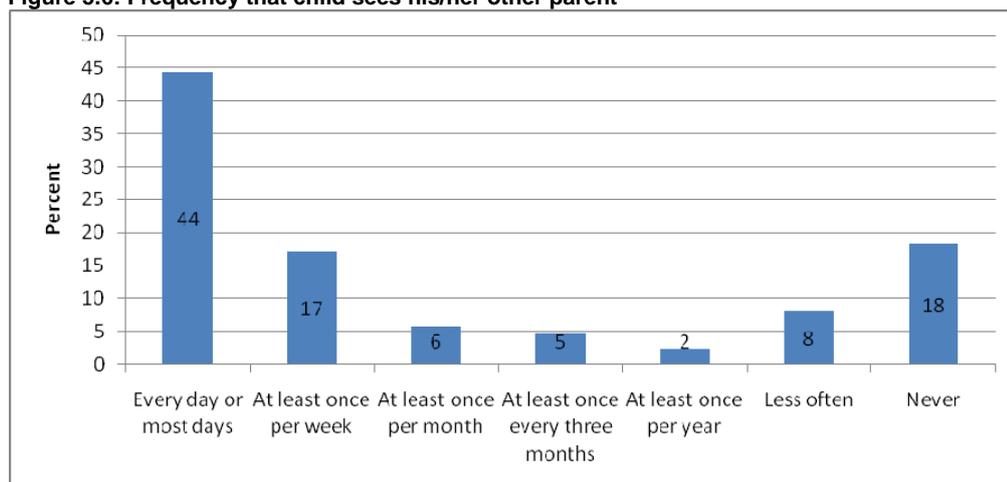
The survey asked young people about the types of informal support available to them.

Of the respondents who were parents or expecting their first child, 56 per cent were no longer in a relationship with the other parent of their youngest/expected child. Of these, more than one quarter (26%) described their relationship with their child's other parent as 'very unfriendly', and 4% as 'not very friendly'. Approximately one third reported that this relationship was either 'very friendly' or 'quite friendly' (14% and 17% respectively), and 40% as mixed – 'sometimes friendly, sometimes not'.

That said, over two fifths (44%) of the young parents who did not live with the child's other parent reported that their (youngest²⁶) child sees their other parent every day or most days, and a further 17% that they did so at least once per week (Figure 5.6). Nearly two in ten (18%) reported that their child 'never' sees his/her other parent, and a further 10% that they do so less than once every three months.

²⁶ In order to keep the survey as short as possible, respondents with more than one child who were no longer in a relationship with their youngest child's father/mother (n=11) were only asked about the frequency of times that their youngest child sees his/her other parent.

Figure 5.6: Frequency that child sees his/her other parent



Base: 88 (respondents with children who do not live with their (youngest) child's other parent).

The majority (70%) of respondents who were parents or expecting their first child reported that they considered it 'very important' that the child's other parent plays an active role in bringing him/her up, 6% that this was 'quite important', 10% 'not very important', and 13% 'not at all important'.

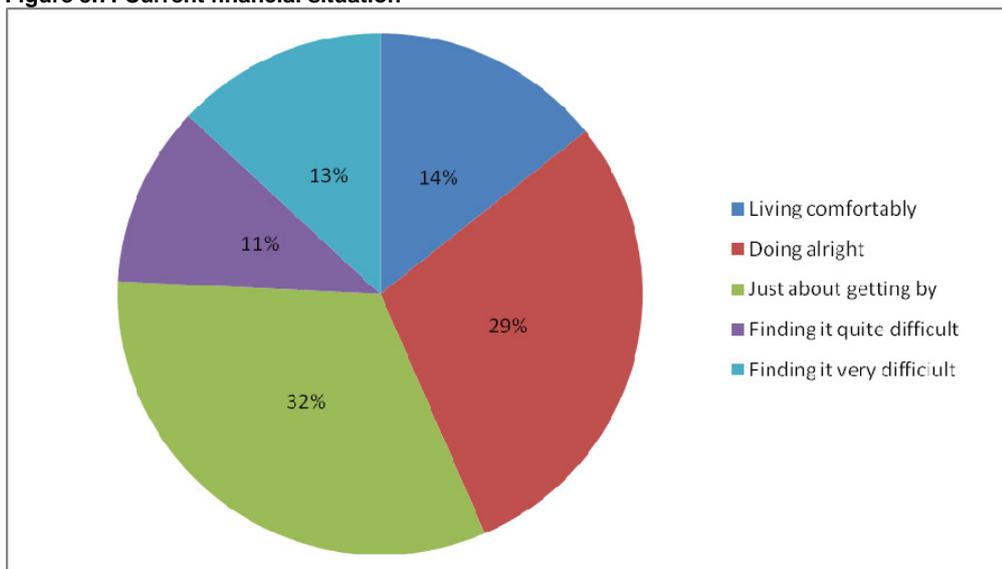
The majority (82%) of all respondents received support from their parent(s). When asked what types of help their parent(s) provide, 73% of these young people reported that their parents helped with their child(ren), 90% that they listened when the respondent needed to talk, and 63% that they helped financially.

In addition, almost three quarters (73%) reported that they received support from other members of their family or relatives (e.g. siblings, aunts/uncles), 51% from the child(ren)'s other grandparents, and 70% from friends. Nearly one in ten (9%) reported that they did not receive support from any of these people (i.e. other family/relatives, their child(ren)'s other grandparents, or friends).

5.6 Financial situation

When asked how well they were managing financially, nearly one quarter of respondents reported that they were either 'finding it very difficult' (13%) or 'finding it quite difficult' (11%), with a further one third (32%) stating that they were 'just about getting by'. Slightly less than half reported that they were faring better financially – with 29% reporting that they were 'doing alright' and 14% 'living comfortably' (Figure 5.7). There were no significant associations between the financial circumstances of respondents and either their current accommodation circumstances or main economic activity.

Figure 5.7: Current financial situation



Base: 162

Almost one quarter (24%) were behind in their payments for rent, as were 24% behind with payments for household bills (e.g. electricity, gas or water), and 16% behind with any other loans or debt repayments. Approximately half (51%) of respondents reported that they save money regularly.

5.7 Health and wellbeing

5.7.1 Self-assessed health

Table 5.4 provides an overview of respondents' self-assessments of their own general health, and that of their child(ren)²⁷. The majority of respondents (80%) reported that their general health was either 'very good' (29%) or 'good' (51%); but 15% only 'fair', and 5% either 'bad' or 'very bad'. Assessments of their child(ren)'s general health were more positive overall, with almost all reporting that this was either 'very good' (66%) or 'good' (28%).

Table 5.4: Own general health and child(ren)'s general health

	Respondents (%)	Respondents' children (%)
Very good	29	66
Good	51	28
Fair	15	4
Bad	4	2
Very bad	1	0
Total	100	100

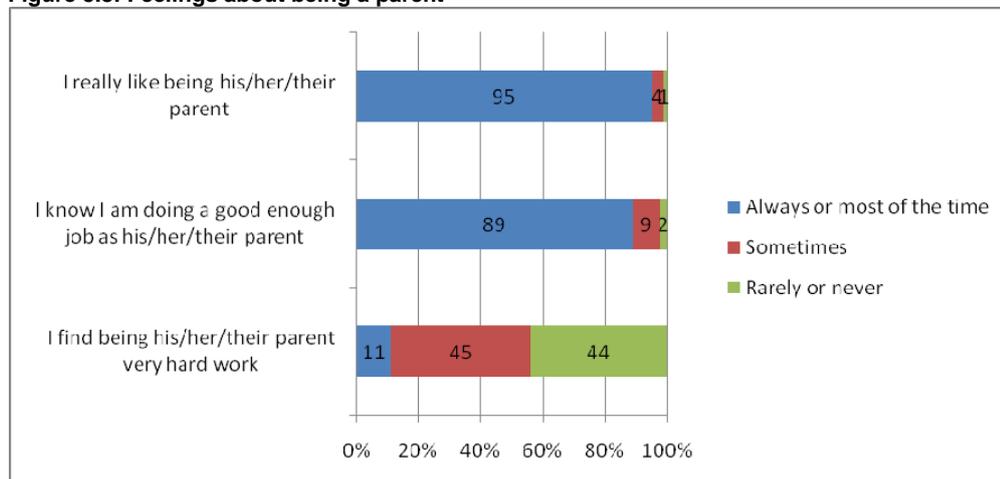
Base: 162 respondents, 143 (all) respondents' children

²⁷ Respondents were asked to provide a self-assessment of the health of *each* of their children if they had more than one child.

5.7.2 Views on being a parent

Respondents were also asked a number of questions regarding how they felt about being their child(ren)'s parent. As Figure 5.8 portrays, the vast majority (95%) reported that they like being their child(ren)'s parent 'always or most of the time', and most (89%) that they felt they were doing a good enough job as their child(ren)'s parent 'always or most of the time'. More than one in ten (11%) did however report that they found being a parent very hard work 'all or most of the time', as did 45% 'sometimes'.

Figure 5.8: Feelings about being a parent



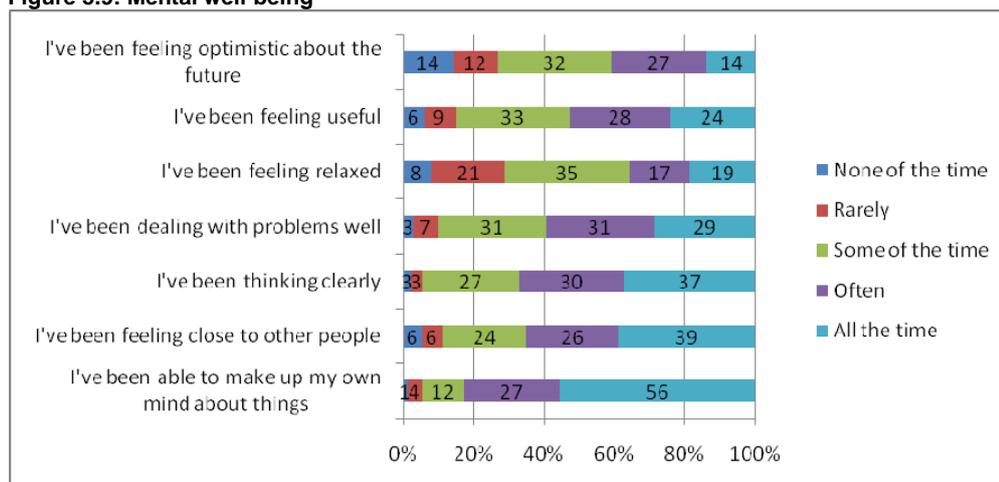
Base: 126

5.7.3 Mental well-being

Figure 5.9 portrays participants' responses to a number of questions from the Warwick-Edinburgh Mental Well-being Scale²⁸ which asks how often, if ever, they had felt a number of ways in the past two weeks. Most felt that they had been able to make up their own mind about things, think clearly, and/or deal with problems well 'often' or 'all of the time'. Almost one third (29%), however, reported that they rarely or never felt relaxed, and one quarter (26%) that they rarely or never felt optimistic about the future.

²⁸ The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a recently developed and validated tool that measures mental well-being, that is, a person's psychological functioning, life-satisfaction, and ability to maintain mutually beneficial relationships (Stewart-Brown and Janmohamed, 2008; Tennant et al., 2007). It features in a number of general population surveys, including the British Household Panel Survey.

Figure 5.9: Mental well-being



Base: 162

5.7.4 What would make life better?

Finally, respondents were asked what single thing would make their life better right now. Their responses were recorded verbatim and categorised into a number of themes which are listed in Table 5.5.

A total of 15% stated that 'nothing' would improve their quality of life as they were currently satisfied with how things were. The greatest proportion (34%), however, felt that their quality of life would be improved if they had a greater income and/or more financial stability. A further 20% believed that life would be better if they were able to move into independent accommodation or had a better quality or more spacious home. Slightly less than one in ten (9%) identified paid employment as something that would enhance their quality of life. A few young women (6% of all respondents) noted that life would be better if they had a more positive relationship with the father of their child and/or that he had more input in his child's upbringing.

Table 5.5: The single thing that would make life better just now

	No.	%
Financial (e.g. more income, greater financial stability, debt reduction)	55	34
Housing (e.g. own home or larger/better quality house or flat)	33	20
Employment (e.g. obtaining paid work with appropriate childcare arrangements)	14	9
Child's other parent (e.g. greater input from / improved relationship with)	9	6
Neighbourhood (e.g. move to a new/better neighbourhood or closer to family)	4	2
Vehicle (e.g. learning to drive / having a car)	4	2
Education (e.g. increasing participation in education/training)	3	2
Professional (e.g. more support from professional agencies)	3	2
Nothing	15	9
Other response	15	9
Don't know	7	4
Total	162	100

5.8 Conclusion

The survey revealed that whilst the majority of young people were reasonably satisfied with their accommodation, some aspects of housing were less than ideal and those young people who had moved were generally happier with their new accommodation than their old. About half of service users self-reported that they were not in education, training or work²⁹ and, despite holding aspirations, they reported significant barriers to them becoming involved, particularly in terms of not wanting to spend more time away from their children and transport difficulties.

The survey reported quite high levels of informal support and satisfaction with being a parent.

Overall, young people reported that they found most pilot services helpful to them. The vast majority of service users also thought that the pilot service would make a big or some difference to their lives and that of their children. When asked what single thing would make their lives better, young people most frequently mentioned greater levels of income and better housing.

²⁹ Note this information is self-reported and is lower than indicated in Chapter 3. It may also be that some young people have moved into training or work since starting the pilot as Chapter 3 reported economic status at referral. This issue will be examined in the final report.

6 Conclusion

This report provides an interim assessment of the progress of the Teenage Parent Supported Housing (TPSH) pilot consisting of seven schemes designed to test a range of 'enhanced support packages' for teenage parents. The pilots are funded by central government from early 2009 to March 2011. This report evaluates the early setting up stages and first full year of operation of the pilots. Below, progress with the development of the TPSH pilot is reviewed.

6.1 Establishing the TPSH pilot

The former DCSF encouraged the development of, and selected, a range of models of enhanced support packages for young parents for the TPSH pilot programme. Potential pilot authorities were asked to define 'enhanced support' themselves, rather than work to a prescribed model. Local authorities responded to this and designed a wide range of models.

The pilot programme, and evaluation, is therefore testing a diverse range of models. Notably, pilots have interpreted the 'supported housing' core element of the pilot differently. One pilot is delivering a residential model with intensive on-site support. Others have developed floating support or programmes of support to facilitate access to the private rented sector. One project has focused on education, whilst many include other types of specialist support services including mentoring, life-coaching and mediation. Some pilots are testing a number of services at the same time.

The projects took different lengths of time to become established in their local areas, with a number of challenges encountered in setting up the projects. Most significantly, local authorities were required to set up a project with a short-lead in time for development. This caused some difficulties particularly in areas which were also undergoing restructuring or had to tender for the new pilot services. There were also some stakeholder tensions around data sharing and/or potential service duplication. Some areas were better placed to move forward quickly particularly where models were building upon existing services. A high degree of 'buy-in' from key partners and senior staff, along with wider positive inter-agency working, also assisted the establishment of the projects considerably.

6.2 Finding and engaging young parents

Nearly 500 young parents (including parents-to-be) were referred to the seven pilot projects in the first year of the TPSH pilot. One project also worked with an additional 56 young people at risk of teenage parenthood. The vast majority of referrals were accepted onto the projects and only a small proportion of young people declined the service offered. Whilst some projects better met their recruitment targets, overall this represents one of the key achievements of the first year of the pilot. It should be noted that the numbers of referrals to the project nearly doubled in the three months from December to March 2010.

The (main) target group for all pilots are teenage parents including young pregnant women/ fathers-to-be. Additionally, one project is also working with young people considered to be at risk of teenage parenthood. Referrals were received from a diverse range of agencies, including Connexions, health professionals (particularly midwives) and housing and hostel providers. However, one main referral source appeared to predominate in each area. Most projects are proactively seeking to expand referral sources.

The majority of the young parents recruited were female, of White British origin and had an average age of 18. A number of the projects have worked very proactively to recruit or

include young fathers, and therefore often support couples. This has not always proved easy as most local services are predominately set up to support mothers - and young couples on a low income also find it difficult to access appropriate supported and/or independent accommodation. In effect, the pilots are engaged in challenging established patterns of service delivery to better support young couples. Some pilots are also concerned as to whether they are reaching young people from ethnic minorities and again are reviewing this.

Overall, the young parents had few health problems, with the exception of one quarter experiencing mental health issues. Very few young parents had any problems with drugs or alcohol or offending. Reflecting this, the key support needs were around accommodation issues, maximising people's income, accessing training/ education and negotiating their new status as a parent. Few appeared to need intensive support with multiple issues, as is often common amongst homeless young people. Some pilots were concerned that they might not have reached some of the most vulnerable young people in their area, and this was a key factor prompting expansion of referral sources. However, despite this overall profile, there was some evidence that a minority of young parents required more intensive support, including around child protection issues. Providers also raised a concern that domestic violence was an issue affecting some young people and needed to be investigated further.

6.3 Supporting young parents

The experience of the first year of the pilot strongly suggests that accommodation is a key issue for many of the young parents. Unsurprisingly given the focus of the pilot, assistance with housing was identified as one of the main support needs of young parents by providers at the point of referral. In the telephone survey, young people identified assistance with accommodation as one of the most useful elements of the support that they had received, as well as one of two main priorities for making a difference to their lives in the future. Crucially a significant minority of young people (41% of survey respondents) had moved accommodation since starting with the pilot and the vast majority reported higher satisfaction with their new accommodation. Although the TPSH pilot was not designed to work with young people in the parental home, projects appeared to be assisting some young people to make a successful move from the parental home into suitable supported or independent accommodation.

The vast majority of young parents were looking after their children and/or looking for work at the point of referral. All projects were attempting to re-engage young parents in education, training or employment. The early pilot experience suggests that flexible responses to this are important, ensuring that courses are accessible, where possible module-based, and parent-friendly. Providers and young people both felt that the timing of going back into education or employment was important after the birth of a child. The telephone survey indicated that young people hoped to be engaged in education or employment in a year's time. Most young people had a preference for continuing education rather than taking up employment. However, barriers to doing so were significant including transport difficulties, not wanting to spend time apart from their children, and child-care issues.

The telephone survey with young parents showed that, despite it sometimes being hard work, the majority of people liked being a parent to their child/ren. The TPSH pilot identified parenting support as an important issue, and many young people (particularly those with older children) also expressed interest in learning how to parent. However, there was also considerable reluctance on their part to engage in any support that they perceived to judge or stigmatise them. The early experience of the pilot suggested that support with parenting worked best if responsive to young people's agendas and integrated into other services. Overall, it was clear that the projects were explicitly focused on supporting the young parent rather than the child/ren. This was not raised as a concern by providers or young people and

may represent a complementary approach when operating alongside other child-centred services.

Young people identified increased income as one of two things that would most make a positive difference to their lives. Young people varied in the extent to which they were coping financially, but some were in financial difficulty. This may be an area of work that can be further developed in the second year of the TPSH pilot.

In terms of delivering support, the early pilot experience suggested that some types of support were more easily understood and readily taken up than other elements of support (for example, floating support compared to life-coaching). A number of potential factors appeared to be at play here. Firstly, familiarity with some service types may have aided take-up, whilst conversely young people may have been wary about the purpose and approach of newer types of services. Linked to this, sometimes the package of support was not fully understood and take-up may have improved by more clearly specifying the support on offer. Thirdly, take-up of services appeared to be influenced by the location of services (with co-location with other services for young parents working best). Fourthly, and crucially, within a clear offer of support, services needed to be flexible enough to respond to young people's needs. Finally, the quality of the relationship between the young parent and the worker was central to the effective delivery of any support.

6.4 Wider benefits of the TPSH pilot

There was an overall consensus amongst providers and stakeholders that the TPSH pilot had led to improvements in inter-agency working at the local level. There appeared to be a particular gain in terms of health and social care services learning about the accommodation needs of young parents; however it was reported that agencies were working together more effectively across all sectors.

The TPSH pilot had clearly raised the issue of teenage pregnancy and young people's needs more generally at the local level. The clearest example of this was the decision already taken to mainstream the floating support service for teenage parents in one of the pilots.

All the pilots will continue delivering services until March 2011 and a full evaluation of the pilot programme will be available in summer 2011 to inform the future development of supported housing services for teenage parents more generally.

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Appendix 1: Local Authorities Involved in the TPSH Pilot

Blackburn with Darwen Borough Council

Brighton and Hove City Council

City of York Council

London Borough of Wandsworth

Nottingham City Council

Somerset County Council

Worcestershire County Council

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