



Supporting teenagers who are pregnant or parents

Sure Start Plus National Evaluation: Executive Summary

In 2001 the Government set up the pilot Sure Start Plus initiative with the aim of reducing the risk of long-term social exclusion associated with teenage pregnancy through co-ordinated support to pregnant teenagers under 18 years and teenage parents. This group was chosen for additional support as they were considered to be highly vulnerable, with the young parents and their children at particular risk of poor social and health outcomes. The National Evaluation, carried out by

the Social Science Research Unit, Institute of Education, University of London, found that the targeted holistic package of support offered by the Sure Start Plus advisers was successful in addressing the crisis needs of pregnant and parenting young women and in helping them develop skills to prepare themselves for parenting and further educational opportunities. Overall, the programme was less successful at changing specific health behaviours and in supporting young fathers.



Key findings – National Evaluation of Sure Start Plus

- The cornerstone of the Sure Start Plus programme was the role of an adviser who provided holistic one-to-one support for pregnant and parenting young women. Young women, Sure Start Plus staff, and colleagues from partner agencies perceived this role as beneficial.
- Despite the core role of the Sure Start Plus adviser, the pilot programme was characterised by diversity: multiple models of Sure Start Plus provision exists.
- The Sure Start Plus 'teams' brought together expertise from across sectors, providing effective joined up working with local agencies and services, and enabled easier access to support for young pregnant women and young parents. These teams worked best when they provided both the generic support role of the adviser and linked to specialist aspects of support such as: breastfeeding, smoking cessation, pregnancy options, re-integration to school and work with young fathers.
- The programme was slow to begin, with the majority of programmes not becoming fully operational until the end of the first year of the pilot. Implementation was aided most by having a paid co-ordinator; providing services over only one local authority area; and having a dedicated local partnership board.
- The Sure Start Plus programme appears to have had success in providing crisis support to pregnant young women and young mothers. The evidence suggests that it has increased support for emotional issues; improved the young woman's family relationships including reducing the incidence of domestic violence; improved accommodation situations; and increased educational participation for those aged under 16 years.
- Despite innovative work in some individual projects, the programme had less apparent impact on specific health objectives (e.g. reducing smoking and increasing breastfeeding) and on participation in education, training and employment for those aged 16 and older. Some staff were reticent to address these objectives with vulnerable clients or clients who identified other issues as a priority. Participation rates in education, training and employment were highest for these young women when the Sure Start Plus advisers were based in the education sector or when the programme was specifically focused on reaching these objectives.
- Sure Start Plus had less success in reaching and supporting young fathers. Many programmes lacked either a strategy or sufficient resources to work with young men. Where there was a clear strategy and resources to employ additional or specialist staff, young fathers participated and appreciated support.
- Overall the programme was under resourced. More funds would have made it possible to have more advisers and specialist staff, which would have allowed for longer engagement with young mothers, more work with young fathers, fewer waiting lists, and more time to address longer term health and development issues.

Background

Sure Start Plus is an on-going Government pilot initiative to support pregnant young women and young parents under 18 years of age in England. The Sure Start Plus pilot arose from the action plan of the teenage pregnancy report published by the Social Exclusion Unit in 1999. This report highlighted the increased risks of poor health and social outcomes faced by teenage parents and their children, including a 60% higher rate of infant mortality; 25% increased risk of low birth weight babies; and three times the rate of postnatal depression. In addition, teenage mothers were reported to have low educational attainment. Sure Start Plus was developed to reduce the risk of long-term social exclusion associated with teenage pregnancy by 'providing intensive support for parents and child to help them with housing, health care, parenting skills, education and child care'.

The Sure Start Plus initiative forms part of the Government's Teenage Pregnancy Strategy. There are 35 pilot programmes, based in local authorities across England. Funding for the pilot initiative runs for five years (April 2001- 2006). National management responsibility of the programme was originally held by the Sure Start Unit at the Department for Education and Skills (DfES); in April 2003 this management responsibility transferred to the cross government Teenage Pregnancy Unit

(TPU), part of the Children, Young People and Families Directorate at DfES. At the formation of the initiative, the pilot programmes were issued with a guidance document that included set aims and objectives for the overall programme.

Support for pregnant teenagers and teenage parents continues to be central to Government policy. The specific needs of teenage parents are recognised in the National Service Framework for Children, Young People and Maternity Services. The Children Act 2004 provided the legislative framework for the reform of children and young people's services to meet the five outcomes set out in Every Child Matters: Change for Children Programme. Children's Trusts have the responsibility for delivering this Programme, which includes addressing the needs of teenage parents and their children, whom they consider to be a vulnerable group that needs targeted support.

This Executive Summary presents the key final findings from the Sure Start Plus National Evaluation. These findings focus on the delivery and impact of the Sure Start Plus pilot. They are based on questionnaires and interviews with young people, service providers and professionals in the 35 pilot programmes and in 35 non-Sure Start Plus comparison sites (matched to programme sites on the basis of deprivation scores and teenage pregnancy rates); in depth study of work in six sites; and interviews with national managers.

How did Sure Start Plus Programmes look in practice?

Sure Start Plus programmes have been delivered in a number of different ways. Primarily the programmes offer support to pregnant and parenting teenagers through one-to-one advice and support; advocacy with other agencies on behalf of clients; group work; and parenting classes. Programmes are also involved in trying to modify mainstream services to be more appropriate and accessible for young people; as such, some programmes offer training for professionals.

The Sure Start Plus pilot programme has been characterised by diversity: no one model of the programme exists. The programme's variability has been its strength, as it has allowed for many examples of innovation tailored to meet local needs and situations, but it has also created challenges in defining what the programme is and the differences it has made.

There is variation between programmes on the services they offer and the ways in which these are delivered. In particular they differ in relation to: which sector their services are located in; whether their work is needs-led or target-led; whether they have specific strategies for reaching particular hard-to-reach groups; the proportion of pregnant teenagers in their area that they are in contact with; and the quality and nature of their relationships with agencies from different sectors.

Early Implementation

In common with many new initiatives, early implementation of the Sure Start Plus programme was slow, with many areas not fully operational for a year after funding began. At a local level, early implementation was especially hindered by: delays with staff recruitment; changes in programme design from the original work plan; poorly functioning local partnership boards and difficulties adjusting to limited national guidance. Complex, multiple local authority, programmes were further hindered by the need for cross boundary negotiations and the development of area wide structures.

Factors that helped with early successful implementation of the programmes included: the original designer of the local programme carrying forward implementation; the programme co-ordinator having local knowledge and influence; a functioning, dedicated, Sure Start Plus partnership board; and the pilot having a paid operational co-ordinator.

Sure Start Plus advisers

The cornerstone of the Sure Start Plus programme, the aspect that was found to be common to all pilot areas, was the adviser who provides holistic one-to-one support for pregnant and parenting young women. These advisers offered one-to-one advice on a range of issues, practical help and in-depth emotional support. The advisers acted as advocates for their clients with other local services, for instance housing departments and benefits agencies. Many advisers also ran support groups, networked with local partners and co-ordinated teenage pregnancy and parenthood issues locally.

Staff and young people alike perceived this adviser role as beneficial. Young service users especially valued a relationship

with their adviser that was like a friendship and provided emotional support. They saw the advisers as supporting them to find solutions to the problems they were facing. Staff working on the programme regarded the role as an efficient and appropriate way to provide support. Professionals from partner agencies in Sure Start plus areas saw the advisers as having improved the local context for support for pregnant teenagers and teenage parents. Professionals in comparison areas thought they would find such an adviser role a useful resource.

'I liked not just support – you get trips, (Sure Start Plus) organise parents' groups. They contact people for you - education, Connexions, housing, childcare. So they help organise many things. They ask what you need of them and then try and organise what you want.'

(Pregnant young woman aged 17)

'I liked having a key person - she can remember you, your child, your names, a personal service... You can contact them in an emergency, you have their mobile.'

(Pregnant young women aged 18)

Advisers were confident of the success of their work to date but were concerned that elements of their young-person-friendly holistic approach would be lost once the Sure Start Plus initiative was 'mainstreamed' in 2006.

Joined up working

On the whole programmes were working successfully in partnership with a diverse range of agencies. These included: NHS maternity services; Connexions; the education service; Sure Start and the Teenage Pregnancy Co-ordinator, who has the strategic lead on implementing the local teenage pregnancy strategy. Partnership boards were playing an important role in negotiating relationships between Sure Start Plus programmes and local partners. Local partners believed their organisations were benefiting from joined-up working with Sure Start Plus and the majority had good working relationships with the programme. Where these links were positive, Sure Start Plus programmes felt they were able to provide better-coordinated services to young pregnant women and parents, pool resources and share expertise.

Has Sure Start Plus made a difference?

Working with pregnant teenagers and young mothers
The overall aims of the Sure Start Plus programme were focused on pregnant young women, young parents and their children. They included: improving their social and emotional wellbeing; strengthening their families and communities; improving their learning; and improving their health.

The Sure Start Plus programme as a whole appears to have had success in providing crisis support to pregnant young women and young mothers. Many of the young women came to the programme with complex needs. They were living in difficult circumstances, characterised by poverty, lack of family support,

violence, disaffection from school and social isolation. The evidence suggests that Sure Start Plus has:

- supported young women in their decisions about pregnancy outcome;
- increased support for emotional issues, including around the issue of domestic violence;
- improved the young woman's relationships with family members;
- improved accommodation situations;
- and increased educational participation for those aged under 16 years.

This crisis work has been valuable in targeting the most vulnerable young women with the most pressing needs and thereby helping to address immediate inequality and long-term social exclusion. Emotional support around the time of birth, especially from family members, has been linked to more positive long term outcomes for teenage mothers.

'(The Sure Start Plus adviser) has helped me most... with money and benefits...helped take me back & forth with my scans...I had no one to come with me to the birth (except her), I don't think I could have done it without her...I think every area should have Sure Start Plus, 'cos they're brilliant... If you haven't got no one, they just help you through. (Without her support) I would've been really depressed. She's made me realise there's more to life than bad things...You can be depressed then you see her and you come back happy.' (Young mother aged 18)

'When I first found out I was pregnant, my mum was upset. (My Sure Start Plus adviser) used to take me out and take me away from the arguments of the house... You can forget about it and then go back and everything will be calmed down, so that was good. (Mum) got over it a bit and she was alright after that.' (Young mother of 15 years)

Once the most urgent issues have been addressed, the programme has also been successful in laying the foundations necessary for improving and providing choices in their lives and those of their children in the future. Those in Sure Start Plus areas received more information on health issues in pregnancy and on parenting and had a greater recognition and use of Connexions than those in comparison areas.

'They (Sure Start Plus) couldn't do anything better. It's absolutely brilliant. Years ago people didn't have the support of Sure Start Plus...It's all about getting to meet other people the same age. It's brilliant 'coz then you feel you're not on your own no more...most of the people that I see are from there (Sure Start Plus group) 'coz I don't really have any friends (except them).' (Young mother aged 18)

In the time frame of this evaluation, Sure Start Plus has had less apparent impact on influencing specific health objectives (breastfeeding, smoking, postnatal depression) and the education participation and attainment objectives for those young women 16 years and older. These have been affected to a degree by the reticence of some staff to address some of these objectives with vulnerable clients or clients who identified other issues as a priority. Additionally some of these objectives were more likely to need more intensive levels of

support or a longer time frame to be addressed. For instance, young mothers completed the questionnaire when their child was, on average, 9 months old; some of these mothers wanted to wait until their child was older before returning to education.

Some staff saw crisis support as a greater priority, and others were more inclined to concentrate on the needs as articulated by the young women, rather than on programme targets. This reticence led to different levels of priority and resources being assigned to these objectives and their associated targets by individual programmes. Sure Start Plus programmes that operated a more target-led approach or that based their advisers in the education sector had more success in reaching educational targets. Similar focus on health targets and placement in the health sector was not shown to positively influence specific health objectives. In general, more time and resources may have been necessary to achieve an impact on these objectives in such a vulnerable and disadvantaged client group.

Working with young fathers

The needs of young fathers were not universally addressed by the Sure Start Plus initiative. Although innovative support work was carried out in a minority of programmes with young fathers, most programmes lacked the staffing capacity or the specialist skills that they felt would be necessary to do effective work with young fathers. This aspect of the programme was beginning to improve in the final year of the evaluation.

'I would love to take the rest of the year off school now I've got Shaun – but I can't! But with the help of (Sure Start Plus father's support) I could get time off to do things like hospital appointments etc.' (Young father aged 15)

Resources for Sure Start Plus

On the whole, the initiative was under-resourced, especially in the most diverse urban contexts where there were high teenage pregnancy rates and complex service provision arrangements. From the Sure Start Plus Grant, programmes received on average an estimated £347 per teenage conception per financial year (range = £152 – £576). Lack of funding meant that programmes worked with young women for shorter duration and less intensity than they thought necessary, prioritised some objectives over others, and did not carry out work with young fathers.

'(The one thing that would help the programme most is) more money. Because we've got the processes in place, we know that we can get more staff, it's just so that I don't have to penny pinch in giving the kids what they deserve.' (local programme co-ordinator)

'Being the only Sure Start Plus worker for the whole borough (has been a barrier). More staff/resources/money would make my job easier.' (Sure Start Plus adviser)

National Evaluation recommendations for commissioners and local policy makers

1. Personal Advisers for pregnant teenagers, teenage mothers and teenage fathers

Our primary recommendation is that teenage parents as a whole need targeted support. Every Children's Trust as part of its Children and Young People's Plan should fund personal advisers for these young people. The primary role of the advisers would be to provide a holistic, one-to-one package of support, offering crisis management support as a priority in the context of longer-term work with clients to lay foundations for more socially included futures.

- The core aspects of the role would include: befriending socially isolated young parents and parents-to-be; negotiating family relationships; work around domestic violence; and providing information, advocacy and support in pregnancy and throughout the first postnatal years in relation to healthcare, housing, benefits, educational opportunities and childcare.
- Separate advisers should be put in place for young women and young men. This will help avoid situations of conflict of interest when trying to support both mothers and fathers (for instance with domestic violence or custody issues) and to ensure that the needs of young fathers are not subsumed by the often more obvious support needs of young mothers. Depending on local need, one or more advisers for young women should be employed, but the young fathers' adviser may only need to be a part-time post.
- The advisers should combine intensive longer-term work with the most vulnerable clients with peer group and short-term, one-to-one work and referrals elsewhere for other clients.
- Advisers' caseloads should be small (25 – 50) to enable effective intensive working.
- The advisers should: receive clinical supervision; link with the area's Teenage Pregnancy Strategy to foster close partnership working; and operate from a service which has been locally determined as appropriate.

2. Team of specialist provision for pregnant teenagers and young parents

Children's Trusts should use the team notion of providing support to this target group, allowing for both the generic adviser role and specialist roles, such as re-integration to school, smoking cessation, counselling for postnatal depression, antenatal health care, breastfeeding etc. An operational level forum of key providers should meet regularly to discuss joint initiatives, referral pathways and, if a client gives prior consent, individual cases (in line with the Common Assessment Framework and information sharing for vulnerable groups).

3. Support for pregnancy options

Children's Trusts should work closely with Primary Care Trusts to ensure that specialist provision for supporting young women through their early decisions about pregnancy options is put in place in each local area. This should be separate from the adviser role, strongly linked to sexual health/family planning services, and include non-judgemental counselling.

4. Management

We recommend that each Children's Trust should fund a co-ordinator to manage the teenage pregnancy/parenthood support service, even if only part-time. This role would include strategic and operational responsibility for the programme. Management of such a service should incorporate one Children's Trust area only. We recommend that local areas retain a dedicated strategic body, like the current Teenage Pregnancy Partnership Board, to provide guidance for this support service.

5. Midwifery services and breastfeeding

In line with the recognition that the National Service Framework for Children, Young People and Maternity services gives to the specific needs of pregnant and parenting teenagers, we endorse the appointment of specialist teenage pregnancy midwives to ensure the provision of age-appropriate services that aim to offer health-promoting activities within a context of support. We would recommend that more priority be given to ensuring that trained workers are in place to help with breastfeeding to enable more young mothers to adopt this practice.

6. Needs assessment

We recommend that needs assessment, with input from local teenagers, should be carried out in all areas where this has not been done recently. This should be used to determine where there are gaps in local support services for pregnant teenagers and teenage parents and to plan how to complement or improve existing provision.

7. Reshaping mainstream services

Through partnership work, the teenage pregnancy/parenthood support service should take a lead within a local authority area to influence mainstream services to be more responsive to the needs of this target group.

Recommendations for national policy makers

1. Care to learn

We recommend that the age for entry onto the Care to Learn programme be raised from the current cut off of under 19 years to 23 years. This would allow a more appropriate incentive for returning to education for those young mothers who would prefer not to, or are unable to, combine being a student and being the mother of an infant or toddler.

2. Objectives and targets for national initiatives

Future pilot initiatives should convene panels of potential service providers and users in advance of programme funding to develop more appropriate objectives and targets.

3. Randomised controlled trials for evaluating social interventions

Future evaluations of the effectiveness of pilot initiatives should use more rigorous methodology, ideally with randomised controlled trials alongside process evaluations.

About the evaluation

This report highlights the findings from the National Evaluation of Sure Start Plus. This work has been carried out by a team at the Social Science Research Unit, Institute of Education, University of London. The National Evaluation, undertaken between January 2002 and December 2004, utilised a mixed-methods approach and had four main components: a service delivery study; an evaluation of impact using a matched case control study; an analysis of joined-up policy and practice; and an economic commentary on the cost of the programme. Data was collected using the following methods:

- in depth case study work in six Sure Start Plus programmes (including interviews and focus groups with those who designed the proposed programme, provide strategic guidance, co-ordinate the programme, provide services, partner agencies, and users of the services);
- interviews and surveys in all 35 pilot areas (with Sure Start Plus service providers and programme co-ordinators);

- impact questionnaires (with teenagers who are pregnant or parenting and with professionals from partner agencies in the 35 Sure Start Plus and 35 comparison sites);
- interviews with Sure Start Unit and Teenage Pregnancy Unit staff who had responsibility for Sure Start Plus.

The evaluation was advised by panels of teenagers and Sure Start Plus staff, and a steering group of policy makers, service providers and researchers. The two major challenges faced by the evaluation included: beginning 10 months into the pilot and the subsequent lack of baseline data; and the difficulties in determining programme impact because of the lack of a consistent model of the programme, finding an appropriate comparison group, and the proliferation of other initiatives

How to get further information

This is the summary of a larger report: National Evaluation of Sure Start Plus: Final Report (2005) by Meg Wiggins, Mikey Rosato, Helen Austerberry, Mary Sawtell and Sandy Oliver; London: Social Science Research Unit Report, Institute of Education. The full report can be accessed from either the SSRU website: <http://www.ioe.ac.uk/ssru/reports/ssplusevaluationfinalreport.pdf> or the TPU website: www.teenagepregnancyunit.gov.uk.

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